



## BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 07/02/2024

\* = Mandatory, information must be provided

or Procurement Director Award: ☐

**\*Contractor/Vendor Name/Grantor (DBA):**

Southern Arizona Children's Advocacy Center (SACAC)

**\*Project Title/Description:**

Forensic Medical Examination and Evidence Collection for Juvenile Abuse

**\*Purpose:**

Pima County is mandated by the State of Arizona per A.R.S. § 13-1414 to fund medical and/or forensic interview expenses for victims of sexual assault and dangerous crimes against children.

**\*Procurement Method:**

BOS D29.7, Section III.I.2. Legal Mandate

**\*Program Goals/Predicted Outcomes:**

Funds will provide for medical and/or forensic interview and exam expenses in cases involving dangerous crimes against children or sexual assault within Pima County.

**\*Public Benefit:**

This agreement will ensure child survivors of abuse and/or sexual assault are offered professional and compassionate services during the investigative process and increase public safety through prosecution of perpetrators of abuse and/or sexual assault crimes.

**\*Metrics Available to Measure Performance:**

Invoices submitted on a monthly basis will measure performance, as well as quarterly reports detailing activities performed.

**\*Retroactive:**

Yes, the contract renewal is retroactive by two days due to missing the deadline for the 6/18/2024 Board of Supervisors meeting.

TO: COB, 6-18-24 (1)  
VERS: 14  
PGS: 2

THE APPLICABLE SECTION(S) BELOW MUST BE COMPLETED

Click or tap the boxes to enter text. If not applicable, indicate "N/A". Make sure to complete mandatory (\*) fields

**Contract / Award Information**

Document Type: \_\_\_\_\_ Department Code: \_\_\_\_\_ Contract Number (i.e., 15-123): \_\_\_\_\_  
Commencement Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Prior Contract Number (Synergen/CMS): \_\_\_\_\_  
☐ Expense Amount \$ \_\_\_\_\_\* ☐ Revenue Amount: \$ \_\_\_\_\_

\*Funding Source(s) required: \_\_\_\_\_

Funding from General Fund? ☐ Yes ☐ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No

If Yes, is the Contract to a vendor or subrecipient? \_\_\_\_\_

Were insurance or indemnity clauses modified? ☐ Yes ☐ No

If Yes, attach Risk's approval.

Vendor is using a Social Security Number? ☐ Yes ☐ No

If Yes, attach the required form per Administrative Procedure 22-10.

**Amendment / Revised Award Information**

Document Type: CT Department Code: BH Contract Number (i.e., 15-123): 20\*426

Amendment No.: 04 AMS Version No.: 14

Commencement Date: 07/01/2024 New Termination Date: 06/30/2025

Prior Contract No. (Synergen/CMS): \_\_\_\_\_

☒ Expense ☐ Revenue ☐ Increase ☐ Decrease

Amount This Amendment: \$ 375,000.00

Is there revenue included? ☐ Yes ☒ No If Yes \$ \_\_\_\_\_

\*Funding Source(s) required: General Fund

Funding from General Fund? ☒ Yes ☐ No If Yes \$ 375,000.00 % 100

**Grant/Amendment Information (for grants acceptance and awards)**

☐ Award ☐ Amendment

Document Type: \_\_\_\_\_ Department Code: \_\_\_\_\_ Grant Number (i.e., 15-123): \_\_\_\_\_

Commencement Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Amendment Number: \_\_\_\_\_

☐ Match Amount: \$ \_\_\_\_\_ ☐ Revenue Amount: \$ \_\_\_\_\_

\*All Funding Source(s) required: \_\_\_\_\_

\*Match funding from General Fund? ☐ Yes ☐ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

\*Match funding from other sources? ☐ Yes ☐ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

\*Funding Source: \_\_\_\_\_

\*If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?

Contact: Paige Knott

Department: Behavioral Health

Telephone: 724-7515

Department Director Signature: Paige Knott

Date: 6.13.2024

Deputy County Administrator Signature: [Signature]

Date: 13 June 2024

County Administrator Signature: [Signature]

Date: 6/16/2024

**Pima County Department of Behavioral Health**

**Project: Forensic Medical Examination and Evidence Collection for Juvenile Abuse**

**Contractor: Southern Arizona Children's Advocacy Center (SACAC)**

**Contract No.: CT-BH-20\*426**

**Contract Amendment No.: 04**

<b>Orig. Contract Term:</b> 07/01/2020 - 06/30/2021	<b>Orig. Amount:</b>	\$375,000.00
<b>Termination Date Prior Amendment:</b> 06/30/2024	<b>Prior Amendments Amount:</b>	\$925,000.00
<b>Termination Date This Amendment:</b> 06/30/2025	<b>This Amendment Amount:</b>	\$375,000.00
	<b>Revised Total Amount:</b>	\$1,675,000.00

### **CONTRACT AMENDMENT**

The parties agree to amend the above-referenced contract as follows:

**1. Background and Purpose.**

1.1. Background. On July 1, 2020, County and Contractor entered into the above referenced agreement to provide forensic medical examination and evidence collection services for juveniles.

1.2. Purpose. County is legally mandated per A.R.S. § 13-1414 to fund forensic medical examinations and requires continuing services.

**2. Term.** The County is exercising the fourth extension option to renew the contract for one additional year commencing on July 1, 2024 and terminating on June 30, 2025. If the commencement date is before the Effective Date of this amendment, the parties will, for all purposes, deem the amendment to have been in effect as of the commencement date.

**3. Maximum Payment Amount.** The maximum amount the County will spend under this Contract as set forth in Section 5, is increased by \$375,000.00. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$1,675,000.00.

All other provisions of the Contract not specifically changed by this Amendment remain in effect and are binding upon the parties.

PIMA COUNTY

\_\_\_\_\_  
Chair, Board of Supervisors


\_\_\_\_\_  
Date

ATTEST

\_\_\_\_\_  
Clerk of the Board

\_\_\_\_\_  
Date

APPROVED AS TO FORM

  
\_\_\_\_\_  
Deputy County Attorney

**Jonathan Pinkney**

\_\_\_\_\_  
Print DCA Name

6/7/24  
Date

CONTRACTOR

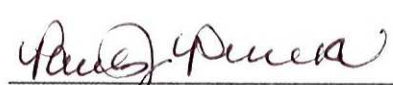
  
\_\_\_\_\_  
Authorized Officer Signature

Marie Fordney, Executive Director  
\_\_\_\_\_  
Printed Name and Title

6/11/2024

\_\_\_\_\_  
Date

APPROVED AS TO CONTENT

  
\_\_\_\_\_  
Department Head