

BOARD OF SUPERVISORS AGENDA ITEM REPORT CONTRACTS / AWARDS / GRANTS

Requested Board Meeting Date: 02/01/2022

* = Mandatory, information must be provided

or Procurement Director Award

- mandatory, mormation mast be provided

*Contractor/Vendor Name/Grantor (DBA):

Audilett Law, P.C.

*Project Title/Description:

Legal Services re Cutler v. Pima County, 18-CV-00383

*Purpose:

Contractor will continue to provide legal representation and advice to Pima County and Deputy Keith Barnes in the matter of Cutler v. Pima County, et al., United States District Court case no. 18-CV-00383.

*Procurement Method:

Legal Services for pending or anticipated litigation are exempt under procurement code 11.04,020(c).

*Program Goals/Predicted Outcomes:

Contractor will continue to provide legal representation and advice to Pima County and Deputy Keith Barnes in the matter of Cutler v. Pima County, et al., United States District Court case no. 18-CV-00383.

*Public Benefit:

No or reduced payout from the Risk Management Tort Fund or General Fund.

*Metrics Available to Measure Performance:

Contractor will invoice County on a monthly basis unless a different billing period is set forth. County must receive invoices no more than 30 days after the end of the billing period in which Contractor delivered the invoiced products or services to County.

*Retroactive:

Yes, Contract expiration date was 12/09/2021. If not approved, vendor will not be paid for ongoing litigation,

To: COB 1-19-2022 (1) Vers.: 15 PS:: 2

	L		
Document Type:	Department Code:	Contract Number (i.e	.,15-123):
Commencement Date:			r (Synergen/CMS):
Expense Amount: \$*		Revenue Amount: \$	
*Funding Source(s) required:	:		
Funding from General Fund?	CYes INO If Yes \$		%
Contract is fully or partially fund		Yes No	
If Yes, is the Contract to a ve	ndor or subrecipient?		
Were insurance or indemnity cl	auses modified?	Yes No	
If Yes, attach Risk's approval	l.		
Vendor is using a Social Securi	ity Number?	Yes No	
-	n per Administrative Procedure	22-10.	na mana mana kata sa
Amendment / Revised Award	Information	AN THE PARTY AND AN A THE AND AN THE THE TRANSPORTED AND AND AN ADDRESS OF THE PARTY OF THE THE AND A THE AND A	
		Contract Number (i.e	.,15-123): 19*291
Amendment No,: 4		AMS Version No.: 15	
Commencement Date: 12/13/20		New Termination Date:	
	an na sana ana ana ana ana ana ana ana a		/CMS): CT-FN-20=110_BC
C Expense or C Revenue	C Increase C Decrease	Amount This Amendment: \$	
Is there revenue included?	(Yes (No If)		
Is there revenue included? *Funding Source(s) required:		/es \$	
*Funding Source(s) required:	Risk Management Tort Fund	/es \$	
*Funding Source(s) required: Funding from General Fund?	Risk Management Tort Fund	/es \$	%
*Funding Source(s) required: Funding from General Fund? Grant/Amendment Informatio	Risk Management Tort Fund	/es \$ /es \$ awards)	%
*Funding Source(s) required:	Risk Management Tort Fund	/es \$ /es \$ awards)	%
*Funding Source(s) required: Funding from General Fund? Grant/Amendment Informatio Document Type:	Risk Management Tort Fund Yes INO If Y on (for grants acceptance and Department Code:	/es \$ /es \$ awards)	% (^ Amendment 5-123):
*Funding Source(s) required: Funding from General Fund? Grant/Amendment Informatio	Risk Management Tort Fund Yes No If Y on (for grants acceptance and Department Code: Termination Date:	/es \$ awards)	% (^ Amendment 5-123): ent Number:
*Funding Source(s) required: Funding from General Fund? Grant/Amendment Informatio Document Type: Commencement Date:	Risk Management Tort Fund Yes No If Y on (for grants acceptance and Department Code: Termination Date:	/es \$ awards)	% (^ Amendment 5-123): ent Number:
*Funding Source(s) required: Funding from General Fund? Grant/Amendment Informatio Document Type: Commencement Date: Match Amount: \$ *All Funding Source(s) require	Risk Management Tort Fund Yes No If Y on (for grants acceptance and Department Code: Termination Date: red:	<pre>/es \$ awards)</pre>	% (^ Amendment 5-123): ent Number:
*Funding Source(s) required: Funding from General Fund? Grant/Amendment Informatio Document Type: Commencement Date: Match Amount: \$ *All Funding Source(s) requir *Match funding from General	Risk Management Tort Fund Yes No If Y on (for grants acceptance and Department Code: Termination Date: red: Fund? Yes No If Y	<pre>/es \$ awards)</pre>	% (^ Amendment 5-123): ent Number: %
*Funding Source(s) required: Funding from General Fund? Grant/Amendment Informatio Document Type: Commencement Date: Match Amount: \$ *All Funding Source(s) requir *Match funding from General *Match funding from other so	Risk Management Tort Fund Yes No If Mon on (for grants acceptance and Department Code: Termination Date: red: Fund? Yes No If Mon purces? Yes No If Mon	<pre>/es \$ awards)</pre>	% (^ Amendment 5-123): ent Number: % %
*Funding Source(s) required: Funding from General Fund? Grant/Amendment Informatio Document Type: Commencement Date: Match Amount: \$ *All Funding Source(s) requir *Match funding from General *Match funding from other so *Funding Source:	Risk Management Tort Fund Yes INO If Y On (for grants acceptance and Department Code: Termination Date: Fund? Yes No If Y Ources? Yes No If Y	<pre>/es \$ awards)</pre>	% 6 Amendment 5-123): ent Number: % %
 *Funding Source(s) required: Funding from General Fund? Grant/Amendment Informatio Document Type: Commencement Date: Commencement Date: Match Amount: \$ *All Funding Source(s) requires *Match funding from General *Match funding from other source: *If Federal funds are received 	Risk Management Tort Fund Yes No If Y on (for grants acceptance and Department Code: Termination Date: red: Fund? Yes No If Y ources? Yes No If Y	<pre>/es \$ awards)</pre>	% 6 Amendment 5-123): ent Number: % %
 *Funding Source(s) required: Funding from General Fund? Grant/Amendment Informatio Document Type: Commencement Date: Commencement Date: Match Amount: \$ *All Funding Source(s) requires *Match funding from General *Match funding from other source: *If Federal funds are received 	Risk Management Tort Fund Yes No If Y on (for grants acceptance and Department Code: Termination Date: red: Fund? Yes No If Y ources? Yes No If Y	<pre>/es \$ awards)</pre>	% (^ Amendment 5-123): ent Number: % %
 *Funding Source(s) required: Funding from General Fund? Grant/Amendment Information Document Type: Commencement Date: Match Amount: \$ *All Funding Source(s) requires *Match funding from General *Match funding from other son *Funding Source: *If Federal funds are received Federal government or passe 	Risk Management Tort Fund Yes No If Y on (for grants acceptance and Department Code: Termination Date: red: Fund? Yes No If Y ources? Yes No If Y	<pre>/es \$</pre>	% % %
 *Funding Source(s) required: Funding from General Fund? Grant/Amendment Informatio Document Type: Commencement Date: Match Amount: \$ *All Funding Source(s) require *Match funding from General *Match funding from other so *Funding Source: *If Federal funds are received Federal government or passe Contact: Deimos Thorne 	Risk Management Tort Fund Yes No If Y on (for grants acceptance and Department Code: Termination Date: red: Fund? Yes No If Y ources? Yes No If Y I, is funding coming directly of through other organizatio	<pre>/es \$</pre>	% % %
*Funding Source(s) required: Funding from General Fund? Grant/Amendment Informatio Document Type: Commencement Date: Match Amount: \$ *All Funding Source(s) requir *Match funding from General *Match funding from other so	Risk Management Tort Fund Yes No If Management Tort Fund (for grants acceptance and Department Code: Termination Date: red: Fund? Yes No If Management burces? Yes No If Management I, is funding coming directly ed through other organizations sion - BTU	<pre>/es \$ awards)</pre>	% (^ Amendment 5-123): ent Number: % %
 *Funding Source(s) required: Funding from General Fund? Grant/Amendment Informatio Document Type: Commencement Date: Match Amount: \$ *All Funding Source(s) requires *Match funding from General *Match funding from other source: *If Federal funds are received Federal government or passes Contact: Deimos Thorne Department: PCAO Civil Divis 	Risk Management Tort Fund Yes No If Y on (for grants acceptance and Department Code: Termination Date: red: Fund? Yes No If Y ources? Yes No If Y I, is funding coming directly d through other organizatio sion - BTU e/Date:	<pre>/es \$ awards)</pre>	% % mt Number: % % me: (520) 724-8274

Revised 5/2020

Pima County Attorney's Office

Project: Legal Services re Cutler v. Pima County

Contractor: Audilett Law, P.C. 335 N. Wilmot, Suite 500 Tucson, AZ 85711

Contract No.: CT-FN-19*291

Contract Amendment No.: 04

Orig. Contract Term: 12/10/2018 - 12/09/2019 Termination Date Prior Amendment: 12/09/2021 Termination Date This Amendment: 12/09/2022
 Orig. Amount:
 \$ 50,000.00

 Prior Amendments Amount:
 \$ 150,000.00

 This Amendment Amount:
 \$ 0.00

 Revised Total Amount:
 \$ 200,000.00

CONTRACT AMENDMENT #4

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

1. Background and Purpose.

1.1. <u>Background.</u> On December 10, 2018, County and Contractor entered into the above referenced agreement to provide legal representation and advice to defendants Pima County and Deputy Keith Barnes in *Cutler v. Pima County. et al.*, United States District Court case no. 18-CV-00383.

1.2. <u>Purpose</u>. County requires continuing services, and requires additional time to perform those services, effective December 10, 2021.

Term. The County is exercising the third extension option to renew the contract for one additional year commencing on December 10, 2021 and terminating on December 9, 2022. 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.

****REST OF PAGE INTENTIONALLY LEFT BLANK****

Contract No.: CT-FN-19*291

Revised 7/10/20

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

CONTRACTOR zed Officer Signature 1 Audi lett, fresident ame and Title Audifett Law PC

Date

ATTEST

Clerk of the Board

Date

APPROVED AS TO FORM AND CONTENT

Date

12/21

7

Contract No.: CT-FN-19*291 2

Revised 7/10/20