

BOARD OF SUPERVISORS AGENDA ITEM REPORT CONTRACTS / AWARDS / GRANTS

C Award	Requested Board Meeting Date: June 21, 2022		
* = 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 ensures child survivors of abuse or sexual assault are offered professional and compassionate services during the investigative process, and increases 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:

No.

TO: COB 6-7-22 (1) Vers: 9 Pgs: 2

JUN07°22PM0330PD

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 funde If Yes, is the Contract to a vend		☐ Yes	□ No	
Were insurance or indemnity clau	uses modified?	☐ Yes	☐ No	
If Yes, attach Risk's approval.				
Vendor is using a Social Security	Number?	☐ Yes	□ No	
If Yes, attach the required form p	er Administrative Procedure 2	22-10.		
Amendment / Revised Award Information Document Type: CT Department Code: BH Contract Number (i.e.,15-123): 20*426 Amendment No.: 02 AMS Version No.: 8 Amade				
Commencement Date: 7/1/2022			rmination Date: 6/30/2023	
			ontract No. (Synergen/CMS):	
	• Increase C Decrease		This Amendment: \$ 175,000.00	
Is there revenue included?	CYes ● No	'es \$		
*F !: 0 /\\ : 1	O			
*Funding Source(s) required:	General Fund, Unit 3048			
		′es\$	% <u>100</u>	
	• Yes C No If Y		% 100 C Award C Amendment	
Funding from General Fund?	● Yes ○ No If Y (for grants acceptance and a	awards)		
Funding from General Fund? Grant/Amendment Information Document Type:	Yes No If Y (for grants acceptance and a	awards)	C Award C Amendment Grant Number (i.e.,15-123):	
Funding from General Fund? Grant/Amendment Information Document Type: Commencement Date:	Yes No If Y (for grants acceptance and a	awards)	C Award C Amendment Grant Number (i.e.,15-123):	
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Funding from General Fund? Grant/Amendment Information Document Type: Commencement Date: Match Amount: \$ *All Funding Source(s) required *Match funding from General Form *Match funding from other source	(for grants acceptance and a Department Code: Termination Date: d: d: und?	awards) Reve es \$ from the	Award Amendment Grant Number (i.e.,15-123): Amendment Number: enue Amount: \$ % %	
Funding from General Fund? Grant/Amendment Information Document Type: Commencement Date: Match Amount: \$ *All Funding Source(s) required *Match funding from General Foundation *Funding Source: *If Federal funds are received, in	(for grants acceptance and a Department Code: Termination Date: d: d: und?	awards) Reve es \$ from the n(s)?	Award Amendment Grant Number (i.e.,15-123): Amendment Number: enue Amount: \$ % %	
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Grant/Amendment Information Document Type: Commencement Date: Match Amount: \$ *All Funding Source(s) required *Match funding from General Formation *Funding Source: *If Federal funds are received, if Federal government or passed Contact: Molly Hilber, Grants and	(for grants acceptance and a Department Code: Termination Date: T	awards) Reve es \$ from the n(s)?	Award Amendment Grant Number (i.e.,15-123): Amendment Number: enue Amount: \$ %	
Funding from General Fund? Grant/Amendment Information Document Type: Commencement Date: Match Amount: \$ *All Funding Source(s) required *Match funding from General Fe *Match funding from other sour *Funding Source: *If Federal funds are received, i Federal government or passed Contact: Molly Hilber, Grants an Department: Pima County Beha	(for grants acceptance and a Department Code: Termination Date:	awards) Reve es \$ from the n(s)?	Award Amendment Grant Number (i.e.,15-123): Amendment Number: enue Amount: \$ %	

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.: 02

Orig. Contract Term: 07/01/2020 – 6/30/2021 Termination Date Prior Amendment: 6/30/2022 Termination Date This Amendment: 6/30/2023

 Orig. Amount:
 \$375,000.00

 Prior Amendments Amount:
 \$375,000.00

 This Amendment Amount:
 \$175,000.00

 Revised Total Amount:
 \$925,000.00

CONTRACT AMENDMENT

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

1. Background and Purpose.

- 1.1. <u>Background</u>. 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. <u>Purpose</u>. 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 its second extension option to renew the contract for one additional year, commencing on July 1, 2022 and terminating on June 30, 2023. If the commencement date is before the Effective Date of this amendment, the parties will 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 is increased by \$175,000.00. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$925,000.00

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

SIGNATURES ON FOLLOWING PAGE

Contract No.: CT-BH-20*426-02

PIMA COUNTY	CONTRACTOR
Chair, Board of Supervisors	Authorized Officer Signature
Date	Marie Fordney, Executive Director Printed Name and Title
	May 9, 2022 Date
ATTEST	
Clerk of the Board	
Date	
APPROXED AS TO FORM Deputy County Attorney	APPROVED AS TO CONTENT Paula Perrera, Director Pima County Behavioral Health
Jonathan Pinkney	
Print DCA Name	
S/3/22 Date	