



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

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 08/02/2022

\* = Mandatory, information must be provided

or Procurement Director Award: ☐

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

Southern AZ Children's Advocacy Center, Inc. (SACAC)

**\*Project Title/Description:**

Evidence Collection Services for Children- Evidentiary Consultations

**\*Purpose:**

To provide consultations on cases referred for prosecution and expert medical testimony on cases pending prosecution, regarding interpretations of medical findings relating to child physical abuse and/or neglect, child sexual abuse, and sexual exploitation of minors.

**\*Procurement Method:**

Direct Select per Board of Supervisors Policy D29.6, III-C.

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

To work collaboratively with forensic nurses employed by, or affiliated with SACAC and prosecutors, detectives, victim advocates and staff at the Pima County Attorney's Office in order to assist with charging decisions and on-going cases requiring expert medical testimony.

**\*Public Benefit:**

To ensure victims of sexual assault are offered professional and compassionate services during the investigative process, and to increase public safety by the prosecution of perpetrators of sexual assault crimes.

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

Contractor will be paid for an estimated 30 consultations per year. Contractor will be paid at a rate of \$519.01 per consultation

**\*Retroactive:**

Yes, County and contractor had delays finalizing the scope of services and the budget. Due to these delays, County was unable to submit amendment to the Board before the contract commencement date.

TO: COB 7-18-22 (1)

Vers: 3

Pgs: 2

JUL15'22PM0142P0

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: PCA Contract Number (i.e., 15-123): 20-415

Amendment No.: 2 AMS Version No.: 3

Commencement Date: 07/01/2022 New Termination Date: 06/30/2023

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

☒ Expense ☐ Revenue ☐ Increase ☐ Decrease

Amount This Amendment: \$ 0

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

\*Funding Source(s) required: Anti-Racketeering Funding

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

**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: Rozana Villanes

Department: Pima County Attorney

Telephone: 724-4005

Department Director Signature: \_\_\_\_\_ Date: 7/7/2022

Deputy County Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

County Administrator Signature: \_\_\_\_\_ Date: 7/12/2022

**Pima County Attorney's Office**

**Project: Evidence Collection Services for Children- Evidentiary Consultations**

**Contractor: Southern AZ Children's Advocacy Center, inc. (SACAC)**

**2329 E Ajo Way  
Tucson, AZ 85713**

**Contract No.: CT-PCA-20\*415**

**Contract Amendment No.: 2**

|   |                                 |                     |
|---|---------------------------------|---------------------|
| <b>Orig. Contract Term:</b> 07/01/2020 - 06/30/2021 | <b>Orig. Amount:</b>            | <b>\$ 15,570.30</b> |
| <b>Termination Date Prior Amendment:</b> 06/30/2022 | <b>Prior Amendments Amount:</b> | <b>\$ 15,570.30</b> |
| <b>Termination Date This Amendment:</b> 06/30/2023  | <b>This Amendment Amount:</b>   | <b>\$ 0.00</b>      |
|   | <b>Revised Total Amount:</b>    | <b>\$ 31,140.60</b> |

**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 Evidence Collection Services for Children- Evidentiary Consultations.

1.2. Purpose. County requires continuing Consultation services from Contractor.

**2. Term.** The County is exercising the 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, for all purposes, deem the amendment to have been in effect as of the commencement date.

**Signature page to follow**

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

7.12.22

\_\_\_\_\_  
Date

**CONTRACTOR**

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

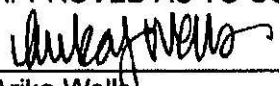
Marie Fordney, Executive Director

\_\_\_\_\_  
Printed Name and Title

7/13/2022

\_\_\_\_\_  
Date

**APPROVED AS TO CONTENT**

  
\_\_\_\_\_  
Arika Wells  
Legal Administrator

7/7/2022

\_\_\_\_\_  
Date