



BOARD OF SUPERVISORS AGENDA ITEM REPORT
AWARDS / CONTRACTS / GRANTS

Award Contract Grant

Requested Board Meeting Date: 11/15/2022

or Procurement Director Award:

* = Mandatory, information must be provided

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

McKesson Medical-Surgical Government Solutions, LLC.

***Project Title/Description:**

Medical Supplies

***Purpose:**

Amendment of Award: Master Agreement No. MA-PO-20-056, Amendment No. 06. This Amendment increases the annual award amount by \$300,000.00 from \$500,000.00 to \$800,000.00 for a cumulative not-to-exceed contract amount of \$2,550,000.00 and appends the Forced Labor of Ethnic Uyghurs provision to the contract, pursuant to A.R.S. § 35-394.

Administering Department: Health

***Procurement Method:**

Pursuant to Pima County Procurement Code 11.24.010, Cooperative procurement authorized, on 01/24/2020, the Procurement Director approved an award of contract for an initial term of one (1) year and an annual award amount of \$250,000.00 with four (4) one-year renewal options.

On 04/07/2020, the Board of Supervisors approved Amendment No. 01, which was for a one-time increase in the amount of \$500,000.00 for a cumulative not-to-exceed contract amount of \$750,000.00. This increase was required to cover the cost of additional medical supplies needed due to COVID-19.

On 01/05/2021, the Board of Supervisors approved Amendment No. 02, which increased the annual award amount by \$250,000.00 from \$250,000.00 to \$500,000.00 for a cumulative not-to-exceed contract amount of \$1,250,000.00.

On 01/22/2021, the Procurement Director approved Amendment No. 03, which extended the termination date to 02/15/2022 and added a partial annual award amount of \$250,000.00 for a cumulative not-to-exceed contract amount of \$1,500,000.00. Three (3) renewal options remained.

On 12/10/2021, the Procurement Director approved Amendment No. 04, which added the remainder annual award amount of \$250,000.00 for a cumulative not-to-exceed contract amount of \$1,750,000.00.

On 12/28/2021, the Procurement Director approved Amendment No. 05, which extended the termination date to 02/15/2023 and added the annual award amount of \$500,000.00 for a cumulative not-to-exceed contract amount of \$2,250,000.00. Two (2) renewal options remained.

This increase is required to provide sufficient funding through the contract termination date due to the rising inflation rates.

PRCUID: 350575

Attachment: Master Agreement.

***Program Goals/Predicted Outcomes:**

To provide professional quality medical supplies to Pima County Departments.

***Public Benefit:**

To provide medical care to Pima County residents.

***Metrics Available to Measure Performance:**

Quality and performance of medical supplies.

***Retroactive:**

No.

TO COB 10/28/2022
2 PAGES
VERSION 18

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: MA Department Code: PO Contract Number (i.e., 15-123): 20-056

Amendment No.: 06 AMS Version No.: 18

Commencement Date: 11/15/2022 New Termination Date: _____

Prior Contract No. (Synergen/CMS): _____

Expense Revenue Increase Decrease

Amount This Amendment: \$ 300,000.00

Is there revenue included? Yes No If Yes \$ _____

*Funding Source(s) required: Health Fund

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: Procurement Officer: Maricruz Lopez Division Manager: Ana Wilber
Digitally signed by Maricruz Lopez Date: 2022.10.27.11:39:31 -0700 Digitally signed by Ana Wilber Date: 2022.10.27.11:52:25 -0700

Department: Procurement Director: Terri Spencer Telephone: (520) 724-3736
Digitally signed by Terri Spencer Date: 2022.10.27.12:26:44 -0700

Department Director Signature: Theresa Cullen Date: _____

Deputy County Administrator Signature: _____ Date: 27 Oct 2022

County Administrator Signature: _____ Date: 10/23/2022



MASTER AGREEMENT

PIMA COUNTY, ARIZONA

**THIS IS NOT AN ORDER - TRANSMISSION CONSTITUTES
CONTRACT EXECUTION**

Master Agreement No: 2000000000000000056

MA Version: 18

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Description: Medical Supplies

I S S U E R	<p>Pima County Procurement Department 150 W. Congress St. 5th Fl Tucson AZ 85701</p> <p>Issued By: MARICRUZ LOPEZ Phone: 5207243736 Email: maricruz.lopez@pima.gov</p>
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T E R M S	<p>Initiation Date: 11-15-2022 Expiration Date: 02-15-2023</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">NTE Amount:</td> <td style="padding: 2px; text-align: right;">\$2,550,000.00</td> </tr> <tr> <td style="padding: 2px;">Used Amount:</td> <td style="padding: 2px; text-align: right;">\$2,223,856.84</td> </tr> </table>	NTE Amount:	\$2,550,000.00	Used Amount:	\$2,223,856.84
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Used Amount:	\$2,223,856.84				

V E N D O R	<table style="width: 100%;"> <tr> <td style="width: 50%;">McKesson Medical-Surgical Government Solutions LLC</td> <td style="width: 50%;">Contact: Bonnie Irish</td> </tr> <tr> <td>1690 New Britain Ave</td> <td>Phone: 800-243-1464</td> </tr> <tr> <td>Farmington CT 06032</td> <td>Email: bid@mooremedical.com</td> </tr> <tr> <td></td> <td>Terms: 0.00 %</td> </tr> <tr> <td></td> <td>Days: 30</td> </tr> </table>	McKesson Medical-Surgical Government Solutions LLC	Contact: Bonnie Irish	1690 New Britain Ave	Phone: 800-243-1464	Farmington CT 06032	Email: bid@mooremedical.com		Terms: 0.00 %		Days: 30
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Farmington CT 06032	Email: bid@mooremedical.com										
	Terms: 0.00 %										
	Days: 30										

Shipping Method:	Vendor Method
Delivery Type:	
FOB:	FOB Dest, Freight Prepaid
<p>Modification Reason</p> <p>Amendment No. 06 is increases the annual award amount by \$300,000.00 from \$500,000.00 to \$800,000.00 for a cumulative not-to-exceed contract amount of \$2,550,000.00 and appends the Forced Labor of Ethnic Uyghurs provision to the contract, pursuant to A.R.S. § 35-394, if Contractor engages in for-profit activity and has 10 or more employees, Contractor certifies it is not currently using, and agrees for the duration of this Contract to not use (1) the forced labor of ethnic Uyghurs in the People's Republic of China; (2) any goods or services produced by the forced labor of ethnic Uyghurs in the People's Republic of China; and (3) any contractors, subcontractors or suppliers that use the forced labor or any goods or services produced by the forced labor of ethnic Uyghurs in the People's Republic of China. If Contractor becomes aware during the term of the Contract that the Company is not in compliance with A.R.S. § 35-394, Contractor must notify the County within five business days and provide a written certification to County regarding compliance within one hundred eighty days.</p>	

This Master Agreement incorporates the attached documents, and by reference all instructions, Standard Terms and Conditions, Special Terms and Conditions, and requirements that are included in or referenced by the solicitation documents used to establish this agreement. All transactions and conduct are required to conform to these documents.



PIMA COUNTY

MASTER AGREEMENT DETAILS

Master Agreement No: 2000000000000000056

MA Version: 18

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Line Description

Line	Description	UOM	Unit Price	Stock Code	VPN	MPN
2	Medical Supplies Free Form Discount 0.0000 %		\$0.00			