



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

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

Department Director Signature: Theresa Cullen Digitally signed by Theresa Cullen Date: 2022.10.26.10:01:41 -0700 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: 20000000000000000056

MA Version: 18

Page: 1 of 2

Description: Medical Supplies

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

V E N D O R	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

Shipping Method:	Vendor Method
Delivery Type:	
FOB:	FOB Dest, Freight Prepaid
Modification Reason 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.	

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.



MASTER AGREEMENT DETAILS

Master Agreement No: 20000000000000000056

MA Version: 18

Page: 2 of 2

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