



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

Requested Board Meeting Date: 5-12-15

or Procurement Director Award ☐

Contractor/Vendor Name (DBA): C-Cubed Unlimited, Inc., an Arizona corporation, DBA Quik Print

Project Title/Description:

Lease Amendment No. 8 to Quik Print lease of space in 33 N. Stone Avenue, Tucson

Purpose:

At County's request, move Quik Print from its current temporary space at 33 N. Stone #1800-A to replacement temporary space in Suite 1610, to accommodate a County department's move into all of Suite 1800, including #1800-A. Amendment No. 8 is needed in order to change the number of the suite being used for the temporary premises; no other changes made to Lease.

Procurement Method:

N/A

Program Goals/Predicted Outcomes:

Enables Quik Print to continue working in a secured access location in order to perform its contract with Raytheon to provide digitized copies of Raytheon's U.S. Department of Defense documents and enables a County department to perform more efficiently.

Public Benefit:

Currently vacant suite 1610 will generate rent revenue for the County; all of Suite 1800 and 1800-A will be occupied and utilized by a new County function.

Metrics Available to Measure Performance:

Full and timely payment of rent.

Retroactive:

No.

Procure Dept 04/23/15 PM 12:14

TO: COB - 4.29.15 (3)
Ver. 4
Vendor 1
pgs. - 5

Original Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____
Effective Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____
☐ Expense Amount: \$ _____ ☐ Revenue Amount: \$ _____
Funding Source(s): _____

Cost to Pima County General Fund: _____

Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No ☐ Not Applicable to Grant Awards

Were insurance or indemnity clauses modified? ☐ Yes ☐ No ☐ Not Applicable to Grant Awards

Vendor is using a Social Security Number? ☐ Yes ☐ No ☐ Not Applicable to Grant Awards

If Yes, attach the required form per Administrative Procedure 22-73.

Amendment Information

Document Type: CTN Department Code: FM Contract Number (i.e., 15-123): CMS 141917

Amendment No.: Eight (8) Amendment Method: AMS Version No.: 4

Effective Date: May 1, 2015 New Termination Date: Not changed

☐ Expense ☒ Revenue ☐ Increase ☐ Decrease Amount This Amendment: \$0.00

Funding Source(s): Tenant's rent payments.

Cost to Pima County General Fund: None.

Contact: Nina Armstrong

Department: Facilities Management Telephone: 724-2725

Department Director Signature/Date: Herbert L. Kirk 4/20/15

Deputy County Administrator Signature/Date: Jan Zula 4-28-15

County Administrator Signature/Date: C. D. Durberry 4/22/15
(Required for Board Agenda/Addendum Items)

**PIMA COUNTY DEPARTMENT OF:
FACILITIES MANAGEMENT**

REVENUE CONTRACT

LANDLORD: PIMA COUNTY

**TENANT: C-CUBED UNLIMITED, INC.,
DBA: QUIK PRINT**

CONTRACT NO.: CTN-FM-CMS 141917

LEASE AMENDMENT NO.: EIGHT (8)

CONTRACT

NO. CTN-FM-CMS 141917

AMENDMENT NO. 08

This number must appear on all
invoices, correspondence and
documents pertaining to this
contract.

ORIGINAL LEASE TERM:	12/1/1986 – 11/30/1991	ORIG. LEASE AMOUNT:	\$ 144,279.00
TERMINATION DATE PRIOR AMENDMENT:	02/28/2019	PRIOR AMENDMENTS:	\$ 1,049,007.00
TERMINATION THIS AMENDMENT:	02/28/2019	THIS AMENDMENT:	\$ 00.00
		REVISED LEASE AMOUNT:	\$ 1,195,171.60

**LEASE AMENDMENT NO. 8
33 NORTH STONE AVENUE, SUITE 145, TUCSON, AZ
(For temporary space in Suite 1610)**

1. DEFINED TERMS. For purposes of this Amendment, the following terms have the meanings set forth below:

1.1. Landlord: Pima County, a political subdivision of the State of Arizona.

1.2. Tenant: C-Cubed Unlimited, Inc., an Arizona corporation, DBA Quik Print.

1.3. Building: 33 N. Stone Avenue, Tucson, AZ 85701.

1.4. Lease: The original Lease for Suite 145 in the Building, naming Tenant as tenant, commencing December 1, 1986 and expiring February 28, 2019, and all Riders and Amendments thereto.

1.5. Primary Premises: Suite 145 in the Building, consisting of approximately 2,491 rentable square feet.

1.6. Original Temporary Premises: A portion of Suite 1800 of the Building, referred to herein as Suite 1800-A.

1.7. Replacement Temporary Premises: Suite 1610 in the Building.

2. **PURPOSE AND CONTEXT.** Tenant has a short-term need for additional space in order to meet the requirements of a customer, and Landlord is willing to lease Tenant additional space in the Building that will satisfy this need. Pursuant to Lease Amendment 7, Tenant began occupying Suite 1800-A as the Original Temporary Premises on February 9, 2015. Landlord now needs to use Suite 1800-A on a permanent basis and Tenant is willing to move to Suite 1610 in order to accommodate Landlord's needs. Landlord and Tenant therefore want to amend Tenant's current Lease to provide for the relocation of Tenant to the Replacement Temporary Premises in Suite 1610.

3. **MODIFICATION OF LEASE.** Landlord and Tenant agree to modify the terms of the Lease as follows:

3.1. Replacement Temporary Premises. Landlord hereby demises and leases to Tenant and Tenant hereby leases from Landlord the Replacement Temporary Premises referred to as Suite 1610, as shown on Exhibit "A" attached hereto and made a part hereof. The Replacement Temporary Premises is in addition to Tenant's Primary Premises, Suite 145, which contains approximately 2,491 rentable square feet.

3.2. Relocation Labor and Costs. All costs of the relocation will be paid by Landlord including, but not necessarily limited to, installation by April 27, 2015 of a dedicated electrical circuit up to 240V specifically for Tenant's equipment, and moving Tenant's personal property, equipment, and client file boxes from Suite 1800-A to Suite 1610.

4. **REMAINING LEASE TERMS UNCHANGED.** Except as modified by this Amendment, all terms and conditions of the Lease remain in full force and effect.


5. **EFFECTIVE DATE.** This Amendment becomes effective on the date both Landlord and Tenant sign it.

THE REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment on the day, month and year written below.

TENANT:

C-Cubed Unlimited, Inc. DBA Quik Print, an Arizona Partnership:



Stephen R. Nichols, Owner

4-14-15

Date

LANDLORD:

Pima County, a political subdivision of the State of Arizona:

Sharon Bronson, Chair, Board of Supervisors

Date

ATTEST:

Robin Brigode, Clerk of the Board

Date

APPROVED AS TO CONTENT:

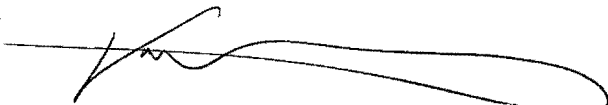


Michael L. Kirk, FMP, Director, Facilities Management

4/20/15

Date

APPROVED AS TO FORM:

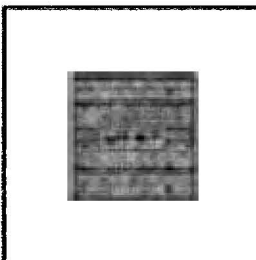
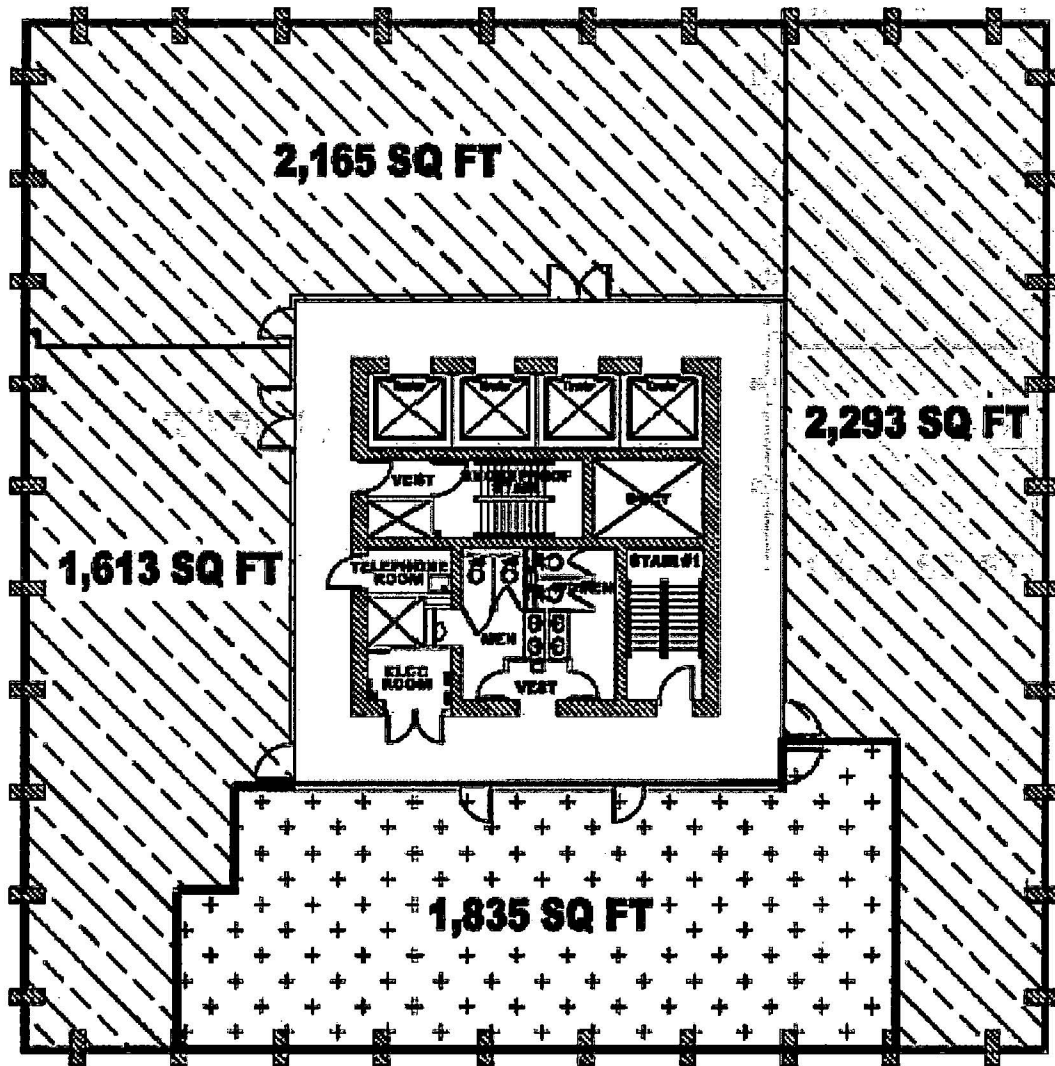


Tobin Rosen, Deputy County Attorney

4/14/15

Date

EXHIBIT "A"



10,184 SQ FT
GROSS FLOOR
2,278 TOTAL
COMMON

	PUBLIC DEFENDER SUITE 1650 (1,613)	6,071 SQ FT
	PUBLIC DEFENDER SUITE 1600 (2,165)	
	PUBLIC DEFENDER SUITE 1605 (2,293)	
	ENCLOSURE Suite 1610	1,835 SQ FT
	CORE/COMMON	2,278 SQ FT

Temporary Leased Premises – Quik Print
33 N. Stone Ave., Suite 1610, Tucson, AZ 85701



CERTIFICATE OF LIABILITY INSURANCE

DATE: 04/15/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Affinity, LLC P.O. Box 410679 Kansas City, MO 64141-0679	CONTACT NAME: PHONE: 800-216-8636 FAX: E-MAIL: ADDRESS:
INSURED Q-Cubed Unlimited, Inc. dba Quik Print 33 North Stone Avenue #145 Tucson, AZ 85701	INSURERS AFFORDING COVERAGE INSURER A: Nova Casualty Co 42552 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS. LTR.	TYPE OF INSURANCE	ADD. SUBR. INS. TYPE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
A	GENERAL LIABILITY	X	LSR-BP-0029853-2	06/12/2014	06/12/2015	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMPROP AGG \$ 4,000,000 \$
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					
	GEN'L AGGREGATE LMT APPLIES PER POLICY <input type="checkbox"/> PRO- JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/>					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	ANY AUTO ALL OWNED AUTOS HIRE AUTOS	SCHEDULED AUTOS NON-OWNED AUTOS				
	UMBRELLA LNS EXCESS LNS DED RETENTION \$	OWNED CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in AZ) If yes, check the under: DESCRIPTION OF OPERATIONS below	VIN N/A				WC STATUTORY LIMITS OTHER U.I. EACH ACCIDENT \$ EL DISEASE - EN EMPLOYEES EL DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Location Address: 33 North Stone Avenue #145, Tucson, AZ 85701

CERTIFICATE HOLDER**CANCELLATION**

CERTIFICATE HOLDER Pima County Facilities Management Real Estate Support Services 150 West Congress St. 5th Floor Tucson, AZ 85701	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD

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QUICK PRINT Amend 8 FOR BOA # 1010; 041515.QOC

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