



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

Requested Board Meeting Date: 5-19-15
or Procurement Director Award ☐

Contractor/Vendor Name (DBA): The Haven

Project Title/Description:

Implementation of Enhancements to the Pima County Drug Court Program and Drug Treatment Alternative to prison Program (DTAP).

Purpose:

To provide program participants service at The Haven with transitional housing beds for those individuals receiving Intensive Out-Patient (IOP) treatment.

Procurement Method:

Direct Select

Program Goals/Predicted Outcomes:

Provisions that The Haven agrees to provide transitional housing beds for our Drug Treatment Alternative to Prison (DTAP) women receiving Intensive Out-Patient (IOP) treatment.

Public Benefit:

The DTAP program reduces recidivism, saves millions of taxpayer dollars, saves lives and reunites families.

Metrics Available to Measure Performance:

Pima County Attorney's Office will be reviewing and approving invoices to monitor services provided under this agreement to meet the needs of the program.

Retroactive:

Amendment #01 provisions of scope of work for contract.

Date of steps: Amendment #01 letter sent to vendor for signature 04/09/15. Pima County Attorney received letter 04/21/2015.

Procure Dept 05/01/15 PM0302

TO: COB. 5-6-15 (1)
Ver. - 2
Vendor - 1
Pgs. - 2

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: CT Department Code: PCA Contract Number (i.e., 15-123): CT 15*139
Amendment No.: 01 AMS Version No.: _____
Effective Date: 09/30/2015 New Termination Date: 09/29/2015
☒ Expense ☐ Revenue ☐ Increase ☐ Decrease Amount This Amendment: \$0
Funding Source(s): DTAP Special Revenue

Cost to Pima County General Fund: No Cost to General Fund

Contact: Zachary Mack

Department: County Attorney

Telephone: 740-5609

Department Director Signature/Date: _____

Deputy County Administrator Signature/Date: _____

County Administrator Signature/Date: _____
(Required for Board Agenda/Addendum Items)

PIMA COUNTY ATTORNEY'S OFFICE

PROJECT: Implementation of Enhancements to the Pima County Drug Court Program and Establishment of a New Drug Treatment Alternative to Prison Program (DTAP)

CONTRACTOR: The Haven
1107 E. Adelaide
Tucson, AZ 85719

CONTRACT NO.: CT-PCA-15000000000000000139

CONTRACT AMENDMENT NO.: ONE(#01)

CONTRACT

NO. CT-PCA-15000000000000000139

AMENDMENT NO. 01

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

ORIG. CONTRACT TERM: 09/30/2014 – 09/29/2015
TERMINATION DATE PRIOR AMENDMENT: N/A
TERMINATION THIS AMENDMENT: 09/29/2015

ORIG. CONTRACT AMOUNT: \$100,000.00
PRIOR AMENDMENTS: \$ 0.00
AMOUNT THIS AMENDMENT: \$ 0.00
REVISED CONTRACT AMOUNT: \$100,000.00

CONTRACT AMENDMENT

WHEREAS, COUNTY and CONTRACTOR entered into a Contract for services as referenced above; and

WHEREAS, CONTRACTOR and COUNTY, pursuant to Article II – Scope of Work, have agreed to amend Exhibit A to add to the scope of services during the remaining term of the contract; and

NOW, THEREFORE, it is agreed as follows:

ADD: ARTICLE II – Exhibit A, Scope of Work:

"The Haven agrees to provide transitional housing beds for our Drug Treatment Alternative to Prison (DTAP) women receiving Intensive Out-Patient (IOP) treatment at CODAC (or elsewhere, if determined). The Haven agrees to operate this facility as a clean and sober living environment and provide a 24/7 house manager to ensure the DTAP is complying with her schedule, maintaining her sobriety and receiving all treatment services needed. DTAP AGREES TO PAY FOR THE 1ST MONTH OF RENT AND EXPECTS THE PARTICIPANT TO PAY FOR THE REMAINING 3 MONTHS OF IOP HOUSING. THE AGREED UPON RATE IS \$400 A MONTH." The women will be responsible for paying the remaining 10 weeks for their stay during their 16 week IOP program".

The effective date of this Amendment shall be March 25, 2015.

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