



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

Requested Board Meeting Date: 07/07/2015

or Procurement Director Award ☐

**Contractor/Vendor Name (DBA):** Sahuarita Unified School District

**Project Title/Description:**

Immunization Program Agreement

**Purpose:**

Memorializes collaboration with the school district to assist in meeting immunization requirements, including administering vaccines.

**Procurement Method:**

N/A - Intergovernmental Agreement

**Program Goals/Predicted Outcomes:**

Children enrolled in district are up-to-date on required immunizations.

**Public Benefit:**

Reduce incidence of vaccine preventable disease in the community.

**Metrics Available to Measure Performance:**

Number of vaccines administered. Immunization coverage rates for Kindergarten and 6th grade students.

**Retroactive:**

No

**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: N/A

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: HD Contract Number (i.e., 15-123): 12-0094

Amendment No.: 04 AMS Version No.: 06

Effective Date: 06/30/2015 New Termination Date: 06/30/2016

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

Funding Source(s): N/A

Cost to Pima County General Fund: None

To: COB - 6-24-15 (2)  
Ver. 6  
Vendor - 1 Pgs 2

Contact: Ana Basurto, Contract/Grant Manager

Department: Health

Telephone: 243-7838

Department Director Signature/Date:

*[Signature]* 11 June 15

Deputy County Administrator Signature/Date:

*[Signature]* 6-18-15

County Administrator Signature/Date:

(Required for Board Agenda/Addendum Items)

*[Signature]* 6/12/15

CONTRACT	
NO. <u>CTN-HD-120000000000000000 94</u>	
AMENDMENT NO.	<u>04</u>
This number must appear on all invoices, correspondence and documents pertaining to this contract.	

**AMENDMENT NO. 04**  
**INTERGOVERNMENTAL AGREEMENT BETWEEN**  
**PIMA COUNTY AND SAHUARITA UNIFIED SCHOOL DISTRICT**  
**CONTRACT NO. CTN-HD-12-0094**

THIS AMENDMENT to that certain Intergovernmental Agreement by and between Pima County, a body politic and corporate of the State of Arizona, for and on behalf of the Pima County Health Department, hereinafter referred to as the "COUNTY", and Sahuarita Unified School District No. 30, a political subdivision of the State of Arizona, hereinafter referred to as "DISTRICT".

WHEREAS, the COUNTY and the DISTRICT have entered into an Intergovernmental Agreement in a joint effort to provide required childhood immunization services to the school children of Pima County; and

WHEREAS, the Intergovernmental Agreement contains a specific provision allowing the Parties to extend the Agreement for up to four additional one-year periods; and

NOW, THEREFORE, the following amendments are agreed upon as follows:

A. Article I. Term, amend as follows:

Article I. Term – The Parties to this Intergovernmental Agreement exercise the option to extend the Agreement for a period of one (1) year, beginning July 1, 2015 and ending June 30, 2016.

B. The effective date of this Amendment is June 30, 2015.

All other provisions of the Intergovernmental Agreement, not specifically revised by this Amendment, remain unchanged.

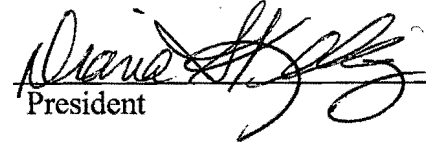
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IN WITNESS WHEREOF, the Parties do hereby agree to carry out the terms of this Amendment to the INTERGOVERNMENTAL AGREEMENT.

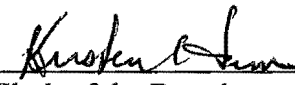
PIMA COUNTY

SAHUARTIA UNIFIED SCHOOL DISTRICT

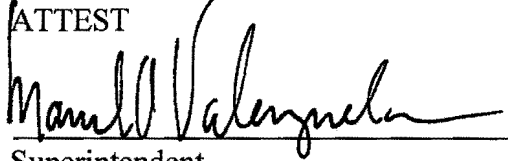
\_\_\_\_\_  
Chair, Board of Supervisors      Date

 5/13/15  
President      Date

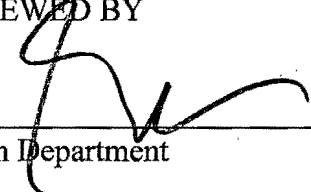
ATTEST

 5.13.15  
Clerk of the Board      Date  
Date

ATTEST

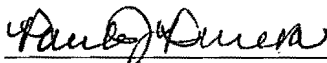
  
Superintendent

REVIEWED BY

 11 June 15  
Health Department      Date

APPROVED AS TO FORM

Pursuant to A.R.S. § 11-952(D), the attorneys for the parties hereto have determined that the foregoing Agreement is in proper form and is within the powers and authority granted to each respective body under the laws of the State of Arizona

 4.29.15  
Deputy County Attorney      Date

\_\_\_\_\_  
Legal Counsel      Date