



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

Requested Board Meeting Date: 5/17/2016

or Procurement Director Award ☐

**Contractor/Vendor Name (DBA):** Goering, Roberts, Rubin, Brogna, Enos, Treadwell-Rubin, P.C.

**Project Title/Description:**

Legal Defense of workers compensation claims filed against the County

**Purpose:**

Defense of workers compensation claims to help reduce costs for claims not justified under Arizona statute.

**Procurement Method:**

**Program Goals/Predicted Outcomes:**

To have adequate legal expertise for claims filed against the County.

**Public Benefit:**

To control workers compensation costs.

**Metrics Available to Measure Performance:**

Cost and litigation outcomes as related to claims.

**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: \_\_\_\_\_

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: FN Contract Number (i.e., 15-123): 15\*499

Amendment No.: 1 AMS Version No.: 4

Effective Date: 6/2/2016 New Termination Date: 6/2/2017

☐ Expense ☐ Revenue ☒ Increase ☐ Decrease Amount This Amendment: \$50,000

Funding Source(s): Risk Management Workers Compensation Fund

Cost to Pima County General Fund: 0.00

To: COB- 5.3.16 (1)  
pgs- 2

Procure Dept 05/03/16 PM01:01

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Contact: Berenice Strader

Department: Finance & Risk Management

Telephone: 724-3840

Department Director Signature/Date:  5/2/16

Deputy County Administrator Signature/Date:  5-2-16

County Administrator Signature/Date:  5/3/16  
(Required for Board Agenda/Addendum Items)

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**PIMA COUNTY DEPARTMENT OF FINANCE AND RISK  
MANAGEMENT**

**PROJECT:** Legal Services Contract – Defense of Workers  
Compensation Claims

**CONTRACTOR:** Goering, Roberts, Rubin, Brogna, Enos &  
Treadwell-Rubin, P.C.

**CONTRACT NO.:** 15-499

**CONTRACT AMENDMENT NO.:** One (1)

**CONTRACT**

**NO.** CT-FN-15-499

**AMENDMENT NO.** 01

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

**ORIG. CONTRACT TERM:** 06/02/2015 – 06/2/2016

**TERMINATION DATE PRIOR AMENDMENT:** N/A

**TERMINATION THIS AMENDMENT:** 06/2/2017

**ORIG. CONTRACT AMOUNT:** \$ 100,000.00

**PRIOR AMENDMENTS:** \$ 00.00

**AMOUNT THIS AMENDMENT:** \$ 50,000.00

**REVISED CONTRACT AMOUNT:** \$ 150,000.00

**CONTRACT AMENDMENT**

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

WHEREAS, CONTRACTOR and COUNTY, pursuant to Article I - Term, have agreed to extend the Contract term for a period of one year; and

WHEREAS, CONTRACTOR and COUNTY, pursuant to Article III – Payment, have agreed to increase the contract amount to allow payment for the continued provision of legal services and representation during the extended term of the contract.

NOW, THEREFORE, it is agreed as follows:

**CHANGE: ARTICLE I - TERM:**

From: "... shall terminate on the 2nd day of June, 2016..."

To: "... shall terminate on the 2nd day of June, 2017..."

**CHANGE: ARTICLE III - PAYMENT:**

From: "Total payment for this Contract shall not exceed \$100,000.00."

To: "Total payment for this Contract shall not exceed \$150,000.00."

The effective date of this Amendment shall be June 2, 2016.

(THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK)

All other provisions of the Contract, not specifically changed by this Amendment, shall remain in effect and be binding upon the parties.

IN WITNESS WHEREOF, the parties have affixed their signatures to this Amendment on the dates written below.

**APPROVED:**

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

\_\_\_\_\_  
Date

**ATTEST**

\_\_\_\_\_  
Clerk of Board

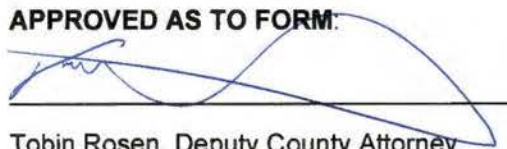
\_\_\_\_\_  
Date

**APPROVED AS TO CONTENT**

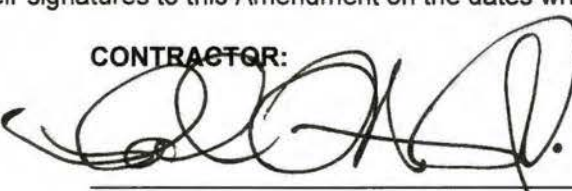
  
\_\_\_\_\_  
Thomas Weaver, Chief Civil Deputy County Attorney

  
\_\_\_\_\_  
Date

**APPROVED AS TO FORM:**

  
\_\_\_\_\_  
Tobin Rosen, Deputy County Attorney

**CONTRACTOR:**

Signature 

Name and Title (Please Print) 