BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

Requested Board Meeting Date: 5/17/2016

or Procurement Director Award ☐

Contractor/Vendor Name (DBA): Moeller Law Office

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*498

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: $ 100,000

Funding Source(s): Risk Management Workers Compensation Fund

_____

Cost to Pima County General Fund: 0.00

To: COB 5.3.16 (1)
Pgs. 2

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)

PIMA COUNTY DEPARTMENT OF FINANCE AND RISK MANAGEMENT	CONTRACT
PROJECT: Legal Services Contract – Defense of Workers Compensation Claims **CONTRACTOR:** Moeller Law Office **CONTRACT NO.:** 15-498 **CONTRACT AMENDMENT NO.:** One (1)	NO. *CT-FN-15-498* 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: $ 100,000.00
REVISED CONTRACT AMOUNT: $ 200,000.00

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 $200,000.00."

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

_____
4/22/16
Date

APPROVED AS TO FORM:

_____ 4/22/16
Tobin Rosen, Deputy County Attorney

CONTRACTOR:

_____
Signature

M. TED MOELLER Esq.
Name and Title (Please Print)