

AGENDA MATERIAL

DATE 9/17/19 ITEM NO. CC 1

Contract / Award 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) required:

Funding from General Fund? ☐ Yes ☐ No If Yes \$ _____ % _____

Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No

If Yes, is the Contract to a vendor or subrecipient? _____

Were insurance or indemnity clauses modified? ☐ Yes ☐ No

If Yes, attach Risk's approval.

Vendor is using a Social Security Number? ☐ Yes ☐ No

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

Amendment / Revised Award Information

Document Type: CT Department Code: BH Contract Number (i.e., 15-123): 20*0020 0017 ^{ALB}

Amendment No.: 4 AMS Version No.: 2

Effective Date: 10/01/2019 ^{ALB} 9/30/19 New Termination Date: 09/30/2020

Prior Contract No. (Synergen/CMS): CT-OMS-16#052

☒ Expense or ☐ Revenue ☒ Increase ☐ Decrease Amount This Amendment: \$ 750,000.00

Is there revenue included? ☐ Yes ☒ No If Yes \$ _____

*Funding Source(s) required: General Fund

Funding from General Fund? ☒ Yes ☐ No If Yes \$ 750,000.00 % 100

Grant/Amendment Information (for grants acceptance and awards) ☐ Award ☐ Amendment

Document Type: _____ Department Code: _____ Grant Number (i.e., 15-123): _____

Effective Date: _____ Termination Date: _____ Amendment Number: _____

☐ Match Amount: \$ _____ ☐ Revenue Amount: \$ _____

*All Funding Source(s) required:

*Match funding from General Fund? ☐ Yes ☐ No If Yes \$ _____ % _____

*Match funding from other sources? ☐ Yes ☐ No If Yes \$ _____ % _____

*Funding Source: _____

*If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)? _____

Contact: April Guzman

Department: Behavioral Health

Telephone: 520-724-7515

Department Director Signature/Date: [Signature] 9/26/19

Deputy County Administrator Signature/Date: [Signature] 8/27/19

County Administrator Signature/Date: [Signature] 8/27/19

(Required for Board Agenda/Addendum Items)

SEP 16 19 04 44 PCL KTF RD
ALB

Pima County Department of Behavioral Health

Project: Court Ordered Evaluation Services Pursuant to ARS Title 36, Chapter 5

Contractor: UHS of Tucson LLC, (dba Palo Verde Behavioral Health), 2695 N. Craycroft Road, Tucson, Az. 85712

Contract No.: CT-OMS-16*0052 CONVERTED TO CT-BH-20*0017

Contract Amendment No.: 04

Orig. Contract Term: 10/01/15 – 09/30/16	Orig. Amount:	\$750,000.00
Termination Date Prior Amendment: 09/30/2019	Prior Amendments Amount:	\$2,250,000.00
Termination Date This Amendment: 09/30/2020	This Amendment Amount:	\$750,000.00
	Revised Total Amount:	\$3,750,000.00

CONTRACT AMENDMENT

The parties agree to amend the above-referenced contract as follows:

1. Background and Purpose.

1.1. Background. On 10/01/2015, County and Contractor entered into the above referenced agreement to provide Court Ordered Evaluation Services.

1.2. Purpose. County to extend the Contract (CT) for an additional year and add funding for services.

2. Term. The Contract terminates on 09/30/2020. No further extensions are available.

3. Maximum Payment Amount. The maximum amount the County will spend under this Contract, as set forth in Article III - Compensation and Payment and Exhibit B: Compensation (4 pages), is increased by \$750,000.00. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$3,750,000.00.

The effective date of this Amendment is September 30, 2019.

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