

AGENDA MATERIAL

DATE 9/17/19 ITEM NO. CC2

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*0022/20*0014

Amendment No.: 5 AMS Version No.: 2/2

Effective Date: 10/01/2019 9/30/19 New Termination Date: 09/30/2020

Prior Contract No. (Synergen/CMS): CT-OMS-16*048
16*124

☒ Expense or ☐ Revenue ☒ Increase ☐ Decrease Amount This Amendment: \$ 1,500,000.00

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

*Funding Source(s) required: General Fund

Funding from General Fund? ☒ Yes ☐ No If Yes \$ 1,500,000.00 % 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

Department Director Signature/Date: [Signature] 8-7-19 Telephone: 520-724-7515

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

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

(Required for Board Agenda/Addendum Items)

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Pima County Department of Behavioral Health

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

Contractor: Banner Health, 1441 N. 12th Street, Phoenix, Az. 85006

**Contract No.: CT-OMS-16*0048/CT-OMS-16*0124 CONVERTED TO CT-BH-20*0022/
CT-BH-20*0014**

Contract Amendment No.: 5

Orig. Contract Term: 10/01/2015 – 09/30/2016	Orig. Amount:	\$1,500,000.00
Termination Date Prior Amendment: 09/30/2019	Prior Amendments Amount:	\$4,500,000.00
Termination Date This Amendment: 09/30/2020	This Amendment Amount:	\$1,500,000.00
	Revised Total Amount:	\$7,500,000.00

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 9/30/2020. 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 (5 pages) is increased by \$1,500,000.00. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$7,500,000.00.

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.