



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

☐ Award ☒ Contract ☐ Grant

**Requested Board Meeting Date:** January 14, 2020

**\* = Mandatory, information must be provided**

**or Procurement Director Award** ☐

**\*Contractor/Vendor Name/Grantor (DBA):**

YMCA: YMCA of Southern Arizona

**\*Project Title/Description:**

County/YMCA Membership Partnership Program

**\*Purpose:**

The YMCA will offer County employees YMCA membership at a reduced rate.

**\*Procurement Method:**

Direct Select per Board of Supervisor Policy D29.6,III-C

**\*Program Goals/Predicted Outcomes:**

The County/YMCA Membership Partnership Program currently provides County employees more than \$60,000 in total membership discounts each year, benefiting County employees and their families by enhancing their health and well-being.

**\*Public Benefit:**

The YMCA provides valuable community services at its facilities. These programs available, in the downtown area and entire community, benefit County employees and their families by enhancing their health and well-being through youth sports, summer and after school programs, teen leadership programs, family events, child care and swim lessons.

**\*Metrics Available to Measure Performance:**

YMCA will, on a quarterly basis, report the number of County employee discounts.

**\*Retroactive:**

Yes, staff overlooked the opportunity to meet the BOS meeting dates scheduled prior to the termination date of the agreement.

To: COB 12-26-2019 (1)  
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Procure Dept 12/26/19 PM10:30

**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 22-10.***Amendment / Revised Award Information**Document Type: CT Department Code: HR Contract Number (i.e., 15-123): 19\*279Amendment No.: 01 AMS Version No.: two (2)Effective Date: January 01, 2019 New Termination Date: December 31, 2020

Prior Contract No. (Synergen/CMS): \_\_\_\_\_

☒ Expense or ☐ Revenue ☒ Increase ☐ Decrease Amount This Amendment: \$ 60,000.00Is there revenue included? ☐ Yes ☒ No If Yes \$ \_\_\_\_\_**\*Funding Source(s) required:** Healthcare Benefits Trust FundFunding from General Fund? ☐ Yes ☒ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_**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: Marchelle PappasDepartment: Human Resources Telephone: 724-2732Department Director Signature/Date: [Signature] 12/24/19Deputy County Administrator Signature/Date: [Signature] 12/24/2019County Administrator Signature/Date: C. R. [Signature] 12/24/19  
(Required for Board Agenda/Addendum Items)

**Pima County Department of Human Resources**

**Project: YMCA Membership Fee**

**Contractor: YMCA of Southern AZ, 60 W. Alameda; Tucson, AZ 85701**

**Contract No.: CT-HR-19\*279**

**Contract Amendment No.: 01**

<b>Orig. Contract Term:</b> 01/01/2019 – 12/31/2019	<b>Orig. Amount:</b>	<b>\$ 60,000.00</b>
<b>Termination Date Prior Amendment:</b> 12/31/2019	<b>Prior Amendments Amount:</b>	<b>\$ 0.00</b>
<b>Termination Date This Amendment:</b> 12/31/2020	<b>This Amendment Amount:</b>	<b>\$ 60,000.00</b>
	<b>Revised Total Amount:</b>	<b>\$120,000.00</b>

**CONTRACT AMENDMENT**

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

**1. Background and Purpose.**

1.1. Background. On January 1, 2019, County and Contractor entered into the above referenced agreement to provide County/YMCA Membership Partnership Program.

**2. Term.** The Contract terminates on December 31, 2020.

**3. Maximum Payment Amount.** The maximum amount the County will spend under this Contract, as set forth in Section four (4), is increased by \$ 60,000.00. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$300,000.00.

**4. Israel Boycott Certification.** Pursuant to A.R.S. § 35-393.01, if Contractor engages in for-profit activity and has 10 or more employees, and if this Contract has a value of \$100,000.00 or more, Contractor certifies it is not currently engaged in, and agrees for the duration of this Contract to not engage in, a boycott of goods or services from Israel. This certification does not apply to a boycott prohibited by 50 U.S.C. § 4842 or a regulation issued pursuant to 50 U.S.C. § 4842.

The effective date of this Amendment is January 1, 2020.

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

**Contract No.: CT-HR-19\*279**

1

*Revised 12/6/19*

**PIMA COUNTY**

\_\_\_\_\_  
Chairman, Board of Supervisors

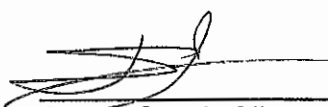
\_\_\_\_\_  
Date

**ATTEST**

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

\_\_\_\_\_  
Date

**APPROVED AS TO FORM**

  
\_\_\_\_\_  
Deputy County Attorney

**DANIEL JURKOWITZ**

\_\_\_\_\_  
Print DCA Name

12/20/19  
\_\_\_\_\_  
Date

**CONTRACTOR**

  
\_\_\_\_\_  
Authorized Officer Signature

Kurtis Dawson CEO  
\_\_\_\_\_  
Printed Name and Title

12/19/19  
\_\_\_\_\_  
Date

**APPROVED AS TO CONTENT**

  
\_\_\_\_\_  
Department Head

12/24/19  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Date  
(if required by County Department or delete)