



**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: FN Contract Number (i.e.,15-123): 15\*284Amendment No.: 2 AMS Version No.: 22Effective Date: 2/13/2020 New Termination Date: 11/30/2020

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

☒ Expense or ☐ Revenue ☒ Increase ☐ Decrease Amount This Amendment: \$ 25,000.00Is there revenue included? ☐ Yes ☒ No If Yes \$ \_\_\_\_\_**\*Funding Source(s) required:** County Administrator's General Contingency 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: Marilee WestonDepartment: PCAO Civil Division - BTU Telephone: (520) 724-8274Department Director Signature/Date: Andrew Flaggs 2/10/2020

Deputy County Administrator Signature/Date: \_\_\_\_\_

County Administrator Signature/Date: Jan 2/11/2012  
(Required for Board Agenda/Addendum Items)

**Pima County Attorney's Office**

**Project: Legal Representation of Local Boards**

**Contractor: McEvoy, Daniels & Darcy, PC**  
4560 East Camp Lowell Drive  
Tucson AZ 85712

**Contract No.: CT-FN-15\*284**

**Contract Amendment No.: 2**

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<b>Orig. Contract Term:</b> 12/01/14 to 11/30/19	<b>Orig. Amount:</b>	\$ 50,000.00
<b>Termination Date Prior Amendment:</b> 11/30/20	<b>Prior Amendments Amount:</b>	\$ 0.00
<b>Termination Date This Amendment:</b> 11/30/20	<b>This Amendment Amount:</b>	\$ 25,000.00
	<b>Revised Total Amount:</b>	\$ 75,000.00

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**CONTRACT AMENDMENT #2**

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

**1. Background and Purpose.**

- 1.1 Background. On December 1, 2014, County and Contractor entered into the above referenced agreement to provide legal advice to, and provide legal representation of the Pima County Corrections Officer Retirement Board ("PCCORB"), Pima County Public Safety Personnel Retirement Board ("PCPSPRB"), and Pima County Attorney's Investigator's Retirement Board ("PCAIRB"); hereinafter called "The Local Boards."
- 1.2 Purpose. Additional funds are required to continue the legal representation of, and advice to, the Local Boards.

- 2. Maximum Payment Amount.** The maximum amount the County will spend under this Contract, as set forth in Section 3.5, is increased by \$25,000.00. County's total payments to Contractor under this Contract, including any sales taxes, will not exceed \$75,000.00.

The effective date of this Amendment is February 18, 2020.

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

**PIMA COUNTY**

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

\_\_\_\_\_  
Date

ATTEST

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

\_\_\_\_\_  
Date

APPROVED AS TO FORM

  
Deputy County Attorney

**REGINA NASSEN**

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

2-12-2020  
Date

**CONTRACTOR**

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

DAVID A. MERVIN  
Printed Name and Title

Vice-President &  
Treasurer

2-12-2020  
Date

APPROVED AS TO CONTENT

  
\_\_\_\_\_  
Andrew Flagg, Chief Civil Deputy Attorney

2/12/2020  
Date