



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

☒ Award ☐ Contract ☐ Grant

Requested Board Meeting Date: 04/07/2020

\* = Mandatory, information must be provided

or Procurement Director Award ☐

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

McKesson Medical-Surgical Government Solutions LLC

**\*Project Title/Description:**

Medical Supplies

**\*Purpose:**

Amendment of Award: Master Agreement No. MA-PO-20-056, Amendment No. 01. This Amendment is for a one-time increase in the amount of \$500,000.00 for a cumulative not-to-exceed contract amount of \$750,000.00.

Administering Department: Sheriff.

**\*Procurement Method:**

Pursuant to Pima County Procurement Code 11.24.010, Cooperative procurement authorized, on January 24, 2020, the Procurement Director approved an award of contract for an initial term of one (1) year and an annual award amount of \$250,000.00 with four (4) one-year renewal options.

This increase is required to cover the cost of additional medical supplies needed due to COVID-19.

PRCUID: 350575

Attachment: Master Agreement.

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

To provide professional quality medical supplies to the Pima County.

**\*Public Benefit:**

Provide medical care for Pima County residents.

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

The quality and performance of medical supplies.

**\*Retroactive:**

No.

To COB: 3/25/20

Ver: 6

Pages: 2

**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: MA Department Code: PO Contract Number (i.e., 15-123): 20-056Amendment No.: 1 AMS Version No.: 6Effective Date: 04/07/2020 New Termination Date: \_\_\_\_\_

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

☒ Expense or ☐ Revenue ☒ Increase ☐ Decrease Amount This Amendment: \$ 500,000.00Is there revenue included? ☐ Yes ☒ No If Yes \$ \_\_\_\_\_**\*Funding Source(s) required:** General FundFunding from General Fund? ☒ Yes ☐ No If Yes \$ 500,000.00 % \_\_\_\_\_**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: Meagan Lynch, Procurement Officer MA 3/24/20 10000 for DM MgrDepartment: Procurement Sherry Jones Procurement Manager 3/24/20 Telephone: 724-9071Department Director Signature/Date: [Signature] 3/24/2020

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

County Administrator Signature/Date: C. R. Duberry 3/25/2020

(Required for Board Agenda/Addendum Items)



# MASTER AGREEMENT

## PIMA COUNTY, ARIZONA

THIS IS NOT AN ORDER - TRANSMISSION CONSTITUTES  
CONTRACT EXECUTION

Master Agreement No: 2000000000000000056

MA Version: 6

Page: 1 of 2

Description: MEDICAL SUPPLIES

I S S U E R	Pima County Procurement Department	T E R M S	Initiation Date: 04-07-2020				
	130 W. Congress St. 3rd Fl		Expiration Date: 02-15-2021				
	Tucson AZ 85701						
	Issued By: MEAGAN LYNCH						
	Phone: 5207249071						
	Email: Meagan.Lynch@pima.gov						
			<table border="1"><tr><td>NTE Amount:</td><td>\$750,000.00</td></tr><tr><td>Used Amount:</td><td>\$26,520.56</td></tr></table>	NTE Amount:	\$750,000.00	Used Amount:	\$26,520.56
NTE Amount:	\$750,000.00						
Used Amount:	\$26,520.56						

V E N D O R	McKesson Medical-Surgical Government Solutions LLC	Contact:	Valerie Long
	1690 New Britain Ave	Phone:	2108520351
	Farmington CT 06032	Email:	Valerie.Long@McKesson.com
		Terms:	30.00 %
		Days:	0

Shipping Method:	Vendor Method
Delivery Type:	
FOB:	FOB Dest, Freight Prepaid
<b>Modification Reason</b>	
This Amendment is for a one-time increase in the amount of \$500,000.00 for a cumulative not-to-exceed contract amount of \$750,000.00	

This Master Agreement incorporates the attached documents, and by reference all Instructions, Standard Terms and Conditions, Special Terms and Conditions, and requirements that are included in or referenced by the solicitation documents used to establish this agreement. All transactions and conduct are required to conform to these documents.



## PIMA COUNTY

# MASTER AGREEMENT DETAILS

Master Agreement No: 20000000000000000056

MA Version: 6

Page: 2 of 2

Line Description

Line	Description	UOM	Unit Price	Stock Code	VPN	MPN
2	Medical Supplies Free Form Discount 0.0000 %		\$0.00			