



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: June 23, 2020

* = Mandatory, information must be provided

or Procurement Director Award ☐

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

Arizona Board of Regents for & on behalf of ASU's Center for Violence Prevention

***Project Title/Description:**

IGA between Pima County Medical Examiner's Office and ASU's Center for Violence Prevention and Community Safety

***Purpose:**

Share with ASU information on deaths reported to the Pima County Office of the Medical Examiner occurring in AZ. The added amendment allows for Pima County to now share data and information regarding the drug overdoses the the Pima County Office of the Medical Examiner has investigated.

***Procurement Method:**

This IGA is a non-Procurement contract and not subject to Procurement rules.

***Program Goals/Predicted Outcomes:**

The information will be used for the purpose of contributing to the AZ-VDRS and AZ-SUDORS by providing accurate and objective information regarding violence-related and drug overdose-related morbidity and mortality.

***Public Benefit:**

Accurate and informative data regarding violence-related and drug overdose-related morbidity and mortality

***Metrics Available to Measure Performance:**

N/A

***Retroactive:**

NO

To: Bob - 6.9.20
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Contract / Award Information

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

Commencement 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: CTN Department Code: FSC Contract Number (i.e., 15-123): 16-135Amendment No.: 1 AMS Version No.: 3Commencement Date: 06/23/2020 New Termination Date: 04/19/2021Prior Contract No. (Synergen/CMS): 142965-00☐ Expense or ☒ Revenue ☒ Increase Decrease Amount This Amendment: \$ 0.00Is there revenue included? ☒ Yes ☐ No If Yes \$ 0.00***Funding Source(s) required:**Funding from General Fund? ☐ Yes ☒ No If Yes \$ 0 % _____**Grant/Amendment Information** (for grants acceptance and awards)☐ Award ☐ Amendment

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

Commencement 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: Christopher C Smith Department: Medical Examiners Office Telephone: 520-724-8609Department Director Signature/Date:  6/3/20Deputy County Administrator Signature/Date:  8 June 2020County Administrator Signature/Date:  6/8/20
(Required for Board Agenda/Addendum Items)

Amendment No. 01 To
Contract No: CTN-FSC-16-135
Between
The Arizona Board of Regents for and on behalf of Arizona State University
And
Pima County through the Office of the Medical Examiner

The Agreement, originally dated April 19, 2016 for a term of five years, is amended as follows:

The purpose of this amendment is to include the collection of data pertaining to the Center for Disease Control and Prevention's State Unintentional Drug Overdose Reporting System (SUDORS) in the state of Arizona (AZ-SUDORS). As a partner program to the National Violent Death Reporting System (NVDRS), SUDORS collects death certificate, medical examiner, and hospital data on unintentional and undetermined drug overdose deaths statewide.

In addition to the Scope of Work stipulated in the original Agreement under 2(a) *SCOPE*, data to be collected includes unredacted autopsy reports, investigative reports, and toxicology reports on incidents leading to drug overdose deaths occurring in Arizona. These data will be used for the purpose of contributing to the AZ-VDRS and AZ-SUDORS by providing accurate, comprehensive, and objective information regarding violent and drug overdose deaths.

The amendment is effective as of the date of last signature by the authorized representatives. All other provisions of the Agreement not specifically changed by this Amendment remain in effect and are binding upon the parties.

IN WITNESS WHEREOF, the parties have caused this amendment to be executed by their duly authorized representatives:

PIMA COUNTY:

ATTEST:

By: _____

By: _____

Name: _____ (DATE) _____
Chairman, Board of Supervisors

Clerk of the Board of Supervisors (DATE) _____

APPROVE AS TO FORM: Pursuant to A.R.S. § 11-952(D), this Agreement is in proper form and is within the powers and authority of the entity granted under the laws of this State.

ARIZONA BOARD OF REGENTS
FOR AND ON BEHALF OF ARIZONA
STATE UNIVERSITY

By: Cindy Ng 5/13/2020
Deputy County Attorney (DATE)

By: _____
Debra Murphy (DATE) _____
Director, OKED Operations