



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

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 11/10/20

\* = Mandatory, information must be provided

or Procurement Director Award ☐

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

Accu Reference Medical Lab

**\*Project Title/Description:**

Laboratory Services for COVID-19

**\*Purpose:**

Amendment of Award: Master Agreement No. MA-PO-20-186, Amendment No. Two (2). This Amendment is for a one-time increase in the amount of \$2,000,000.00 for a cumulative not-to-exceed contract amount of \$3,000,000.00. Administering Department: Health

**\*Procurement Method:**

Pursuant to Pima County Procurement Code 11.12.060, Emergency and other limited competition procurement, on April 24, 2020 the Procurement Director approved an award of contract for a term of one (1) year in the amount of \$500,000.00.

On August 28, 2020, the Procurement Director approved Amendment No. One (1), which increased the annual award amount by \$500,000.00 from \$500,000.00 to \$1,000,000.00 for a cumulative not-to-exceed contract amount of \$1,000,000.00.

This increase is required to allow for additional COVID-19 testing and laboratory services.

PRCUID: 376818

Attachment: Amendment No. Two (2)

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

Provide Pima County with COVID-19 pop-up testing and laboratory services.

**\*Public Benefit:**

Aid in the detection and response of COVID-19.

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

Delivery of as-needed pop-up testing and laboratory services.

**\*Retroactive:**

No

To: COB 11/02/20 (1)

Version: 6

Pages: 2

**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: MA Department Code: PO Contract Number (i.e.,15-123): 20-186  
 Amendment No.: Two (2) AMS Version No.: Six (6)  
 Commencement Date: 11/10/20 New Termination Date: N/A  
 Prior Contract No. (Synergen/CMS): \_\_\_\_\_  
☒ Expense or ☐ Revenue ☒ Increase ☐ Decrease Amount This Amendment: \$ 2,000,000.00

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

\*Funding Source(s) required: CARES and various funding

Funding 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): \_\_\_\_\_  
 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: Keith E. Rogers  
Digitally signed by Keith E. Rogers  
 DN: cn=Keith E. Rogers, o, ou,  
 email=keith.rogers@pima.gov, c=US  
 Date: 2020.10.28 15:57:25 -0700

Department: Mary Jo Furphy Telephone: 724-3542  
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 Date: 2020.10.28 15:55:10 -0700

Department Director Signature/Date: Donald Gates  
Digitally signed by Donald Gates  
 Date: 2020.10.28 15:38:53 -0700

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

County Administrator Signature/Date: \_\_\_\_\_  
 (Required for Board Agenda/Addendum Items)

*[Handwritten Signature]* 2 Nov 2020  
 11/2/2020

**Pima County Procurement Department**

**Project:** Laboratory Services for COVID-19

**Contractor:** Accu Reference Medical Lab  
1901 E. Linden Avenue Suite 4  
Linden, New Jersey 07036

**Contract No.:** MA-PO-20-186

**Contract Amendment No.:** 02

<b>Orig. Contract Term:</b> 04/24/2020 – 04/23/2021	<b>Orig. Amount:</b>	\$ 500,000.00
<b>Termination Date Prior Amendment:</b> N/A	<b>Prior Amendments Amount:</b>	\$ 500,000.00
<b>Termination Date This Amendment:</b> 04/23/2021	<b>This Amendment Amount:</b>	\$2,000,000.00
	<b>Revised Total Amount:</b>	\$3,000,000.00

**CONTRACT AMENDMENT**

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

**1. Background and Purpose.**

**1.1. Background.** On April 24, 2020, County and Contractor entered into the above referenced agreement to provide Laboratory Services for COVID-19.

**1.2. Purpose.** County requires additional COVID-19 Laboratory Testing Services. Due to the ongoing COVID-19 Pandemic additional pop-up testing sites are required.

**2. Maximum Payment Amount.** The maximum amount the County will spend under this Contract, as set forth in Section 3, is increased by \$2,000,000.00. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$3,000,000.00.

*(remainder of page left intentionally blank)*

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

ATTEST

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

\_\_\_\_\_  
Date

APPROVED AS TO FORM

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

**Tiffany Tom**  
Print DCA Name

\_\_\_\_\_  
Date

**CONTRACTOR**

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

**Maryanne Aristo, COO**  
Printed Name and Title

\_\_\_\_\_  
Date