



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

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: February 16, 2021

\* = 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. 03. This Amendment is for a one-time increase in the amount of \$2,500,000.00 for a cumulative not-to-exceed contract amount of \$5,500,000.00. Administering Department: Health.

**\*Procurement Method:**

Pursuant to Pima County Procurement Code 11.12.080, 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. 01, 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.

On November 10, 2020, the Board of Supervisors approved Amendment No. 02, which increased the annual award amount by \$2,000,000.00 from \$1,000,000.00 to \$3,000,000.00 for a cumulative not-to-exceed contract amount of \$3,000,000.00.

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

PRCUID: 376818

Attachment: Contract Amendment No. 3

**\*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 2-10-21 \*RUSH\*  
pgs: 4  
Vers: 09

**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): 20-186Amendment No.: 03 AMS Version No.: 09Commencement Date: 02/16/2021 New Termination Date: \_\_\_\_\_

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

☒ Expense or ☐ Revenue ☒ Increase ☐ Decrease Amount This Amendment: \$ 2,500,000.00Is there revenue included? ☐ Yes ☒ No If Yes \$ \_\_\_\_\_**\*Funding Source(s) required:** CARES and various fundingFunding 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: Vanessa Mendoza Digitally signed by Vanessa Mendoza  
Date: 2021.02.09 13:09:56 -07'00' Division Manager/Acting: Nancy Page Digitally signed by Nancy Page  
Date: 2021.02.09 15:44:14 -07'00'Department: Procurement Director, Terri Spencer Digitally signed by Terri Spencer  
Date: 2021.02.09 16:21:42 -07'00' Telephone: 520-724-8164Department Director Signature/Date: Donald L Gates Digitally signed by Donald L Gates  
DN: cn=Donald L. Gates, ou=Prima County, ou=Health Department,  
email=Donald.Gates@Prima.gov, c=US  
Date: 2021.02.09 16:33:25 -07'00'

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

County Administrator Signature/Date: C. Delaney 2/10/21  
(Required for Board Agenda/Addendum Items)

**Pima County Health Department**

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

**Contractor: Accu Reference Medical Lab**  
1901 E. Linden Ave., Ste. 4  
Linden, NJ 07036

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

**Contract Amendment No.: Three (03)**

<b>Orig. Contract Term:</b> 04/24/2020 - 04/23/2021	<b>Orig. Amount:</b>	\$ 500,000.00
<b>Termination Date Prior Amendment:</b> 04/23/2021	<b>Prior Amendments Amount:</b>	\$ 2,500,000.00
<b>Termination Date This Amendment:</b> 04/23/2021	<b>This Amendment Amount:</b>	\$ 2,500,000.00
	<b>Revised Total Amount:</b>	\$ 5,500,000.00

**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 Accu Reference Medical Lab ("Contractor") entered into the above referenced agreement to provide Laboratory Services for COVID-19.

**1.2. Purpose.** County requires continued COVID-19 Laboratory Testing Services, due to the increase of testing for the COVID-19 Pandemic.

**2. Maximum Payment Amount.** The maximum amount the County will spend under this Contract, as set forth in Section 3, is increased by \$2,500,000.00. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$5,500,000.00.

*(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

\_\_\_\_\_  
Date

Actu Reference Medical Lab

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

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date

ATTEST

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

\_\_\_\_\_  
Date

APPROVED AS TO FORM

\_\_\_\_\_  
Tiffany Tom, Deputy County Attorney

\_\_\_\_\_  
Date