



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 03/02/21

* = Mandatory, information must be provided

or Procurement Director Award ☐

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

Haley & Aldrich, Inc.

***Project Title/Description:**

El Camino del Cerro Landfill Remediation Project (211047)

***Purpose:**

Amendment: Contract No. CT-DE-16-276, Amendment No. Three (3). This amendment extends the term of the contract to 05/16/31 to allow continuation of the annual groundwater sampling and reporting to remain in compliance with ADEQ. Administering Department: Environmental Quality.

***Procurement Method:**

Pursuant to the Direct Selection authority of A.R.S. § 34-103, the Board of Supervisors awarded a contract for Requisition No. 213796 on 05/17/16 in the amount of \$494,567.63 for a contract term of 05/17/16 to 05/16/18. Previous Amendment Nos. One (1) and Two (2) were approved by the Procurement Director to extend the contract term to 05/16/2021 to allow groundwater monitoring and develop a remediation strategy.

Attachment: Amendment No. Three (3).

***Program Goals/Predicted Outcomes:**

The goal is to continue to operate/maintain the groundwater remediation system, perform groundwater quality evaluations and to reduce contamination.

***Public Benefit:**

To prevent further migration of contaminated groundwater, reduce the mass and concentration of contamination, and protect public health.

***Metrics Available to Measure Performance:**

Groundwater contaminant concentrations and areal distribution.

***Retroactive:**

No.

To: COB 2-8-2021 (1)
Vers.: 22
pgs.: 2

Procurement Dept 02/08/21 PM 10:28

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: CT Department Code: DE Contract Number (i.e., 15-123): 16-276
 Amendment No.: Three (3) AMS Version No.: Twenty-Two (22)
 Commencement Date: 03/02/21 New Termination Date: 05/16/31
 Prior Contract No. (Synergen/CMS): _____

☒ Expense or ☐ Revenue ☐ Increase ☐ Decrease Amount This Amendment: \$ _____

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

***Funding Source(s) required:**

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: Meagan Lynch Digitally signed by Meagan Lynch
 Date: 2021.01.29 10:59:49 -07'00'

Terri Spencer Digitally signed by Terri Spencer
 Date: 2021.01.29 10:58:24 -07'00'

Department: Procurement

Telephone: 724-9071

Department Director Signature/Date: Mary Jo Furphy Digitally signed by Mary Jo Furphy
 Date: 2021.01.29 12:07:41 -07'00'

Ursula K. Nelson Digitally signed by Ursula K. Nelson
 Date: 2021.01.29 12:07:41 -07'00'

Deputy County Administrator Signature/Date: _____ 2/5/2021

County Administrator Signature/Date: _____ 2/5/21
 (Required for Board Agenda/Addendum Items)

PIMA COUNTY DEPARTMENT OF ENVIRONMENTAL QUALITY

PROJECT: El Camino del Cerro Landfill Remediation Project (211047)

CONSULTANT: Haley & Aldrich, Inc.
600 S. Meyer Avenue, Suite 100
Tucson, AZ 85701

CONTRACT NO.: CT- DE-16-276

AMENDMENT NO.: Three (3)

FUNDING: 1997 General Obligation Bond Fund (75.97%); General Fund (24.03%)

CONTRACT TERM: 05/17/16 - 05/16/18	ORIGINAL CONTRACT AMOUNT:	\$	494,567.63
TERMINATION PRIOR AMENDMENT: 05/16/21	PRIOR AMENDMENT(S):	\$	-
TERMINATION THIS AMENDMENT: 05/16/31	AMOUNT THIS AMENDMENT:	\$	-
	REVISED CONTRACT AMOUNT:	\$	494,567.63

CONTRACT AMENDMENT

WHEREAS, COUNTY and CONSULTANT have entered into the Contract referenced above; and

WHEREAS, COUNTY intends to extend the term of the contract for an additional 10 years to allow continuation of the annual groundwater sampling and reporting to remain in compliance with ADEQ; and

WHEREAS, COUNTY and CONSULTANT have agreed to the above modification.

NOW, THEREFORE, it is agreed as follows:

CHANGE: **ARTICLE 1 – TERM AND EXTENSION/RENEWAL/CHANGES**, first paragraph as follows:

FROM: "This Contract as approved by the Board of Supervisors commences on May 17, 2016, and terminates on May 16, 2021, unless sooner terminated or further extended pursuant to the provisions of this Contract."

TO: "This Contract as approved by the Board of Supervisors commences on May 17, 2016, and terminates on **May 16, 2031**, unless sooner terminated or further extended pursuant to the provisions of this Contract."

Remainder of page left intentionally blank.

All other provisions of the Contract, not specifically changed by this Amendment, shall remain in effect and be binding upon the Parties.

IN WITNESS WHEREOF, the Parties have affixed their signatures to this Amendment on the dates written below.

APPROVED:

CONSULTANT:

Chair, Board of Supervisors

Signature

Date

Mark Groseclose, R.G., Senior Project Manager
Name and Title (Please Print)

1/29/2021

Date

ATTEST:

Clerk of the Board

APPROVED AS TO FORM:

Deputy County Attorney

Name (Please Print)

Date