



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 4/06/2021

* = Mandatory, information must be provided

or Procurement Director Award ☐

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

Maximus Health Services, Inc.

***Project Title/Description:**

Contact Tracers

***Purpose:**

Amendment of Award: Master Agreement No. MA-PO-20-226, Amendment No. 02. This Amendment exercises the renewal option to extend the termination date to 1/05/2022 and increases the not-to-exceed amount by \$5,000,000.00 for a cumulative not-to-exceed contract amount of \$15,000,000.00. One (1) six month renewal option remains.

Administering Department: Health

***Procurement Method:**

Pursuant to Pima County Procurement Code 11.12.060, Emergency and other limited competition procurement, on July 6, 2020, the Procurement Director approved an award of contract for an initial term of six (6) months and an award amount of \$10,000,000.00 with three (3) six month renewal options.

On December 15, 2020, the Board of Supervisors approved Amendment No. 1, which extended the termination date to July 5, 2021. No additional funding was added and contract not-to-exceed amount remained at \$10,000,000.00. Two (2) six month renewal options remained.

PRCUID: 380780

Attachment: Contract Amendment No. 02

***Program Goals/Predicted Outcomes:**

Rapid and thorough tracing, symptom monitoring and education is essential to limit the spread of COVID-19. An effective and timely response following confirmation of a COVID-19 positive case will decrease the number of potential secondary and tertiary infections.

***Public Benefit:**

Decreased spread of COVID-19 by informing and educating persons exposed to known positive COVID-19 cases. Successful implementation will enhance Pima County readiness for future outbreaks of COVID-19 or other communicable diseases or infections.

***Metrics Available to Measure Performance:**

Pima County will assess contractor performance by an array of metrics including objective (e.g. case count, contacts reached, symptom monitoring contacts completed, et al) and subjective (professionalism, telephone manner, community contact evaluation) criteria.

***Retroactive:**

No.

TO : COB 3/23/21

VERS: 4

PGS: 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): 20-226
Amendment No.: 2 AMS Version No.: 4
Commencement Date: 07/06/2021 New Termination Date: 01/05/2022
Prior Contract No. (Synergen/CMS): _____

☒ Expense or ☐ Revenue ☒ Increase ☐ Decrease Amount This Amendment: \$ 5,000,000.00

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

*Funding Source(s) required: Health Department Ops

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: Kelsey Braun-Shirley, Procurement Officer Kelsey Braun-Shirley Digitally signed by Kelsey Braun-Shirley Date: 2021.03.17 13:58:29 -07'00' Ana Wilber Ana Wilber Digitally signed by Ana Wilber Date: 2021.03.18 08:24:07 -07'00'
Department: Procurement Terri Spencer Terri Spencer Digitally signed by Terri Spencer Date: 2021.03.18 09:25:41 -07'00' Telephone: 520-724-7466
Department Director Signature/Date: Donald L Gates Donald L Gates Digitally signed by Donald L Gates Date: 2021.03.18 10:16:02 -07'00'
Deputy County Administrator Signature/Date: _____
County Administrator Signature/Date: C. J. Duckert 3/22/21
(Required for Board Agenda/Addendum Items)

Pima County Department of Health

Project: Contact Tracers

Contractor: Maximus Health Services, Inc.
1891 Metro Centre Dr.
Reston, VA 20190

Contract No.: MA-PO-20-226

Contract Amendment No.: 02

Orig. Contract Term:	07/06/2020 – 01/05/2021	Orig. Amount:	\$10,000,000.00
Termination Date Prior Amendment:	07/05/2021	Prior Amendments Amount:	\$ 0.00
Termination Date This Amendment:	01/05/2022	This Amendment Amount:	\$ 5,000,000.00
		Revised Total Amount:	\$15,000,000.00

CONTRACT AMENDMENT

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

1. Background and Purpose.

1.1. Background. On July 6, 2020, County and Contractor entered into the above referenced agreement to provide Contact Tracers.

1.2. Purpose. County requires continuing services, to limit the spread of COVID-19.

2. Term. The County is exercising the second extension option to renew the contract for one additional six month term commencing on July 6, 2021 and terminating on January 5, 2022. If the commencement date is before the Effective Date of this amendment, the parties will, for all purposes, deem the amendment to have been in effect as of the commencement date.

3. Maximum Payment Amount. The maximum amount the County will spend under this Contract, as set forth in Section 5.2, is increased by \$5,000,000.00. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$15,000,000.00.

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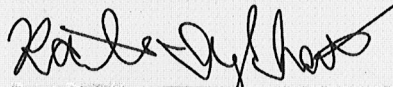
All other provisions of the Contract not specifically changed by this Amendment remain in effect and are binding upon the parties.

PIMA COUNTY

Chairman, Board of Supervisors

Date

Maximus Health Services, Inc



Authorized Officer Signature

Kaila Iglehart - Sr. Manager, Contracts

Printed Name and Title

03/17/2021

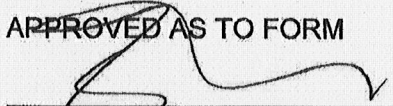
Date

ATTEST

Clerk of the Board

Date

APPROVED AS TO FORM



Deputy County Attorney

3/16/21

Date