

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

OAward	Contract	○ Grant	Requested Board Meeting Da	ate: April 20, 2021
* = Mandatory,	, information	must be provided		or Procurement Director Award $\Box$
*Contractor	/Vendor Na	ame/Grantor (DBA):		

Banner-University Medical Group

# \*Project Title/Description:

COVID-19 Vaccination Services

## \*Purpose:

This contract enables the County to pay Banner for their expenses in administering COVID-19 vaccinations. Amendment #1 extends the contract for one month during which time vaccine administration at Kino South will be closed down. Kino North is already closed.

#### \*Procurement Method:

Pima County Procurement Code 11.12.060, Emergency and other limited procurement

## \*Program Goals/Predicted Outcomes:

The goal is to vaccinate as many people as quickly as vaccine supply allows. The goal for the extension month is to close down operations at Kino South due to an increase in alternative points of distribution.

#### \*Public Benefit:

Vaccination of as many people as quickly as possible is the key to ending the COVID-19 pandemic. Banner is one of several Points of Dispensing (PODs) helping to administer vaccines to the residents of Pima County.

## \*Metrics Available to Measure Performance:

The following is to be included in daily reports:

- number of vaccines scheduled & number admistered
- slots not filled and number of no shows
- number of staff and volunteers working
- number of doses wasted
- number of adverse reactions requiring referral to hospital

In addition, Banner is to provide a weekly summary report of vaccinations provided by 1<sup>st</sup> or 2<sup>nd</sup> dose, sex, age, ethnicity/race, and address.

## \*Retroactive:

No.

To: COB 4-15-21 0 Vers.:4 pgs.: 2

Procure Dept ()4/14/221 PMO1:44

Contract / Award Information			
Document Type: Department Code:			
Commencement Date: ſermination Date:		Prior Contract Number (Synergen/CMS):	
Expense Amount: \$*		Revenue Amount: \$	
*Funding Source(s) required:			
Funding from General Fund?	CYes No If Yes	<u> </u>	
Contract is fully or partially fund If Yes, is the Contract to a ver		☐ Yes ☐ No	
Were insurance or indemnity classif Yes, attach Risk's approval.		☐ Yes ☐ No	
Vendor is using a Social Securit	ty Number?	☐ Yes ☐ No	
If Yes, attach the required form	per Administrative Procedure	22-10.	
Amendment / Revised Award	Information		
Document Type: CT	······································	Contract Number (i.e., 15-123): 21-301	
Amendment No.: 01			
Commencement Date: 5//	1/2021		
	1	Prior Contract No. (Synergen/CMS): N/A	
©Expense or ©Revenue	○Increase ○Decrease	Amount This Amendment: \$ N/A	
Is there revenue included?	CYes <b>ⓒ</b> No If	Yes \$	
*Funding Source(s) required:		d to the Health Special Revenue fund, function code HDCOVID19V. It is enses will be reimbursed by the federal government	
Funding from General Fund?		Yes\$ %	
Grant/Amendment Information	n (for grants acceptance and	awards)	
Document Type:	_ ,	Grant Number (i.e.,15-123):	
Commencement Date:	Termination Date:	Amendment Number:	
Match Amount: \$		Revenue Amount: \$	
*All Funding Source(s) require	ed:		
*Match funding from General	Fund? OYes ONo If	Yes \$ %	
*Match funding from other so		Yes\$ %	
*Funding Source:			
*If Federal funds are received, Federal government or passed			
Contact: Sharon Grant			
Department: Health		Telephone: 724-7842	
Department Director Signature	/Date: 6	· 04/09 (z,	
Deputy County Administrator S	Signature/Date:	13 m 2021	
County Administrator Signature (Required for Board Agenda/Addendum It		Deliettery 4/4/21	
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## Pima County Department of Health

Project: COVID-19 Vaccination Services

**Contractor:** Banner-University Medical Group

2701 E. Elvira Road Tucson, AZ 85756-7124

Contract No.: CT-HD-21-301

Contract Amendment No.: 01

Orig. Contract Term: 01/15/2021 - 04/30/2021 Termination Date Prior Amendment: N/A

Termination Date This Amendment: 05/31/2021

Orig. Amount:

\$5,000,000.00

**Prior Amendments Amount:** This Amendment Amount:

\$ N/A \$ 0.00

Revised Total Amount:

\$5,000,000.00

#### CONTRACT AMENDMENT

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

# 1. Background and Purpose.

- 1.1 <u>Background.</u> On January 15, 2021, County and Contractor entered into the above referenced agreement to provide COVID-19 vaccination services.
- 1.2 <u>Purpose.</u> County requires continuing services during an additional period, during which services will wind down and close.
- **2. Term.** The County is exercising the first extension option commencing on May 1, 2021 and terminating on May 31, 2021. 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. **Closing Schedule.** Following is a tentative schedule for closing down the South Campus Point of Distribution (POD). (North Campus was closed during the first term). Adjustments may be made to the schedule by mutual agreement of the parties.
  - 3.1 04/15/21: Final day for all initial doses
  - 3.2 04/16/21 05/12/21: Provide second doses only
  - 3.3 Beginning 4/17/21: Hours of operation will be from 7 am to 1 pm, Monday through Saturday.
  - 3.4 05/15/21 05/18/21: Clear out site, inventory, clean up, partner with Pima County on any and all transition items.

4. Scope of Services. The parties have revised the Scope of Services as follows:
In County Roles and Responsibilities, page 10, change #1 from: "Allocate vaccines for 1A and 1B populations as they are made available by the State or Federal government" to:
"Allocate vaccines as they are made available by the State or Federal government".

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

PIMA COUNTY	CONTRACTOR
Chairman, Board of Supervisors	Authorized Officer Signature
Date	Chal whelen Co Jame Unv. Apla To Printed Name and Title 4/8/ sery
ATTEST	Date
Clerk of the Board	
Date	
APPROVED AS TO CONTENT	
Department Representative	
04/09/21	
Date	
APPROVED AS TO FORM  Deputy County Attorney	