

COB - BOSAIR FORM

04/29/2026 8:21 AM (MST)

Submitted by Jana.Wilson@sheriff.pima.gov



**BOARD OF SUPERVISORS AGENDA ITEM REPORT (BOSAIR)**

\*All fields are required. Enter N/A if not applicable. For number fields, enter 0 if not applicable.\*

Record Number: PO SD PO2400006085

**Award Type:** Contract

**BOSAIR Activity:** Board Meeting Request

**Requested Board Meeting Date:** 06/09/2026

**Supplier / Customer / Grantor / Subrecipient:** Sheriff's Auxiliary Volunteers Tucson

**Project Title / Description:** Property Loss Protection

**Purpose:** Property loss protection-SAV vehicles

**Procurement Method:** IGAs: This IGA is a non Procurement contract and not subject to Procurement rules.

**Procurement Method Additional Info:** N/A

**Program Goals/Predicted Outcomes:** Sheriff Auxiliary Volunteers provide assistance to the Pima County Sheriff's Department and the citizens of Pima County.

**Public Benefit and Impact:** Sheriff Auxiliary Volunteers will provide assistance to the Pima County Sheriff's Department and the citizens of Pima County in providing crime prevention and law enforcement support services in unincorporated areas of Pima County.

**Strategic Plan Pillar:**

- Public Service

**Support of Prosperity Initiative:**

- N/A

**Provide information that explains how this activity supports the selected Prosperity Initiatives:** N/A

**Metrics Available to Measure Performance:** Safe driving and availability to respond in a timely manner.

**Retroactive:**  
 TO: COB, 5/21/26 (1)  
 VERSION: 4  
 PAGES: 4

**NO**

**Amendment / Revised Award Information**

Record Number: PO SD PO2400006085

Document Type: PO  
Department Code: SD  
Contract Number: PO2400006085  
Amendment Number: 2  
Commencement Date: 07/01/2026  
Termination Date: 06/30/2027  
Supplier / Subrecipient Headquarters Location: 1650 E. Benson Hwy Tucson, AZ 85714

\* Headquarters information is not a consideration for awards

Is the Termination Date new?

YES

Classification: Expense

Adjust Level: No change

Prior Contract Number (If Applicable): N/A

Amount This Amendment:

\$0.00

Funding Source(s) required: Self-Insurance Trust

Funding from General Fund?

NO

Contract is fully or partially funded with Federal Funds?

NO

Contract is fully or partially funded with Non-Federal Grant Funds?

NO

Department: Sheriff's

Name: Jana Shurtz

Telephone: 5203513322

Add GMI Department Signatures

No

Department Director Signature: *Jana Shurtz* Date: 5/15/26

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



County Administrator Signature: \_\_\_\_\_

Date: 5/7/2024

**Sheriff's Department**  
**Project: Property Loss Protection**  
**Contractor: Sheriff's Auxilliary Volunteers**  
**Contract No.: PO2400006085**  
**Contract Amendment No.: 2**

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<b>Orig. Contract Term:</b> 07/01/2024-06/30/2025	<b>Orig. Amount:</b>	\$200,000.00
<b>Termination Date Prior Amendment:</b> 06/30/2026	<b>Prior Amendments Amount:</b>	\$ 0.00
<b>Termination Date This Amendment:</b> 06/30/2027	<b>This Amendment Amount:</b>	\$ 0.00
	<b>Revised Total Amount:</b>	\$200,000.00

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**CONTRACT AMENDMENT**

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

**1. Background and Purpose.**

1.1. Background. On July 1, 2024 County and Contractor entered into the above referenced agreement to provide property loss protection to the Sheriff's Auxilliary Volunteers.

1.2. Purpose. County is extending this contract for another year.

**4. Term.** The County is exercising the second extension option to renew the contract for one additional year commencing on July 1, 2026 and terminating on June 30, 2027. 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.

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

PIMA COUNTY

CONTRACTOR

\_\_\_\_\_  
Chair, Board of Supervisors

*Aljando R. Galatun*  
Authorized Officer Signature

\_\_\_\_\_  
Date

*Armando L. Rosales*  
Printed Name and Title *SAV Board President*

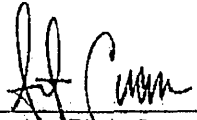
*05-06-2016*  
Date

ATTEST

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

\_\_\_\_\_  
Date

APPROVED AS TO CONTENT



\_\_\_\_\_  
Director, Pima County Finance  
and Risk Management

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

4.5.2016

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

PO240006085

APPROVED AS TO CONTENT

\_\_\_\_\_  
Director, Pima County Finance  
and Risk Management

*Sean Holguin* **SEAN HOLGUIN**  
\_\_\_\_\_  
Deputy County Attorney

\_\_\_\_\_  
Date

*5/5/26*  
\_\_\_\_\_  
Date