

# COB - BOSAIR FORM

02/17/2026 10:45 AM (MST)

Submitted by Angelica.Aros@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: CT HD CTN-HD-2300000000000000110-2

Award Type: Contract

Is a Board Meeting Date Requested? Yes

Requested Board Meeting Date: 03/24/2026

Signature Only:

NO

Procurement Director Award / Delegated Award: • N/A

Supplier / Customer / Grantor / Subrecipient: LexisNexis VitalChek Network Inc.

Project Title / Description: Ordering of Vital Records

Purpose: Pima County Vital Records issues birth and death certificates for Pima County residents. Certificates can be obtained in-person, by mail and/or expedited service using VitalChek. VitalChek provides a service for all Arizona counties whereby the public anywhere in the country can contact them, pay a fee, and the County will send their certificate directly to them via UPS. After Pima County fulfills the orders, VitalChek sends revenue to Pima County, and keeps the VitalCheck fee to pay for their services.

Amendment #3 exercises the option to extend the contract term for one additional year and adds \$1.6 million in revenue.

Procurement Method: Revenue Contracts: This Revenue Contract is a non-Procurement contract and not subject to Procurement rules.

Procurement Method Additional Info: N/A

Program Goals/Predicted Outcomes: The LexisNexis VitalChek service provides a means for people to order Arizona birth and death certificates from anywhere in the country. Lexis Nexis collects the State-established administrative fee, shipping fee and certificate fee. Pima County receives the full certificate fee and bears no burden for the shipping expense. The revenue to the PCHD estimated to come from this agreement is the same per certificate as that collected from clients coming in to the Health Department. Over the years, more and more people are choosing the convenience of using this service rather than requesting certificates in person.

TO: COB, 3/3/26 (1)

VERSION: 2

PAGES: 2

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<b>Public Benefit and Impact:</b>	Utilizing VitalChek allows current and former Pima County residents to receive expedited copies of their birth/death certificates and allows the public to order from the convenience of their home.
<b>Budget Pillar</b>	<ul style="list-style-type: none"> <li>• Core functions &amp; excellent service</li> </ul>
<b>Support of Prosperity Initiative:</b>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<b>Provide information that explains how this activity supports the selected Prosperity Initiatives</b>	N/A
<b>Metrics Available to Measure Performance:</b>	<ul style="list-style-type: none"> <li>- Number of certificates issued by VitalChek</li> <li>- Amount of revenue collected from VitalChek</li> </ul>
<b>Retroactive:</b>	<b>YES</b>
<b>Retroactive Description:</b>	Yes. The final version of the amendment was not received until February 11, 2026. If the agreement is not approved, Pima County residents will not have the convenience available to them to order their certificates online and receive them through the mail.

**Amendment / Revised Award Information**

Record Number: CT HD CTN-HD-2300000000000000110-2

<b>Document Type:</b>	CT
<b>Department Code:</b>	HD
<b>Contract Number:</b>	CTN-HD-2300000000000000110-2
<b>Amendment Number:</b>	03
<b>Commencement Date:</b>	02/01/2026
<b>Termination Date:</b>	01/31/2027
<b>Is the Termination Date new?</b>	<b>YES</b>
<b>Classification:</b>	Revenue
<b>Adjust Level:</b>	Increase
<b>Prior Contract Number (If Applicable):</b>	N/A
<b>Amount This Amendment:</b>	\$1,600,000.00

Funding Source(s) required: N/A

Funding from General Fund?

NO

Contract is fully or partially funded with Federal Funds?

NO

Department: Health

Name: Angelica Aros

Telephone: (520) 724-7495

Add GMI Department Signatures

No

Department Director Signature: \_\_\_\_\_ Date: 2/19/26

Deputy County Administrator Signature: \_\_\_\_\_ Date: 2-20-2026

County Administrator Signature: \_\_\_\_\_ Date: 2/20/26

**Pima County Department of Health**

**Project:** Ordering of Vital Records

**Contractor:** LexisNexis VitalChek Network Inc.

**Contract No.:** CTN-HD-23-110

**Contract Amendment No.:** 03

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<b>Orig. Contract Term:</b> 02/01/2023 – 01/31/2024	<b>Orig. Amount:</b>	\$1,500,000.00
<b>Termination Date Prior Amendment:</b> 01/31/2026	<b>Prior Amendments Amount:</b>	\$3,200,000.00
<b>Termination Date This Amendment:</b> 01/31/2027	<b>This Amendment Amount:</b>	\$1,600,000.00
	<b>Revised Total Amount:</b>	\$6,300,000.00

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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 February 1, 2023, County and Contractor entered into the above referenced agreement to provide mail order services for County vital records.

1.2. Purpose. County requires to extend this contract by one year.

**2. Term.** The County is exercising the third extension option to renew the contract for one additional year commencing on February 1, 2026, and terminating on January 31, 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.

**3. Rates; Fees.** Contract will make payment to County in an amount equal to County's charges for all properly authorized requests in connection with services rendered by County and which are correctly processed through the Service. Such payment shall be made in a manner acceptable to both parties. The estimated amount of income for this year is \$1,600,000.00.

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

Haywood Talcove  
Authorized Officer Signature

Haywood Talcove, CEO (LNSSI)

\_\_\_\_\_  
Date

Printed Name and Title

02/10/2026

\_\_\_\_\_  
Date

ATTEST

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

\_\_\_\_\_  
Date

APPROVED AS TO FORM

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

**Jonathan Pinkney**

\_\_\_\_\_  
Print DCA Name

\_\_\_\_\_  
Date

APPROVED AS TO CONTENT

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date