

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____
Effective Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____
DATE 1/21/20 ITEM NO. Add 19

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 22-73.

Amendment / Revised Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____

Amendment No.: _____ AMS Version No.: _____

Effective Date: _____ New Termination Date: _____

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: GTAW Department Code: SD Grant Number (i.e., 15-123): 19-094

Effective Date: 3/1/2019 Termination Date: 2/29/2019 2020 AS Amendment Number: 1

Match Amount: \$ _____ Revenue Amount: \$ 595,600

*All Funding Source(s) required: Federal - Department of Homeland Security
State - Arizona Department of Homeland Security

*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)? Subrecipient Pass through State - AZDOHS

Contact: Yuko Jarvis

Department: Sheriff's Department Telephone: (520) 351-6958

Department Director Signature/Date: Julia Gates 1/3/2020

Deputy County Administrator Signature/Date: _____

County Administrator Signature/Date: _____ 1/15/2020
(Required for Board Agenda/Addendum Items)

JAN 23 2020 10:08 AM PCC 11 OF 19