



CTN-PCA-12 * 124-04
Effective Date 9-29-13
Term Date 9-29-14
Cost ✓
Revenue ✓
Total NTE
ACTION 7-1-14
Renewal By 9-29-14
Term
Reviewed by: [Signature]

BOARD OF SUPERVISORS AGENDA ITEM SUMMARY

Requested Board Meeting Date: 10/15/13

ITEM SUMMARY, JUSTIFICATION &/or SPECIAL CONSIDERATIONS:

The Department of Health & Human Services has awarded an additional one year no cost extension for FY1314. The purpose of this grant is to continue to enhance and expand the Pima County Drug Court by providing access to drug treatment and wraparound recovery services and by adding a new Drug Treatment Alternative to Prison Program (DTAP) that will provide residential drug treatment and wraparound recovery services in lieu of prison for a limited number of unduplicated defendants.

A resolution is attached.

CONTRACT NUMBER (If applicable): CTN-PCA-120000000000000000124

STAFF RECOMMENDATION(S):

Schedule for approval on the Board of Supervisor=s meeting agenda addendum of 10/15/13.

CORPORATE HEADQUARTERS: _____

To: COB - 10-2-13
Agenda - 10-15-13
(2)

CLERK OF BOARD USE ONLY: BOS MTG. _____

ITEM NO. _____

PIMA COUNTY COST: -0- and/or REVENUE TO PIMA COUNTY:\$ 0

FUNDING SOURCE(S): Federal Funds – Drug Treatment Alternative to Prison Program
(i.e. General Fund, State Grant Fund, Federal Fund, Stadium D. Fund, etc.)

Advertised Public Hearing:

	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO
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Board of Supervisors District:

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	All	<input checked="" type="checkbox"/>
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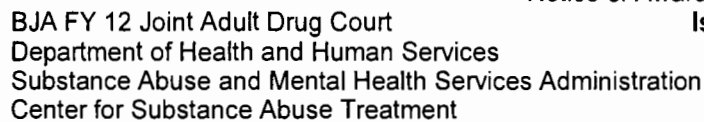
IMPACT:

IF APPROVED: Pima County will receive funding that will be used to enhance and expand the Pima County Drug Court.

IF DENIED: The funding would be lost and made available to other counties.

DEPARTMENT NAME: PIMA COUNTY ATTORNEY'S OFFICE

CONTACT PERSON: Angelique Griffith TELEPHONE NO.: 740-4077



Issue Date: 09/06/2013

Project Title: Enhance and Expand the Pima County Drug Court

SECTION I – AWARD DATA – 5H79TI023397-03 REVISED**Award Calculation (U.S. Dollars)**

Supplies	\$1,200
Consortium/Contractual Cost	\$400,145
Travel Costs	\$9,600
Other	\$59,750
 Direct Cost	 \$470,695
Approved Budget	\$470,695
Federal Share	\$470,695
Less Unobligated Balance	\$155,070
Cumulative Prior Awards for this Budget Period	\$315,625

AMOUNT OF THIS ACTION (FEDERAL SHARE) **\$0**

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
3	\$315,625

* Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

CFDA Number: 93.243
EIN: 1866000543B5
Document Number: 10TI23397A
Fiscal Year: 2012

IC	CAN	Amount
TI	C96T511	\$315,625

TI Administrative Data:

PCC: EADC-SCT / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 5H79TI023397-03 REVISED

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 5H79TI023397-03 REVISED

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.

- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:
Additional Costs

SECTION IV – TI Special Terms and Condition – 5H79TI023397-03 REVISED

REMARKS:

This award is revised to extend the budget and project period end dates from September 29, 2013 to September 29, 2014 per your original request dated July 18, 2013.

This award approves the carryover of an unobligated balance in the amount of \$155,070 from 02 year funds into the No-cost extension period funds which was originally submitted on July 18, 2013. Subsequently, a revision was submitted by the grantee on July 23, 2013 and September 3, 2013 based on grants management specialist's request. If the final resolution of the audit covering the above stated budget period(s) determines that the unobligated balance of funds is incorrect, SAMHSA will not make additional funds available to cover any shortfall.

Refer to the following SAMHSA website for the Closeout instructions which applies to the Last year of the Project Period:

<http://www.samhsa.gov/Grants/management.aspx#gc> (Closeout instructions)

ALL PREVIOUS TERMS AND CONDITIONS REMAIN IN EFFECT UNTIL SPECIFICALLY APPROVED AND REMOVED BY THE GRANTS MANAGEMENT OFFICER

CONTACTS:

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Helen Zhou, Grants Specialist

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