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| Effective date | 9.29.73 |
| Term Date | 9-29-14 |
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| RenewalBy | 0 19-19 |
| Term Reviewed by: | W/ 4. 44-13 |

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.

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CONTRACT NUMBER (If applicable): CTN-PCA-1200000000000000124

STAFF RECOMMENDATION(S):

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

CORPORATE HEADQUARTERS: Page 1 of 2

To: COB- 10-2-13
Agendo-10-15-13
(1)

| | CLERK (| OF BOA | ARD USE ON | ILY: BOS M | TG |
|--------------------------|---------------------------|---------|-----------------------------|------------------|---|
| | | | | ITEM N | IO |
| PIMA COUNTY COST | : <u>-0-</u> and / | or REV | ENUE TO PI | MA COUNTY | 7:\$ <u>0</u> |
| FUND | | | | | Alternative to Prison Program adium D. Fund, etc.) |
| Advertised Public He | aring: | | | | |
| | YES | X | NO | | |
| | | | | | |
| Board of Supervisors | District: | | | | |
| 1 2 | 3 | | 4 | 5 | All x |
| IMPACT: | | | | | |
| IF APPROVED: | • | | ceive funding County Dru | | sed to enhance and |
| IF DENIED: | The fundi | ing wou | ld be lost and | d made availa | ble to other counties. |
| DEPARTMENT NAME | : PIMA CO | DUNTY | ATTORNEY | <u>'S OFFICE</u> | |
| CONTACT PERSON: <u>/</u> | Angelique Grit | ffith | | TELEPH | HONE NO.:_740-4077 |

Notice of Award

BJA FY 12 Joint Adult Drug Court Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Project Title: Enhance and Expand the Pima County Drug Court

Center for Substance Abuse Treatment

Grant Number: 5H79TI023397-03 REVISED

09/06/2013

on all must appear correspondence and pertaining

contract.

invoices, documents

this

Grantee Address

COUNTY OF PIMA Pima County Administrator 130 West Congress, 10th Floor Tucson, AZ 85701

Program Director:

Melissa Rueschhoff

Business Address Pima County Attorney's Office Legal Administrator

Issue Date:

32 North Stone 1400 Legal Services Bldg Tucson, AZ 85701

Budget Period: 09/30/2012 - 09/29/2014 Project Period: 09/30/2010 - 09/29/2014

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby revises this award (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to COUNTY OF PIMA in support of the above referenced project. This award is pursuant to the authority of Authorized under Section 509 of the PHS Act, as amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at www.samhsa.gov (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours, Deputy County Attorne Eileen Bermudez Grants Management Officer Division of Grants Management Chairman, Board of Supervisors Date See additional information below ATTEST: Clerk of the Board of Supervisor Date

SECTION I - AWARD DATA - 5H79TI023397-03 REVISED

| Award Calculation (U.S. Dollars) Supplies Consortium/Contractual Cost Travel Costs Other | \$1,200 \$400,145 \$9,600 \$59,750 |
|---|---|
| Direct Cost Approved Budget Federal Share Less Unobligated Balance Cumulative Prior Awards for this Budget Period | \$470,695 \$470,695 \$470,695 \$155,070 \$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:

0011233317

2012

IC Ti CAN

Amount

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.

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- 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:

Holly Rogers, Program Official

Phone: (240) 276-2916 Email: holly.rogers@samhsa.hhs.gov Fax: (240) 276-2970

Helen Zhou, Grants Specialist

Phone: (240) 276-2482 Email: helen.zhou@samhsa.hhs.gov Fax: (240) 276-2410

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