



**BOARD OF SUPERVISORS AGENDA ITEM REPORT**  
**CONTRACTS / AWARDS / GRANTS**

Award  Contract  Grant

Requested Board Meeting Date: 8/6/2019

\* = Mandatory, information must be provided

or Procurement Director Award

**\*Contractor/Vendor Name/Grantor (DBA):**

Executive Office of the President Office of National Drug Control Policy

**\*Project Title/Description:**

High Intensity Drug Trafficking Areas (HIDTA) Program

**\*Purpose:**

Funding provided to County Attorney's Office to facilitate, support and enhance collaborative drug control efforts throughout Arizona. This funding is for salary, benefits and supplies. According to the HIDTA Financial Manager, indirect costs are not allowed for the Southwest Border HIDTA-Arizona.

**\*Procurement Method:**

Not applicable to grant awards

**\*Program Goals/Predicted Outcomes:**

The intent of the HIDTA program is to enhance collaborative drug control efforts among law enforcement agencies and community-based organizations with a common voice and unified strategy and thereby significantly reduce the impact of illegal trafficking and use of drugs throughout Arizona.

**\*Public Benefit:**

Public safety and reduction of drug trafficking activities.

**\*Metrics Available to Measure Performance:**

Grant to defray drug trafficking costs; monthly billings.

**\*Retroactive:**

Per ONDCP IGA, retroactive to 6/10/19

6 M1 Approved 7/24/19 2025

Revised 5/2018

**Contract / Award Information**

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

Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Prior Contract Number (Synergen/CMS): \_\_\_\_\_

 **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: GTAM Department Code: SD Grant Number (i.e., 15-123): 19\*67

Effective Date: 01/01/18 Termination Date: 12/31/19 Amendment Number: 4

 Match Amount: \$ \_\_\_\_\_  Revenue Amount: \$ (143,755.00)**\*All Funding Source(s) required:** Office of National Drug Control Policy**\*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)?** Directly from Federal Government

Contact: Toni Robinson

Department: Sheriff Telephone: 351-3185

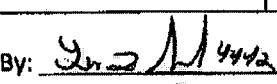
Department Director Signature/Date: *Julie Gates 6/25/2019*

Deputy County Administrator Signature/Date:

County Administrator Signature/Date: *C. Dulettay 7/10/19*  
(Required for Board Agenda/Addendum Items)

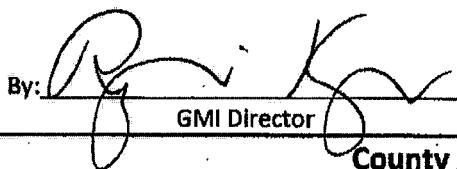
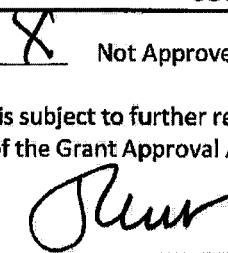
## GRANT APPLICATION APPROVAL REQUEST

**Instructions:** Fill out the top section of this form completely. Contact the program Grants Management & Innovation (GMI) Lead if you require assistance (724-2240). Email your completed request to: [GMI@pima.gov](mailto:GMI@pima.gov). Your request will be forwarded to County Administration for review. Notification of approval requests should be submitted at least 15 business days prior to the application's submission deadline (AP 5-1 Procedure).

Requesting department or entity:	Sheriff		Date: 6/26/19
Contact information:	Name: Teresa Wilson		Telephone: (520) 351-6240
Funding opportunity title:	High Intensity Drug Trafficking Areas Program - 95.001		
Link to opportunity:	n/a		
Funding agency:	Executive Office of the President Office of National Drug Control Policy		
Amount to be requested:			
Due date and time:			
What are you going to spend the money on?	<p>n/a</p> <p>Deobligating funds (\$143,775)</p> <p>Two of the assigned analysts are on long-term military leave.</p> <p>(Grant #G18SA0002A)</p>		
What will be the benefit to Pima County?	<p>n/a</p>		
Indirect costs – check one:	<input type="checkbox"/> I will be requesting indirect costs. Indirect-cost rate to be requested: % <input type="checkbox"/> I have attached a request for waiver of indirect costs (GMI Intranet) <input checked="" type="checkbox"/> need help understanding indirect costs Not applicable; deobligating funds		
By: 	Department Director or Designee		Date: 6/26/19

## GRANT COST/BENEFIT ANALYSIS

**To be completed by GMI staff**

CFDA No.	95.001		
Competitive Criteria:	Deobligation of funds awarded by ONDCP, accepted by the Board of Supervisors in March 2018. Funds are only awarded to High-Intensity Drug Trafficking Areas.		
Other Factors:	See GTAW 18*65 for original grant agreement and terms. Amendment Doc is GTAM 18*45 (Increased award by \$657,003.00).		
Number of Awards:	Total amount to be awarded:		
Match Required:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If required what is the amount/percent: _____		
Terms Notes (e.g. unusual restrictions, reporting burdens, etc.):	GTAM 19*67 amends the total amount awarded to Pima County for the FY2018 HIDTA program to \$1,010,438.49.		
Will this project require additional office/project space? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Will this project require staff time that cannot be paid for by the grant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Will your project require any equipment items over \$5,000 per item? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the proposal use a fixed price contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this project subject to Human Subjects compliance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does this project involve subrecipients? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there a Statutory Funding Preference from the funding agency? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Allowable Indirect Rate:	0 If Indirect is not allowed, attach documentation.		
List any other proposal or funder specific requirements:	Grant term date 1/01/2018 - 12/31/2019 (note: this grant is separate from GTAW 19*102, accepted in May 2019). Two analysts projected to participate in the program are now on long-term military leave. Their salaries & fringe (total of \$143,775) are to be deobligated for the funder to redistribute. Email from HIDTA financial manager stating indirect costs are not allowed is attached.		
GMI notes & recommendations: GMI recommends approval to deobligate funds to ensure Pima County is not in violation of ONDCP grant terms and conditions.			
By: 	Date: 6/30/19		
<b>County Administrator Approval Request</b>			
Approved: 	Not Approved: _____	Subject to Further Review: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If your project is subject to further review, please contact your GMI Lead to discuss necessary revisions prior to resubmission of the Grant Approval Application Request.			
By: 	Date: 7/1/2019		
County Administrator or Designee			

**Toni Robinson**

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**From:** Pam Gill <[pgill@azhidta.org](mailto:pgill@azhidta.org)>  
**Sent:** Wednesday, April 3, 2019 6:31 PM  
**To:** Toni Robinson  
**Subject:** RE: Indirect Costs for HIDTA

Hi, they are not allowed...

**Pam Gill**  
**AZ HIDTA Financial Manager**  
**602-541-0091**  
**5350 N. 48th Street, Suite 225**  
**Chandler, AZ 85226**

**From:** Toni Robinson  
**Sent:** Wednesday, April 3, 2019 3:33 PM  
**To:** Pam Gill  
**Subject:** Indirect Costs for HIDTA

Hi Pam,

Pima County is now requesting indirect costs on our grants. Are indirect costs allowable for HIDTA? And if so, how are they calculated?

Thanks.

**Toni Robinson**  
**Principal Finance Accountant**  
**Pima County Sheriff's Department**  
**[Toni.Robinson@sheriff.pima.gov](mailto:Toni.Robinson@sheriff.pima.gov)**  
**520.351.3185**

<b>Executive Office of the President Office of National Drug Control Policy</b>		AWARD Grant	Page 1 of 1
1. Recipient Name and Address  Sheriff Mark D. Napier  Pima County Sheriff's Department  1750 East Benson Highway  Tucson, AZ 85714-1758		4. Award Number: G18SA0002A  5. Grant Period: From 01/01/2018 to 12/31/2019	
2. Total Amount of the Federal Funds Obligated: \$1,010,438		6. Federal Award Date: 6/10/2019	7. Action  Initial  <input checked="" type="checkbox"/> Supplemental
2A. Budget Approved by the Federal Awarding Agency \$1,010,438		8. Supplement Number 4	
3. CFDA Name and Number:  <i>High Intensity Drug Trafficking Areas Program - 95.001</i>		9. Previous Award Amount: \$1,154,193.49	
3A. Project Description  <i>High Intensity Drug Trafficking Areas (HIDTA) Program</i>		10. Amount of Federal Funds Obligated by this Action: (\$143,755.00)	
		11. Total Amount of Federal Award: \$1,010,438.49	
12. The above grant is approved subject to such conditions or limitation as are set forth in the original Grant.			
13. Statutory Authority for Grant: Public Law:115-141			
14. Typed Name and Title of Approving Official  Shannon Kelly  National HIDTA Director  Office of National Drug Control Policy		15. Typed Name and Title of Authorized Official  Mark D. Napier  Pima County Sheriff's Department	
16. Signature of Approving ONDCP Official  		17. Signature of Authorized Recipient/Date   6/28/19	
18. Accounting Classification Code  DUNS: 781693049  EIN: 1866000543B7		19. HIDTA AWARD  OND1070DB1819XX OND6113  OND2000000000 OC 410001  JID: 63910	

# PIMA COUNTY

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**Chairman, Board of Supervisors**

**Date**

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**Clerk of the Board**

**Date**

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## APPROVED AS TO FORM AND LEGAL AUTHORITY:

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**Deputy County Attorney**

**Date**

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6/26/19