



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

6/11/19 Approved 7/24/19
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): _____

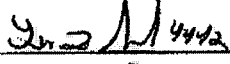
☐ Expense or ☐ Revenue ☐ Increase ☐ Decrease Amount This Amendment: \$ _____Is there revenue included? ☐ Yes ☐ No If Yes \$ _____***Funding Source(s) required:**Funding from General Fund? ☐ Yes ☐ No If Yes \$ _____ % _____**Grant/Amendment Information** (for grants acceptance and awards) ☐ Award ☒ AmendmentDocument Type: GTAM Department Code: SD Grant Number (i.e., 15-123): 19*67Effective 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 GovernmentContact: Toni RobinsonDepartment: Sheriff Telephone: 351-3185Department Director Signature/Date: Julia Gates 6/25/2019

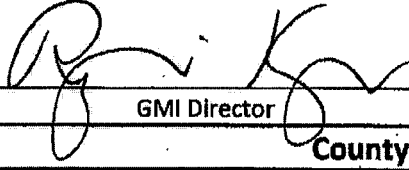
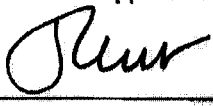
Deputy County Administrator Signature/Date: _____

County Administrator Signature/Date: C. DeLuca 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. 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?	n/a Deobligating funds (\$143,775) Two of the assigned analysts are on long-term military leave. (Grant #G18SA0002A)	
What will be the benefit to Pima County?	n/a	
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) I <input checked="" type="checkbox"/> need help understanding indirect costs Not applicable; deobligating funds	
By: <u></u> Date: <u>6/26/19</u> <div style="text-align: center;">Department Director or Designee</div>		

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 GMI Director	
County Administrator Approval Request	
Approved: <input checked="" type="checkbox"/> 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

From: Pam Gill <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

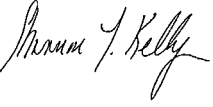

From: Toni Robinson
Sent: Wednesday, April 3, 2019 3:33 PM
To: Pam Gill
Subject: Indirect Costs for HIDTA

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
520.351.3185

Executive Office of the President Office of National Drug Control Policy		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			
AGENCY APPROVAL			
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	
AGENCY USE ONLY			
18. Accounting Classification Code DUNS: 781693049 EIN: 1866000543B7		19. HIDTA AWARD OND1070DB1819XX OND6113 OND2000000000 OC 410001 JID: 63910	

PIMA COUNTY

Chairman, Board of Supervisors

Date

Clerk of the Board

Date

APPROVED AS TO FORM AND LEGAL AUTHORITY:

Deputy County Attorney

Date