

BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

* = Mandatory, information must be provided	or Procurement Director Award:	
C Award C Contract	Requested Board Meeting Date: July 2, 2024	

*Contractor/Vendor Name/Grantor (DBA):

US Department of Health & Human Services, Administration for Children & Families, Children's Bureau passed through Arizona Supreme Court Office of the Courts (AOC).

*Project Title/Description:

Title IV-E Federal Foster Care Matching Funds.

*Purpose:

When this grant was originally awarded and approved by the Board of Supervisors, it was a formula grant which shall continue until canceled. Federal child welfare policy provides funds to assist with foster care maintenance costs for Title IV-E eligible children, specifically covering state and local reimbursement to pay a percentage of the costs of attorneys representing eligible children and/or their parents. The ongoing grant agreement among AOC, AZ Department of Child Safety, and Pima County also allows administrative costs to include reimbursement for caseworkers, investigators and other staff.

*Procurement Method:

The grant award amendment does not require PCAO's review or signature.

*Program Goals/Predicted Outcomes:

Funds are used to supplement existing funding to expand, enhance, and develop parent and/or child representation including, but not limited to, hiring and/or contracting with attorneys; meeting statutory time frames; improving attorney-client ratios; improving attorney abilities to manage dependency caseloads; increased rates for contract dependency attorneys; and training/education to enhance legal representation.

*Public Benefit:

Pima County is entitled to claim a percentage of Title IV-E administrative costs of independent legal counsel in child dependency and parental rights termination cases. Federal policy helps to ensure, among other outcomes, that reasonable efforts are made to prevent removal and to finalize permanency plans and that parents and youth are engaged in and complying with case plans.

*Metrics Available to Measure Performance:

Hiring and/or contracting with additional attorneys; improved attorney-client ratios; increased rates for contract attorneys; completion of education and training; and meeting statutory time frames.

*Retroactive:

Yes, the scheduled disbursement date is May 30, 2024. Review and processing of the documentation once received was completed for inclusion on the July 2, 2024 agenda. If not accepted by the Board of Supervisors, the monies will be returned to the grantor.



THE APPLICABLE SECTION(S) BELOW MUST BE COMPLETED Click or tap the boxes to enter text. If not applicable, indicate "N/A". Make sure to complete mandatory (*) fields

Contract / Award Information						
Document Type:	Department	Code:	Contract Number (i.e., 15-123):			
Commencement Date:	A40590					
Expense Amount \$*			Revenue Amount: \$			
*Funding Source(s) required:						
Funding from General Fund?	es C No	If Yes \$	<u> </u>			
Contract is fully or partially funded w		CYes CNo				
Were insurance or indemnity clauses If Yes, attach Risk's approval.	modified?	←Yes ←No				
Vendor is using a Social Security Num If Yes, attach the required form per Adi						
Amendment / Revised Award Info	mation					
Document Type:	Department C	ode:	Contract Number (i.e., 15-123):			
Amendment No.:		А	MS Version No.:			
Commencement Date:		N	ew Termination Date:			
		Р	rior Contract No. (Synergen/CMS):			
C Expense C Revenue C Inc	rease C Decrease	2	This Assert A			
Is there revenue included?	es (No If	Yes\$	mount This Amendment: \$			
*Funding Source(s) required:						
		Yes \$	0/			
			%			
Grant/Amendment Information (f						
Document Type: GTAM			Grant Number (i.e., 15-123): <u>24*088</u>			
Commencement Date: 10/01/2023	Termi	nation Date: <u>09/30</u>				
Match Amount: \$		⊠ Reve	nue Amount: \$ <u>392,760.58</u>			
*All Funding Source(s) required: US	S Department of He	ealth and Human	<u>Services</u>			
*Match funding from General Fund	d? CYes ♠ No	If Yes\$	%			
*Match funding from other source *Funding Source:		If Yes \$				
*If Federal funds are received, is fu Federal funding passed through A			eral government or passed through other organization(s)? e Office of the Court			
Contact: Shelley Kroska, Legal Adr	ninistrator					
Department: Public Defense Service	es /	/	Telephone: <u>520.724.6908</u>			
epartment Director Signature:	Amol	2	Date: 6/10/24			
eputy County Administrator Signatur	e: C	P	Date: 4/12/2024			
ounty Administrator Signature:		de	Date: 6 13 702			



Arizona Department of Child Safety

David Lujan, Cabinet Executive Officer/Executive Deputy Director Katie Hobbs, Governor

	Jan Lesher					4/30/2024	
	County Administrator					Date	
	Pima County						
						Notice of Award Lette	
						for ISA Subrecipients	
:	Notice of Award – FY $\frac{\text{FFY 20}}{Name \text{ of } A}$		ster Care			TOT TO A Subrecipient.	
Dear	Jan Lesher - Pima County Grantee Name						
	Congratulations! The Departmen	nt of Child Safety is	pleased to in	form you that your re	equest for funding has bee	en awarded.	
	This grant award represents obligation for fiscal year		2024 Fiscal Year		er Care Title IV-E	program.	
				Progran		1 0	
	These funds are subject to the requirements of the Legal Representation for Children/Parents Program						
	Award Number	2402AZFOST-DO	CS-PIMA		ee to administer this grant in		
	Award Performance Period	10/1/2023-9/30/2	2024	1 -	compliance with conditions set forth in the Interagency Agreem also subject to the requirements of 2 CFR § 200.332 REQUIREM		
	Award Budget Period	1/1/2024-3/31/20)24	with subrecipient			
	Allotment	\$392,760.58		Your Point of	Carissa Moore, Grants Email: Carissa.Moore@ Phone: 602-255-2906	s Manager AZ DCS	
	Award this Action	\$1,453,909.76		Contact for this grant is:		_	
	Cumulative Grant Award	\$785,692.79					
	to Date	Ψ700/00E170					
	to Date FAIN No.	2402AZFOST					

Equal Opportunity Employer/Program. The Department of Child Safety (DCS) prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics, or retaliation or any other status protected by federal law, state law, or regulation. Reasonable accommodations to allow a person with a disability to take part in a program, service, or activity are available upon request. To request this document in alternative format or for further information about this policy contact your local office. TTY/TDD Services: 7-1-1. Free language assistance for DCS services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DCS esta disponible a solicitud del cliente.

ADDENDUM A

ARIZONA TITLE IV-E LEGAL PASS-THROUGH - FEDERAL FISCAL YEAR 2024 Pima County

Addendum date: 4/23/2024

TOTAL AMOUNT AWARDED: \$ 1,488,200.72

SCHEDULED DISBURSEMENTS					
	March 5, 2024	May 30, 2024	August 20, 2024	October 31, 2024	
	392,932.21	\$ 392,760.58	\$ -	\$ -	

DISBURSEMENT INFORMATION:

March 5, 2024 FFY24 1ST QUARTER EXPENSE REIMBURSEMENTS (10/01/2023 - 12/31/2023)

May 30, 2024 FFY24 2ND QUARTER EXPENSE REIMBURSEMENTS (01/01/2024 - 03/31/2024)

August 20, 2024 FFY24 3RD QUARTER EXPENSE REIMBURSEMENTS (04/01/2024 - 06/30/2024)

October 31, 2024 FFY24 4TH QUARTER EXPENSE REIMBURSEMENTS (07/01/2024 - 09/30/2024)

Signed:

Caroline Lautt-Owens

Digitally signed by Caroline Lautt-Owens

Date: 2024.04.23 16:13:17 -07'00'

Caroline Lautt-Owens, Director

Dependent Children's Services Division—Arizona Supreme Court

Signed:

Shelley Kroska

Digitally signed by Shelley Kroska
DN: cn=Shelley Kroska, o=Pima County, ou=Public Defense Services,
email=shelley.kroska@pima.gov, c=US
Date: 2024.04.24 12:55:16 -07'00'

Approved by signature - County Shelley Kroska, Pima County Legal Administrator

AOC Finance Office Receipt:

Fund Manager

Arizona Title IV-E Legal Pass-Through - Certification of Expenditure Form For Time Period of 01/01/24 - 3/31/2024

REQUEST FOR REIMBURSEMENT
Reporting (Invoice) Period

QE 3/31
QE= Qtr. Ending

Quarter
Year
(Period in which expenditures were paid)

NAME AND ADDRESS OF PROVIDER (All gray fields required)

Provider's Legal Name: Pima County Public Defense Services **County Invoice Number:** Address: 33 N. Stone Ave., Suite 1800 PDS FFY24Q2 Ending 03/31/24 Tucson, AZ 85701 **Contact Person:** Shelley Kroska **Email To** Molly Vehon **Telephone Number:** mvehon@courts.az.gov 520.724.6908 Email shelley.kroska@pima.gov County: Pima

SUMMARY OF EXPENSES FOR REIMBURSEMENT

Show only expenditures made during the months of this quarter.

Refer to Definitions tab to review guidance about allowable paid expenditures.

Quarter	Federal Fiscal Year	Month	Paid Allowable Expenditures ¹	Number of Children in Foster Care ²	Number of In-home Children ³
QE 3/31	2024	January	\$594,259.43	2,923	264
		February	\$681,745.62	2,856	256
		March	\$627,401.00	2,810	232
TOTAL EXPENDITURES DURING THE QUARTER \$1,903,406.05					
AVERAGE UNDUPLICATED MONTHLY CASE COUNT			2,863	251	
PERCENTAGE OF AVERAGE MONTHLY CASES			92%	8%	

¹ Paid Allowable Expenditures includes expenditure for legal representation for parents or children paid in that month.

- 2 Number of Children in Foster Care: the unduplicated number of children who are placed in foster care whose legal representation was paid for in that month.
- 3 Number of Children reside in-home (not placed in foster care): the unduplicated number of children who have an open in-home dependency or in-home intervention case that are imminent risk of removal and placement into foster care whose legal representation was paid for in that month.

Attestation:

The information above is true and accurate to the best of my knowledge. This excludes costs that are not allowable under the Title IV-E program (for example delinquency or criminal cases) or are currently being reimbursed by any other federal funding source. In accordance with my County's agreement with the Department of Child Safety (DCS) and the Administrative Office of the Court (AOC) we will maintain administrative fiscal records that substantiate costs invoiced and produce them upon request for any internal or external review or audit to DCS.

The la	Shelley Kroska, Legal Administrator	4/15/2024	
Signature and Title of A	Authorized Representative	Date	

Submit this form within fifteen (15) days following the end of each quarter