



BOARD OF SUPERVISORS AGENDA ITEM REPORT
AWARDS / CONTRACTS / GRANTS

Award Contract Grant

Requested Board Meeting Date: 06/06/2023

or Procurement Director Award:

* = Mandatory, information must be provided

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

Vitalyst Health Foundation

***Project Title/Description:**

FY2223 Pima County Attorney's Office Systems Change Grant

***Purpose:**

The Pima County Attorney's Office recognizes the community's need for an adult restorative justice program that serves people with qualifying offenses, as a community driven alternative to the current retributive model. Under the current criminal justice system, victims of crime often wait months for resolution and people who remain incarcerated, as well as their families, experience adverse harm. The current system also erodes victim and the community trust, while creating costly case burdens for prosecutors, public defenders, and taxpayers. Moreover, Pima County rates for reoffending (50% as of March 2023) and racial disparities reflected in incarceration rates demand a more comprehensive and holistic approach than what has been the long-held standard for criminal justice response.

The program will establish a relationship between prosecutors, public defenders and carefully selected participants that leads to a partnership with qualified trained volunteers to work to achieve behavioral change and minimize the impact of the justice system on eligible offenders.

***Procurement Method:**

Not applicable

***Program Goals/Predicted Outcomes:**

The goals of the program are to: 1) Provide an experience of healing for all concerned by providing victims with a voice in the restorative process while providing an opportunity for the participant to be directly accountable for the harms done. 2) Enhance public safety by addressing the underlying causes of criminal behavior. 3) Mitigate racial disparities reflected in disproportionate contact with the justice system by prioritizing zip codes based on need and not limiting eligibility to first-time offenders. 4) Reduce state, city, and county costs by lowering the number of court cases.

***Public Benefit:**

Evidenced based research analysis shows that restorative justice, in comparison to the traditional criminal justice system, is more effective because it: 1) Resolves cases more quickly; 2) Results in a higher percentage of offenders making full restitution payments; 3) Generates greater satisfaction and feelings of fairness on the part of both victims and offenders with regard to the handling and outcomes of a case; 4) Reduces recidivism; and 5) Demonstrates significant cost per case tax dollar savings

***Metrics Available to Measure Performance:**

Annual programmatic reporting and financial reports.

***Retroactive:**

Yes. A series of procedural and staffing delays led to this request being sent retroactively.

The office was notified of approval of the award on 03/27/2023.

The GAAR was submitted GMI e-mail on 04/06/2023 and it was finalized by GMI on 04/14/23. Our office then communicated with the grantor regarding the start date and budget modifications and which were finalized on 05/08/23. Civil review and approval was received on 05/11/23. Lastly, the BOS AIR was sent to GMI for review on 05/12/23. 5/12/2023 was when it was returned to PCAO. The negative impact if this grant is not approved is a missed opportunity for understanding and responding to the needs of parties directly affected by crime as well as the needs of the broader community.

*GMI approves
per 5/19/23*

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: 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 22-10.

Amendment / Revised Award Information

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

Amendment No.: AMS Version No.:

Commencement Date: New Termination Date:

Prior Contract No. (Synergen/CMS):

Expense 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: GTAW Department Code: PCA Grant Number (i.e., 15-123): 23-142

Commencement Date: 03/23/2023 Termination Date: 05/31/2026 Amendment Number:

Match Amount: \$ Revenue Amount: \$ 175,000.00

*All Funding Source(s) required: Vitalyst Health Foundation

*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)?

No Federal funds received

Contact: Star Romero

Department: Pima County Attorney's Office

Telephone: 724.6000

Department Director Signature: Date: 5/16/23

Deputy County Administrator Signature: Date:

County Administrator Signature: Date: 5/20/2023



March 23, 2023

Cheryl Brownstein-Santiago
Grant Writing Consultant
Pima County Attorney's Office
32 North Stone Avenue
Tucson, Arizona 85705
cbrownsant@gmail.com
562.279.3839

RE: FY2223 Pima County Attorney's Office System Change Grant (Grant #: 2223-DM-0501SCG-097, EIN: 27-3375280)

Dear Cheryl:

On March 23, 2023, the Vitalyst Health Foundation's Board of Trustees considered the request from the Pima County Attorney's Office for a three-year grant of \$ 174,999. We are pleased to inform you that Vitalyst will be funding your proposal for the full amount of \$175,000.

The proposed Systems Change Grant is to support a public-private collaboration aiming to permanently change the way qualifying low-level felony and petty crime arrestees are handled by the criminal justice system. The goal is to support them in making amends and getting their lives back on track without incurring a criminal record and the unhealthy effects of an extended jail stay. The local criminal justice system would make the shift by setting aside a normally adversarial relationship to allow prosecutors to work with public defenders in selecting participants who are mentally capable of benefiting from a community group conference approach. Next, facilitators and counselors skilled in restorative justice techniques join volunteers to work with participants, who agree to assigned tasks, accept responsibility, commit to working or studying, and strive to repair relationships with their loved ones while engaging in community activities.

The following are required to be returned to Vitalyst Health Foundation by email (help@vitalysthealth.org):

1. Agreement of Grantee: Included on the last page of this Award Letter. If you have a fiscal sponsor, both the sponsor and the group doing the work need to sign the agreement. You are welcome to submit two separately signed agreements if that is easier. Please complete the Diversity, Equity & Inclusion (DEI) & Geographic form included.
2. A completed and signed W-9. If you have a fiscal sponsor, this is their W-9. A blank W-9 may be opened here: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.
3. Copy of IRS determination letter. If you have a fiscal sponsor, this is their IRS determination letter.
4. If you would like your grant payment deposited electronically, please complete,

A JATA 457 873 10M7 11 17 18A 14-

sign and return the ACH Request Authorization to Stephanie at sgallegos@vitalysthealth.org. The form is attached as the last page of this packet. (The first payment will be by physical check; subsequent payments will be electronically deposited.) If you have any questions, please contact us at help@vitalysthealth.org.

The grant is to be used for the purposes outlined in the project narrative. Upon receipt of the documents requested above, the first-year payment of **\$50,000** can be made. We request that you meet with Vitalyst staff for a mid-year check-in in January 2024, 2025, and 2026. A Vitalyst staff member will contact you to schedule a time and choose a format that works best for you (virtual or in person). There will be three yearly reports due for this grant. The first annual narrative and financial report are due no later than May 31, 2024, to process the second-year payment of **\$64,000**. The second annual narrative and financial report are due no later than May 31, 2025, to process the third-year payment of **\$61,000**. A final narrative and financial report are due no later than May 31, 2026. We will use our online grants management systems for reporting (<https://webportalapp.com/sp/login/vitalyst-systemschange>).

If your organization announces the funding in any way, please refer to the grantor as “Vitalyst Health Foundation” and provide us with a copy of all such communications. If a narrative is needed, please use “Vitalyst Health Foundation is on a mission to inform, connect and support efforts to improve the health of individuals and communities in Arizona. Over its history, the foundation has invested more than \$134 million and established itself as a key thought leader, convener and catalyst of key initiatives – ranging from statewide health policy and systems change to housing collaboratives. More information is available at <http://vitalysthealth.org/>”.

Please contact me at DMartinez@VitalystHealth.org if you have any questions.

Best wishes as you move forward with your work.

Sincerely,



David Martinez III
Director, Community Engagement

DIVERSITY EQUITY & INCLUSION INFORMATION FOR THIS CONTRACT:

Please indicate by checking the categories that *apply directly to the intended groups impacted by this contract*. If a specific population is not intentionally being served by this contract, please mark "None of the above." You may opt 'Prefer Not To Answer' selection. We respect your privacy and the information gathered will not negatively affect collaborating with us for this or future contracts.

Please indicate **only who will be intentionally served** by this proposal. Select all that apply.

Race/Ethnicity:

- Asian/Asian American
- Black/African American
- Hispanic, Latino or Spanish Origin
- Middle Eastern, North African, or Arab American
- Multiracial (2+races/ethnicities)
- Native Hawaiian or Pacific Islander
- Other: _____
- None of the above
- Prefer not to answer

Tribal Communities:

- Ak-Chin Indian Community
- Cocopah Indian Tribe
- Colorado River Indian Tribes
- Fort McDowell Yavapai Nation
- Fort Mojave Indian Tribe
- Fort Yuma Quechan Tribe
- Gila River Indian Community
- Havasupai Tribe
- Hopi Tribe
- Hualapai Tribe
- Kaibab Band of Paiute Indians
- Navajo Nation
- Pascua Yaqui Tribe
- Pueblo of Zuni
- Salt River Pima-Maricopa Indian Community
- San Carlos Apache Tribe
- San Juan Southern Paiute
- Tohono O'odham Nation
- Tonto Apache Tribe
- White Mountain Apache Tribe
- Yavapai-Apache Nation
- Yavapai-Prescott Indian Tribe
- None of the above
- Prefer not to answer

Gender

- Female
- Male
- Nonbinary
- Transgender
- Other: _____
- None of the above
- Prefer not to answer

Sexual Orientation

- Bisexual
- Gay
- Lesbian
- Other: _____
- None of the above
- Prefer not to answer

Social and Economic Status:

- Children (0-12 years)
- Teens (13-17 years)
- Seniors (65+ years)
- Communities of Faith
- Immigrants or Refugees
- Justice-Involved
- Low Income
- Populations Experiencing Homelessness
- Uninsured/Underinsured
- Veterans
- Other: _____
- None of the above
- Prefer not to answer

Disability:

- Please specify disability: _____
- N/A
- Prefer not to answer

Will these funds be used to provide services across the state of Arizona?

- Yes
- No. If no, please share which counties/cities will be served.
 - County(ies): _____
 - City(ies): _____
 - Zip Code(s): _____

AGREEMENT OF GRANTEE

As a condition to a total grant from Vitalyst Health Foundation (Vitalyst) for \$175,000 to Pima County Attorney's Office the undersigned agrees to comply with the following conditions:

1. **Purpose.** The Grant shall be used exclusively for the designated purposes as outlined in the grant award letter of March 23, 2023, and will not be used for purposes prohibited by law, including those purposes designated in Section 4945 of the Internal Revenue Code. Other restrictions and additions in the grant award letter shall also apply. In the event that the funds are not used for the designated purposes within the time specified in the grantee's proposal or within any approved extension, the funds shall be returned to Vitalyst.
2. **Accounting and Auditing.** A systematic record shall be kept by the grantee of the receipt and disbursement of funds and expenditures incurred under the terms of the grant. Substantiating documents (bills, invoices, canceled checks, receipts) shall be retained in the grantee's files for a period of not less than three (3) years after expiration of the grant period. The grantee agrees to promptly furnish Vitalyst with copies of such documents upon Vitalyst's request. Vitalyst, upon request, shall have complete access to the grantee's files and records for the purposes of making such financial audits, verifications and investigations as it deems necessary concerning the grant.
3. **Budget.** Expenditures of the grant funds must adhere to the specific line items in the approved grant budget. Transfers among line items (increase and decreases) are restricted to one thousand dollars (\$1000) or ten percent (10%) of the approved line-item amount, whichever is greater. If a transfer in excess of this restricted level becomes necessary, the grantee shall request authorization from Vitalyst in writing (letter or email). Such transfers may not be made without prior written approval by Vitalyst.
4. **Reports.** Narrative and financial reports shall be furnished by the grantee to Vitalyst as stipulated in the award letter. The narrative report shall include a report on the use of the funds in compliance with the terms of the grant, the progress made by the grantee towards achieving the grant purposes, and any problems or obstacles encountered in the effort to achieve grant purposes. The financial report should be in the same format as the approved grant budget and show the amount budgeted for each line item, the amount expended against each line item as of the date of the report, and the resulting balance remaining in each line.
5. **Public Reporting.** The grantee shall send to Vitalyst copies of papers, manuscripts, and other information materials, including print media publications, that are related to the project supported by Vitalyst. In all public statements concerning Vitalyst - press releases, annual reports, or other announcements - grantees are requested to refer to Vitalyst by its full name: Vitalyst Health Foundation.
6. **Grant Reversion or Termination.** The total amount of this grant or any payment thereof may be discontinued, modified or withheld at any time when, in the judgment of Vitalyst Health Foundation, such action is necessary to comply with the requirements of the law.

7. **Cancellation for Conflict of Interest.** This Agreement is subject to cancellation for conflict of interest pursuant to A.R.S. § 38-511, the pertinent provisions of which are incorporated into this Agreement by reference.

The foregoing conditions are hereby accepted and agreed to as of the date indicated.

Grantee Organization: **Pima County Attorney's Office**

Grant Number: **2223-DM-0501SCG-097**

By: Arika Wells Signature: *A Wells*
Printed Name

Title: Legal Administrator Date: 05/11/2023

Vendor ACH/Direct Deposit Authorization Form
Vitalyst Health Foundation

1. Please Check One:

NEW Direct Deposit

CHANGE Direct Deposit

CANCEL Direct Deposit

2. Vendor/Payee Information

Name:

Address:

Contact Person's Name (if other than payee):

Telephone Number:

Email Address:

3. Financial Institution Information

Bank Name:

Bank Address:

Name on Bank Account:

Bank Account Number:

Nine-Digit Bank Routing/Transit Number (ABA):

Type of Account:

Checking

Savings

4. Approvals/Authorizations - I certify that the information provided on this form is correct, and I hereby authorize Vitalyst Health Foundation to electronically deposit payments to the bank account designated above. It is my responsibility to notify sgallegos@vitalysthealth.org or 602-385-6500 immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify Vitalyst Health Foundation in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until Vitalyst Health Foundation has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.

Print Name: _____

Signature: _____

Date: _____

Important Information

For Office of Accounts Payable Use Only

AP Reviewed and Approved:

Date:

Date Stamp - Received

Chair, Board of Supervisors: _____

Date: _____

Approved as to Form: Kyle Johnson, DCA



Date: 5/11/2023

ATTEST: _____

Date: _____

PROJECT TITLE: Pima County Attorney's Office
 PROJECT LEAD: Emmanuelle Fahey, PCAO

Note: Include budget narrative with explanations or justifications for budget line items.

	Brief Details	Partner Name	Grant Request	In-Kind/Match	Year 1	Year 2	Year 3
1. Salaries							
PDS social worker	management; part-time, year 2 & 3 ; to assist with screening/intake/monitoring of arrestee participation	Public Defense Services	40000		0	20000	20000
PCAO RJ Program coordinator	operational; 20% of 3 yr total (\$205,794) of salary, benefits, and raises for years 2 & 3	Pima County Attorney's Office	41159		13720	13720	13720
Total Salaries			81159	0			
2. Fringe Benefits							
Total Fringe Benefits			0	0			
3. Supplies							
e.g., paper							
Total Supplies			0	0			
4. Travel							
e.g., mileage							
e.g., accomodations							
Total Travel			0	0			
5. Services							
e.g., evaluation							
e.g., consultants							
Total Services			0	0			
6. Other							
Training	Quality training volunteers and RJ staff, ongoing throughtout the year	The Center	56800		18933.33	18933.33	18933.33
Facilitator Stipends	\$100 stipend per case (x 50 cases) to recognize emotional and labor intensive work	PCAO	5000		1000	1500	2500
Wrap around services	To assist with Agreement contract items, remove barriers to RJ completion	PCAO	9846		7346	0	0
Professional development	Annual conference participation for coordinator and/or facilitator, social worker	PCAO/ PDS/ The Center	4694		2347	2347	0
Total Other			76340	0			
TOTAL DIRECT COSTS			157499	0			
Indirect Costs*	10% de minimis rate for grants		17500		5833.3	5833.3	5833.3
TOTAL COSTS (Year)			174999	0	\$50K	\$64K	\$61K
TOTAL COSTS (Entire Project)			174999		49979.63	63233.63	61786.63

Need W9 form and Invoice with address/ how they want to be paid/ name

Notes: Include budget narrative with explanations or justifications for budget line items in a separate document or below this spreadsheet.

* Indirect costs: Academic institutions are allowed 0% indirect costs. Community based groups may consider indirect costs if specifically associated with the project.