



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

Award  Contract  Grant

Requested Board Meeting Date: 08/01/2017

\* = Mandatory, information must be provided

or Procurement Director Award

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

Raise the Bar Consulting, LLC

**\*Project Title/Description:**

Grant Writing Services

**\*Purpose:**

To provide assistance in applying for grant involving improvements and enhancements of Criminal Justice system and services to Victims of Crimes. Amendment to extend contract for one year.

**\*Procurement Method:**

Direct Select. D 29.6

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

Apply for grant funds that compliment the goals of the Pima County Attorney's Office that enhance the Criminal Justice system and service to Victims of Crimes.

**\*Public Benefit:**

Use of grant funded monies provides supplemental funding for various criminal justice programs and core services including crime prevention, criminal prosecution and Victim services saving tax local payer dollars. Historically the County Attorney's Office receives on average \$4 million of grant funding annually.

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

Pima County Attorney's Office will be reviewing and approving invoices to monitor grant writing and reporting services provided under this agreement required to satisfy grant requirements of the projects.

**\*Retroactive:**

Yes. Budget and Signing Process.

*To: COB 7-18-17 (1)  
Vers.: 10  
Pgs.: 2*

**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

**\*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: CT Department Code: PCA Contract Number (i.e., 15-123): 14-375

Amendment No.: 06 AMS Version No.: 10

Effective Date: 03/01/2017 New Termination Date: 02/28/2018

Prior Contract No. (Synergen/CMS): \_\_\_\_\_

Expense or  Revenue  Increase  Decrease Amount This Amendment: \$ 0

Is there revenue included?  Yes  No If Yes \$ \_\_\_\_\_

**\*Funding Source(s) required:** Special Revenue.

Funding from General Fund?  Yes  No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

**Grant/Amendment Information** (for grants acceptance and awards)  Award  Amendment

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

Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Amendment Number: \_\_\_\_\_

Match Amount: \$ \_\_\_\_\_  Revenue Amount: \$ \_\_\_\_\_

**\*All Funding Source(s) required:**

\*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)?**

Contact: Rozana Villanes

Department: Pima County Attorney

Telephone: 724-5631

Department Director Signature/Date: [Signature] 7/17/17

Deputy County Administrator Signature/Date: [Signature] 7/18/2017

County Administrator Signature/Date: \_\_\_\_\_

(Required for Board Agenda/Addendum Items)

<b>Pima County Attorney's Office</b>	<table border="1"> <tr> <td colspan="2" style="text-align: center;"><b>CONTRACT</b></td> </tr> <tr> <td><b>NO.</b></td> <td><u>CT-PCA-14-375</u></td> </tr> <tr> <td><b>AMENDMENT NO.</b></td> <td><u>06</u></td> </tr> <tr> <td colspan="2"> <small>This number must appear on all invoices, correspondence and documents pertaining to this contract.</small> </td> </tr> </table>	<b>CONTRACT</b>		<b>NO.</b>	<u>CT-PCA-14-375</u>	<b>AMENDMENT NO.</b>	<u>06</u>	<small>This number must appear on all invoices, correspondence and documents pertaining to this contract.</small>	
<b>CONTRACT</b>									
<b>NO.</b>		<u>CT-PCA-14-375</u>							
<b>AMENDMENT NO.</b>		<u>06</u>							
<small>This number must appear on all invoices, correspondence and documents pertaining to this contract.</small>									
<b>Project: Grant Writing Services</b>									
<b>Contractor: Raise the Bar Consulting, LLC</b> 2825 E. 21 <sup>st</sup> Street Tucson, AZ 85716									
<b>Contract No.: CT-PCA-14000000000000000375</b>									
<b>Contract Amendment No.: Six (#06)</b>									

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<b>Orig. Contract Term:</b> 03/01/2014 - 02/28/2015	<b>Orig. Amount:</b>	\$12,000.00
<b>Termination Date Prior Amendment:</b> 02/28/17	<b>Prior Amendments Amount:</b>	\$53,400.00
<b>Termination Date This Amendment:</b> 02/28/18	<b>This Amendment Amount:</b>	\$ 0.00
	<b>Revised Total Amount:</b>	\$65,400.00

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**CONTRACT AMENDMENT**

The parties agree to amend the above-referenced contract as follows:

- 1. Term.** The Contract terminates on February 28, 2018.

The effective date of this Amendment is March 1, 2017.

All other provisions of the Contract not specifically changed by this Amendment remain in effect and are binding upon the parties.

**PIMA COUNTY**

**CONTRACTOR**

\_\_\_\_\_  
Chair, Board of Supervisors

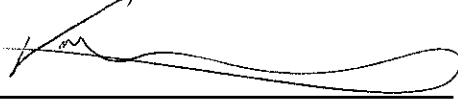
\_\_\_\_\_  
Date

**ATTEST**

\_\_\_\_\_  
Clerk of the Board


\_\_\_\_\_  
Date

**APPROVED AS TO FORM**

  
\_\_\_\_\_  
Deputy County Attorney

Tobin Rosen  
Print DCA Name

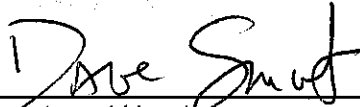
7/14/17  
Date

  
Authorized Officer Signature

Jennifer M. Tersigni  
Printed Name and Title

7/10/17  
Date

**APPROVED AS TO CONTENT**

  
\_\_\_\_\_  
Department Head

7/14/17  
Date