



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

Requested Board Meeting Date: 11/22/16

or Procurement Director Award

Contractor/Vendor Name (DBA): STATE OF ARIZONA DEPARTMENT OF HOMELAND SECURITY

Project Title/Description:

IGA for FFY2015 Operation Stonegarden Grant Program Award
150404-03 OPSG Equipment

Purpose:

Cooperative Law Enforcement - PCSD to provide the services for the State of Arizona, Arizona Department of Homeland Security. Amendment is to extend the termination date from 12/31/16 to 3/31/16.

Procurement Method:

N/A - Grant

Program Goals/Predicted Outcomes:

Missions include preventing terrorism and enhancing security; managing our borders; administering immigration laws; securing cyberspace; and ensuring disaster reillience.

Public Benefit:

Support Law Enforcement

Metrics Available to Measure Performance:

Grant to provide specialized law enforcement equipment; no metrics available.

Retroactive:

No.

Original 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): _____

Cost to Pima County General Fund: \$ 0.00

Contract is fully or partially funded with Federal Funds? Yes No Not Applicable to Grant Awards

Were insurance or indemnity clauses modified? Yes No Not Applicable to Grant Awards

Vendor is using a Social Security Number? Yes No Not Applicable to Grant Awards

If Yes, attach the required form per Administrative Procedure 22-73.

Amendment Information

Document Type: GTAM Department Code: SD Contract Number (i.e.,15-123): 17-030

Amendment No.: 1 AMS Version No.: 1

Effective Date: 1/1/2016 New Termination Date: 3/31/2017

Expense Revenue Increase Decrease Amount This Amendment: \$ 0.00

Funding Source(s): _____

Cost to Pima County General Fund: \$ 0.00

Contact: Yuko Jarvis

Department: Sheriff's Department

Telephone: (520) 351-6958

Department Director Signature/Date: *J. H. Kelley* 11/10/16

Deputy County Administrator Signature/Date:

County Administrator Signature/Date: *C. Deuel Bay* 11/16/16

(Required for Board Agenda/Addendum Items)

**SUBGRANTEE AGREEMENT Amendment #1
EQUIPMENT
15-AZDOHS-OPSG-150404-03
Between
The Arizona Department of Homeland Security
And
Pima County Sheriff's Department**

WHEREAS, A.R.S. § 41-4254 charges the Arizona Department of Homeland Security (AZDOHS) with the responsibility of administering funds.

Pursuant to Section XII of the subgrantee Agreement between the Arizona Department of Homeland Security and the subgrantee the following section of the above referenced Subgrantee Agreement is hereby amended as follows to extend the period of performance.

II. TERM OF AGREEMENT, TERMINATION AND AMENDMENTS

This Agreement shall become effective on January 1, 2016 and shall terminate on December 31, 2016.

SHALL BE CHANGED TO READ:

This Agreement shall become effective on January 1, 2016 and **shall terminate on March 31, 2017.**

All other terms of the original Subgrantee Agreement remain effective.

In Witness Whereof, the parties have set their hands to this AMENDMENT as of the day and year herein indicated and agree that all parties are obligated to follow all terms and conditions of the original subgrantee agreement and are liable for all funds received by the AZDOHS.

IN WITNESS WHEREOF

The parties hereto agree to execute this Amendment.

FOR AND BEHALF OF THE

Pima County Sheriff's Department

Enter the Name of the Subgrantee above

Authorized Signature above

Chris Nanos, Sheriff of Pima County

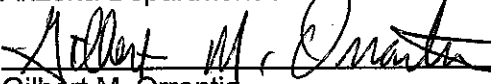
Print Name & Title above

10/27/16

Enter Date above

FOR AND BEHALF OF THE

Arizona Department of Homeland Security



Gilbert M. Orrantia

Director

Date

10/31/16

(Please be sure to complete and mail two original documents to the Arizona Department of Homeland Security.)

Any unauthorized changes to this document will result in termination of this award.

PIMA COUNTY

Chair, Board of Supervisors

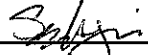
Date:

ATTEST


Clerk of Board

Date:

APPROVED AS TO FORM



Deputy County Attorney



Date: