

BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

Award Contract C Grant	Requested Board Meeting Date: 04/04/2023	
* = Mandatory, information must be provided	or Procurement Director Award:	
*Contractor/Vendor Name/Grantor (DBA):		
Federal Bureau of Investigations (FBI)	a g	
*Project Title/Description:		
Cost Reimbursement Agreement		
*Purpose:	w.	
To partner with federal law enforcement to detect, investigate and	prosecute crimes against the United States.	
*Procurement Method:		
This is a non-Procurement contract and not subject to procurement	rules.	
*Program Goals/Predicted Outcomes:		
Identify, disrupt, and investigate crimes against the United States.		
*Public Benefit:	8	
Public safety and reduction of crimes.	a	
*Metrics Available to Measure Performance:	*	
Amount of monthly hours worked on the task force.		
*Retroactive:	е	
No.		

To: COB, 3-16-23 (D) Vers: 1 Pgs: 3

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: <u>CTN</u> Department Code: <u>SD</u>	Contract Number (i.e., 15-123): 23*138
Commencement Date: 04/04/2023 Termination Date: Per	etual Prior Contract Number (Synergen/CMS):
Expense Amount \$*	Revenue Amount: \$ 20,000.00 (annual est.)
*Funding Source(s) required: Federal Bureau of Investigation	
Funding from General Fund? C Yes C No If Yes \$	
Contract is fully or partially funded with Federal Funds? Yes If Yes, is the Contract to a vendor or subreciplent? No.	C No
Were insurance or indemnity clauses modified? Yes Yes	© No
Vendor is using a Social Security Number? If Yes, attach the required form per Administrative Procedure 22-10.	€ No
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):
C Expense C Revenue C Increase C Decrease	Amount This Amendment: \$
Is there revenue included? Yes C No If Yes \$	Amount his Amendment, 5
*Funding Source(s) required:	reversion characteristics.
Funding from General Fund? Yes No If Yes 5	
Grant/Amendment Information (for grants acceptance and awar	
Document Type: Department Code:	Grant Number (i.e., 15-123):
Commencement Date: Termination Dat	e: Amendment Number:
Match Amount: \$	Revenue Amount: \$
*All Funding Source(s) required:	*
"Match funding from General Fund? Yes No If Yes	5 \$ _{***********************************}
*Match funding from other sources?	\$ \$
*If Federal funds are received, is funding coming directly from ti	he Federal government or passed through other organization(s)?
Contact: Bonnie Schaeffer	
Department: Sheriff	Telephone: <u>520-351-6374</u>
Department Director Signature: Julia Ja Ta	Telephone: <u>520-351-6374</u> Date: <u>3/3/2023</u> Date: Date:
Deputy County Administrator Dignature:	Date:
County Administrator Signature:	Date: #13/28

COST REIMBURSEMENT AGREEMENT

BETWEEN

THE FEDERAL BUREAU OF INVESTIGATION (FBI) AND

PIMA COUNTY SHERIFFS DEPARTMENT

TASK FORCE FILE # Sentinel case for TF and others

Pursuant to Congressional appropriations, the FBI receives authority to pay overtime for law enforcement partners assigned to the formalized CID Task Force as set forth below for expenses necessary for detection, investigation, and prosecution of crimes against the United States. It is hereby agreed between the FBI and the Pima County Sheriff's Department, located at 1750 E Benson Hwy, Taxpayer Identification Number: [36 400,543], Phone Number: (520-351-4600), that:

- 1. Commencing upon execution of this agreement, the FBI will, subject to availability of required funding, reimburse the agency for overtime payments made to officers assigned full-time to the task force.
- 2. Requests for reimbursement will be made on a monthly basis and should be forwarded to the FBI field office as soon as practical after the first of the month which follows the month for which reimbursement is requested. Such requests should be forwarded by a Supervisor of the agency to the FBI Task Force Squad Supervisor and Special Agent in Charge for their review, approval, and processing for payment.
- 3. Overtime reimbursements will be made directly to the agency by the FBI. All overtime reimbursement payments are made by electronic fund transfer (EFT). An ACH Vendor/ Miscellaneous Payment Enrollment Form must be on file with the FBI to facilitate EFT.
- 4. Overtime reimbursements will be calculated at the usual rate for which the individual officer's time would be compensated in the absence of this agreement. However, said reimbursement, per officer, shall not exceed monthly and/or annual limits established annually by the FBI. The limits, calculated using Federal pay tables, will be in effect for the Federal fiscal year running from October 1st of one year through September 30th of the following year, unless changed during the period. The FBI reserves the right to change the reimbursement limits, upward or downward, for subsequent periods based on fiscal priorities and appropriations limits. The FBI will notify the agency of the applicable annual limits prior to October 1st of each year.
- 5. The number of agency officers assigned full-time to the task force and entitled to overtime reimbursement by the FBI shall be approved by the FBI in advance of each fiscal year. Based on the needs of the task force, this number may change periodically, upward or downward, as approved in advance by the FBI.
- 6. Prior to submission of any overtime reimbursement requests, the agency must prepare an official document setting forth the identity of each officer assigned full-time to the task force, along with the regular and overtime hourly rates for each officer. Should any officers change during the year, a similar statement must be prepared regarding the new officers prior to submitting any overtime reimbursement requests for the officers. The document should be sent to the field office for FBI review and approval.

- 7. Each request for reimbursement will include the name, rank, ID number, overtime compensation rate, number of reimbursable hours claimed, and the dates of those hours for each officer for whom reimbursement is sought. The request must be accompanied by a certification, signed by an appropriate Supervisor of the agency that the request has been personally reviewed, the information described in this paragraph is accurate, and the personnel for whom reimbursement is claimed were assigned full-time to the task force.
- 8. Each request for reimbursement will include an invoice number, invoice date, taxpayer identification number (TIN), and the correct banking information to complete the electronic fund transfer. The necessary banking information is the Depositor Account Title, Bank Account Number, Routing Number, and Type of Account (either checking, savings, or lockbox). If the banking information changes, a new ACH Vendor/Miscellaneous Payment Enrollment Form must be submitted to the FBI.
- 9. Requests for reimbursement must be received by the FBI no later than December 31st of the next fiscal year for which the reimbursement applies. For example, reimbursements for the fiscal year ending September 30, 2017 must be received by the FBI by December 31, 2017. The FBI is not obligated to reimburse any requests received after that time.
- 10. This agreement is effective upon signature of the parties and will remain in effect for the duration of the agency's participation in the task force, contingent upon approval of necessary funding, and unless terminated in accordance with the provisions herein. This agreement may be modified at any time by written consent of the parties. It may be terminated at any time upon mutual consent of the parties, or unilaterally upon written notice from the terminating party to the other party at least 30 days prior to the termination date.

FOR THE FBI:

Special Agent in Charge Phoenix Division	Date	
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Financial Manager	Date	
Phoenix Division	g	

FOR THE AGENCY

Approving Agency Official

Date

PIMA COUNTY

Chair, Board of Supervisors	Date
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v	
Clerk of the Board	Date
*	
APPROVED AS TO FORM	
Deputy County Attorney	2/23/23