



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

Award  Contract  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)

**\*Project Title/Description:**

Cost Reimbursement Agreement

**\*Purpose:**

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:**

Public safety and reduction of crimes.

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

Amount of monthly hours worked on the task force.

**\*Retroactive:**

No.

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

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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: CTN Department Code: SD Contract Number (i.e., 15-123): 23\*138
Commencement Date: 04/04/2023 Termination Date: Perpetual 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? 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? No.
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: Department Code: Grant Number (i.e., 15-123):
Commencement 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: Bonnie Schaeffer

Department: Sheriff

Telephone: 520-351-6374

Department Director Signature: Julia Gato

Date: 3/13/2023

Deputy County Administrator Signature: [Signature]

Date:

County Administrator Signature: [Signature]

Date: 3/13/23

**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 Sheriffs Department, located at 1750 E Benson Hwy, Taxpayer Identification Number: [ 86-600543 ], 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 1<sup>st</sup> of one year through September 30<sup>th</sup> 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 1<sup>st</sup> 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.



**PIMA COUNTY**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**APPROVED AS TO FORM**

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

2/23/23  
\_\_\_\_\_  
Date