



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

Award  Contract  Grant

Requested Board Meeting Date: 04/17/2018

\* = Mandatory, information must be provided

or Procurement Director Award

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

Adult Treatment Court Collaborative, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA)

**\*Project Title/Description:**

Pima County Behavioral Health Treatment Court Collaboration

**\*Purpose:**

To provide participants treatment services from our Adult Treatment Court Collaborative Department of Health and Human Services Substance Abuse and Mental Health Services Administration. Amendment of funds \$435,114.00 (Year 4 \$348,142 + \$86,972-Carryover).

**\*Procurement Method:**

Competitive Grant Application Process

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

Ensure consistent offender accountability for second-time and serious first time offenders.

**\*Public Benefit:**

Utilized Program funding to support prosecution objectives and reduce costs for this program to Pima County tax payers.

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

Quarterly and Annual Reports.

**\*Retroactive:**

Yes. Notice of Award was received on 03/20/2018

**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: \_\_\_\_\_ Department Code: \_\_\_\_\_ Contract Number (i.e., 15-123): \_\_\_\_\_

Amendment No.: \_\_\_\_\_ AMS Version No.: \_\_\_\_\_

Effective Date: \_\_\_\_\_ New Termination Date: \_\_\_\_\_

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

Expense or  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: GTAM Department Code: PCA Grant Number (i.e., 15-123): 18\*034

Effective Date: 09/30/2017 Termination Date: 9/29/2018 Amendment Number: \_\_\_\_\_

Match Amount: \$ \_\_\_\_\_  Revenue Amount: \$ 435,114.00

**\*All Funding Source(s) required:** Substance Abuse and Mental Health Services Administration (SAMHSA)

**\*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)?**

Directly from the Federal government.

Contact: Rozana Villanes

Department: Pima County Attorney's Office Telephone: 724-5631

Department Director Signature/Date: Dave Smith 4/2/18

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

County Administrator Signature/Date: C. Duckert 4/4/18

*(Required for Board Agenda/Addendum Items)*



Notice of Award

Adult Treatment Court Collaborative  
Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration

Issue Date: 03/20/2018

Center for Mental Health Services

Grant Number: 6H79SM061683-04M001  
FAIN: SM061683  
Program Director: Kate Lawson

Project Title: Pima County Behavioral Health Treatment Court Collaboration

Grantee Address	Business Address
COUNTY OF PIMA David Smutzer Legal Administrator 32 N. Stone Avenue 20th Floor Tucson, AZ 857011317	David Smutzer Legal Administrator Pima County Attorney's Office 32 North Stone Avenue, 20th Floor Tucson, AZ 857011451

Budget Period: 09/30/2017 – 09/29/2018  
Project Period: 09/30/2014 – 09/29/2018

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$0 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to COUNTY OF PIMA in support of the above referenced project. This award is pursuant to the authority of Section 509 and 520A of the PHS Act, as amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

This award addresses the following Amendment action: Carryover Request

Award recipients may access the SAMHSA website at [www.samhsa.gov](http://www.samhsa.gov) (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,  
Darrell Russ  
Grants Management Officer  
Division of Grants Management

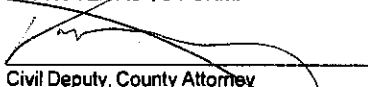
\_\_\_\_\_  
Chair, Board of Supervisors Date: \_\_\_\_\_

ATTEST:

See additional information below

\_\_\_\_\_  
Clerk of the Board of Supervisors Date: \_\_\_\_\_

APPROVED AS TO FORM:

  
Civil Deputy, County Attorney Date: 4/3/18

**SECTION I – AWARD DATA – 6H79SM061683-04M001**

**Award Calculation (U.S. Dollars)**

Salaries and Wages	\$134,959
Fringe Benefits	\$47,236
Personnel Costs (Subtotal)	\$182,195
Consortium/Contractual Cost	\$19,000
Travel Costs	\$22,375
Other	\$124,572
 Direct Cost	 \$348,142
<b>Approved Budget</b>	<b>\$348,142</b>
Federal Share	\$348,142
Less Unobligated Balance	\$86,972
Cumulative Prior Awards for this Budget Period	\$261,170
 <b>AMOUNT OF THIS ACTION (FEDERAL SHARE)</b>	 <b>\$0</b>

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
4	\$261,170

\*Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

**Fiscal Information:**

CFDA Number: 93.243  
 EIN: 1866000543B5  
 Document Number: 14SM61683A  
 Fiscal Year: 2018

IC	CAN	Amount
SM	C96J390	\$0
TI	C96N344	\$0

IC	CAN	2018
SM	C96J390	\$0
TI	C96N344	\$0

**SM Administrative Data:**

PCC: BHTCC / OC: 4145

**SECTION II – PAYMENT/HOTLINE INFORMATION – 6H79SM061683-04M001**

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General,

Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW,  
Washington, DC 20201.

---

**SECTION III – TERMS AND CONDITIONS – 6H79SM061683-04M001**

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 75 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

**Treatment of Program Income:  
Additional Costs**

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

---

**SECTION IV – SM Special Terms and Conditions – 6H79SM061683-04M001**

**REMARKS:**

The Division of Grants Management is initiating a one-time procedural change in the review of formal prior approval carryover requests when the amount requested \$86,972 equals 25% or less of the current year budget.

If the final resolution of the audit covering the above stated budget period(s) determines that the unobligated balance of funds is incorrect, SAMHSA will not make additional funds available to cover any shortfall.

ALL PREVIOUS TERMS AND CONDITIONS REMAIN UNCHANGED AND IN EFFECT UNTIL REMOVED BY THE GRANTS MANAGEMENT OFFICER.

**CONTACTS:**

Roxanne Castaneda, Program Official  
**Phone:** (240) 276-1917 **Email:** Roxanne.Castaneda@samhsa.hhs.gov

Darrell Russ, Grants Specialist  
**Phone:** (240) 276-1517 **Email:** darrell.russ@samhsa.hhs.gov