



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

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: May 3, 2022

*\* = Mandatory, information must be provided*

or Procurement Director Award ☐

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

(Jim) Click Family Foundation

**\*Project Title/Description:**

Click Family Foundation Grant

**\*Purpose:**

This grant is unrestricted and the funds may be used for any of the pet lifesaving programs offered by Pima Animal Care Center (PACC).

**\*Procurement Method:**

Not applicable to grant awards.

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

The funds will likely be used to purchase pet supplies and other resources to support PACC's mission of keeping families and pets together.

**\*Public Benefit:**

The funds will support PACC's commitment to providing timely service to residents and compassionate care to animals, while working to support public safety, find homes for homeless animals and educate the community about responsible pet ownership.

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

Performance will be measured by the number and type of pets or caregivers who receive benefit through goods or services funded by this grant.

**\*Retroactive:** No.

GMT app'd (RW) 4/7/22

**Contract/ Award Information**

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

Commencement 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**If Yes, 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 22-10.***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 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 ☐ AmendmentDocument Type: GTAW Department Code: PAC Grant Number (i.e.,15-123): 22\*103Commencement Date: 04/01/2022 Termination Date: 03/31/2023 Amendment Number: \_\_\_\_\_☐ Match Amount: \$ N/A ☒ Revenue Amount: \$ \$7,000.**\*All Funding Source(s) required:** N/A**\*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: Monica Dangler, DirectorDepartment: Pima Animal Care CenterTelephone: 520-724-5938Department Director Signature/Date: Deputy County Administrator Signature/Date:  4/8/2022County Administrator Signature/Date: \_\_\_\_\_  
(Required for Board Agenda/Addendum Items)

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Click Family Foundation  
PO Box 12399  
Tucson, AZ 85732

COMPASS BANK  
Tucson, AZ  
91-574/1221

0435

2/2/2022

PAY TO THE ORDER OF Pima Animal Care Center

\$\*\*7,000.00

Seven Thousand and 00/100\*\*\*\*\* DOLLARS

Pima Animal Care Center  
4000 North Silverbell Road  
Tucson, AZ 85745

*North A Walsh*  
*[Signature]*

MEMO

2022 Charitable Donation

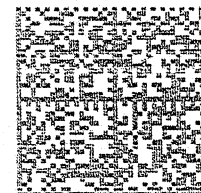
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