

BOARD OF SUPERVISORS AGENDA ITEM REPORT CONTRACTS / AWARDS / GRANTS

Award Contract @ Grant

Requested Board Meeting Date: June 12, 2018

* = Mandatory, information must be provided

or Procurement Director Award \Box

*Contractor/Vendor Name/Grantor (DBA):

Arizona Department of Homeland Security

*Project Title/Description:

IGA for FFY2017 Operation Stonegarden Grant (OSG) Program Award 170405-02 OPSG Overtime and Mileage

*Purpose:

To address the Board of Supervisors five conditions for grant participation in OSG. This is a cooperative law enforcement agreement for PCSD to provide services for the State of Arizona, Arizona Department of Homeland Security.

*Procurement Method:

Not applicable

*Program Goals/Predicted Outcomes:

Increase capability to prevent, protect against, and respond to border security issues; enhance State Homeland Security Strategies; increase coordination and collaboration among Federal, State, local, Tribal, and territorial law enforcement agencies; provide intelligence-based operations; increase or augment specialized/technical law enforcement elements operational activities; and increase operational, material and technological readiness of local and Tribal law enforcement agencies.

*Public Benefit:

Enhance security of United States borders along routes of ingress from international borders to include travel corridors in Pima County.

*Metrics Available to Measure Performance:

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Operational statistics from OSG deployments and data provided to Federal Government.

*Retroactive:
Yes, provide update on the five conditions and resolution as set forth by the Board of Supervisors from February 20, 2018

Contract / Award Information	<u>on</u>	
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) require	d:	
Funding from General Fund?	OYes ONo If Yes \$	%
Contract is fully or partially full If Yes, is the Contract to a v		☐ Yes ☐ No
Were insurance or indemnity	clauses modified?	☐ Yes ☐ No
If Yes, attach Risk's approv	al.	
Vendor is using a Social Secu	urity Number?	☐ Yes ☐ No
If Yes, attach the required form per Administrative Procedure 22-73.		
Amendment / Revised Awar	rd Information	
	Department Code:	Contract Number (i.e.,15-123):
-		
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 \	/es \$
*Funding Source(s) required	d:	
Funding from General Fund?	OYes ONo If Y	/es\$%
Grant/Amendment Information (for grants acceptance and awards) ● Award		
Document Type: GTAW	Department Code: SD	·
Effective Date: 01/08/2018	Termination Date: 12/31	/2018 Amendment Number:
☐ Match Amount: \$		Revenue Amount: \$ 1,191,208
*All Funding Source(s) required: Federal - Department of Homeland Security State - Arizona Department of Homeland Security		
*Match funding from Genera	al Fund? ⊝Yes ⊚No If Y	/es\$%
*Match funding from other s *Funding Source:	sources? OYes No If Y	/es \$ %
*If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)? Passed through State - Arizona Dept of Homeland Security		
Contact: Captain John Stuckey		
Department: Sheriff	,	7 Telephone: 520-351-6912
Department Director Signature/Date: 18 Thut for Swange M WARIER 06/07/2018		
Deputy County Administrator Signature/Date:		
County Administrator Signature/Date: (Required for Board Agenda/Addendum Items) CAULUBTURY C 8 18		
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