



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

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: January 8, 2019

** = Mandatory, information must be provided*

or Procurement Director Award ☐

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

Pima County School Superintendent's Office

***Project Title/Description:**

Intergovernmental Agreement (IGA) between Pima County and Flowing Wells Unified School District for Flowing Wells STEMAZing Teacher Leader Program

***Purpose:**

This is an Intergovernmental Agreement (IGA) between Pima County, on behalf of the Pima County School Superintendent's Office, and the Flowing Wells Unified School District of Pima County, Arizona (School District), for the provision of the Flowing Wells STEMAZing Teacher Leader Program (FWSTLP). In consideration of mutual agreement set forth herein, the School District and Pima County will cooperate as described. This program is fully funded by a grant from the Thomas R. Brown Family Foundations and the School District, as detailed in the program description and budget, and will be implemented with no cost to Pima County.

***Procurement Method:**

Non-Procurement Contract as identified in BOS D29.4 - Intergovernmental Agreement

***Program Goals/Predicted Outcomes:**

To work with Flowing Wells School District on the creation of the Flowing Wells STEMAZing Teacher Leader Program (FWSTLP)

***Public Benefit:**

Benefits teachers who will be participating the the FWSTLP, which will then benefit the education of Flowing Wells students

***Metrics Available to Measure Performance:**

The Flowing Wells STEMAZing Teacher Leader Program will be created

***Retroactive:**

No

Contract / Award InformationDocument Type: CTN Department Code: SS Contract Number (i.e., 15-123): 19*108

Effective Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____

☐ Expense Amount: \$ _____ ☒ Revenue Amount: \$ 0.00***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 22-73.***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: _____ Department Code: _____ Grant Number (i.e., 15-123): _____

Effective 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: DaNel HoganDepartment: Superintendent of Schools Telephone: 724-8451Department Director Signature/Date:  1/4/19

Deputy County Administrator Signature/Date: _____

County Administrator Signature/Date: _____

(Required for Board Agenda/Addendum Items)