



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

Award  Contract  Grant

Requested Board Meeting Date: 3/5/19

\* = *Mandatory, information must be provided*

or Procurement Director Award

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

Executive Office of the President Office of National Drug Control Policy

**\*Project Title/Description:**

High Intensity Drug Trafficking Areas (HIDTA) Program

**\*Purpose:**

Funding provided to County Attorney's Office to facilitate, support and enhance collaborative drug control efforts throughout Arizona. This funding is for salary only.

**\*Procurement Method:**

Not applicable to grant awards

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

The intent of the HIDTA program is to enhance collaborative drug control efforts among law enforcement agencies and community-based organizations with a common voice and unified strategy and thereby significantly reduce the impact of illegal trafficking and use of drugs throughout Arizona.

**\*Public Benefit:**

Public safety and reduction of drug trafficking activities.

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

Grant to defray drug trafficking costs; no metrics available

**\*Retroactive:**

Per ONDCP IGA, retroactive to 11/13/2018

**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: SD Grant Number (i.e., 15-123): 19\*41  
Effective Date: 01/01/18 Termination Date: 12/31/19 Amendment Number: 2  
 Match Amount: \$ \_\_\_\_\_  Revenue Amount: \$ 15,839.16

**\*All Funding Source(s) required:** Office of National Drug Control Policy

**\*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 Federal Government


Contact: Toni Robinson

Department: Sheriff Telephone: 351-3185

Department Director Signature/Date: Julia Gates 2/20/2019

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

County Administrator Signature/Date: [Signature] 2/20/19  
*(Required for Board Agenda/Addendum Items)*

|  |  |  |             |
|--|--|--|-------------|
| <b>Executive Office of the President<br/>Office of National Drug Control Policy</b>  |  | <b>AWARD<br/>Grant</b>   | Page 1 of 1 |
| 1. Recipient Name and Address<br>Sheriff Mark D. Napier<br>Pima County Sheriff's Department<br>1750 East Benson Highway<br>Tucson, AZ 85714-1758 |  | 4. Award Number: G18SA0002A  |             |
|  |  | 5. Grant Period: From 01/01/2018 to 12/31/2019   |             |
| 2. Total Amount of the Federal Funds Obligated:<br>\$1,054,305   | 6. Federal Award Date:<br>11/13/2018                                 | 7. Action<br><br>Initial<br><br><input checked="" type="checkbox"/> Supplemental   |             |
| 2A. Budget Approved by the Federal Awarding Agency \$1,054,305   | 8. Supplement Number 2   |  |             |
| 3. CFDA Name and Number:<br><i>High Intensity Drug Trafficking Areas Program - 95.001</i>  | 9. Previous Award Amount: \$1,038,466.00                             |  |             |
| 3A. Project Description<br><br><i>High Intensity Drug Trafficking Areas (HIDTA) Program</i>  | 10. Amount of Federal Funds Obligated by this Action:<br>\$15,839.16 |  |             |
|  | 11. Total Amount of Federal Award:<br>\$1,054,305.16                 |  |             |
| 12. The above grant is approved subject to such conditions or limitation as are set forth in the original Grant.                                 |  |  |             |
| 13. Statutory Authority for Grant: Public Law:115-141  |  |  |             |
| <b>AGENCY APPROVAL</b>   |  | <b>RECIPIENT ACCEPTANCE</b>  |             |
| 14. Typed Name and Title of Approving Official<br>Michael K. Gottlieb<br>Associate Director<br>Office of National Drug Control Policy            |  | 15. Typed Name and Title of Authorized Official<br>Mark D. Napier<br><br>Pima County Sheriff's Department                              |             |
| 16. Signature of Approving ONDCP Official<br><br><i>Michael K. Gottlieb</i>  |  | 17. Signature of Authorized Recipient/Date<br><br> |             |
| <b>AGENCY USE ONLY</b>   |  |  |             |
| 18. Accounting Classification Code<br>DUNS: 781693049<br>EIN: 1866000543B7   |  | 19. HIDTA AWARD<br>OND1070DB1819XX      OND6113<br>OND2000000000      OC 410001<br>JID: 61172  |             |

**PIMA COUNTY**

\_\_\_\_\_  
**Chairman, Board of Supervisors**

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**

**APPROVED AS TO FORM AND LEGAL AUTHORITY:**

*Smlyin*  
\_\_\_\_\_  
**Deputy County Attorney**

*2/6/19*  
\_\_\_\_\_  
**Date**