



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: 8/6/19

* = Mandatory, information must be provided

or Procurement Director Award ☐

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

Governor's Office of Highway Safety

***Project Title/Description:**

Governor's Office of Highway Safety Pedestrian and Bicycle Safety Enforcement, Training and Education.

***Purpose:**

Will support Personnel Services (Overtime) and Employee Related Expenses to enhance Pedestrian and Bicycle Safety Enforcement, Training and Education throughout Pima County. Per the Grants Program Manager at GOHS indirect costs are not allowed on this grant.

***Procurement Method:**

Not applicable Grant

***Program Goals/Predicted Outcomes:**

To reduce the incidences of pedestrian and bicyclist fatalities and injuries on roadways and in School Zones through enforcement, education, and public awareness throughout the County.

***Public Benefit:**

A reduction in the number of pedestrian and bicyclist fatalities and injuries on the streets and roads in Pima County which results in safer travel for all residents and visitors to the County.

***Metrics Available to Measure Performance:**

Quarterly Reports

***Retroactive:**

No.

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**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: _____

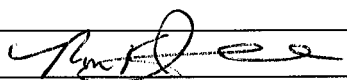
Prior Contract No. (Synergen/CMS): _____

☐ 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 ☒ AmendmentDocument Type: GTAM Department Code: SD Grant Number (i.e., 15-123): 19*0066Effective Date: 08/06/19 Termination Date: 09/30/19 Amendment Number: 1☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ 10,000.00***All Funding Source(s) required:** National Highway Traffic Safety Administration passed through the Governor's Office of Highway Safety.***Match funding from General Fund?** ☐ Yes ☒ No If Yes \$ _____ % _____***Match funding from other sources?** ☐ Yes ☒ No If Yes \$ _____ % _____***Funding Source:** National Highway Traffic Safety Administration***If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?**

Federal Funding passed through Governor's Office of Highway Safety

Contact: Bonnie SchaefferDepartment: SheriffTelephone: 351-6374

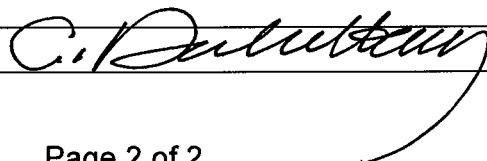
Department Director Signature/Date: _____

 6/18/19

Deputy County Administrator Signature/Date: _____


County Administrator Signature/Date: _____



(Required for Board Agenda/Addendum Items)

 6/7/3/19

GRANT APPLICATION APPROVAL REQUEST

Instructions: Fill out the top section of this form completely. Contact the program Grants Management & Innovation (GMI) Lead if you require assistance (724-2240). Email your completed request to: GMI@pima.gov. Your request will be forwarded to County Administration for review. Notification of approval requests should be submitted at least 15 business days prior to the application's submission deadline (AP 5-1 Procedure).

Requesting department or entity:	Sheriff	Date: 6/24/19
Contact information:	Name: Teresa Wilson	Telephone: (520) 351-6240
Funding opportunity title:	Governor's Office of Highway Safety Pedestrian and Bicycle Safety Enforcement	
Link to opportunity:	n/a	
Funding agency:	Arizona Governor's Office of Highway Safety	
Amount to be requested:	\$ 10,000.00	
Due date and time:		
What are you going to spend the money on?	Awarded an additional \$10,000 for pedestrian and bicycle safety enforcement and education. Overtime and Employee Related Expenses (ERE's) Conduct deployments, within unincorporated Pima County, in areas identified with high rates of pedestrian and bicycle incidents.	
What will be the benefit to Pima County?	Public education; reduce the number of pedestrian / bicyclist injuries and/or fatalities related to collisions. Safer roads for everyone - residents and visitors - in Pima County.	
Indirect costs - check one:	<input type="checkbox"/> I will be requesting indirect costs. Indirect-cost rate to be requested: % <input type="checkbox"/> I have attached a request for waiver of indirect costs (GMI Intranet) I need help understanding indirect costs <input checked="" type="checkbox"/> Indirect costs are not allowable	
By: 	Date: 6/24/19	
Department Director or Designee		

GRANT COST/BENEFIT ANALYSIS To be completed by GMI staff																													
CFDA No.	20.600																												
Competitive Criteria:	Funds from the 2.7 billion FAST Act monies passed through to the State of Arizona's Governor's Office of Highway Safety Pedestrian and Bike Safety Program.																												
Other Factors:	Prices include all applicable training, tax, freight, and advertising costs. The maximum ERE amount to be reimbursed is 40%.																												
Number of Awards:	Total amount to be awarded: \$ 101,509.00																												
Match Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If required what is the amount/percent: _____																													
Terms Notes (e.g. unusual restrictions, reporting burdens, etc.):	Change order to increase the budget from \$20,000 to \$30,000 (\$21,429 in personnel, \$8,571 in ERE).																												
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Will this project require additional office/project space?</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Yes</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> No</td> <td style="width: 20%;"></td> </tr> <tr> <td>Will this project require staff time that cannot be paid for by the grant?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input checked="" type="checkbox"/> No</td> <td></td> </tr> <tr> <td>Will your project require any equipment items over \$5,000 per item?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input checked="" type="checkbox"/> No</td> <td></td> </tr> <tr> <td>Does the proposal use a fixed price contract?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input checked="" type="checkbox"/> No</td> <td></td> </tr> <tr> <td>Is this project subject to Human Subjects compliance?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input checked="" type="checkbox"/> No</td> <td></td> </tr> <tr> <td>Does this project involve subrecipients?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input checked="" type="checkbox"/> No</td> <td></td> </tr> <tr> <td>Is there a Statutory Funding Preference from the funding agency?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input checked="" type="checkbox"/> No</td> <td></td> </tr> </table>		Will this project require additional office/project space?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		Will this project require staff time that cannot be paid for by the grant?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		Will your project require any equipment items over \$5,000 per item?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		Does the proposal use a fixed price contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		Is this project subject to Human Subjects compliance?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		Does this project involve subrecipients?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		Is there a Statutory Funding Preference from the funding agency?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
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Allowable Indirect Rate: 0 If Indirect is not allowed, attach documentation.																													
List any other proposal or funder specific requirements:	Indirect not allowed per GOHS grants manager (according to attached BOS AIR).																												
GMI notes & recommendations: GMI recommends approving the change order to increase the award amount.																													
By: <u></u> Date: <u>6/30/19</u> <div style="text-align: center; margin-top: -10px;">GMI Director</div>																													
County Administrator Approval Request																													
Approved: <input checked="" type="checkbox"/> Not Approved: <input type="checkbox"/> Subject to Further Review: <input type="checkbox"/> Yes <input type="checkbox"/> No																													
If your project is subject to further review, please contact your GMI Lead to discuss necessary revisions prior to resubmission of the Grant Approval Application Request.																													
By: <u></u> Date: <u>7/1/2019</u> <div style="text-align: center; margin-top: -10px;">County Administrator or Designee</div>																													



DOUGLAS A. DUCEY
GOVERNOR

ALBERTO GUTIER
DIRECTOR
GOVERNOR'S HIGHWAY SAFETY REPRESENTATIVE

DATE: June 6, 2019

TO: Sheriff Mark Napier
Pima County SD
1750 East Benson Highway
Tucson, Arizona 85714

FROM: Alberto Gutier, Director
Governor's Highway Safety Representative
Governor's Office of Highway Safety

TRANSMITTAL: Change Order Number: 2019-67
Effective Date: June 6, 2019
Revision Number: 001
Project Coordinator: Renee Bracamonte
Contract Number: 2019-405h-015
Program Area: 405h

NARRATIVE:

The purpose of this Change Order is to add additional funds to Personnel Services and ERE for Pedestrian and Bicycle Safety. Pima County SD will conducted several specific deployments within identified problematic areas of Pima County.

There is a \$10,000.00 increase in Federal funds because of this Change Order.

Contract Number: 2019-405h-015
Change Order Number: 2019-67

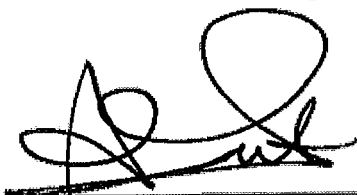
ESTIMATED COSTS:

	<u>From</u>	<u>To</u>
I. Personnel Services (includes overtime)	\$14,286.00	\$21,429.00
II. Employee Related Expenses (ERE 40%)	\$5,714.00	\$8,571.00
III. Professional and Outside Services	\$0.00	\$0.00
IV. Travel In-State	\$0.00	\$0.00
V. Travel Out-of-State	\$0.00	\$0.00
VI. Materials and Supplies	\$0.00	\$0.00
VII. Capital Outlay	\$0.00	\$0.00
TOTAL ESTIMATED COSTS	<u>\$20,000.00</u>	<u>\$30,000.00</u>

*Includes all applicable training, tax, freight, and advertising costs. The GOHS reserves the right to limit reimbursement of Employee Related Expenses from zero (0) to a maximum rate of 40 percent. This is the maximum ERE amount to be reimbursed. It is agreed and understood that the Pima County SD shall absorb any and all expenditures in excess of \$30,000.00.

AGREEMENT AND AUTHORIZATION TO PROCEED

by State Official responsible to the Governor for the
administration of the State Highway Safety Agency.



Alberto Gutier, Director
Governor's Highway Safety Representative
Governor's Office of Highway Safety

6-6-19
Date

PIMA COUNTY

Chairman, Board of Supervisors

Date

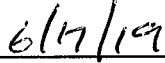
Clerk of the Board

Date

APPROVED AS TO FORM



Deputy County Attorney



Date