



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: 8/6/2019

* = 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 Sheriff's Department, County Attorney's Office and Adult Probation Office to facilitate, support and enhance collaborative drug control efforts throughout Arizona. According to the HIDTA Financial Manager, indirect costs are not allowed for the Southwest Border HIDTA-Arizona.

***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; monthly billings.

***Retroactive:**

Per ONDCP IGA, retroactive to 6/10/2019

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: _____

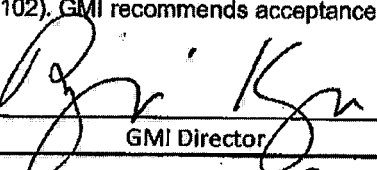
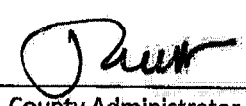
Prior Contract No. (Synergen/CMS): _____

☐ 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*68Effective Date: 01/01/19 Termination Date: 12/31/20 Amendment Number: 1☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ 16,124.00***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 GovernmentContact: Toni RobinsonDepartment: Sheriff Telephone: 351-3185Department Director Signature/Date: Julia Jones 6/25/2019Deputy County Administrator Signature/Date: C. Deuelbary 7/18/19County Administrator Signature/Date: _____
(Required for Board Agenda/Addendum Items)

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: 6/26/19
Contact information:	Name: Teresa Wilson	Telephone: (520) 351-6240
Funding opportunity title:	High Intensity Drug Trafficking Areas (HIDTA) Program	
Link to opportunity:	n/a	
Funding agency:	Executive Office of the President - Office of National Drug Control Policy	
Amount to be requested:	\$ 16,124.00	
Due date and time:		
What are you going to spend the money on?	Additional funding to cover benefits for Sheriff's Department and County Attorney staff assigned to the grant. Grant #G19SA0002A	
What will be the benefit to Pima County?	Increase public safety, reduce drug trafficking activities, remove and/or prevent illegal drugs 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 <input checked="" type="checkbox"/> need help understanding indirect costs Indirect costs are not allowable	
By: <u>[Signature]</u>	Date: <u>6/26/19</u>	
Department Director or Designee		

GRANT COST/BENEFIT ANALYSIS To be completed by GMI staff	
CFDA No.	95.001
Competitive Criteria:	Limited to designated High-Intensity Drug Trafficking areas designated by Congress. Pima County is designated as a HIDTA. This supplement was awarded to cover costs associated with benefits.
Other Factors:	All law enforcement entities that receive grant funds must report all methamphetamine laboratory seizure data to the National Clandestine Laboratory Database/National Seizure System. Subawards must comply with the Suspension and Debarment provision set forth in 2 CFR Part 180.
Number of Awards:	29 Total amount to be awarded: \$ 264,000,000.00
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.):	Federal Financial Reports required to be submitted quarterly to HHS quarterly and within 90 days after the grant is closed out. If the total amount of active grants exceeds \$10,000,000 at any time during the period of performance, this must be reported in FAPIIS. Performance goals must be reported at least quarterly using the ONDCP's Performance Management Process (PMP). Indirect costs not allowed per HIDTA Financial Manager (email attached). Funds may not be used to supplant local funds; Dept. is aware, and complies with this by ensuring relevant personnel costs are only charged to the grant fund and are not commingled with general funds.
<div style="display: flex; justify-content: space-between;"> <div> Will this project require additional office/project space? Will this project require staff time that cannot be paid for by the grant? Will your project require any equipment items over \$5,000 per item? Does the proposal use a fixed price contract? Is this project subject to Human Subjects compliance? Does this project involve subrecipients? Is there a Statutory Funding Preference from the funding agency? </div> <div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div>	
Allowable Indirect Rate: 0 _____ If Indirect is not allowed, attach documentation.	
List any other proposal or funder specific requirements:	Pg. 6 of grant agreement: Any variation from the description of activities approved by ONDCP must comply with reprogramming requirements set forth in ONDCP's HIDTA Program Policy and Budget Guidance. If County ceases to participate in HIDTA, equipment purchased with HIDTA must be given back to the HIDTA's Executive Board for use by other HIDTA participants. Any interest earned above \$500 must be remitted to HHS at least annually.
GMI notes & recommendations: This is a \$16,124 supplement to \$1,052,136 awarded in April 2019 and accepted by the BOS 5/21/2019 (GTAW 19*102). GMI recommends acceptance of this supplemental award.	
By: <u></u> Date: <u>6/30/19</u> <div style="text-align: center;">GMI Director</div>	
County Administrator Approval Request	
Approved: <u> ✓ </u> Not Approved: _____ 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;">County Administrator or Designee</div>	

Toni Robinson

From: Pam Gill <pgill@azhidta.org>
Sent: Wednesday, April 3, 2019 6:31 PM
To: Toni Robinson
Subject: RE: Indirect Costs for HIDTA

Hi, they are not allowed...

Pam Gill
AZ HIDTA Financial Manager
602-541-0091
5350 N. 48th Street, Suite 225
Chandler, AZ 85226

From: Toni Robinson
Sent: Wednesday, April 3, 2019 3:33 PM
To: Pam Gill
Subject: Indirect Costs for HIDTA

Hi Pam,

Pima County is now requesting indirect costs on our grants. Are indirect costs allowable for HIDTA? And if so, how are they calculated?

Thanks.

Toni Robinson
Principal Finance Accountant
Pima County Sheriff's Department
Toni.Robinson@sheriff.pima.gov
520.351.3185

Executive Office of the President Office of National Drug Control Policy		AWARD Grant	Page 1 of 1
1. Recipient Name and Address Sheriff Mark D. Napier Pima County Sheriff's Department 1750 East Benson Highway Tucson, AZ 85714-1758		4. Award Number: G19SA0002A	
		5. Grant Period: From 01/01/2019 to 12/31/2020	
1A. Subrecipient IRS/Vendor No.	6. Date: 6/10/2019	7. Action Initial <input checked="" type="checkbox"/> Supplemental	
Subrecipient Name and Address	8. Supplement Number 1		
2A. Subrecipient IRS/Vendor No.:	9. Previous Award Amount:	\$1,052,136.00	
3. Project Title	10. Amount of This Award:	\$16,124.00	
	11. Total Award:	\$1,068,260.00	
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 113-164			
AGENCY APPROVAL		RECIPIENT ACCEPTANCE	
14. Typed Name and Title of Approving Official Shannon Kelly National HIDTA Director		15. Typed Name and Title of Authorized Official Mark D. Napier Sheriff	
16. Signature of Approving ONDCP Official <i>Michael K. Gottlieb</i>		17. Signature of Authorized Recipient/Date <i>Byron Goodney 6/28/19</i>	
AGENCY USE ONLY			
18. Accounting Classification Code DUNS: 781693049 EIN: 1866000543B7		19. HIDTA AWARD OND1070DB1718XX OND6113 OND2000000000 OC 410001 JID: 63856	

PIMA COUNTY

Chairman, Board of Supervisors

Date

Clerk of the Board

Date

APPROVED AS TO FORM AND LEGAL AUTHORITY:

Deputy County Attorney

Date