

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 ☐ Amendment

Document Type: GTAW Department Code: PR Grant Number (i.e., 15-123): 20*001

Effective Date: 7/01/2019 Termination Date: 6/30/2020 Amendment Number: _____

☒ Match Amount: \$ 100,000.00 ☒ Revenue Amount: \$ 100,000.00***All Funding Source(s) required:**Bert W. Martin Foundation***Match funding from General Fund?** ☐ Yes ☒ No If Yes \$ _____ % _____***Match funding from other sources?** ☒ Yes ☐ No If Yes \$ 100,000.00 % _____***Funding Source:** Special Revenue Fund***If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?** N/AContact: Robert PadillaDepartment: Natural Resources, Parks and RecreationTelephone: 520-724-5235

Department Director Signature/Date: _____

Robert Padilla 7/1/19

Deputy County Administrator Signature/Date: _____

[Signature] 7/15/19

County Administrator Signature/Date: _____

[Signature] 7/15/19*(Required for Board Agenda/Addendum Items)*