



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

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: November 5, 2019

** = Mandatory, information must be provided*

or Procurement Director Award ☐

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

Arizona Department of Education - Individuals with Disabilities Education Act (IDEA)

***Project Title/Description:**

Special Education Funding

***Purpose:**

The IDEA Grant funding will give support to our Special Education students through one-on-one tutoring and completion of all required documents for state and federal compliance.

Indirect Cost: 10.05% for personnel costs.

***Procurement Method:**

Not applicable

***Program Goals/Predicted Outcomes:**

The IDEA Grant funding will give support to our Special Education students through one-on-one tutoring and completion of all required documents for state and federal compliance.

***Public Benefit:**

To provide age appropriate (16-21) student residents of Pima County the access to Special Education services at Pima Vocational High School.

***Metrics Available to Measure Performance:**

Documentation of one-on-one tutoring and completion of all required documents for state and federal compliance.

***Retroactive:**

Yes, school has been utilizing alternative funding source prior to grant approval to cover Special Education services. If not approved, Special Education budget will be negatively impacted and services provided to students will have to be reduced.

G.M. Approval 10/31/19 *MS*
Revised 9/2019

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 22-10.***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: GTAW Department Code: CS Grant Number (i.e., 15-123): 20*047Effective Date: 07/01/2019 Termination Date: 06/30/2020 Amendment Number: _____☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ 15,881.37***All Funding Source(s) required:** Arizona Department of Education***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)?**

Funds are passed through AZED

Contact: Vanessa MendozaDepartment: CSET- Pima Vocational High SchoolTelephone: 520-724-9915

Department Director Signature/Date: _____

10-31-19

Deputy County Administrator Signature/Date: _____

31 October 2019


County Administrator Signature/Date: _____

(Required for Board Agenda/Addendum Items)

10/31/2019

GRANT APPLICATION APPROVAL REQUEST

Instructions: Fill out the top section of this form completely. Contact the program Grants Management & Innovation (GMI) team if you require assistance (724-2240). E-mail our completed request to: BM@pima.gov. Your request will be reviewed by County Administration for review. Notification of approval/rejection should be submitted at least 15 business days prior to the application submission deadline. AEA's procedure.

Requesting department or entity:	CSET	Date: 9/20/19
Contact Information:	Name: Michele	Telephone: 724-9737
Funding opportunity title:	IDEA	
Link to opportunity:	There is no NOFO, only an 1 page attachment with assurances/requirements.	
Funding agency:	Arizona Department of Education	
Amount to be requested:	\$ 15,881.37	
Due date and time:	5/1/2019	PM
What are you going to spend the money on?	<p>The IDEA funding will give support to our Special Education students through one-on-one tutoring and completion of all required documents for compliance.</p> <p>FY20 funding=\$15,881.37</p> <p>Carry over = \$39,299.75</p>	
What will be the benefit to Pima County?	<p>The funding from the IDEA grant will provide additional services to our Special Education students in order to complete the requirements for a high school diploma.</p>	
Indirect costs ~ check one:	<input checked="" type="checkbox"/> I will be requesting indirect costs. Indirect-cost rate to be requested: 10.05 % <input type="checkbox"/> I have attached a request for waiver of indirect costs (GMI Intranet) <input type="checkbox"/> I need help understanding indirect costs	
By: 	Date: 10-2-19	
Department Director or Designee		

GRANT COST/BENEFIT ANALYSIS To be completed by GMI staff															
CFDA No.	84.027A														
Competitive Criteria:	Pima Vocational High School has already applied and won grant funding under IDEA Consolidated, the Individuals with Disabilities Education Act (IDEA) program.														
Other Factors:															
Number of Awards:	N/A														
Total amount to be awarded:															
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.):	This program falls under 2CFR-200, with very few and non burdensome "assurances" spelled out in a 1 page "Assurances" document. These assurances mainly consist of being in good standing and establishing policies and procedures which comply with national the National Disabilities Act.														
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 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="width: 35%;"> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;"><input type="checkbox"/> Yes</td><td style="text-align: center;"><input checked="" type="checkbox"/> No</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/> Yes</td><td style="text-align: center;"><input checked="" type="checkbox"/> No</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/> Yes</td><td style="text-align: center;"><input checked="" type="checkbox"/> No</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/> Yes</td><td style="text-align: center;"><input checked="" type="checkbox"/> No</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/> Yes</td><td style="text-align: center;"><input checked="" type="checkbox"/> No</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/> Yes</td><td style="text-align: center;"><input checked="" type="checkbox"/> No</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/> Yes</td><td style="text-align: center;"><input checked="" type="checkbox"/> No</td></tr> </table> </div> </div>		<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
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<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No														
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No														
Allowable Indirect Rate: <u>10</u> If Indirect is not allowed, attach documentation.															
List any other proposal or funder specific requirements:															
GMI notes & recommendations: This is a standard educational program with non-burdensome requirements. I recommend approval of this grant. Completed by Josh Cohn															
By: _____ Date: <u>10/15/19</u>															
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: _____ Date: <u>10/16/2019</u>															
County Administrator or Designee															