



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

☐ Award   ☐ Contract   ☒ Grant

Requested Board Meeting Date: 1/14/2020

\* = 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. This supplement is for the purchase of a 4-seat Utility Terrain Vehicle to replace an aging one. 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 supplement, retroactive to 10/31/19

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**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): \_\_\_\_\_

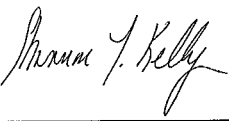

☐ Expense or ☐ Revenue ☐ Increase ☐ Decrease Amount This Amendment: \$ \_\_\_\_\_Is there revenue included? ☐ Yes ☐ No If Yes \$ \_\_\_\_\_**\*Funding Source(s) required:**Funding from General Fund? ☐ Yes ☐ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_**Grant/Amendment Information** (for grants acceptance and awards) ☐ Award ☒ AmendmentDocument Type: GTAM Department Code: SD Grant Number (i.e., 15-123): 20\*21Effective Date: 01/01/19 Termination Date: 12/31/20 Amendment Number: #2☐ Match Amount: \$ \_\_\_\_\_ ☒ Revenue Amount: \$ 14,058.00**\*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 Government

Contact: Toni RobinsonDepartment: SheriffTelephone: 351-3185Department Director Signature/Date: Julia Guts 11/26/2019

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

County Administrator Signature/Date: C. Brubaker 12/3/19*(Required for Board Agenda/Addendum Items)*

<b>Executive Office of the President Office of National Drug Control Policy</b>		<b>AWARD Grant</b>	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: 10/31/2019	7. Action  Initial  <input checked="" type="checkbox"/> Supplemental	
Subrecipient Name and Address	8. Supplement Number 2		
2A. Subrecipient IRS/Vendor No.:	9. Previous Award Amount:	\$1,068,260.00	
3. Project Title	10. Amount of This Award:	\$14,058.00	
	11. Total Award:	\$1,082,318.00	
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			
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 		17. Signature of Authorized Recipient/Date 	
18. Accounting Classification Code DUNS: 781693049 EIN: 1866000543B7		19. HIDTA AWARD OND1070DB1718XX      OND6113 OND2000000000      OC 410001 JID: 65746	

**PIMA COUNTY**

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**Chairman, Board of Supervisors**

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**Date**

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**Clerk of the Board**

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**Date**

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

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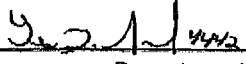
**Deputy County Attorney**

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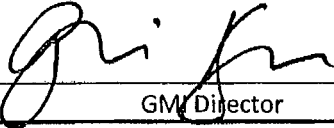

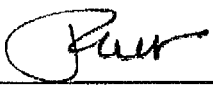
**Date**

## 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](mailto: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: 12/4/19
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:	\$ 14,058.00	
Due date and time:		
What are you going to spend the money on?	<p>Additional funding to cover benefits for Sheriff's Department and County Attorney staff assigned to the grant.</p> <p>Grant #G19SA0002A - Supplement #2</p> <p>Original amount: \$1,052,136.00          Supplement #1: \$ 16,124.00          Supplement #2: \$ 14,058.00</p>	
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 need help understanding indirect costs <input checked="" type="checkbox"/> Indirect costs are not allowable	
By: <u></u>		Date: <u>12/4/19</u>
Department Director or Designee		

**GRANT COST/BENEFIT ANALYSIS****To be completed by GMI staff**

CFDA No.	95.001
Competitive Criteria:	Office of National Drug Control Policy administers HIDTA program at the national level; but each High Intensity Drug Trafficking Area region is governed by an executive board that plans and executes operations to confront the threats in its region. There are six types of HIDTA initiatives: enforcement, intelligence, support, prevention/treatment, management, coordination.
Other Factors:	No details are available regarding eligibility, grant activities, or budget.
Number of Awards:	Total amount to be awarded: \$ 14,058.00
Match Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No If required what is the amount/percent: _____
Terms Notes (e.g. unusual restrictions, reporting burdens, etc.):	Property acquired with these HIDTA grant funds is to be used for activities of the SWB - Arizona HIDTA; if agency/department no longer participates in HIDTA activities, property must be made available to executive board. All methamphetamine laboratory seizure data must be reported to Nat'l Clandestine Laboratory Database. Supplanting of state/local funds not allowed. Special accounting/control procedures must govern use HIDTA funds for confidential expenditures as described in HIDTA Program Policy and Budget Guidance (attached).
Will this project require additional office/project space?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will this project require staff time that cannot be paid for by the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will your project require any equipment items over \$5,000 per item?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the proposal use a fixed price contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this project subject to Human Subjects compliance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this project involve subrecipients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a Statutory Funding Preference from the funding agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allowable Indirect Rate:	0 _____ If Indirect is not allowed, attach documentation.
List any other proposal or funder specific requirements:	Indirect costs not allowable (email attached). All entities that receive funds from this award are responsible for achieving performance goals established in the HIDTA Performance Management Process (PMP); must report progress at least quarterly. Advance or reimbursement requests must be made through HHS/DPM system. Payments made electronically to recipient's bank account which must be interest bearing. Accrued interest up to \$500 may be used for administrative purposes.
GMI notes & recommendations: This is a second supplement award of \$14,058.00; total award is \$1,082,318.00; Sheriff's Department indicated on the BOS-AIR form for 12/17/2019 BOS meeting that the funds are to be used to replace a 4-seat utility terrain vehicle. AD	
By: 	Date: 1/6/2020
GMI Director	
<b>County Administrator Approval Request</b>	
Approved:  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: 1/6/2020
County Administrator or Designee	