

## 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  $\Box$ 

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

Arizona Companion Animal Spay and Neuter Committee

#### \*Project Title/Description:

AZ Companion Animal Free Roaming Cat Spay/Neuter

#### \*Purpose:

Provide caregivers of feral and homeless cats with help to control the population of these cat colonies through Trap-Neuter-Return services, medical care assistance, and trap loans.

#### \*Procurement Method:

Not applicable--grant award

#### \*Program Goals/Predicted Outcomes:

Grant funding will help underwrite sterilization surgeries and associated medical care. Long term, these services will reduce the population of feral and homeless cats and reducing PACC's intake and cat euthanasia rates. With this grant, PACC expects to be able to perform 200 spay/neuter surgeries.

#### \*Public Benefit:

PACC's TNR program reduces the numbers of free-roaming cats in the county and reduces the public's cost of providing services to/for these animals, including reducing the cost of housing them at PACC.

#### \*Metrics Available to Measure Performance:

Number of surgeries completed with these grant funds; Data from PACC on services provided to feral and homeless cats, including metrics on changes in size of these communities; Data from PACC on cat intake and euthanasia rates during the reporting period.

#### \*Retroactive:

No, PACC will wait until the grant is approved before charging expenditures to it.

NO9729WO9727PCCLKTF ED.

Contract / Award Information	<u>on</u>				
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) require	d:				
Funding from General Fund?	OYes ONo If Yes \$	%			
Contract is fully or partially full If Yes, is the Contract to a v		☐ Yes ☐ No			
Were insurance or indemnity	clauses modified?	☐ Yes ☐ No			
If Yes, attach Risk's approv	al.				
Vendor is using a Social Secu	ırity Number?	Yes No			
	If Yes, attach the required form per Administrative Procedure 22-10.				
Amendment / Revised Awar					
		Contract Number (i.e.,15-123):			
		AMS Version No.:			
Effective Date:					
		Prior Contract No. (Synergen/CMS):			
○ Expense or ○ Revenue	○Increase ○Decrease	Amount This Amendment: \$			
Is there revenue included?		/es\$			
*Funding Source(s) require	d:				
Funding from General Fund?	OYes ○No If Y	/es\$ %			
Grant/Amendment Informat	ion (for grants acceptance and	awards)			
Document Type: GTAW	Department Code: PAC	Grant Number (i.e.,15-123): 20*71			
Effective Date: 10/1/2019	Termination Date: 9/30/	2020 Amendment Number:			
☐ Match Amount: \$ ☐ Revenue Amount: \$ 10,000.00					
	ired: Arizona Companion Animal				
Air r unumg Source(s) requ	illed. Anzona companion Anima	Spay Neuter Committee			
*Match funding from Genera	al Fund? ○Yes ●No If `	/es \$%			
*Match funding from other s	sources? OYes No If	/es\$%			
*Funding Source: Ariz	ona Pet License Plate Fund				
	ed, is funding coming directly sed through other organizatio				
Contact: Sarah Aguilar		·			
Department: PACC	./ 1	/ Telephone: 520-724-5261			
Department Director Signatu	ire/Date: 1700	asso a			
Deputy County Administrato	r Signature/Date:	5 ten 1010			
County Administrator Signat		Melocy 1/0/2000			
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# ARIZONA COMPANION ANIMAL SPAY/NEUTER COMMITTEE P O BOX 6772 PHOENIX, AZ 85005

December 20th, 2019

Lisa Shafer Pima County Animal Care Center 4000 N Silver Bell Road Tucson, AZ 85745

Dear Humane Agency:

The Arizona Companion Animal Spay/Neuter Committee has reviewed all grant applications. Seventy-Four (74) programs will benefit from the \$432,165 disbursed for the 2019-2020 Grant Period. You have been selected to receive grant funds restricted to increasing spay and neuter efforts in your community in the amount of \$10,00.00 for your Community Cat Spay/Neuter program. These funds must be used for spay/neuter surgeries only.

These grant funds were made available from the support and sales of the Arizona Companion Animal Spay and Neuter Pet Friendly License Plates. As such, we ask you to promote the Spay and Neuter License Plates through newsletters, websites, and media events. We encourage you and your staff to purchase the plates for your vehicles, too. The 2017 tax year was the first year that the State of Arizona allowed tax payers to donate to this fund via their tax forms, please inform your community and encourage them to do so.

The first report of grant expenditures must be post-marked no later than May 30, 2020 or within thirty (30) days of full expenditure, whichever comes first. All funds must be expended by August 15, 2020. A final follow up report must be post-marked by August 15, 2020 and all unspent grant dollars must be returned with your final report.

When reporting, please include copies of your license plate promotional materials, your voucher/coupon, if any, and a detailed expense and animal data report separating these funds from additional funds and activities (co-pays, agency funded, donor funded). A reporting worksheet is enclosed for your convenience. Future grant opportunities do depend on the timeliness and thoroughness of your report.

The Arizona Companion Animal Spay/Neuter Committee will be placing your contact person information on the AZPETPLATES.ORG web site as agreed at the time of application. The information you provided on your application will be used unless you prefer to provide us with a different contact person. Your organization/agency name, website address, street address, contact person name, telephone number, and email address may also be posted on the website. Please send any updates to info@azpetplates.org.

Congratulations on your award!

Annette Lagunas Arizona Companion Animal Spay/Neuter Committee

Enclosure (2)

### **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: <a href="mailto:GMI@plma.gov">GMI@plma.gov</a>. 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:	Pima Animai Care Center	Date: 8/12/19		
Contact information:	Name: Kristen Hassen	Telephone: (520) 247-7991		
Funding opportunity title:	Free Roaming (Feral) Spay/Neuter ProgramTNR			
Link to opportunity:	http://www.azpetpiates.org/funding-guidelines.cfm			
Funding agency:	Arizona Companion Animai Spay & Neuter Committee			
Amount to be requested:	\$ 10,000.00			
Due date and time:	8/31/2019	Select One		
What are you going to spend the money on?	Neuter Return (TNR) services. This progr community cats from entering properties	Introl the population of their colonies through Trap cam provides information and supplies to deter where they are unwanted. The Community Cat County's under-served communities to identify cat ne who is caring for a colony.		
What will be the benefit to Pima County?	with when many pupples and kittens are housing, sterilization, and medical treatm of animals surrendered to PACC correlat sterilization. These ares, zip codes 8570	heir peak each year in the summer, which coincides born. These generate substantial costs to PACC for ent for these animals. High birth rates and number is with areas that have shortages of affordable 5, 85706, 85713, and 85714, would receive the most er Release) sterilization program if awarded.		
Indirect costs – check one:	I will be requesting indirect costs. In I have attached a request for waive I need help understanding indirect	r of indirect costs (GMI Intranet)		
By: Department Director or Designee Date: 8/19/19				

GRANT COST/BENEFIT ANALYSIS  To be completed by GMI staff			
CFDA No. N/A			
Competitive Criteria:	Geographic need, community resources, demonstrated ability to manage grant effectively, impact on animal & human population to be served		
Other Factors:	asks for specifics & clear concise responses. Only Complete applications considered. Guidelines say the quality of application is a statement about the org and its ability to administer program		
Number of Awards:	not known Total amount to be awarded:		
Match Required: Yes ✓ No if required what is the amount/percent:			
Terms Notes (e.g. unusual restrictions, reporting burdens, etc.):	Required Enclosures: 1) Organization & Exec/Mgmnt Staff in charge of project 2) Letter signed by Exec verifying vets on project have/maintain AZ Vet License through project 3) Govt agency to provide budget line item for animal care/control &/or dept budget 4) Letter from appropriate official guaranteeing funds will be used for requested purpose 5) Project Coordinator name, phone, email to be published on the website		
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?  Yes  No  Yes  No  Yes  No			
Allowable Indirect Rate	e: Not allower If Indirect is not allowed, attach documentation.		
List any other proposal or funder specific requirements:	The committee disburses min. of 90% of raised funds acquired 7/1/18-6/30/9. Awards can be given to multiple orgs & orgs can apply for more than one program. Requires four copies of each application (must be separate for each project being applied for).  Accurate record keeping/accounting imperative. Site visitation by representative of committee for consideration of funding.		
GMI notes & recommendations:			
Prepared by RL Recommend Approval			
By: Sale: 8/21/19			
County Administrator Approval Request			
Approved: Not Approved: Subject to Further Review:YesNo			
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: 8 Z1 2019  County Administrator or Designee			