



BOARD OF SUPERVISORS AGENDA ITEM REPORT

CONTRACTS / AWARDS / GRANTS

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: 3/17/2020

** = 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 deobligating of funds is due to the vacant/unfilled financial investigator position at the end of grant cycle.

***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; no metrics available

***Retroactive:**

Per ONDCP IGA, retroactive to 1/7/2020

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*33Effective Date: 01/01/2018 Termination Date: 12/31/2019 Amendment Number: #5☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ (44,535.83)***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: Juanita Gots 2/27/2020

Deputy County Administrator Signature/Date: _____

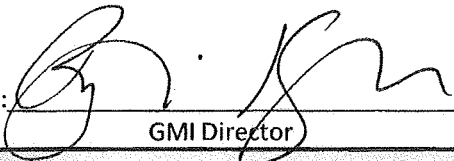
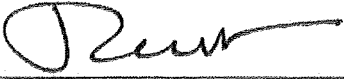
County Administrator Signature/Date: C. D. Dumbauld 3/3/2020
(Required for Board Agenda/Addendum Items)

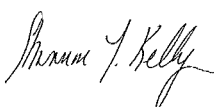

GRANT APPLICATION APPROVAL REQUEST

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: 1/29/20
Contact information:	Name: Teresa Wilson	Telephone: (520) 351-6240
Funding opportunity title:	High Intensity Drug Trafficking Areas (HIDTA) Program - 95.001	
Link to opportunity:	n/a	
Funding agency:	Executive Office of the President Office of National Drug Control Policy	
Amount to be requested:		
Due date and time:		
What are you going to spend the money on?	Returning unspent funds - (\$44,535.83). Grant period has ended.	
What will be the benefit to Pima County?	n/a	
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 type="checkbox"/> need help understanding indirect costs N/A - returning unspent funds	
By: <u></u>	Date: <u>1/29/2020</u>	
Department Director or Designee		

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

CFDA No.	95.01		
Competitive Criteria:	Unspent grant funds for HIDTA 28 are being returned as a result of a position becoming vacant and remaining unfilled at the close of the program period.		
Other Factors:			
Number of Awards:	Total amount to be awarded:		
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.):			
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 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: _____ If Indirect is not allowed, attach documentation.			
List any other proposal or funder specific requirements:			
GMI notes & recommendations: AD			
By: 		Date: 2/24/2020	
GMI Director			
County Administrator Approval Request			
Approved: <input checked="" type="checkbox"/> 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: 2/24/2020	
County Administrator or Designee			

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: G18SA0002A	
		5. Grant Period: From 01/01/2018 to 12/31/2019	
2. Total Amount of the Federal Funds Obligated: \$965,903	6. Federal Award Date: 1/7/2020	7. Action Initial <input checked="" type="checkbox"/> Supplemental	
2A. Budget Approved by the Federal Awarding Agency \$965,903	8. Supplement Number 5		
3. CFDA Name and Number: <i>High Intensity Drug Trafficking Areas Program - 95.001</i>	9. Previous Award Amount: \$1,010,438.49		
3A. Project Description <i>High Intensity Drug Trafficking Areas (HIDTA) Program</i>	10. Amount of Federal Funds Obligated by this Action: (\$44,535.83)		
	11. Total Amount of Federal Award: \$965,902.66		
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:115-141			
AGENCY APPROVAL		RECIPIENT ACCEPTANCE	
14. Typed Name and Title of Approving Official Shannon Kelly National HIDTA Director Office of National Drug Control Policy		15. Typed Name and Title of Authorized Official Mark D. Napier Pima County Sheriff's Department	
16. Signature of Approving ONDCP Official 		17. Signature of Authorized Recipient/Date  2/7/2020	
AGENCY USE ONLY			
18. Accounting Classification Code DUNS: 781693049 EIN: 1866000543B7		19. HIDTA AWARD OND1070DB1819XX OND6113 OND2000000000 OC 410001 JID: 66596	

PIMA COUNTY

Chairman, Board of Supervisors

Date

Clerk of the Board

Date

APPROVED AS TO FORM AND LEGAL AUTHORITY:

Deputy County Attorney

Date