



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

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: 6/9/2020

** = 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 to deobligate funding for employees that are on long term military leave. 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 4/7/2020

GM Approved 5-8-20 dls

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.: _____

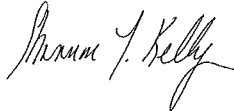

Effective Date: _____ New Termination Date: _____

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*43Effective Date: 01/01/19 Termination Date: 12/31/20 Amendment Number: #3☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ (154,760.00)***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 GovernmentContact: Toni RobinsonDepartment: Sheriff Telephone: 351-3185Department Director Signature/Date: Julia Gates 5/7/2020

Deputy County Administrator Signature/Date: _____

County Administrator Signature/Date: C. R. Ducey 5/8/2020
(Required for Board Agenda/Addendum Items)

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: G19SA0002A	
		5. Grant Period: From 01/01/2019 to 12/31/2020	
1A. Subrecipient IRS/Vendor No.	6. Date: 4/7/2020	7. Action Initial <input checked="" type="checkbox"/> Supplemental	
Subrecipient Name and Address	8. Supplement Number 3		
2A. Subrecipient IRS/Vendor No.:	9. Previous Award Amount:	\$1,082,318.00	
3. Project Title	10. Amount of This Award:	(\$154,760.00)	
	11. Total Award:	\$927,558.00	
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 116-6			
AGENCY APPROVAL		RECIPIENT ACCEPTANCE	
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  FOR BYRON GWALTNEY, CHIEF DEPUTY	
AGENCY USE ONLY			
18. Accounting Classification Code DUNS: 781693049 EIN: 1866000543B7		19. HIDTA AWARD OND1070DB1920XX OND6113 OND2000000000 OC 410001 JID: 67746	

PIMA COUNTY

Chairman, Board of Supervisors

Date

Clerk of the Board

Date

APPROVED AS TO FORM AND LEGAL AUTHORITY:

Deputy County Attorney

Date