

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

○ Award ○ Contract ● Grant	Requested Board Meeting Date: 11/10/2020
* = 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 purchase multi-media equipment for the Pima Regional Training Center. 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:

Yes, per ONDCP supplement, retroactive to 9/23/2020

GM Approved 10. 232020 854/ Revised 5/2020

Constact Award Information		
Document Type: Department Code:	Contract Number (i.e.,15-123):	
Commencement Date: Termination Date:	Prior Contract Number (Synergen/CMS):	
☐ Expense Amount: \$*	Revenue Amount: \$	
*Funding Source(s) required:		
Funding from General Fund?	%	
Contract is fully or partially funded with Federal Funds?  If Yes, is the Contract to a vendor or subrecipient?	☐ Yes ☐ No	
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		
	Contract Number (i.e. 15 123):	
Document Type: Department Code: Amendment No.:		
	AMS Version No.:	
Commencement Date:		
Officers of Observer Observer Observer	Prior Contract No. (Synergen/CMS):	
Expense or Revenue Increase Decrease		
	Yes \$	
*Funding Source(s) required:		
Funding from General Fund?	/es\$ %	
Grant/Amendment Information (for grants acceptance and	awards)	
Document Type: GTAM Department Code: SD	Grant Number (i.e.,15-123): 21*48	
Commencement Date: 01/01/19 Termination Date: 12/31/20 Amendment Number: #6		
☐ Match Amount: \$ ☐ Revenue Amount: \$ 12,314.11		
<u> </u>		
*All Funding Source(s) required: Office of National Drug Cont	rol Policy	
*Match funding from General Fund?	/es\$%	
*Match funding from other sources?	/es\$ %	
*Funding Source:		
*If Federal funds are received, is funding coming directly Federal government or passed through other organization		
Contact: Toni Robinson		
Department: Sheriff	Telephone: 351-3185	
	th 10/22/2020	
Deputy County Administrator Signature/Date:	1	
County Administrator Signature/Date:	wheteur 10/23/2020	
(Required for Board Agenda/Addendum Items)		

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AWARD **Executive Office of the President** Page 1 of 1 Office of National Drug Control Policy Grant 4. Award Number: G19SA0002A Recipient Name and Address Sheriff Mark D. Napier 5. Grant Period: From 01/01/2019 to 12/31/2020 Pima County Sheriff's Department 1750 East Benson Highway Tucson, AZ 85714-1758 7. Action 6. Date: 9/23/2020 1A. Subrecipient IRS/Vendor No. Subrecipient Name and Address 8. Supplement Number 6 Initial X Supplemental 9. Previous Award Amount: 2A. Subrecipient IRS/Vendor No.: \$866,912.52 3. **Project Title** 10. Amount of This Award: \$12,314.11 11. Total Award: \$879,226.63 12. • The above grant is approved subject to such conditions or limitation as are set forth in the original Statutory Authority for Grant: Public Law 116-6 13. 15. Typed Name and Title of Authorized Official 14. Typed Name and Title of Approving Official Mark D. Napier Shannon Kelly National HIDTA Director Sheriff 17. Signature of Authorized Recipient/Date 16. Signature of Approving ONDCP Official Mann J. Kelly 10/8/2020 18. Accounting Classification Code 19. HIDTA AWARD OND1070DB1920XX OND6113 DUNS: 781693049 OND2000000000 OC 410001 EIN: 1866000543B7 JID: 71741

# **PIMA COUNTY**

Chairman, Board of Supervisors	Date
Clerk of the Board	Date
APPROVED AS TO FORM A	ND LEGAL AUTHORITY:
Deputy County Attorney	10/5/20 Date