

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

CAward Contract @ Grant

Requested Board Meeting Date: June 22, 2021

\* = Mandatory, Information must be provided

or Procurement Director Award 🔲

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

Arizona Department of Education - Title II

#### \*Project Title/Description:

Compliance Specialist

#### \*Purpose:

Title II funds will pay for a Compliance Specialist to work with Pima Vocational High School (PVHS) administration in order to maintain full compliance on all required documentation.

The Indirect Cost is 10%.

#### \*Procurement Method:

Not applicable

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

Title II funds will pay for a Compliance Specialist to work with Pima Vocational High School administration in order to maintain full compliance on all required documentation for state educational regulations.

#### \*Public Benefit:

The Compliance Specialist will provide consulting services to Pima Vocational High School in order to maintain compliance with Arizona Department of Education regulations.

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

Consistency of being in good standing by establishing policies and procedures which comply with the National Disabilities Act.

#### \*Retroactive:

No.

Dogument Tyre: Department Code: Contract Number (i.e. 45 422)	
Document Type: Department Code: Contract Number (i.e.,15-123):	
Commencement Date: Prior Contract Number (Synergen/CMS):	
Expense Amount: \$*	······
*Funding Source(s) required:	
Funding from General Fund? CYes CNo 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	; * <u>*</u>
Document Type: Department Code: Contract Number (i.e.,15-123):	
Amendment No.: AMS Version No.:	
Commencement Date: New Termination Date:	
Prior Contract No. (Synergen/C/VIS):	
Prior Contract No. (Synergen/CMS):  C Expense or C Revenue C Increase C Decrease Amount This Amendment: \$	
C Expense or C Revenue C Increase C Decrease Amount This Amendment: \$	<del></del> -
C Expense or C Revenue C Increase C Decrease Amount This Amendment: \$  Is there revenue included? CYes C No If Yes \$	<del></del>
CExpense or CRevenue Cincrease C Decrease Amount This Amendment: \$  Is there revenue included? CYes CNo If Yes \$  *Funding Source(s) required:	
C Expense or C Revenue C Increase C Decrease Amount This Amendment: \$  Is there revenue included? CYes C No If Yes \$	
CExpense or CRevenue Cincrease C Decrease Amount This Amendment: \$  Is there revenue included? CYes CNo If Yes \$  *Funding Source(s) required:  Funding from General Fund? CYes CNo If Yes \$  Grant/Amendment Information (for grants acceptance and awards) CAward CAmendment	
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Expense or Revenue   Cincrease   Decrease   Amount This Amendment: \$  Is there revenue included?   Cyes   No   If Yes \$  *Funding Source(s) required:  Funding from General Fund?   Cyes   Cyes   No   If Yes \$  Grant/Amendment Information (for grants acceptance and awards)   Cyes   C	
CExpense or CRevenue Cincrease C Decrease Amount This Amendment: \$  Is there revenue included? CYes CNo If Yes \$  *Funding Source(s) required:  Funding from General Fund? CYes CNo If Yes \$  Grant/Amendment Information (for grants acceptance and awards) CAward C Amendment  Document Type: GTAW Department Code: CR Grant Number (i.e., 15-123): 21*172	
Expense or € Revenue Clarease € Decrease Amount This Amendment: \$   Is there revenue included? Cyes € No If Yes \$   *Funding Source(s) required:   Funding from General Fund? Cyes € No If Yes \$   Grant/Amendment Information (for grants acceptance and awards) € Award € Amendment Decument Type: GTAW   Department Code: €R Grant Number (i.e., 15-123): 21*172   Commencement Date: 07/01/2021 Termination Date: 09/30/2022   Match Amount: \$ Revenue Amount: \$ 1,497.11	
Expense or C Revenue   C Increase C Decrease   Amount This Amendment: \$   Is there revenue included?   C Yes C No   If Yes \$   Funding Source(s) required:   Funding from General Fund?   C Yes C No   If Yes \$   %	
Expense or   Revenue   Cincrease   Decrease   Amount This Amendment: \$   Is there revenue included?   Cyes   No   If Yes \$   Funding Source(s) required:   Funding from General Fund?   Cyes   C No   If Yes \$   %	
C Expense or C Revenue   C Increase C Decrease   Amount This Amendment: \$ Is there revenue included?   C Yes C No   If Yes \$ *Funding Source(s) required:  Funding from General Fund?   C Yes C No   If Yes \$   %    Grant/Amendment Information (for grants acceptance and awards)   C Award C Amendment   Document Type: GTAW   Department Code: CR   Grant Number (i.e., 15-123): 21*172   Commencement Date: 07/01/2021   Termination Date: 09/30/2022   Amendment Number:     Match Amount: \$   Xevenue Amount: \$ 1,497.11    *All Funding Source(s) required:  *Match funding from General Fund?   C Yes C No   If Yes \$   %    *Match funding from other sources?   C Yes C No   If Yes \$   %    *Match funding from other sources?   C Yes C No   If Yes \$   %    *Match funding from other sources?   C Yes C No   If Yes \$   %    *Match funding from other sources?   C Yes C No   If Yes \$   %    *Match funding from other sources?   C Yes C No   If Yes \$   %    *Match funding from other sources?   C Yes C No   If Yes \$   %    *Match funding from other sources?   C Yes C No   If Yes \$   %	
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C Expense or C Revenue C increase C Decrease Amount This Amendment: \$ Is there revenue included? CYes C No If Yes \$ *Funding Source(s) required:  Funding from General Fund? CYes C No If Yes \$  Grant/Amendment Information (for grants acceptance and awards) C Award C Amendment  Document Type: GTAW Department Code: CR Grant Number (i.e., 15-123): 21*172  Commencement Date: 07/01/2021 Termination Date: 09/30/2022 Amendment Number:  Match Amount: \$  Revenue Amount: \$ 1,497.11  *All Funding Source(s) required:  *Match funding from General Fund? CYes © No If Yes \$  *Match funding from other sources? CYes © No If Yes \$  *Funding Source:  *If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?	
Expense or CRevenue   Cincrease   CDecrease   Amount This Amendment: \$	
Expense or CRevenue   Cincrease   CDecrease   Amount This Amendment: \$	

## Budget

# Pima County (108601000) Charter District - FY 2022 - Medium Risk - ESEA Consolidated - Rev 0 - Title II Improving Teacher Quality

By checking this box the LEA is waiving allocation for this grant and acknowledges that choosing to waive this grant will result in the reallocation of these funds.

Indirect Cost		
Total Allocation	\$1,497.11	
Budgeted Amount	\$1,497.11	
Excludable Costs	\$0.00	
Indirect Cost Rate	10.08%	
Max Indirect Cost based on Budgeted Amount	\$137.09	
Max Indirect Cost based on Total Allocation	\$137.09	

## **Budget By Function Codes**

Object Code	Total
6100 - Salaries	\$0.00
6200 - Employee Benefits	\$0.00
6300 - Purchased Professional Services	\$1,497.11
6400 - Services	\$0.00
6500 - Other Purchased Services	\$0.00
6600 - Supplies	\$0.00

	Remaining	\$0.00
	Adjusted Allocation	\$1,497.11
·	Total	\$1,497.11
0190 - Capital Outlay		\$0.00
6910 - Indirect Cost Recovery		\$0.00
6800 - Other Expenses		\$0.00
6739 - Capital (\$5,000 or Above)		\$0.00
6736 - Capital (\$5,000 or Above)		\$0.00
6733 - Capital (\$5,000 or Above)		\$0.00
6738 - Supplies (Under \$5,000)		\$0.00
6737 - Supplies (Under \$5,000)		\$0.00
6735 - Supplies (Under \$5,000)		\$0.00
6734 - Supplies (Under \$5,000)		\$0.00
6732 - Supplies (Under \$5,000)		\$0.00
6731 - Supplies (Under \$5,000)		\$0.00

### **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:	Community Workforce & Development	Date: 5/4/21
Contact Information:	Name: Leslie Laird-Lynch	Telephone: 724-9015
Funding opportunity title:	Elementary and Secondary Education Act	- Title 11
Link to opportunity:	There is no notice of opportunity funding for this grant	
Funding agency:	Arizona Department of Education	
Amount to be requested:	\$ 1,497.11	
Due date and time:	5/1/2021	Select One
What are you going to spend the money on?	High School (PVHS) admin staff. The comis maintained on all required documentation	mpliance specialist to work with Pima Vocational apliance specialist will ensure that full compliance n.
What will be the benefit to Pima County?	Education.	naintain compliance with the Arizona Deparment of
Indirect costs - check one:	I will be requesting indirect costs. Ind I have attached a request for waiver I need help understanding indirect co	of indirect costs (GMI intranet)
By: Date: 8/4/21  Department Director or Designee		

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GRANT COST/BENEFIT ANALYSIS		
CFDA No. 84.027A	To be completed by GMI staff	
Competitive Criteria:	Pima Vocational High School receives this funding based on the number of 16-17 year old students that were enrolled during the previous school year. Thus, funding is affected by school trends during the pandemic. This is an entitlement grant.	
Other Factors:	Period of performance is 7.1.2021 through 9.30.2022.	
Number of Awards:	Total amount to be awarded:	
Match Required: Y	es 🗹 No If required what is the amount/percent:	
Terms Notes (e.g. unusual restrictions, reporting burdens, etc.):	This program falls under 2CFR-200, with very few burdensome assurances from the "Assurances" agreement document. Assurances worth noting; the requirement to participate in the National Assessment of Educational Progress (a nation-wide school requirement), and the requirement to create written procedures for the program which can be continued from previous years.	
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		
Allowable Indirect Rate: 10 If Indirect is not allowed, attach documentation.		
List any other proposal or funder specific requirements:  Additional requirements include: provide services to eligible children, serve "migratory children," collaborate with state welfare agency, coordinate with other educational services, develop procedures (which can be carried over from previous years).		
GMI notes & recomme	ndations:	
This grant helps to fund a compliance specialist who ensures PVHS compliance with Federal regulations. Josh Cohn DH  By:  GMI Director  Date: 5/13/203/		
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: Date:		