

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

C Award C Contract © Grant	Requested Board Meeting Date: 10/19/2021
* = Mandatory, information must be provided	or Procurement Director Award:
*Contractor/Vendor Name/Grantor (DBA):	
City of Tucson	
*Project Title/Description:	

### \*Purpose:

The Pima County Sheriff's Department (PCSD) utilizes FY2018 JAG funding to support our community outreach programs – Rape Aggression Defense, Dispose-A-Med, Shred-A-Thon, Child Passenger Safety Seat, and Public Service Announcements. This Amendment is to extend the term for twelve (12) months (term end date from 9/30/2021 to 9/30/2022).

#### \*Procurement Method:

**Not Applicable** 

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

To promote and provide law enforcement community outreach programs for the public safety in the communities.

#### \*Public Benefit:

Greater public safety for City and County residents.

2018 Edward Byrne Memorial Justice Assistance Grant (JAG) Program Award

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

Quarterly financial and programmatic reports.

#### \*Retroactive:

Yes. The Sheriff's Department received the approved notification from the City of Tucson on 9/16/2021 and the first available Board Meeting Date is on 10/19/2021.

gui approved 10/5/21 LIS

# THE APPLICABLE SECTION(S) BELOW MUST BE COMPLETED

Click or tap the boxes to enter text. If not applicable, indicate "N/A". Make sure to complete mandatory (\*) fields

Contract / Award Information					
Document Type:	Department Code:			Contract Number (i.e., 15-123):	
Commencement Date:	_ Termina	tion Date:		Prior Contract Number (Synergen/CMS):	
Expense Amount \$	*		Revenue	Amount: \$	
*Funding Source(s) required:					
Funding from General Fund?	`Yes Ĉ No	If Yes\$		%	
Contract is fully or partially funded	with Federal Func	ds? C Yes	○ No		
If Yes, is the Contract to a vendo	or or subrecipient?				
Were insurance or indemnity claus If Yes, attach Risk's approval.	es modified?	C Yes	○ No		
Vendor is using a Social Security N  If Yes, attach the required form per A		C Yes dure 22-10.	Ĉ No →		
Amendment / Revised Award In	<u>formation</u>				
Document Type:	Departme	ent Code:		Contract Number (i.e., 15-123):	
Amendment No.:			AMS Ve	rsion No.:	
Commencement Date:			New Te	rmination Date:	
			Prior Co	ontract No. (Synergen/CMS):	
C Expense C Revenue C I	ncrease C Decr	ease	Amount	t This Amendment: \$	
Is there revenue included?	Yes C No	If Yes \$		t mis Amendment. 3	
*Funding Source(s) required:					
Funding from General Fund?	Yes C No	If Yes \$		%	
Grant/Amendment Information	(for grants accept			C Award  Amendment	
Document Type: GTAM				Grant Number (i.e., 15-123): <u>22*029</u>	
Commencement Date: 10/01/201				Amendment Number: <u>1</u>	
Match Amount: \$			_	mount: \$	
*All Funding Source(s) required:	Federal_IIS D	enartment of I	istice Rurea	u of Justice Assistanceederal / City – City of Tucson	
*Match funding from General Fu			\$	%	
*Match funding from other sour *Funding Source:		No If Yes	\$	%	
*If Federal funds are received, is Passed through – City of Tucson		directly from th	e Federal gov	vernment or passed through other organization(s)?	
Contact: Yuko Jarvis					
Department: Sheriff's Department	<u>ıt</u>		/ .	Telephone: <u>351-6958</u>	
Department Director Signature: $\int$	relia Sat	b 09	130/200	Date:	
Deputy County Administrator Sign	$\mathcal{I}$			Date:	
County Administrator Signature:	00	Kell	ulou	Date: 10/1/21	
		_		/ / / /	

#### **GAM ReadOnly**

#### **Funded Award Details**

Project Title:

Solicitation Title: BJA FY 18 Edward Byrne Federal Award

Memorial Justice

Assistance Grant (JAG) Unpaid Balance:

Program - Local

Solicitation

FY 18 Local JAG Program DUNS:

Project Start Date: 10/1/17

Funding Instrument Type:

Amount:

131954203 866000266

Grant

\$351,998.00

Project End Date 9/30/22

Managing Office: OJP

Program Office: BJA

Grant Manager: tahitia.barringer@ojp.usdoj

.gov

Grant Award

Administrator:

jorge.hemandez@tucsona z.gov

**Project Period Extension** 

Project Period Extension Start Date

Number of Months to extend Project Period

**Extension End Date** 

**Current Project Period** 

Current Start Date 10/01/2017

**Current Completion** 

09/30/2021

**Requested Project Period** 

Project Period Start

Project Period End

10/01/2017

09/30/2022

Total Period of Performance with Requested

Extension Months 60

FAW-29324

## **PIMA COUNTY**

Sharon Bronson, Chair, Board of Supervisors	Date
Attest:	
Julie Castañeda, Clerk of the Board	Date
APPROVED AS TO FORM AND LEGAL AUTHORITY:	
Sulpin	10/1/21
Deputy County Attorney	Date