



Cochise County Board of Supervisors

Public Programs...Personal Service
www.cochise.az.gov

ANN ENGLISH
Chairman
District 2

PATRICK G. CALL
Vice-Chairman
District 1

PEGGY JUDD
Supervisor
District 3

EDWARD T. GILLIGAN
County Administrator

ARLETHE G. RIOS
Clerk of the Board

AGENDA FOR REGULAR BOARD MEETING

Tuesday, May 9, 2017 at 10:00 AM

BOARD OF SUPERVISORS HEARING ROOM
1415 MELODY LANE, BUILDING G, BISBEE, AZ 85603

ANY ITEM ON THIS AGENDA IS OPEN FOR DISCUSSION AND POSSIBLE ACTION

PLEDGE OF ALLEGIANCE

THE ORDER OR DELETION OF ANY ITEM ON THIS AGENDA IS SUBJECT TO MODIFICATION AT THE MEETING

ROLL CALL

Members of the Cochise County Board of Supervisors will attend either in person or by telephone, video or internet conferencing.

The Board may permit public comment during the discussion of any item on this agenda. If you wish to be heard on a specific item, please sign up to be heard using the 'Specific Item' on the speaker form provided, and please list the item about which you wish to be heard. Persons will be permitted three minutes to speak.

Note that some attachments may be updated after the agenda is published. This means that some presentation materials displayed at the Board meeting may differ slightly from the attached version.

CALL TO THE PUBLIC

This is the time for the public to comment. Members of the Board may not discuss items that are not specifically identified on the agenda.

CONSENT

Board of Supervisors

1. Approve letter of support for Payment In Lieu of Tax (PILT) and Secure Rural Schools (SRS) funding to our Senate and House Representatives.
2. Approve the Minutes of the regular meeting of the Board of Supervisors of April 25, 2017.
3. Approve an application for a temporary Extension of Premises liquor license submitted by Mr. Stephen Bruce Woolf for Mescal Bar & Grill located at 70 N. Cherokee Trail, Benson, AZ 85602 on June 24, 2017, for their 10th Anniversary event.

4. Approve Amendment 1 to the Memorandum of Understanding (MOU) 2016-162 between the Department of Public Safety and Cochise County in the additional amount of \$41,600 to be used for prosecutorial and jail expenses incurred from individuals charged with drug trafficking, human smuggling, illegal immigration and other border related crime for the period of July 1, 2016 to June 30, 2017.

County Attorney

5. Approve the proposed settlement of the Tax Appeal in Paul Randall Bays, v. Cochise County, ST2016-000081, now pending in Arizona Tax Court, a division of the Superior Court of and for Maricopa County.
6. Approve the proposed settlement of the Tax Appeal in Cochise Pacific Associates AZ, LP, TX2015-000965, now pending in Arizona Tax Court, a division of the Superior Court of and for Maricopa County.
7. Approve the proposed settlement of the Tax Appeal in Cochise Pacific Associates II, LP, TX2016-001275, now pending in Arizona Tax Court, a division of the Superior Court of and for Maricopa County.

Elections & Special Districts

8. Approve the appointment of precinct committee member for the Democratic Party upon the recommendation of the Party Chair, Debbie Hickman, Precinct 41: SV Village Meadows - Victor E. Walker, Jr.

Finance

9. Approve demands and budget amendments for operating transfers.

Health & Social Services

10. Approve Amendment No. 3 ADHS16-109191, Healthy People Healthy Communities, between the Arizona Department of Health Services and Cochise Health & Social Services for the period of 07/01/2017 to 6/30/2018, which provides a new price sheet for 07/01/2017 through 06/30/2018 in the amount of \$643,670.
11. Approve Amendment No. 3 to IGA ADHS14-071556, Sexually Transmitted Disease (STD) Services, between the Arizona Department of Health Services and Cochise Health and Social Services, which adds two report deliverables and approve Purchase Order ADHS14-071556:5 in the amount of \$15,405, which evidences funding for the grant year 1/1/17 – 12/1/17.
12. Approve Amendment No. 4 for Agreement GRA-STATE-16-0785-01-Y2 for Child Care Health Consultant (CCHC) Program funded by First Things First between the Grantor and Cochise Health & Social Services in the additional amount of \$2,240 for the period of 01/1/17 – 06/30/17.

PUBLIC HEARINGS

Board of Supervisors

13. Approve an interim permit/person transfer liquor license application submitted by Mr. Thomas Robert Aguilera, for Turquoise Valley Golf Course & RV Park, located at 1794 W. Newell Street, Naco, AZ 85620.

STATE & FEDERAL LEGISLATION

14. Discussion and possible action regarding state and federal legislative matters, including but not limited to the items in the attached County Supervisors Association Legislative Policy Committee Agenda and the proposed State budget.

REPORT BY EDWARD T. GILLIGAN COUNTY ADMINISTRATOR -- RECENT AND PENDING COUNTY MATTERS

SUMMARY OF CURRENT EVENTS

Report by District 1 Supervisor, Patrick Call

Report by District 2 Supervisor, Ann English

Report by District 3 Supervisor, Peggy Judd

Pursuant to the Americans with Disabilities Act (ADA), Cochise County does not, by reason of a disability, exclude from participation in or deny benefits or services, programs or activities or discriminate against any qualified person with a disability. Inquiries regarding compliance with ADA provisions, accessibility or accommodations can be directed to Chris Mullinax, Safety/Loss Control Analyst at (520) 432-9720, FAX (520) 432-9716, TDD (520) 432-8360, 1415 Melody Lane, Building F, Bisbee, Arizona 85603.

Cochise County Board of Supervisors
1415 Melody Lane, Building G Bisbee, Arizona 85603
520-432-9200 520-432-5016 fax board@cochise.az.gov

Regular Board of Supervisors Meeting

Meeting Date: 05/09/2017

Letter for support of PILT

Submitted By: Arlethe Rios, Board of Supervisors

Department: Board of Supervisors

Presentation: No A/V Presentation

Document Signatures:

Recommendation:

of ORIGINALS

Submitted for Signature:

NAME n/a

TITLE n/a

of PRESENTER:

of PRESENTER:

Mandated Function?:

**Source of Mandate
or Basis for Support?:**

Information

Agenda Item Text:

Approve letter of support for Payment In Lieu of Tax (PILT) and Secure Rural Schools (SRS) funding to our Senate and House Representatives.

Background:

County funding is critically impacted by these two funding sources and it is necessary to urge our representatives to support these funding sources.

Department's Next Steps (if approved):

Impact of NOT Approving/Alternatives:

PILT and SRS funding will be impacted.

To BOS Staff: Document Disposition/Follow-Up:

Email letter directly to Chuck Podolak - Chuck.Podolak@flake.senate.gov

Budget Information

Information about available funds

Budgeted:

Funds Available:

Amount Available:

Unbudgeted:

Funds NOT Available:

Amendment:

Account Code(s) for Available Funds

1:

Fund Transfers

Attachments

No file(s) attached.

Regular Board of Supervisors Meeting

Meeting Date: 05/09/2017

Minutes

Submitted By: Melissa Belasco, Board of Supervisors

Department: Board of Supervisors

Presentation: No A/V Presentation

Document Signatures:

Recommendation:

of ORIGINALS

Submitted for Signature:

NAME n/a

TITLE n/a

of PRESENTER:

of PRESENTER:

Mandated Function?:

**Source of Mandate
or Basis for Support?:**

Information

Agenda Item Text:

Approve the Minutes of the regular meeting of the Board of Supervisors of April 25, 2017.

Background:

Minutes

Department's Next Steps (if approved):

Signed minutes routed for processing and posted on the internet.

Impact of NOT Approving/Alternatives:

n/a

To BOS Staff: Document Disposition/Follow-Up:

Scan to OnBase and File.

Budget Information

Information about available funds

Budgeted:

Funds Available:

Amount Available:

Unbudgeted:

Funds NOT Available:

Amendment:

Account Code(s) for Available Funds

1:

Fund Transfers

Attachments

No file(s) attached.

Board of Supervisors

Regular Board of Supervisors Meeting

Meeting Date: 05/09/2017

Temporary Extension of Premises Liquor License for Mescal Bar & Grill

Submitted By: Rebecca Reynolds, Board of Supervisors

Department: Board of Supervisors

Presentation: No A/V Presentation

Document Signatures:

Recommendation:

of ORIGINALS

Submitted for Signature:

NAME n/a

TITLE n/a

of PRESENTER:

of PRESENTER:

Mandated Function?:

Source of Mandate or Basis for Support?:

Information

Agenda Item Text:

Approve an application for a temporary Extension of Premises liquor license submitted by Mr. Stephen Bruce Woolf for Mescal Bar & Grill located at 70 N. Cherokee Trail, Benson, AZ 85602 on June 24, 2017, for their 10th Anniversary event.

Background:

Mr. Woolf has applied for a temporary Extension of Premises liquor license for Mescal Bar & Grill located at 70 N. Cherokee Trail, Benson, AZ 85602. The temporary extension is for June 24, 2017, for their 10th Anniversary event. The Sheriff's Office has no recommendation and Planning and Zoning has recommended approval of the application for the proposed event. Supporting documentation regarding this liquor license is on file with the Clerk of the Board of Supervisors.

Department's Next Steps (if approved):

Board staff will forward the Board's decision to the ADLLC.

Impact of NOT Approving/Alternatives:

The applicant will not be able to serve liquor outside of the established premises.

To BOS Staff: Document Disposition/Follow-Up:

Board staff will forward the Board's decision to the ADLLC.

Budget Information

Information about available funds

Budgeted:

Funds Available:

Amount Available:

Unbudgeted:

Funds NOT Available:

Amendment:

Account Code(s) for Available Funds

1:

Fund Transfers

Attachments

Application

Departmental Forms



RECEIVED
COCHISE COUNTY
BOARD OF SUPERVISORS

24 JAN 10 59

Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

DLIC USE ONLY

CSR:
Log #:

parcel#
124-15-335A

APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT

OBTAIN APPROVAL FROM LOCAL GOVERNING BOARD BEFORE SUBMITTING TO THE DEPARTMENT OF LIQUOR
Notice: Allow 30-45 days to process permanent change of premise

Permanent change of area of service. A non-refundable \$50. Fee will apply. Specific purpose for change:

Temporary change (No Fee) for date(s) of: 6/24/17 through ___/___/___ list specific purpose for change: 1 Day
to allow drinking at the site of the dunk tank celebrating our 10th anniversary

1. Licensee's Name: Woolf Stephen Bruce License #: 06 02 00 84
Last First Middle

2. Mailing address: 3217 W Acoma Pl. Benson AZ 85602
Street City State Zip Code

3. Business Name: Mescal Bar & Grill

4. Business Address: 70 N. Cherokee Tr. Benson AZ 85602
Street City State Zip Code

5. Email Address: _____

6. Business Phone Number: (520) 586-3905 Contact Phone Number: (520) 400-1236

7. Is extension of premises/patio complete?
 N/A Yes No if no, what is your estimated completion date? ___/___/___

8. Do you understand Arizona Liquor Laws and Regulations?
 Yes No

9. Does this extension bring your premises within 300 feet of a church or school?
 Yes No

10. Have you received approved Liquor Law Training?
 Yes No

11. What security precautions will be taken to prevent liquor violations in the extended area? Cones will be set up to designate perimeter of area where drinking will be extended, staff will supervise to ensure enforcement.

12. IMPORTANT: Attach the revised floor plan, clearly depicting your licensed premise along with the new extended area outlined in black marker or ink. If the extended area is not outlined and marked "extension" we cannot accept the application.

Barrier Exemption: an exception to the requirement of barriers surrounding a patio/outdoor serving area may be requested. Barrier exemptions are granted based on public safety, pedestrian traffic, and other factors unique to a licensed premise. List specific reasons for exemption:

The dumb tank, + the trailer hauling the tank will be a barrier between the driveway traffic + the patrons on the E. Barrier on the S are lg rocks.

Approval Disapproval by DLLC: _____ Date: ____/____/____


Notary

I, (Print Full Name) Stephen B Woolf, hereby declare that I am a **CONTROLLING PERSON/ AGENT** filing this notification. I have read this document and the contents and all statements are true, correct and complete.

X (Signature) *Stephen B Woolf* State of Arizona County of Cochise
Controlling Person / Agent the foregoing instrument was acknowledged before me this

20 of April 2017
Day Month Year

My commission expires on: February 14, 2021



BRIDGET M SCHUBERT
 NOTARY PUBLIC, ARIZONA
 COCHISE COUNTY
 My Commission Expires
 February 14, 2021

Bridget M Schubert
Signature of NOTARY PUBLIC

GOVERNING BOARD

After completion, and **BEFORE submitting to the Department of Liquor**, please take this application to your local Board of Supervisors, City Council or Designate for their recommendation. This recommendation is not binding on the Department of Liquor.

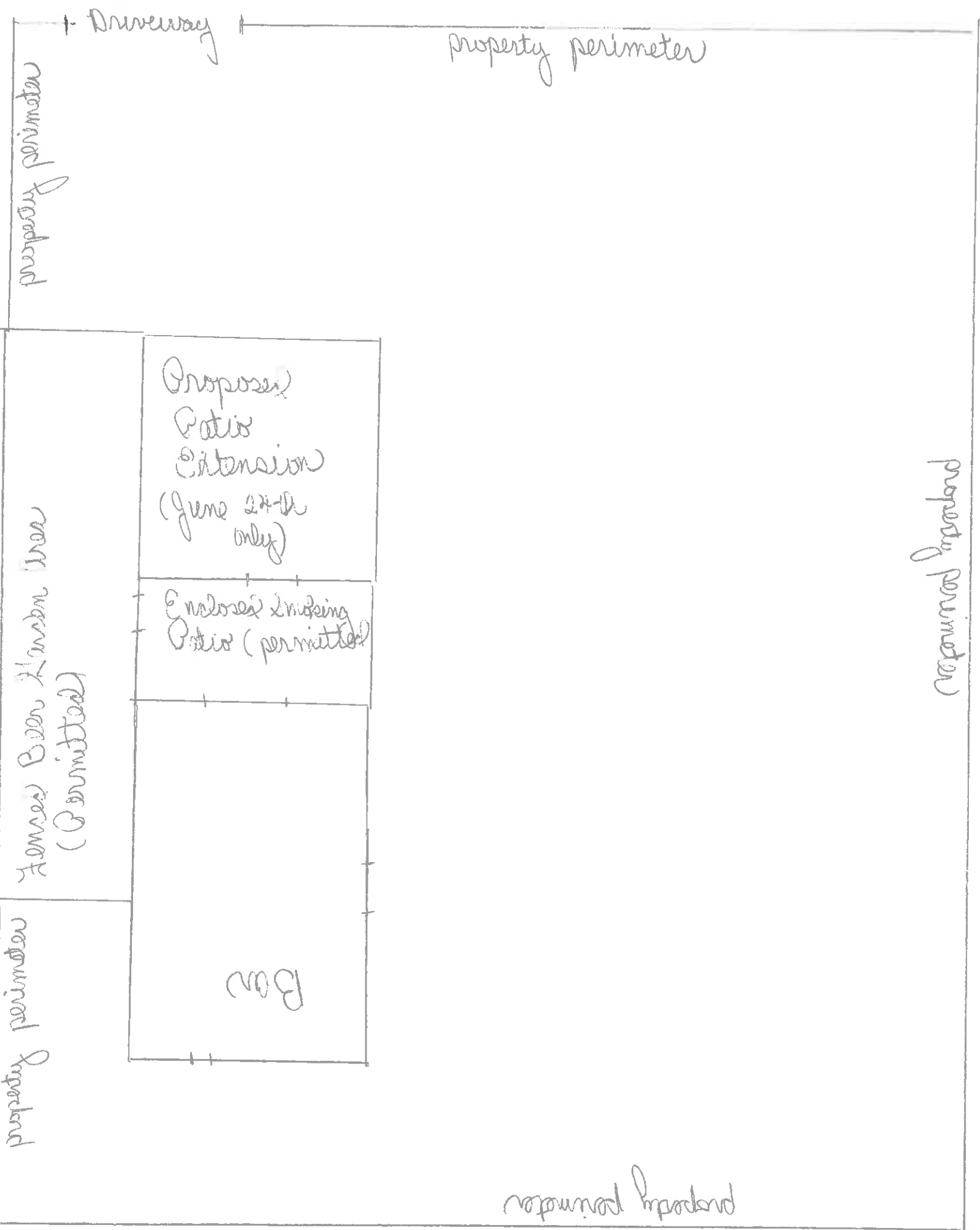
Approval Disapproval

Authorized Signature Title Agency Date

DLLC USE ONLY

Investigation Recommendation: Approval Disapproval by: _____ Date: ____/____/____

Director Signature required for Disapprovals: _____ Date: ____/____/____



property perimeter

property perimeter

property perimeter

property perimeter

Driveway

Fences Been Lumber Used
(Permitted)

Proposed
Patio
Extension
(June 24th
only)

Enclosed & Inking
Patio (permitted)

Bond

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5018

APPLICANT INFORMATION

Applicant Name: Stephen Bruce Woolf Address: 70 N. Cherokee Trail
Business Name: Mescal Bar & Grill City/Zip: Benson/85602
Liquor License #: 06020084 Parcel #: 124-15-335A
Ownership Type: Limited Liability Corporation Temp Ext of Prem. _____
Liquor License Special Event Liquor License
Partner(s): _____

TO BE COMPLETED BY THE SHERIFF'S OFFICE

Please advise if:

1. There have been a significant number of incidents at the named location within five (5) years prior to the application.

If so, please attach pertinent documentation.

Comments: There have not been a significant number of incidents at the named location within the last five (5) years.

Based on the above information, the Sheriff's Office recommendation to the Board of Supervisors is:

Approval Disapproval No Recommendation

Name: Sam Farris

Title: Operations Commander

Signature: 

Date: April 25, 2017

Contact phone: 520-353-6073

Email: sfarris@cochise.az.gov

Return completed form with any attachments by: 5/1/17

Board of Supervisors

Regular Board of Supervisors Meeting**Meeting Date:** 05/09/2017

Amendment 1 to DPS MOU Prosecution and Jail

Submitted By: Arlethe Rios, Board of Supervisors**Department:** Board of Supervisors**Presentation:** No A/V Presentation**Recommendation:** Approve**Document Signatures:** BOS Signature Required**# of ORIGINALS** 2**Submitted for Signature:****NAME** n/a**TITLE** n/a**of PRESENTER:****of PRESENTER:****Mandated Function?:** Not Mandated**Source of Mandate
or Basis for Support?:**

You will use this Agenda Item template if your item involves a Grant (whether a new or renewal grant). You also must attach the Grant Approval Form to the item before Finance will approve it. Select the SPECIAL LINKS on your left-hand menu and Click on "Grant Approval Form". Then complete the form, save it and attach it to your item (on the Attachments tab).

Information**Agenda Item Text:**

Approve Amendment 1 to the Memorandum of Understanding (MOU) 2016-162 between the Department of Public Safety and Cochise County in the additional amount of \$41,600 to be used for prosecutorial and jail expenses incurred from individuals charged with drug trafficking, human smuggling, illegal immigration and other border related crime for the period of July 1, 2016 to June 30, 2017.

Background:

The State of Arizona, administered through the Department of Public Safety, has provided funding in the amount of \$125,000.00 to reimburse for costs incurred due to enforcement, incarceration and prosecution of individuals arrested for smuggling in Cochise County.

This memorandum has been approved as to form by the County Attorney's Office.

Both the County Attorney and the County Sheriff recommend approval of this amendment.

The County Attorney's Office and the Sheriff's Office understand that all reports must be submitted by their offices to the Board office per DPS reporting requirements.

Department's Next Steps (if approved):

Utilize funds as approved to reimburse for costs associated with smuggling.

Impact of NOT Approving/Alternatives:

Cochise County will not be provided with the additional \$41,600 that can be used for the mentioned costs, thereby having to fund these out of the general fund.

To BOS Staff: Document Disposition/Follow-Up:

Please send a signed copy of the amendment to Jenna Mitchell through email at jmitchell@azdps.gov

Budget Information

Information about available funds

Budgeted:

Funds Available:

Amount Available:

Unbudgeted:

Funds NOT Available:

Amendment:

Account Code(s) for Available Funds

1:

Fund Transfers

Attachments

Amendment 1



ARIZONA DEPARTMENT OF PUBLIC SAFETY

2102 WEST ENCANTO BLVD. P.O. BOX 6638 PHOENIX, ARIZONA 85005-6638 (602) 223-2000

"Courteous Vigilance"

DOUGLAS A. DUCEY
Governor

FRANK L. MILSTEAD
Director

February 17, 2017

Ms. Ann English, Chairman
Cochise County Board of Supervisors
1415 Melody Lane, Building G
Bisbee, AZ 85603

RE: Amendment to Memorandum of Understanding - DPS Contract No. 2016-162
Arizona Department of Public Safety, Border Strike Task Force and Cochise County

Dear Chairman English:

Attached is an amendment to the above-referenced Memorandum of Understanding awarding additional funding of \$41,600 to be disbursed as explained in section II. "FUNDING". Please sign where indicated, keeping one original for your records and return the remaining original to the following address for retention purposes:

Criminal Investigations Division
Attn: Major Mitchell
Arizona Department of Public Safety
P.O. Box 6638, Mail Drop 1350
Phoenix, AZ 85005-6638

The effective date is the date upon which all signatures are completed.

Sincerely,

A handwritten signature in black ink that reads "Jenna Mitchell".

Jenna G. Mitchell, Major
Chief of Staff
Criminal Investigations Division

Attachments

wjn

AMENDMENT No. 1
for
MEMORANDUM OF UNDERSTANDING
REGARDING BORDER STRIKE TASK FORCE

DPS Contract 2016-162 is hereby amended, upon mutual agreement of the parties, to read as follows:

I. PARTICIPATION

DPS agrees to provide Cochise County with \$166,600 pursuant to Laws 2016, Chapter 117.

Cochise County agrees to utilize the funding solely for prosecutorial and jail expenses incurred from individuals charged with drug trafficking, human smuggling, illegal immigration and other border related crime.

Cochise County certifies its agencies will comply with A.R.S. §11-1051 to the fullest extent of the law.

II. FUNDING

DPS shall disburse \$166,600 to Cochise County in two payments as follows:

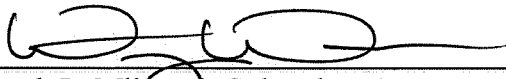
- \$62,500 after October 1, 2016
- \$104,100 after April 1, 2017

III. REPORTING REQUIREMENT

By April 30, 2017, Cochise County shall provide a report to DPS that details actual expenditures, accounting obligations, and planned expenditures of the funds provided by this agreement. The report shall reflect activity as of March 31, 2017. Expenditures, accounting obligations, and planned expenditures shall be reported by the following line items: Personal Services, Employee Related Expenditures, Professional and Outside Services, Travel In-State, Other Operating Expenditures, Capital Equipment, Non-Capital Equipment, and Miscellaneous. The line items shall be as defined by the State of Arizona, as found at <https://gao.az.gov/sites/default/files/SAAM-4c00-20140701.pdf>. The "Miscellaneous" category shall encompass all line items defined by the State of Arizona that are not explicitly listed herein. In addition to the line item reporting, Cochise County shall provide a brief narrative description of the expenditures, obligations, and planned expenditures. The narrative shall explain what was purchased, obligated, and/or planned, what has been accomplished with expenditures to date, and what is planned to be accomplished with future expenditures.

The parties hereto have caused this MOU to be executed by the proper officers and officials.

ARIZONA DEPARTMENT OF PUBLIC SAFETY

By: 

Frank L. Milstead, Colonel *FOR DEPUTY*
Director

Date: 2/17/17

APPROVED AS TO FORM:



Assistant Attorney General

Date: 2/17/17

COCHISE COUNTY

By: _____
Ms. Ann English, Chair
Cochise County Board of Supervisors

Date: _____

Regular Board of Supervisors Meeting

Meeting Date:	05/09/2017		
Approve proposed settlement of a tax appeal			
Submitted By:	Sue Blanchard, County Attorney		
Department:	County Attorney		
Presentation:	No A/V Presentation	Recommendation:	Approve
Document Signatures:	BOS Signature NOT Required	# of ORIGINALS Submitted for Signature:	0
NAME of PRESENTER:	N/A	TITLE of PRESENTER:	N/A
Docket Number (If applicable):			
Mandated Function?:	Not Mandated	Source of Mandate or Basis for Support?:	

Information

Agenda Item Text:

Approve the proposed settlement of the Tax Appeal in Paul Randall Bays, v. Cochise County, ST2016-000081, now pending in Arizona Tax Court, a division of the Superior Court of and for Maricopa County.

Background:

Taxpayer filed a civil action in Arizona Tax Court, seeking a reduction in assessed value for parcel number 105-06-019C for tax year 2017. After inspecting the property, reviewing the taxpayer's documentation and other market factors/comparables, the Assessor agrees that the parcels' classifications and values for Tax Year 2017 should be changed and lowered. The Assessor recommended a settlement offer as follows:

A reduction in full cash value for tax year 2017 from \$1,026,638 to \$600,000.

The taxpayer has accepted the settlement offer.

Fiscal Impact & Funding Sources: Not applicable, no funding sources are required. Fiscal impact will be a reduction in the tax base.

Department's Next Steps (if approved):

Upon approval by the Board, Counsel for the County will sign a stipulation for entry of Judgment that has already been signed by the taxpayer, and will submit a form of Judgment to the Arizona Tax Court disposing of this matter pursuant to the settlement terms.

Impact of NOT Approving/Alternatives:

Additional litigation for the County with the risk that the Court may (1) rule in the taxpayer's favor; (2) order a larger reduction in the assessed value of the subject property; and (3) order the County to pay the Plaintiffs' fees and costs.

To BOS Staff: Document Disposition/Follow-Up:

Advise County Attorney's Office - Civil Division upon Board's approval.

Attachments

No file(s) attached.

Regular Board of Supervisors Meeting

Meeting Date:	05/09/2017		
Approve proposed settlement of a tax appeal			
Submitted By:	Sue Blanchard, County Attorney		
Department:	County Attorney		
Presentation:	No A/V Presentation	Recommendation:	Approve
Document Signatures:	BOS Signature NOT Required	# of ORIGINALS Submitted for Signature:	0
NAME of PRESENTER:	N/A	TITLE of PRESENTER:	N/A
Docket Number (If applicable):			
Mandated Function?:	Not Mandated	Source of Mandate or Basis for Support?:	

Information

Agenda Item Text:

Approve the proposed settlement of the Tax Appeal in Cochise Pacific Associates AZ, LP, TX2015-000965, now pending in Arizona Tax Court, a division of the Superior Court of and for Maricopa County.

Background:

Taxpayers filed a civil action in Arizona Tax Court, seeking a a reduction in assessed value for parcel number 409-25-039 for tax year 2016. After inspecting the property, reviewing the taxpayer's documentation and other market factors/comparables, the Assessor agrees that the parcel's values for Tax Year 2016 should be changed and lowered. The Assessor recommended a settlement offer as follows:

For parcel 409-25-039, a reduction in the full cash value and limited property value from \$2,053,613 to \$1,200,000.

The taxpayer has accepted the settlement offer.

Fiscal Impact & Funding Sources: Not applicable, no funding sources are required. Fiscal impact will be a reduction in the tax base.

Department's Next Steps (if approved):

Upon approval by the Board, Counsel for the County will sign a stipulation for entry of Judgment that has already been signed by the taxpayer, and will submit a form of Judgment to the Arizona Tax Court disposing of this matter pursuant to the settlement terms.

Impact of NOT Approving/Alternatives:

Additional litigation for the County, with the risk that the Arizona Tax Court may rule in the taxpayers' favor, reducing the assessed value of the subject property even more and subjecting the County to paying the Plaintiffs' fees and costs.

To BOS Staff: Document Disposition/Follow-Up:

Advise County Attorney's Office - Civil Division upon Board's approval.

Attachments

No file(s) attached.

Regular Board of Supervisors Meeting

Meeting Date:	05/09/2017		
Approve proposed settlement of a tax appeal			
Submitted By:	Sue Blanchard, County Attorney		
Department:	County Attorney		
Presentation:	No A/V Presentation	Recommendation:	Approve
Document Signatures:	BOS Signature NOT Required	# of ORIGINALS Submitted for Signature:	0
NAME of PRESENTER:	N/A	TITLE of PRESENTER:	N/A
Docket Number (If applicable):			
Mandated Function?:	Not Mandated	Source of Mandate or Basis for Support?:	

Information

Agenda Item Text:

Approve the proposed settlement of the Tax Appeal in Cochise Pacific Associates II, LP, TX2016-001275, now pending in Arizona Tax Court, a division of the Superior Court of and for Maricopa County.

Background:

Taxpayers filed a civil action in Arizona Tax Court, seeking a reduction in assessed value for parcel number 409-25-039 for tax year 2017. After inspecting the property, reviewing the taxpayer's documentation and other market factors/comparables, the Assessor agrees that the parcel's values for Tax Year 2017 should be changed and lowered. The Assessor recommended a settlement offer as follows:

For parcel 409-25-039, a reduction in the full cash value and limited property value from \$2,053,613 to \$1,200,000.

The taxpayer has accepted the settlement offer.

Fiscal Impact & Funding Sources: Not applicable, no funding sources are required. Fiscal impact will be a reduction in the tax base.

Department's Next Steps (if approved):

Upon approval by the Board, Counsel for the County will sign a stipulation for entry of Judgment that has already been signed by the taxpayer, and will submit a form of Judgment to the Arizona Tax Court disposing of this matter pursuant to the settlement terms.

Impact of NOT Approving/Alternatives:

Additional litigation for the County, with the risk that the Arizona Tax Court may rule in the taxpayers' favor, reducing the assessed value of the subject property even more and subjecting the County to paying the Plaintiffs' fees and costs.

To BOS Staff: Document Disposition/Follow-Up:

Advise County Attorney's Office - Civil Division upon Board's approval.

Attachments

No file(s) attached.

Regular Board of Supervisors Meeting

Elections and Special Districts

Meeting Date: 05/09/2017

Approve Appointment of Democratic Precinct Committee Member

Submitted By: Martha Rodriguez, Elections & Special Districts

Department: Elections & Special Districts

Presentation: No A/V Presentation **Recommendation:** Approve

Document Signatures: BOS Signature NOT Required **# of ORIGINALS Submitted for Signature:** 0

NAME of PRESENTER: N/A **TITLE of PRESENTER:** N/A

Docket Number (If applicable):

Mandated Function?: Federal or State Mandate **Source of Mandate or Basis for Support?:** §16-821

Information

Agenda Item Text:

Approve the appointment of precinct committee member for the Democratic Party upon the recommendation of the Party Chair, Debbie Hickman, Precinct 41: SV Village Meadows - Victor E. Walker, Jr.

Background:

Requested by Cochise Democratic Party Chair, Debbie Hickman and verified as eligible by Cochise County Elections Department (see attachment forms).

Department's Next Steps (if approved):

Elections Department will prepare a letter to approved precinct committee member w/copy to Party Chair, Debbie Hickman. Create a file for approved precinct committee member and update list/post on website.

Impact of NOT Approving/Alternatives:

Vacancies will exist in these positions.

To BOS Staff: Document Disposition/Follow-Up:

BOS staff to notify Elections of the outcome of BOS decision on this item.

Attachments

PC_Appointment

Cochise County Democratic Committee
P.O. Box 3233
Sierra Vista, AZ 85636
April 10, 2017

Cochise County Board of Supervisors and Elections Office
1415 Melody Lane, Building G
Bisbee, AZ, 85603

Dear Supervisor Ann English and Interim Elections Director Martha Rodriguez,

Request you appoint the following qualified register Democrats to become Precinct Committee Members with the Cochise County Democratic Committee, at your earliest convenience.

<u>Last Name</u>	<u>First Name</u>	<u>Precinct</u>	<u>Address</u>
Walker, Jr.	Victor E.	SV Village Meadows	1708 Camino Rancho, Sierra Vista, 85635 ✓

Respectfully,



Debbie Hickman
Chair, Cochise County Democratic Committee 2017-2018
(520) 678-0481
Email: cochisecodems@gmail.com



PRECINCT COMMITTEE PERSON VERIFICATION FORM

NAME: Victor E. Walker Jr.

ADDRESS: 1708 Camino Rancho

Sierra Vista, AZ 85635

PARTY: Dem

PRECINCT: 41 SV Village Meadows

NUMBER OF PRECINCT COMMITTEE PERSONS NEEDED: 4

NUMBER OF CURRENT PRECINCT COMMITTEE PERSONS : 0

APPROVE APPOINTMENT: X

DO NOT APPROVE APPOINTMENT: _____

DATE: 4/20/2017

BY: Martha L. Rodriguez

Regular Board of Supervisors Meeting

Meeting Date: 05/09/2017

Demands

Submitted By: Melissa Belasco, Board of Supervisors

Department: Board of Supervisors

Presentation: No A/V Presentation

Document Signatures:

Recommendation:

of ORIGINALS

Submitted for Signature:

NAME n/a

TITLE n/a

of PRESENTER:

of PRESENTER:

Mandated Function?:

**Source of Mandate
or Basis for Support?:**

Information

Agenda Item Text:

Approve demands and budget amendments for operating transfers.

Background:

Auditor-General's requirement for Board of Supervisors to approve.

Department's Next Steps (if approved):

Return to Finance after BOS approval.

Impact of NOT Approving/Alternatives:

Board of Supervisors will not be in compliance with State law.

To BOS Staff: Document Disposition/Follow-Up:

Return to Finance after BOS approval.

Budget Information

Information about available funds

Budgeted:

Funds Available:

Amount Available:

Unbudgeted:

Funds NOT Available:

Amendment:

Account Code(s) for Available Funds

1:

Fund Transfers

Attachments

No file(s) attached.

Regular Board of Supervisors Meeting

Meeting Date: 05/09/2017
Healthy People Healthy Communities
Submitted By: Briggita Hodges, Health & Social Services
Department: Health & Social Services
Presentation: No A/V Presentation
Document Signatures: BOS Signature Required

Recommendation: Approve
of ORIGINALS Submitted for Signature: 1
TITLE of PRESENTER: Prevention Services Director
Source of Mandate or Basis for Support?:

NAME of PRESENTER: Judy Gilligan
Mandated Function?: Not Mandated

You will use this Agenda Item template if your item involves a Grant (whether a new or renewal grant). You also must attach the Grant Approval Form to the item before Finance will approve it. Select the SPECIAL LINKS on your left-hand menu and Click on "Grant Approval Form". Then complete the form, save it and attach it to your item (on the Attachments tab).

Information

Agenda Item Text:

Approve Amendment No. 3 ADHS16-109191, Healthy People Healthy Communities, between the Arizona Department of Health Services and Cochise Health & Social Services for the period of 07/01/2017 to 6/30/2018, which provides a new price sheet for 07/01/2017 through 06/30/2018 in the amount of \$643,670.

Background:

In order to best implement the goals of the Arizona State Health Improvement Plan (AzHIP), ADHS developed a process to align strategies and improve integration of public health prevention programs. Multiple bureaus within ADHS have collaborated on the development of this Intergovernmental Agreement (IGA) which combines seven programs into one shared IGA. Programs included in this IGA address several health priorities from the AzHIP, including but not limited to: cardiovascular disease, chronic lower respiratory diseases, diabetes, unintentional injury, obesity, teen pregnancy, tobacco, and access to well care. This IGA includes opportunities to address crosscutting strategies, such as enhancing the physical and built environment, school health, and worksite wellness.

Department's Next Steps (if approved):

Your approvals are respectfully requested

Impact of NOT Approving/Alternatives:

Not approving this amendment would result in the termination of all included CHSS contracts to provide the services described above to improve the health of Cochise County residents.

To BOS Staff: Document Disposition/Follow-Up:

N/A

Budget Information

Information about available funds

Budgeted: **Funds Available:** **Amount Available:** \$643,670
Unbudgeted: **Funds NOT Available:** **Amendment:**

Account Code(s) for Available Funds

1:

Fund Transfers

Fiscal Year: 2018

One-time Fixed Costs? (\$\$\$):

Ongoing Costs? (\$\$\$):

County Match Required? (\$\$\$):

A-87 Overhead Amt? (Co. Cost Allocation \$\$\$): 237725

Source of Funding?:

Fiscal Impact & Funding Sources (if known):

This is a grant-funded fixed-price program through the Arizona Department of Health Services in the amount of \$643,670. The net county subsidy is calculated as follows:

Attachments

[Executive Summary](#)

[Grant Approval Form](#)

[Purchase Order](#)

Executive Summary Form

Agenda Number: HLT 3422 (Integrated IGA)

Recommendation:

Approve ADHS16-109191 Amendment 3, Healthy People Healthy Communities, between the Arizona Department of Health Services and Cochise Health & Social Services, for the period of 07/01/2017 to 6/30/2018. This amendment provides a new price sheet for 07/01/2017 through 06/30/2018 in the amount of \$643,670.

Background (Brief):

In order to best implement the goals of the Arizona State Health Improvement Plan (AzHIP), ADHS developed a process to align strategies and improve integration of public health prevention programs. Multiple bureaus within ADHS have collaborated on the development of this Intergovernmental Agreement (IGA) which combines seven programs into one shared IGA. Programs included in this IGA address several health priorities from the AzHIP, including but not limited to: cardiovascular disease, chronic lower respiratory diseases, diabetes, unintentional injury, obesity, teen pregnancy, tobacco, and access to well care. This IGA includes opportunities to address crosscutting strategies, such as enhancing the physical and built environment, school health, and worksite wellness.

Fiscal Impact & Funding Sources:

This is a grant-funded fixed-price program through the Arizona Department of Health Services in the amount of \$643,670. The net county subsidy is calculated as follows:

	Tobacco	HAPI / Chronic Disease	Accred	Family Planning	Teen Pregnancy Prevention
Salaries/EREs	\$234,329	\$61,370	\$44,854	\$26,974	\$117,035
A-87 OH at 49.06% *	\$114,962	\$30,108	\$22,005	\$13,233	\$57,417
Authorized OH @ 10% (where applicable)	\$23,433	\$6,137	\$0	\$0	\$11,704
Net County Subsidy	\$91,529	\$23,971	\$22,005	\$13,233	\$45,714
Aggregate Net County Subsidy					\$196,453
<i>* FY 17 rate pending finalization of FY 18 rate</i>					

Next Steps/Action Items/Follow-up: Your approvals are respectfully requested.

Impact of Not Approving:

Not approving this amendment would result in the termination of all included CHSS contracts to provide the services described above to improve the health of Cochise County residents.

COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator:

Date Prepared:

Point of Contact:

Phone Number:

Department:

PRIMARY GRANT

Primary Grantor:

CFDA:
www.CFDA.gov

Grant Title:

Grant Term From:

To:

Total Award Amount:

New Grant: Yes No

Grant No:

Amendment: Yes No

Amendment No:

GL Account No:

If new, Finance will assign a fund number.

Strategic Plan:

District:

Mandated by Law

Yes

No

Number of Positions Funded:

Asset(s) Acquired:

Grantor's reimbursement mileage rate:

Health or pension reimbursement:

Other reimbursement:

Briefly describe the purpose of the grant:

If this is a mandated service, cite the source. If not mandated, cite indications of local customer support for this service.

PRIMARY FUNDING SOURCE

Funding Year: Federal Funds 332.100

State Funds 336.100

County Funds 391.000

Other Funds:

Total Funds:

Has this amount been budgeted? Yes No

Method of collecting funds: Lump Sum Quarterly Draw Reimbursement

Is revertment of unexpected funds required at the end of grant period? Yes No

(a) Total indirect (A-87) Cost Allocation:

(b) Amount of overhead allowed by grant:

County Subsidy (a) - (b) =

Is there a Secondary Grant Award associated with this Grant? Yes No

Name of Grant: Funder:

If yes please complete an additional grant approval form.

Is County match required? Yes No

County match source:

County match dollar amount or percentage:

NOTE: Please attach this Grant Approval form to the AgendaQuick item. The AgendaQuick "Grant Approval template" must be used. Once approved by the Board of Supervisors, the department is responsible for sending a copy of the fully executed GRANT DOCUMENT (not this approval form) to the Finance Department.



**INTERGOVERNMENTAL AGREEMENT(IGA)
AMENDMENT**

**ARIZONA DEPARTMENT OF
HEALTH SERVICES**

150 N. 18th Ave Suite 280
Phoenix, Arizona 85007
(602) 542-1040
(602) 542-1741 Fax

Agreement No: **ADHS16-109191**

Amendment No. 3

Procurement Officer:
Russell Coplen

Healthy People Healthy Communities

Effective upon signature, it is mutually agreed that the Agreement referenced above is amended as follows:

- Pursuant to Terms and Conditions, Provision Six (6). Contract Changes, Section 6.1 Amendments, Purchase Orders and Change Orders, the Price Sheet is revised and replaced by the Price Sheet of this Amendment Three (3).

All other provisions shall remain in its entirety.

Cochise County		CONTRACTOR SIGNATURE	
Contractor Name		Contractor Authorized Signature	
1415 W. Melody Lane Building A		Printed Name	
Address		Title	
Bisbee	AZ	85603	
City	State	Zip	
CONTRACTOR ATTORNEY SIGNATURE		This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory.	
Pursuant to A.R.S. § 11-952, the undersigned public agency attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of the State of Arizona.		State of Arizona	
Signature _____ Date _____		Signed this _____ day of _____ 2017	
Printed Name _____		Procurement Officer _____	
Attorney General Contract No. P0012014000078, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney General, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.			
Signature _____ Date _____			
Assistant Attorney General			
Printed Name: _____			



**INTERGOVERNMENTAL AGREEMENT(IGA)
AMENDMENT**

**ARIZONA DEPARTMENT OF
HEALTH SERVICES**

150 N. 18th Ave Suite 280
Phoenix, Arizona 85007
(602) 542-1040
(602) 542-1741 Fax

Agreement No: **ADHS16-109191**

Amendment No. 3

Procurement Officer:
Russell Coplen

PRICE SHEET

COCHISE – ADHS16-109191

JULY 1, 2017 - JUNE 30, 2018

ACTION PLAN

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
Action Plan – All Programs	EA	1	\$72,776.00	\$72,776.00
TOTAL		1	\$72,776.00	\$72,776.00

TOBACCO

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
See SOW for Specific Service Strategies (i.e. Prevention, Cessation, Secondhand Smoke, Enforcement)	QTR	4	\$73,121.25	\$292,485.00
TOTAL		4	\$73,121.25	\$292,485.00

HEALTH IN ARIZONA POLICY INITIATIVE

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
See SOW for Specific Service Strategies (i.e. Alzheimer’s, Chronic Pulmonary Disease, Hypertension, Self-Management, Procurement, Healthy Community Design, School Health, Worksite Wellness, Clinical Care, and Special Health Care Needs)	QTR	4	\$19,185.75	\$76,743.00
TOTAL		4	\$19,185.75	\$76,743.00



**INTERGOVERNMENTAL AGREEMENT(IGA)
AMENDMENT**

**ARIZONA DEPARTMENT OF
HEALTH SERVICES**

150 N. 18th Ave Suite 280
Phoenix, Arizona 85007
(602) 542-1040
(602) 542-1741 Fax

Agreement No: **ADHS16-109191**

Amendment No. 3

Procurement Officer:
Russell Coplen

COCHISE

PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
See SOW for Specific Service Strategies (i.e. Fees for Accreditation, Quality Improvement Projects, Workforce Development Implementation, Performance Management Documentation, Progress Toward County Health Improvement Plan)	QTR	1	\$13,562.00	\$13,562.00
TOTAL		1	\$13,562.00	\$13,562.00

FAMILY PLANNING / MATERNAL and CHILD HEALTH (Title V Block Grant)

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
See SOW for Specific Service Strategies	QTR	4	\$19,743.00	\$78,972.00
TOTAL		4	\$19,743.00	\$78,972.00

TEEN PREGNANCY PREVENTION

ITEM/SERVICE DESCRIPTION	UNIT OF MEASURE	NUMBER OF UNITS	UNIT RATE	TOTAL
See SOW for Specific Service Strategies	QTR	4	\$27,283.00	\$109,132.00
TOTAL		4	\$27,283.00	\$109,132.00

TOTAL

ITEM/SERVICE DESCRIPTION				TOTAL
GRAND TOTAL				\$643,670.00

Regular Board of Supervisors Meeting

Meeting Date: 05/09/2017
 (STD SERVICES) Amendment No. 3 and PO ADHS14-071556:5
Submitted By: Briggita Hodges, Health & Social Services
Department: Health & Social Services
Presentation: No A/V Presentation
Document Signatures: BOS Signature NOT Required

Recommendation: Approve
of ORIGINALS Submitted for Signature: 0
TITLE of PRESENTER: Health Director
Source of Mandate or Basis for Support?:

NAME of PRESENTER: Carrie Langley
Mandated Function?: Not Mandated

You will use this Agenda Item template if your item involves a Grant (whether a new or renewal grant). You also must attach the Grant Approval Form to the item before Finance will approve it. Select the SPECIAL LINKS on your left-hand menu and Click on "Grant Approval Form". Then complete the form, save it and attach it to your item (on the Attachments tab).

Information

Agenda Item Text:

Approve Amendment No. 3 to IGA ADHS14-071556, Sexually Transmitted Disease (STD) Services, between the Arizona Department of Health Services and Cochise Health and Social Services, which adds two report deliverables and approve Purchase Oorder ADHS14-071556:5 in the amount of \$15,405, which evidences funding for the grant year 1/1/17 – 12/1/17.

Background:

Cochise County has received funds from the ADHS for many years to provide screening, laboratory testing, treatment, and follow-up for sexually transmitted diseases (STDs) primarily Gonorrhea, Chlamydia, and Syphilis. The funding structure changed in January 2014, and now CHSS is funded to educate providers in our county regarding STD treatment and services available, and to track and report STDs within the county. General Funded nursing staff continues to provide testing and treatment services based on a sliding fee schedule.

Department's Next Steps (if approved):

Your approval is respectfully requested.

Impact of NOT Approving/Alternatives:

Not approving the amendment and PO would increase the financial impact on the General Fund by causing the inability of CHSS to collect from ADHS for the costs associated with STD tracking/reporting services and educating county providers, and could cause cessation of this important public health service to the community.

To BOS Staff: Document Disposition/Follow-Up:

N/A

Budget Information

Information about available funds

Budgeted: **Funds Available:** **Amount Available:**
Unbudgeted: **Funds NOT Available:** **Amendment:**

Account Code(s) for Available Funds

1:

Fund Transfers

Fiscal Year: 2018

One-time Fixed Costs? (\$\$\$):

Ongoing Costs? (\$\$\$):

County Match Required? (\$\$\$):

A-87 Overhead Amt? (Co. Cost Allocation \$\$\$): 2463.00

Source of Funding?:

Fiscal Impact & Funding Sources (if known):

Net county subsidy is calculated as follows:

Budgeted Salaries/EREs	\$5,021	
A-87 OH @	49.06%	\$2,463 *
Authorized OH	\$0	
Net County Subsidy	\$2,463	

** FY 17 rate pending finalization of
FY 18 rate*

Attachments

[Executive Summary](#)

[Grant Approval Form](#)

[Purchase Order](#)

[Amendment](#)

Executive Summary Form

Agenda Number: 3440

ADHS14-071556
(STD SERVICES) Amendment No. 3 and PO ADHS14-071556:5

Recommendation:

- (i) Approve Amendment No. 3 to IGA# ADHS14-071556, STD Services, between the Arizona Department of Health Services and Cochise Health and Social Services. The amendment adds two report deliverables.
- (ii) Approve PO ADHS14-071556:5 in the amount of \$15,405, which evidences funding for the grant year 1/1/17 – 12/1/17 (amount unchanged from last year).

Background (Brief):

Cochise County has received funds from the ADHS for many years to provide screening, laboratory testing, treatment, and follow-up for sexually transmitted diseases (STDs) primarily Gonorrhea, Chlamydia, and Syphilis. The funding structure changed in January 2014, and now CHSS is funded to educate providers in our county regarding STD treatment and services available, and to track and report STDs within the county. General Funded nursing staff continues to provide testing and treatment services based on a sliding fee schedule.

Fiscal Impact & Funding Sources:

Net county subsidy is calculated as follows:

Budgeted Salaries/EREs		\$5,021	
A-87 OH @	49.06%	\$2,463	*
Authorized OH		<u>\$0</u>	
Net County Subsidy		\$2,463	

** FY 17 rate pending finalization of FY 18 rate*

Next Steps/Action Items/ Follow-up:

Your approval is respectfully requested.

Impact of Not Approving:

Not approving the amendment and PO would increase the financial impact on the General Fund by causing the inability of CHSS to collect from ADHS for the costs associated with STD tracking/reporting services and educating county providers, and could cause cessation of this important public health service to the community.

COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator:

Date Prepared:

Point of Contact:

Phone Number:

Department:

PRIMARY GRANT

Primary Grantor:

CFDA:
www.CFDA.gov

Grant Title:

Grant Term From:

To:

Total Award Amount:

New Grant: Yes No

Grant No:

Amendment: Yes No

Amendment No:

GL Account No:

If new, Finance will assign a fund number.

Strategic Plan:

District:

Mandated by Law

Yes

No

Number of Positions Funded:

Asset(s) Acquired:

Grantor's reimbursement mileage rate:

Health or pension reimbursement:

Other reimbursement:

Briefly describe the purpose of the grant:

If this is a mandated service, cite the source. If not mandated, cite indications of local customer support for this service.

PRIMARY FUNDING SOURCE

Funding Year: Federal Funds 332.100

State Funds 336.100

County Funds 391.000

Other Funds:

Total Funds:

Has this amount been budgeted? Yes No

Method of collecting funds: Lump Sum Quarterly Draw Reimbursement

Is revertment of unexpected funds required at the end of grant period? Yes No

(a) Total indirect (A-87) Cost Allocation:

(b) Amount of overhead allowed by grant:

County Subsidy (a) - (b) =

Is there a Secondary Grant Award associated with this Grant? Yes No

Name of Grant: Funder:

If yes please complete an additional grant approval form.

Is County match required? Yes No

County match source:

County match dollar amount or percentage:

NOTE: Please attach this Grant Approval form to the AgendaQuick item. The AgendaQuick "Grant Approval template" must be used. Once approved by the Board of Supervisors, the department is responsible for sending a copy of the fully executed GRANT DOCUMENT (not this approval form) to the Finance Department.



ARIZONA STATE CONTRACT

CONTRACT RELEASE

ProcureAZ Purchase Order No.: ADHS14-071556:5
 Organizational Reference No.: PO0000223274
 Issued: 04/25/2017

V E N D O R	Vendor Number: 000007901 COCHISE COUNTY 1415 Melody Lane, Building C Bisbee, AZ 85603
--	--

S H I P T O	Arizona Department of Health Services Office of Disease Integration and Services 150 N. 18th Avenue, Suite 110 Phoenix, AZ 85007 US Email: maria.thomas@azdhs.gov (602) 364-3601
--	--

Contract No.: ADHS14-071556
 Title: STD-COCHISE COUNTY 2017 (Full Allocation)

B I L L T O	MAIL INVOICE IN DUPLICATE TO: Arizona Department of Health Services Office of Disease Integration and Services 150 N. 18th Avenue, Suite 110 Phoenix, AZ 85007 US Email: maria.thomas@azdhs.gov (602) 364-3601
--	---

<p>Release Instructions</p> <p>TERMS AND CONDITIONS set forth in our Bid, Quotation, or Purchase Order are incorporated herein by reference and become a part of this order.</p>
--

Account Code: 2017--FEDEDC2287--5129--HS2000--HS20000-6811---PHS-EDC-IMPVSTD--1217-----HSA	Payment Terms: Net 45 Shipping Terms: As Specified Delivery Calendar Day(s) A.R.O.: 0
--	---

Item	Description	Requisition	Quantity	Unit	Unit Price	Total
1	Class-Item 948-34 STD CONTROL SERVICES - OTHER , OFFICE of DISEASE INTEGRATION and SERVICES-STD PROGRAM, PO EFFECTIVE 1/1/2017 thru 12/31/2017, CONTRACT# ADHS14-071556, CFDA# 93.977		1.00	EA	\$ 15,405.00	\$ 15,405.00

TOTAL: \$ 15,405.00

Approved By: Leticia Medina
 Phone No.: (602) 364-4666



INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

ARIZONA DEPARTMENT OF HEALTH SERVICES
150 N. 18th Avenue, Suite 280
Phoenix, Arizona 85007
(602) 542-1040
(602) 542-1741 Fax

Contract No: **ADHS14-071556**

Amendment No. **3**

**Procurement Specialist
Delilah Gonzalez**

SEXUAL TRANSMITTED DISEASE (STD) PROGRAM

It is mutually agreed that the Contract referenced is amended as follows:

- 1. Pursuant to Terms and Conditions, Provision Six (6), **Contract Changes**, Item (6.1) **Amendments, Purchase Orders and Change Orders**, the Contract is amended as follows:

1.1 Scope of Work, section 8.4 shall be revised and replaced with the following:

8.4 CHSS shall submit Semi-Annual Activitiy Reports developed in accordance with their work plan and submitted within thirty (30) days after June 30th of each year and within thirty (30) days after December 31st of each year.

ALL OTHER PROVISIONS OF THIS AGREEMENT REMAIN UNCHANGED.

COCHISE COUNTY HEALTH & SOCIAL SERVICES

Contractor Name
1415 WEST MELODY LN., BLDG A

Address
BISBEE ARIZONA 85603
City State Zip

CONTRACTOR SIGNATURE

Contractor Authorized Signature

Printed Name

Title

CONTRACTOR ATTORNEY SIGNATURE

Pursuant to A.R.S. § 11-952, the undersigned public agency attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

Signature Date

Printed Name

This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory.

State of Arizona

Signed this _____ day of _____ 2016.

Procurement Officer

Attorney General Contract No. P0012014000078, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney General, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

Signature Date
Assistant Attorney General

Printed Name:

RESERVED FOR USE BY THE SECRETARY OF STATE

Regular Board of Supervisors Meeting

Meeting Date: 05/09/2017
Child Care Health Consultants, First Things First
Submitted By: Briggita Hodges, Health & Social Services
Department: Health & Social Services
Presentation: No A/V Presentation
Document Signatures: BOS Signature NOT Required

Recommendation: Approve
of ORIGINALS Submitted for Signature: 0
TITLE of PRESENTER: Public Health Nurse
Source of Mandate or Basis for Support?:

NAME of PRESENTER: Maureen Kappler
Mandated Function?: Not Mandated

You will use this Agenda Item template if your item involves a Grant (whether a new or renewal grant). You also must attach the Grant Approval Form to the item before Finance will approve it. Select the SPECIAL LINKS on your left-hand menu and Click on "Grant Approval Form". Then complete the form, save it and attach it to your item (on the Attachments tab).

Information

Agenda Item Text:

Approve Amendment No. 4 for Agreement GRA-STATE-16-0785-01-Y2 for Child Care Health Consultant (CCHC) Program funded by First Things First between the Grantor and Cochise Health & Social Services in the additional amount of \$2,240 for the period of 01/1/17 – 06/30/17.

Background:

This amendment is to provide additional funding that will be used to provide CCHC services to an additional two centers participating in Quality First through the Preschool development Grant with ADE in the Cochise Region. The total FY17 service units for ADE funded centers increased from two to four centers.

Department's Next Steps (if approved):

Your approvals are respectfully requested.

Impact of NOT Approving/Alternatives:

Funds will be limited and grant money will be stretched to accommodate the two new centers that were added mid fiscal year.

To BOS Staff: Document Disposition/Follow-Up:

N/A

Budget Information

Information about available funds

Budgeted: **Funds Available:** **Amount Available:** 102,260.00
Unbudgeted: **Funds NOT Available:** **Amendment:**

Account Code(s) for Available Funds

1:

Fund Transfers

Fiscal Year: 2017

One-time Fixed Costs? (\$\$\$):

Ongoing Costs? (\$\$\$):

County Match Required? (\$\$\$):

A-87 Overhead Amt? (Co. Cost Allocation \$\$\$):

Source of Funding?:

Fiscal Impact & Funding Sources (if known):

Since this amendment does not change staffing, the net county subsidy remains unchanged from the original approval.

Attachments

[Executive Summary](#)
[Grant Approval Form](#)
[Purchase Order](#)

Executive Summary Form

Agenda Number: 3443 HLT

Recommendation:

Approve of Grant Amendment #4 for Agreement GRA-STATE-16-0785-01-Y2 for Child Care Health Consultant (CCHC) Program funded by First Things First between the Grantor and Cochise Health & Social Services in the additional amount of \$2,240 for the period of 01/1/17 – 06/30/17. This will increase the total FY17 grant award from \$100,020 to \$102,260. This is a cost-reimbursement grant.

Background (Brief): This amendment is to provide additional funding that will be used to provide CCHC services to an additional two centers participating in Quality First through the Preschool development Grant with ADE in the Cochise Region. The total FY17 service units for ADE funded centers increased from two to four centers.

Fiscal Impact & Funding Sources:

Since this amendment does not change staffing, the net county subsidy remains unchanged from the original approval.

Next Steps/Action Items/Follow-up: Your approvals are respectfully requested.

Impact of Not Approving: Funds will be limited and grant money will be stretched to accommodate the two new centers that were added mid fiscal year.

COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator:

Date Prepared:

Point of Contact:

Phone Number:

Department:

PRIMARY GRANT

Primary Grantor:

84.419A
CFDA:
www.CFDA.gov

Grant Title:

Grant Term From:

To:

Total Award Amount:

New Grant: Yes No

Grant No:

Amendment: Yes No

Amendment No:

GL Account No:

If new, Finance will assign a fund number.

Strategic Plan:

District:

Mandated by Law

Yes

No

Number of Positions Funded:

Asset(s) Acquired:

Grantor's reimbursement mileage rate:

Health or pension reimbursement:

Other reimbursement:

Briefly describe the purpose of the grant:

If this is a mandated service, cite the source. If not mandated, cite indications of local customer support for this service.

PRIMARY FUNDING SOURCE

Funding Year: Federal Funds 332.100

State Funds 336.100

County Funds 391.000

Other Funds:

Total Funds:

Has this amount been budgeted? Yes No

Method of collecting funds: Lump Sum Quarterly Draw Reimbursement

Is revertment of unexpected funds required at the end of grant period? Yes No

(a) Total indirect (A-87) Cost Allocation:

(b) Amount of overhead allowed by grant:

County Subsidy (a) - (b) =

Is there a Secondary Grant Award associated with this Grant? Yes No

Name of Grant: Funder:


If yes please complete an additional grant approval form.

Is County match required? Yes No

County match source:

County match dollar amount or percentage:

NOTE: Please attach this Grant Approval form to the AgendaQuick item. The AgendaQuick "Grant Approval template" must be used. Once approved by the Board of Supervisors, the department is responsible for sending a copy of the fully executed GRANT DOCUMENT (not this approval form) to the Finance Department.

	GRANT AMENDMENT		Early Childhood Health and Development Board (First Things First) 4000 North Central Avenue, Suite 800 Phoenix, AZ 85012 (602) 771-5100
	Amendment #4	Page 1	
	Grant Agreement/Contract Award # GRA-STATE-16-0785-01-Y2	of 1	

Grantee:
Cochie Health and Social Services

PURPOSE OF AMENDMENT:

Pursuant to First Things First Uniform Terms and Conditions, "Amendments", of the above referenced Grant Agreement/Contract Award, the State of Arizona hereby exercises its sole option to amend the contract as follows:


1. **Description of Services** - This amendment is to provide additional funding that will be used to provide Child Care Health Consultation (CCHC) services to an additional 2 centers participating in Quality First through the Preschool Development Grant with ADE in the Cochise region.

The total FY17 service units for ADE funded centers are increased from 2 centers to 4 centers.

2. **Manner of Financing** – This amendment adds \$2,240 to your current contract to fund 2 additional centers through the Preschool Development Grant with ADE for the remaining 6 months of the contract.

The total FY17 grant award is increased from \$100,020 to \$102,260.

3. All other terms and conditions remain unchanged.

<p>Grantee hereby acknowledges receipt and understanding of the amendment:</p> <p>Signature </p> <p>Name <u>Carrie Langley</u></p> <p>Title <u>Director, Cochise Health & Social Svs</u></p> <p>Date <u>April 18, 2017</u></p>	<p>The above referenced amendment is hereby executed effective January 1, 2017 once signed and dated below:</p> <p>_____ Josh Allen CFO/COO</p> <p>_____ Date</p>
---	--

Regular Board of Supervisors Meeting

Meeting Date: 05/09/2017

Interim Permit/Person Transfer Liquor License Turquoise Valley Golf Course & RV Park

Submitted By: Rebecca Reynolds, Board of Supervisors

Department: Board of Supervisors

Presentation: No A/V **Recommendation:** Approve
Presentation

Document Signatures: BOS **# of ORIGINALS**
Signature **Submitted for Signature:**
NOT
Required

NAME Arlethe Rios **TITLE** Clerk of the Board
of PRESENTER: **of PRESENTER:**

Mandated Function?: Not **Source of Mandate**
Mandated **or Basis for Support?:**

Docket Number (If applicable):

Information

Agenda Item Text:

Approve an interim permit/person transfer liquor license application submitted by Mr. Thomas Robert Aguilera, for Turquoise Valley Golf Course & RV Park, located at 1794 W. Newell Street, Naco, AZ 85620.

Background:

Mr. Thomas Robert Aguilera, has applied for an interim permit/person transfer liquor license for Turquoise Valley Golf Course & RV Park, located at 1794 W. Newell Street, Naco, AZ 85620. The Sheriff's Office has no recommendation. Treasurer's Office advised that the the first half of the property taxes for the parcel in question have been paid. The 2nd half are due by the end of March 2017 and become delinquent after May 1, 2017. The Planning and Zoning Department has recommended approval of the application. There have been no formal protests to this liquor license.

The Environmental Health Division has no concerns with the issuance of the liquor license. The establishment will require licensure with Cochise County Environmental Health and they will notify the applicant with requirements to obtain the proper permits before operating the business.

Mr. Thomas Robert Aguilera has paid the \$100.00 processing fee. Supporting documentation regarding this liquor license is attached.

Department's Next Steps (if approved):

Board staff will forward the Board's decision to the Arizona Department of Liquor License and Control.

Impact of NOT Approving/Alternatives:

A hearing on this application will be scheduled with the State Liquor Board.

To BOS Staff: Document Disposition/Follow-Up:

Send packet to ADLLC and copy of letter w/out attachments to applicant.

Budget Information

Information about available funds

Budgeted:
Unbudgeted:

Funds Available:
Funds NOT Available:

Amount Available:
Amendment:

Account Code(s) for Available Funds

1:

Fund Transfers

Attachments

[Application](#)

[Departmental Forms](#)

[Affidavit of Posting](#)



RECEIVED
COCHISE COUNTY
BOARD OF SUPERVISORS

17 MAR 29 10:47 AM '17

Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

AMENDMENT

Parcel # 102-55-002

Application for Liquor License
Type or Print with Black Ink

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE
A service fee of \$25 will be charged for all dishonored checks (A.R.S. § 44-6852)

SECTION 1 This application is for a:

- Interim Permit (Complete Section 5)
- New License (Complete Sections 2, 3, 4, 13, 14, 15, 16)
- Person Transfer (Complete Section 2, 3, 4, 12, 13, 14, 16)
- Location Transfer (Bars and Liquor Stores Only)
(Complete Section 2, 3, 4, 11, 13, 14, 16)
- Probate/ Will Assignment/ Divorce Decree
(Complete Sections 2, 3, 4, 9, 13, 14, 16)
(Fee not required)
- Government (Complete Sections 2, 3, 4, 10, 13, 16)
- Seasonal

SECTION 2 Type of Ownership:

- J.T.W.R.O.S. (Complete Section 6)
- Individual (Complete Section 6)
- Partnership (Complete Section 6)
- Corporation (Complete Section 7)
- Limited Liability Co (Complete Section 7)
- Club (Complete Section 8)
- Government (Complete Section 10)
- Trust (Complete Section 6)
- Tribe (Complete Section 6)
- Other (Explain) _____

SECTION 3 Type of license

1. Type of License: Series 6 - Bar

LICENSE # 06020012

SECTION 4 Applicants

1. Individual Owner/Agent's Name: Aguilera Thomas Robert
Last First Middle

2. Owner Name: San Jose Peak Investments, LLC

(Ownership name for type of ownership checked on section 2)

3. Business Name: Turquoise Valley Golf Course and RV Park

(Exactly as it appears on the exterior of premises)

4. Business Location Address: 1794 W Newell Street Naco Arizona 85620 Cochise
(Do not use PO Box) Street City State Zip Code County

5. Mailing Address: 4554 E Camp Lowell Dr Tucson Arizona 85712
(All correspondence will be mailed to this address) Street City State Zip Code

6. Business Phone: (520) 432-3091 Daytime Contact Phone: (520) 622-1557

7. Email Address: thomas@aguileralawgroup.com

8. Is the Business located within the incorporated limits of the above city or town? Yes No

9. Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation? Yes No

If yes, what City, Town or Tribal Reservation is this Business located in: _____

10. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only): \$ 25,000

Fees: <u>100.00</u> Application	<u>100.00</u> Interim Permit	Department Use Only	<u>600.00</u> Site Inspection	<u>600.00</u> Finger Prints	<u>2660.00</u> Total of All Fees
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Accepted by: <u>St</u>		Date: <u>3/28/17</u>		License # <u>06020012</u>	

SECTION 6 - continued

TRUST

Name of Trust: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

TRIBE

Name of Tribal Ownership: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

SECTION 7 Corporations/ Limited Liability Co

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE, AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD.

- Corporation Complete Questions 1, 2, 3, 4, 5, 6, and 7
 L.L.C. Complete Questions 1, 2, 3, 4, 5, 6, and 7

1. Name of Corporation/ L.L.C.: San Jose Peak Investments, LLC
 2. Date Incorporated/Organized: July 16, 2015 State where Incorporated/Organized: Arizona
 3. AZ Corporation or AZ L.L.C File No: L19531545 Date authorized to do Business in AZ: July 21, 2015
 4. Is Corp/L.L.C. Non Profit? Yes No
 5. List Directors, Officers, Members in Corporation/L.L.C:

Last	First	Middle	Title	Mailing Address	City	State	Zip Code
See attached sheet							

(Attach additional sheet if necessary)

6. List all Stockholders / percentage owners who own 10% or more:

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code
Cartun	David	Stuart	18.8679%	1009 S Dalewood Street	Bisbee	AZ	85603
Fawcett	Kent		18.8679%	4436 Chaparral Loop	Sierra Vista	AZ	85635
No one owns 10% or more							

(Attach additional sheet if necessary)

Please see attached flowchart

7. If the corporation/ L.L.C are owned by another entity, attach an Organizational **FLOWCHART** showing the structure of the ownership. Attach additional sheets as needed in order to disclose the Officers, Directors, Members, Managers, Partners, Stockholders and percentage owners of those entities.

ADDITIONAL SHEET
 TURQUOISE VALLEY
 Sec 7 Q 5

Name	Title	Address	Date of Taking Office	Last Updated
ROBERT BARNES	MEMBER	P O BOX 632 DOUGLAS, AZ 85607	09/08/2016	09/09/2016
RICHARD CARTUN	MEMBER	29 BRIAN LN AVON, CT 06001	09/08/2016	09/09/2016
* DAVID CARTUN	MEMBER	P O BOX 4128 BISBEE, AZ 85603	09/08/2016	09/09/2016
RICHARD BOYER	MEMBER	3017 LEAWOOD LOOP SIERRA VISTA, AZ 85650	09/08/2016	09/09/2016
COPPER QUEEN HOSPITAL	MEMBER	% DENNIS NELSON 101 COLE AVE BISBEE, AZ 85603	09/08/2016	09/09/2016
* KENT FAWCETT	MEMBER	436 CHAPARRAL LOOP SIERRA VISTA, AZ 85635	09/08/2016	09/09/2016
ALBERT DOUGLAS	MEMBER	6587 E MONTEZUMA CANYON RD HEREFORD, AZ 85615	09/08/2016	09/09/2016
ED SHELLER	MEMBER	1953 GOLFLINKS RD SIERRA VISTA, AZ 85635	09/08/2016	09/09/2016
SUSAN M RIDGEWAY	MEMBER	94 NEPTUNE AVE BISBEE, AZ 85603	09/08/2016	09/09/2016
MARY JANE RIDGEWAY	MEMBER	505 27TH TER BISBEE, AZ 85603	09/08/2016	09/09/2016

SECTION 12 Person to Person Transfer

Questions to be completed by Current Licensee (Bar and Liquor Stores Only- Series, 06, 07, and 09)

- 1. Individual Owner / Agent Name: BARNES Robert Royce Entity: Agent
Last First Middle (Individual, Agent, Etc.)
- 2. Ownership Name: TURQUOISE VALLEY GOLF COURSE INC.
(Exactly as it appears on license)
- 3. Business Name: TURQUOISE VALLEY GOLF COURSE
(Exactly as it appears on license)
- 4. Business Location Address: 1794 W. NEWELL ST. NACO AZ 85620
Street City State Zip
- 5. License Type: BAR License Number: 06020012
- 6. Current Mailing Address: P.O. Box 727 NACO AZ 85620
Street City State Zip
- 7. Have all creditors, lien holders, interest holders, etc. been notified? Yes No
- 8. Does the applicant intend to operate the business while this application is pending? Yes No

If yes, complete Section 5 (Interim Permit) of this application; attach fee, and current license to this application.

9. I, (Print Full Name) Robert Royce Barnes hereby authorize the department to process this Application to transfer the privilege of the license to the applicant provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, (Print Full Name) Robert Royce Barnes declare that I am the **CURRENT OWNER, MEMBER, PARTNER STOCKHOLDER or LICENSEE** of the stated license. I have read the above Section 12 and confirm that all statements are true, correct, and complete.

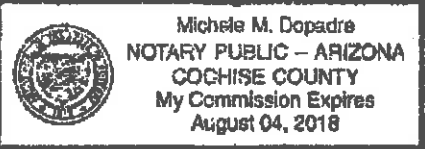
NOTARY

x *Robert Royce Barnes*
(Signature of CURRENT Individual Owner/Agent)

State of Arizona county of Cochise
The foregoing instrument was acknowledged before me this

My commission expires on: Aug 4 2018
Date

04 of December, 2014
Day Month Year



Michele M. Dopadre
NOTARY PUBLIC - ARIZONA
COCHISE COUNTY
My Commission Expires
August 04, 2018

Michele M. Dopadre
Signature of NOTARY PUBLIC

SECTION 13 Proximity to Church or School

Questions to be completed by all in-state applicants.

A.R.S. § 4-207. (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building.

The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02) Series 12
- b) Hotel/motel license (§ 4-205.01) Series 11
- c) Microbrewery Series 3
- d) Craft Distillery Series 18

- e) Government license (§ 4-205.03) Series 5
- f) Fenced playing area of a golf course (§ 4-207(B)(5))
- g) Wholesaler Series 4
- h) Farm Winery Series 13

1. Distance to nearest School: 1584 ft Name of School: Naco Elementary School
(if less than one (1) mile note footage)
 Address: 1911 Valenzuela St, Naco AZ 85620

2. Distance to nearest Church: 1056 ft Name of Church: Naco Baptist Mission
(if less than one (1) mile note footage)
 Address: 1991 Dominguez St, Naco AZ 85620

SECTION 14 Business Financials

1. I am the: Lessee Sub-lessee Owner Purchaser Management Company

2. If the premise is leased give lessors: Name: _____
Address: _____
Street City State Zip

3. Monthly Rent/ Lease Rate: \$ _____

4. What is the remaining length of the lease? Yrs. _____ Months _____

5. What is the penalty if the lease is not fulfilled? \$ _____ or Other: _____
(Give details-attach additional sheet if necessary)

6. Total money borrowed for the Business not including lease? \$ 0.00
Please List Lenders/People you owe money to for business.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip
Member capital contributions							

(Attach additional sheet if necessary)

7. What type of business will this license be used for (be specific)?
Restaurant/Bar

8. Has a license or a transfer license for the premises on this application been denied by the state with in the past (1) year? Yes No If yes, attach explanation.

9. Does any spirituous liquor manufacture, wholesaler, or employee have an interest in your business? Yes No

10. Is the premises currently license with a liquor license? Yes No

If yes, give license number and licensee's name:

License #: 06020012 Individual Owner /Agent Name: Robert R. Barnes
(Exactly as it appears on license)

SECTION 15 Restaurant or hotel/motel license applicants

- 1. Is there an existing Restaurant or Hotel/Motel Liquor License at the proposed location? Yes No
- 2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
- 3. All Restaurant and Hotel/Motel applicants must complete a Restaurant Operation Plan form provided by the Department of Liquor Licenses and Control.
- 4. As stated in A.R.S. § 4-205.02. (H)(2), a Restaurant is an establishment which derives at least forty (40) percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from sales of food and spirituous liquor on the licensed premises. By applying for this Restaurant Hotel/Motel, I certify that I understand that I must maintain a minimum of forty (40) percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit form with this application.

(Applicant's Signature)

5. I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing; specify why the extension is necessary; and the new inspection date you are requesting.

(Applicant's Initials)

SECTION 16 Diagram of Premises

Check ALL boxes that apply to your business:

- Entrances/Exits Liquor storage areas **Patio:** Contiguous
- Walk-up windows Drive-through windows Non Contiguous

1. Is your licensed premises currently closed due to construction, renovation or redesign? Yes No

If yes, what is your estimated completion date? _____
Month/Day/Year

- 2. **Restaurants and Hotel/Motel** applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Place for diagram is on section 16 number 6.
- 3. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored on the premises unless it is a restaurant (see # 3 above).
- 4. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises such as parking lots, living quarters, etc.
- 5. As stated in A.R.S. § 4-207.01 (B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to the boundaries, entrances, exits, added or deleted doors, windows, service windows or increase or decrease to the square footage after submitting this initial diagram.



(Applicant's Initials)

SECTION 16 Diagram of Premises – continued

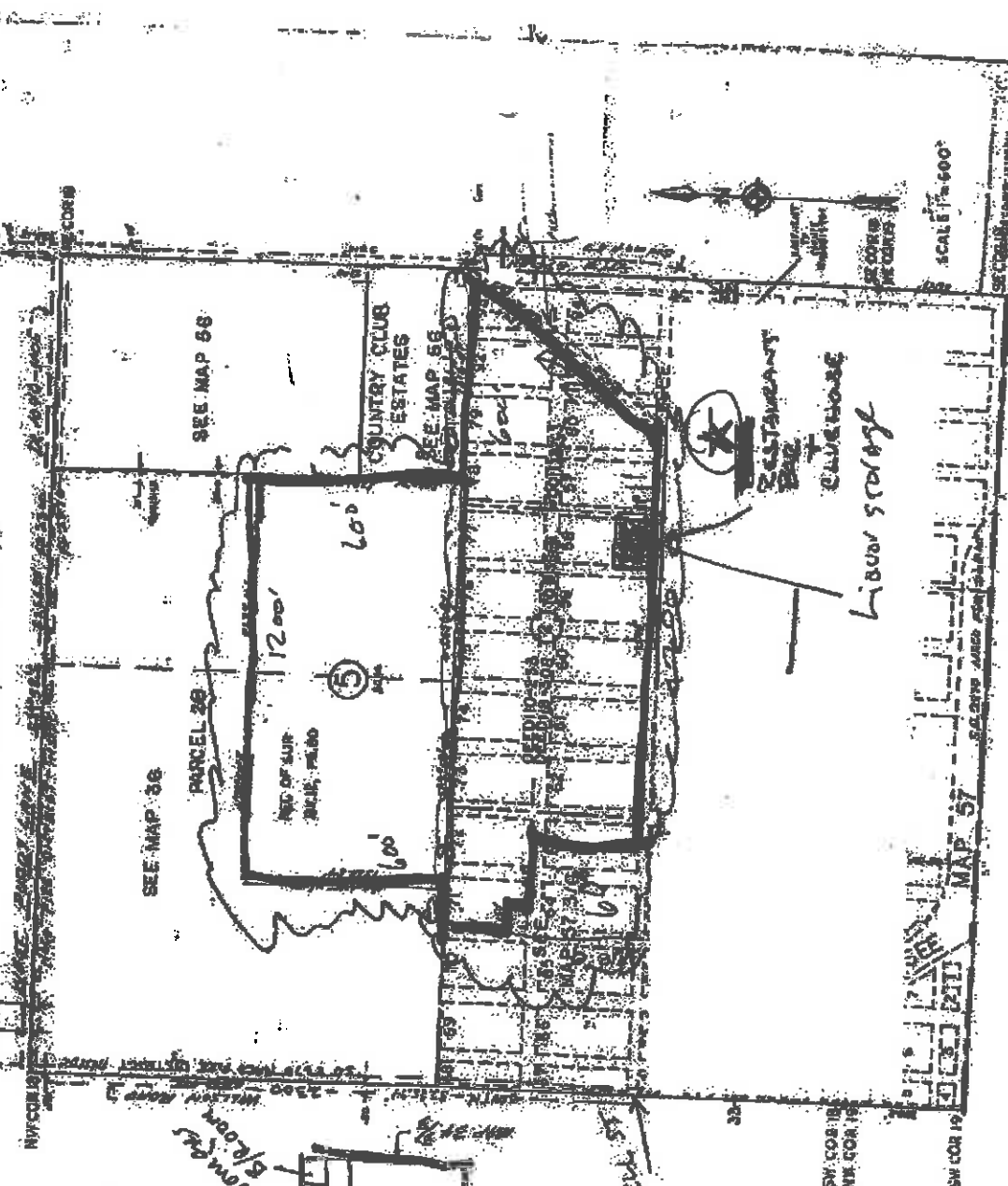
6. On the diagram please show only the areas where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, hi-top tables, dining tables, dining chairs, dance floor, stage, game room, and the kitchen. DO NOT include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of the premises is attached to this application, please write the words "DIAGRAM ATTACHED" in the box provided for the diagram on the application.

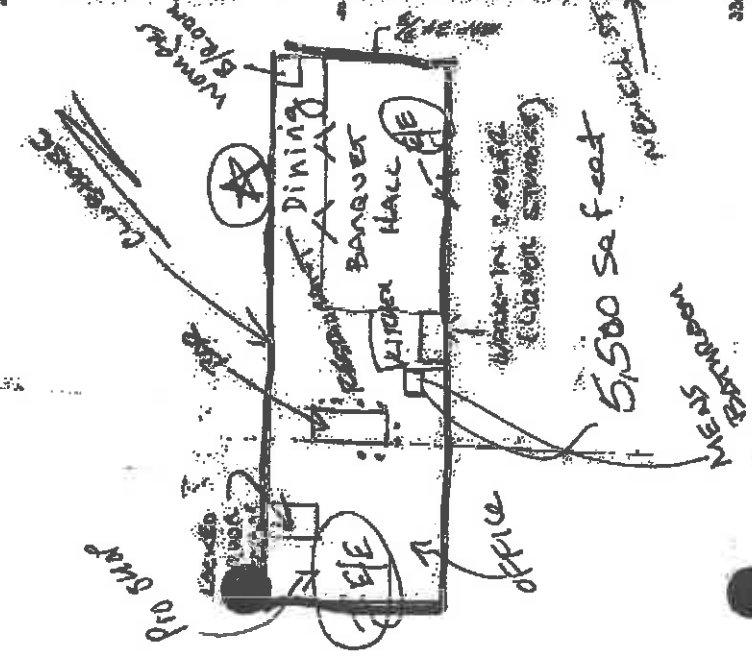
DIAGRAM OF PREMISES

Please see attached Diagram

TURQUOISE VALLEY GOLF COURSE
CLASS 6 PREMISES MAP



723,600 SQ FEET



SEE MAP 56
SEE MAP 57
SEE MAP 58
SCALE 1" = 600'

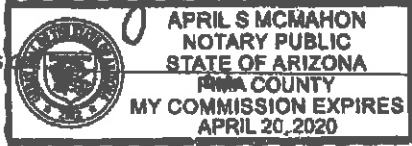
NOTARY

I, (Print Full Name) Thomas Robert Aguilera, hereby declare that I am the Owner/Agent filing this application as stated in Section 4 # 1. I have read this application and verify all statements to be true, correct and complete.

X [Signature]
(Signature of CURRENT Individual Owner/Agent)

State of Arizona County of Pima
The foregoing instrument was acknowledged before me this

My commission expires



21 of March, 2017
Day Month Year
[Signature]
Signature of NOTARY PUBLIC

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Thomas Robert Aguilera Address: 1794 W. Newell Street
Business Name: Turquoise Valley Golf Course & RV Park City/Zip: Naco/85620
Liquor License #: 06020012 Parcel #: 102-55-002
Ownership Type: Limited Liability Corporation Liquor License Special Event Liquor License
Partner(s): _____

TO BE COMPLETED BY THE ENVIRONMENTAL HEALTH DEPARTMENT


We would like to request your assistance in reviewing the attached application.

Please provide any pertinent information for the Board's consideration:

Cochise County Environmental Health has no issues or concerns with the proposed application.

OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

- The Health Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.
- The Health Department is currently working with the property owner on health-related issues with the subject property.

Name: Carl Hooper Title: Env Health Soecialist
Signature:  Date: 4/5/2017
Contact phone: (520) 432-9442 Email: chooper@cochise.az.gov

Return completed form with any attachments by: 4/6/17

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

For internal use only:

- Restaurant/Hotel-Motel
- Club/Government
- Transfer of Premises

APPLICANT INFORMATION

Applicant Name: Thomas Robert Aguilera Address: 1794 W. Newell Street
 Business Name: Turquoise Valley Golf Course & RV Park City/Zip: Naco/85620
 Liquor License #: 06020012 Parcel #: 102-55-002
 Ownership Type: Limited Liability Corporation Liquor License Special Event Liquor License
 Partner(s): _____

TO BE COMPLETED BY THE PLANNING & ZONING DEPARTMENT

Please advise if, at the time the application was filed:

1. The premises for which the license is being applied for is within 300 horizontal feet of a church; or
2. The premises for which the license is being applied for is within 300 horizontal feet of a public or private school, or a fenced recreation area adjacent to a school building.

If so, please attach pertinent documentation and drawings or maps.

Comments: Proposed site not within 300 horizontal feet of a church, public or private school, or fenced recreation area adjacent to a school building.

Based on the above information, the Planning and Zoning Department's recommendation to the Board of Supervisors is:	Approval <input checked="" type="checkbox"/>	Disapproval <input type="checkbox"/>
---	---	---

OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

Proper Zoning?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Zoning:	R-9 and R-36
Use permitted by P&Z?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Permit#:	N/A
Date Permit Issued:	N/A	Use Permitted:	Country Club
If use not permitted, is it LNC?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Year LNC Established:	1936

- The Planning Department will notify the applicant that if any construction is proposed, a Non-Residential Permit must first be submitted and approved by this Department, or if there is a lapse of 12 months of non-operation of the business, a Non-Residential Permit will be required to re-establish the use from this Department.
- The Planning Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.
- The Planning Department is currently working with the property owner on several zoning-related issues with the subject property.
- The Planning Department is currently working with the property owner on obtaining the proper permits to operate the business.

Name: Dora V Flores Title: Zoning Administrator
 Signature: Dora V Flores Date: April 6, 2017
 Contact phone: 520.432.9300 Email: dflores@cochise.az.gov

Return completed form with any attachments by: 4/6/17

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Thomas Robert Aguilera Address: 1794 W. Newell Street
Business Name: Turquoise Valley Golf Course & RV City/Zip: Naco/85620
Park
Liquor License #: 06020012 Parcel #: 102-55-002
Ownership Type: Limited Liability Corporation Liquor License Special Event Liquor License
Partner(s): _____

TO BE COMPLETED BY THE SHERIFF'S OFFICE

Please advise if:

1. There have been a significant number of incidents at the named location within five (5) years prior to the application.

If so, please attach pertinent documentation.

Comments: There have been no significant events noted at the above listed address.

Based on the above information, the Sheriff's Office recommendation to the Board of Supervisors is:

Approval

Disapproval

No Recommendation

Name:

Sam Farris

Title: Operations Commander

Signature:

Date: 04/10/2017

Contact phone: 520-432-9506

Email: sfarris@cochise.az.gov

Return completed form with any attachments by:

4/6/17

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Thomas Robert Aguilera Address: 1794 W. Newell Street
Business Name: Turquoise Valley Golf Course & RV Park City/Zip: Naco/85620
Liquor License #: 06020012 Parcel #: 102-55-002
Ownership Type: Limited Liability Corporation Liquor License Special Event Liquor License
Partner(s): _____

TO BE COMPLETED BY THE TREASURER'S OFFICE

Please advise if the property taxes for the parcel in question are current.

xxx Yes No

If not, please attach pertinent documentation.

Comments:

the first half of 2016 taxes has been paid the second half is due in this month of MARCH 2017 and becomes delinquent after may 1st 2017.

Name: Kathleen wilson Title: Tax specialist 1
Signature: kathleen wilson Date: 3/30/2017
Contact phone: 520-432-8404 Email: Kwilson@cochise.az.gov

Return completed form with any attachments by: 4/6/17



Arizona Department of Liquor Licenses and Control
 800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

AFFIDAVIT OF POSTING

Date of Posting: 4/4/17 Date of Posting Removal: 4/25/17

Applicant's Name: Aguilera Thomas Robert
Last First Middle

Business Address: 1794 W. Newell Street Naco 85620
Street City Zip

License #: 06080012

I hereby certify that pursuant to A.R.S. 4-201, I posted notice in a conspicuous place on the premises proposed to be licensed by the above applicant and said notice was posted for at least twenty (20) days.

Charles R. Cooper Inspector 5204329270
Print Name of City/County Official Title Phone Number

Chas R Cooper 4-25-17
Signature Date Signed

Return this affidavit with your recommendations (i.e., Minutes of Meeting, Verbatim, etc.) or any other related documents. If you have any questions please call (602) 542-5141 and ask for the Licensing Division.

NOTICE

APPLICATION TO SELL ALCOHOLIC BEVERAGES

DATE POSTED: Monday, April 4, 2017

HEARING ON A LIQUOR LICENSE APPLICATION will BE HELD BEFORE THE

Public Hearing

HEARING DATES SUBJECT TO CHANGE, TO VERIFY CALL 704-488-9900

at the LOCAL GOVERNING BODY WILL RECOMMEND TO

WHETHER THE BOARD SHOULD GRANT OR DENY

THE LIQUOR BOARD MAY BE HELD A HEARING TO CONSIDER THE

RECOMMENDATION OF THE LOCAL GOVERNING BODY. ANY PERSON RESIDING

WITHIN A ONE-MILE RADIUS MAY CONTACT

THE LIQUOR BOARD IN WRITING TO REGISTER AS A PROTESTER. THE

BEST INFORMATION REGARDING PROCEDURES BEFORE THE BOARD IS AT

THE LIQUOR BOARD WEBSITE: www.alabamastate.gov PHOENIX, AZ 85007

FOR MORE INFORMATION, VISIT www.alabamastate.gov OR CALL 704-488-9900

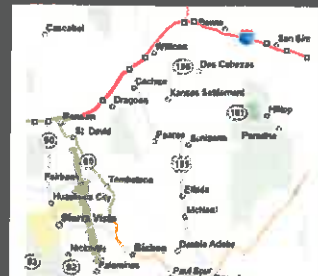
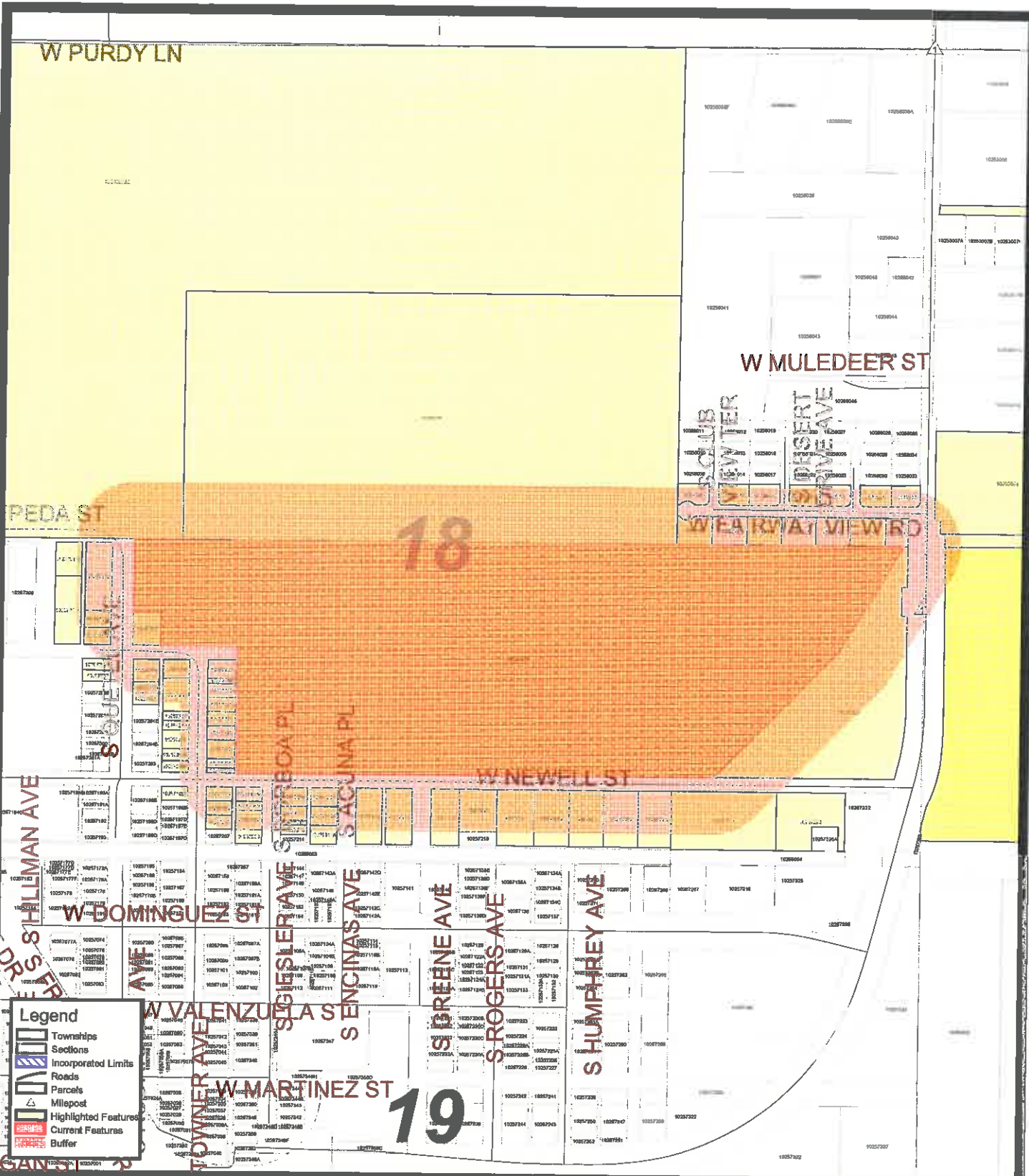
FOR THE LOCATION FORM BELOW THE PHOTO

SEE SAM AND SAVE!

SUPPORTER

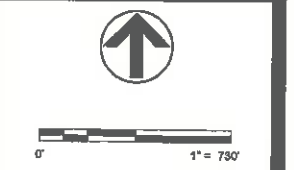


04/04/2017



102-55-002
Liquor License Review
TVGC

This map is a product of the
Cochise County GIS
Information Technology Dept.



Regular Board of Supervisors Meeting

Meeting Date: 05/09/2017

State and Federal Legislation Discussion

Submitted By: Arlethe Rios, Board of Supervisors

Department: Board of Supervisors

Presentation: No A/V **Recommendation:**
Presentation

Document Signatures: # of ORIGINALS
Submitted for Signature:

NAME na **TITLE** na
of PRESENTER: **of PRESENTER:**

Mandated Function?: **Source of Mandate**
or Basis for Support?:

Information

Agenda Item Text:

Discussion and possible action regarding state and federal legislative matters, including but not limited to the items in the attached County Supervisors Association Legislative Policy Committee Agenda and the proposed State budget.

Background:

na

Department's Next Steps (if approved):

na

Impact of NOT Approving/Alternatives:

na

To BOS Staff: Document Disposition/Follow-Up:

na

Budget Information

Information about available funds

Budgeted:

Funds Available:

Amount Available:

Unbudgeted:

Funds NOT Available:

Amendment:

Account Code(s) for Available Funds

1:

Fund Transfers

Attachments

State Budget Information

FY 2017-2018 State Budget

(As Introduced by the Legislature on May 2, 2017)

Summary

The Arizona Legislature introduced the FY 2017-2018 budget on May 2, 2017. The budget bills outlines a \$9.8 billion spending plan and include many Executive and Legislative priorities, including \$37.6 million for a results-based K-12 education initiative, teacher salary increases, \$10 million in agency efficiency savings, \$3M state match for rural broadband infrastructure, and relief for agencies dealing with Prop 206 implementation costs. With current revenue projections, the budget calls for a structural balance in FY 2018 of \$24.7 million and a final ending balance of \$42.1 million.

Major County Issues

- **Arizona Department of Juvenile Corrections (ADJC) One-Year Cost Reduction:** As session law, counties will still be required to transfer \$11,260,000 to ADJC. As session law, appropriates \$8 million to the Arizona Department of Administration (ADOA) to partially reimburse counties for ADJC costs for FY 2018. After adjusting for the reimbursement, counties' total costs for ADJC for FY 2018 will be \$3,260,000. – (**\$8 million savings for counties**)
- **Restricted Flexibility Language:** As session law, excludes counties under 250,000 persons, and restricts all other counties to \$1.25 million for the purposes of county flexibility language which allows a county to use any source of county revenue to meet any county fiscal obligation. Counties are still required to report to the Joint Legislative Budget Committee (JLBC) by October 1, 2017, if the county used the flexibility language and if so, the specific amount and source of revenue used.
- **Expanded In-Lieu Payments for Lottery Revenue:** As session law, continues payments for ten rural counties and provides \$550k for Mohave, Pinal and Yavapai counties in FY 2018 for the purpose of receiving an appropriation in lieu of county lottery revenue. – (**\$1.7 million increase to counties**)
- **Highway User Revenue Fund (HURF):** As session law, provides a total of \$60 million in FY 2018, FY 2019 and FY 2020 in HURF Local Distribution monies to be distributed as follows:
 - 33.231% to counties: \$19,938,600
 - 48.097% to cities: \$28,858,200
 - 5.247% to cities over 300,000 persons: \$3,148,200
 - 13.425% for counties over 800,000 persons for controlled access: \$8,055,000

Funding of the \$60 million comes from various sources in each year – \$30M from each of the Highway Extension and Expansion Loan Program (HELP) Fund and HURF in FY 2018 and FY 2019; and \$60M from HURF in FY 2020. The measure further stipulates that the allocation to each county will be made according to current statute (A.R.S. § 28-6538) governing the distributions of HURF monies. – (**\$10 million increase for counties**)

- **Increased Superior Court Salaries:** Provides for the second step of the 3 percent pay raise for judges. Beginning in January 2017, the first phase provided superior court judges with a 1.5 percent pay raise with the second 1.5 percent starting January 2018. Maricopa County pays for 100 percent of superior court salaries and all other counties pay for 50 percent plus ERE. – (**\$691,540 impact to counties** in FY 2018 – does not include adjustments for Judges Pro Tempore)

County Issues by Budget Bill

HB 2537 general appropriations; 2017-2018

- **Out of County Tuition:** Appropriates \$1,273,800 from the State General Fund for rural county reimbursement subsidies for community colleges. Apache County receives \$699,300 and Greenlee County receives \$574,500. This is unchanged from last year. *Sec. 21*
- **County Attorneys Fund:** Continues to provide \$973,600 of Arizona Criminal Justice Commission (ACJC) grant monies to counties. *Sec 26*
- **County Participation; Child Support Enforcement:** Appropriates \$8,740,200 for county participation of child support enforcement in the Department of Economic Security (DES). This amount is unchanged from last year. *Sec. 31*
- **State Forester; Environmental County Grants:** Continues to appropriate \$250,000 to the State Forester for county environmental projects. *Sec. 41*
- **County Tuberculosis Provider Care and Control:** Maintains a \$590,700 appropriation for county tuberculosis programs. *Sec. 47*
- **County Judicial Reimbursements:** Continues to provide \$187,900 to the Supreme Court to reimburse counties for state grand juries and capital post-conviction relief (PCR). The state grand jury reimbursement is limited to \$97,900 and the PCR reimbursement is limited to \$90,000. *Sec. 54*
- **Increased Superior Court Salaries:** Provides for a two year phase in of a 3 percent pay raise for judges. Beginning in January 2018, the second phase will provide superior court judges with a second 1.5 percent pay raise. Maricopa County pays for 100 percent of superior court salaries and all other counties pay for 50 percent plus ERE. *Sec. 54*
- **State Aid to Indigent Defense to DPS:** Appropriates \$700,000 from the State Aid to Indigent Defense Fund to DPS for operations. *Sec. 21 and 80*
- **Justice of the Peace (JP) Salaries:** Appropriates \$1,205,100 to the State Treasurer to cover the state's share of JP salaries. This amount is unchanged from last year. *Sec. 93*
- **Law Enforcement Boating Safety Fund (LEBSF):** Appropriates \$2,183,800 to be allocated to county law enforcement agencies in counties which had a law enforcement and boating safety program in existence prior to July 1, 1990 (Apache, Coconino, Gila, La Paz, Maricopa, Mohave, Navajo, Yuma). *Sec. 93*

- **Direct Appropriations to Counties (Lottery Revenue):** Appropriates, from the state general fund, \$7,150,650 to the Arizona Department of Administration to be equally distributed to all thirteen counties under 900,000 persons (Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Mohave, Navajo, Pinal, Santa Cruz, Yavapai, and Yuma). Each qualifying county receives \$550,050. *Sec. 112*
- **Graham County Assistance:** Appropriates \$500,000 from the State General Fund to ADOA for distribution to Graham County for maintenance of essential county services. *Sec. 112*
- **Arizona Department of Juvenile Corrections (ADJC) Cost Reduction:** Appropriates \$8,000,000 from the State General Fund to ADOA for a one-time distribution to counties to partially reimburse for ADJC costs. The amounts each county are to receive are detailed as follows:

Apache	\$89,500	Mohave	\$250,500
Cochise	\$164,400	Navajo	\$134,500
Coconino	\$168,300	Pima	\$1,226,900
Gila	\$67,100	Pinal	\$470,300
Graham	\$46,600	Santa Cruz	\$59,300
Greenlee	\$10,500	Yavapai	\$264,100
La Paz	\$25,700	Yuma	\$245,000
Maricopa	\$4,777,300		

- **Court Fund Transfers:** As session law, continues to require the following amounts to be transferred to the State General Fund (note removal of Court Appointed Special Advocate Fund in FY 2018):
 - In FY 2017:
 - \$300,000 from the Alternative Dispute Resolution Fund
 - \$300,000 from the Lengthy Trial Fund
 - \$500,000 from the Court Appointed Special Advocate Fund
 - \$250,000 from the Drug Treatment and Education Fund
 - \$3,650,000 from the Juvenile Probation Services Fund
 - In FY 2018:
 - \$300,000 from the Alternative Dispute Resolution Fund
 - \$200,000 from the Lengthy Trial Fund
 - ~~\$400,000 from the Court Appointed Special Advocate Fund~~
 - \$250,000 from the Drug Treatment and Education Fund
 - \$1,850,000 from the Juvenile Probation Services Fund

[HB 2540 criminal justice; budget reconciliation; 2017-2018](#)

- **GIITEM Subaccount Restriction of Use:** As permanent law, prohibits a county of more than 3 million persons from agreements or contracts utilizing GIITEM subaccount monies. *Sec. 7*
- **Arizona Department of Juvenile Corrections (ADJC) County Contributions:** As session law, requires counties to transfer \$11,260,000 to ADJC. **NOTE:** counties received an \$8M offset in

another budget bill. *Sec. 22*

- **Administrative Office of the Courts; Courthouse Security Standards:** As session law, appropriates \$750,000 for FY 2018 from the Judicial Collection Enhancement Fund for the purposes of providing assistance, training and grants to courts to meet the minimum standards of courthouse security adopted by the Arizona Supreme Court. *Sec. 23*

[HB 2541 environment; budget reconciliation; 2017-2018](#)

Pima County Land Acquisition Limitation: As permanent law, allows Pima County to purchase land within the boundaries of a city or town if the acquisition of the land is part of an intergovernmental agreement for the governing body of the city or town. *Sec. 25*

[HB 2542 budget reconciliation; health; 2017-2018](#)

- **Arizona Long Term Care System (ALTCS):** FY 2017 contributions total \$264,673,200 for all 15 counties into the Long Term Care System Fund. This is an increase of \$7,715,800 over Baseline. *Sec. 10*
- **Sexually Violent Persons (SVP) Payments:** Continues to require counties to reimburse The Department of Health Services (DHS) for 31 percent of the cost associated with housing SVPs at the Arizona State Hospital (ASH) for FY 2018. Includes flexibility language allowing counties to pay for this program with any source of county revenue and excludes any payments from the county expenditure limitation *Sec. 11*
- **Restoration to Competency (RTC) Payments:** Continues to require counties to reimburse DHS for 100 percent of the cost associated with competency restoration treatment at the ASH. Includes “flexibility language” allowing counties to pay for this program with any source of county revenue and excludes any payments from the county expenditure limitation. *Sec. 12*
- **Acute Care Contributions:** Sets county Acute Care contributions at \$46,813,400 for all 15 counties. This amount is unchanged from the JLBC Baseline and includes a deflator for the Maricopa County contribution *Sec. 15*
- **Disproportionate Uncompensated Care Pool (DUC Pool):** Requires the collection of \$2,646,200 in DUC Pool contributions from counties other than Maricopa. This amount is unchanged from last year. *Sec. 16*

[HB 2546 budget reconciliation; revenue; 2017-2018](#)

- **Highway User Revenue Fund (HURF):** As session law, provides a total of \$60 million in FY 2018, FY 2019 and FY 2020 in HURF Local Distribution monies to be distributed as follows:
 - 33.231% to counties: \$19,938,600
 - 48.097% to cities: \$28,858,200
 - 5.247% to cities over 300,000 persons: \$3,148,200
 - 13.425% for counties over 800,000 persons for controlled access: \$8,055,000

Funding of the \$60 million comes from various sources in each year – \$30M from each of the Highway Extension and Expansion Loan Program (HELP) Fund and HURF in FY 2018 and FY 2019;

and \$60M from HURF in FY 2020. The measure further stipulates that the allocation to each county will be made according to current statute (A.R.S. § 28-6538) governing the distributions of HURF monies. *Sec. 8 and 9*

- **County Flexibility Language:** As session law, allows counties under 250,000 persons to use up to \$1,250,000 of any county wide special district funds to meet any county fiscal obligation. Counties are still required to report to the Joint Legislative Budget Committee (JLBC) by October 1, 2017, if the county used the flexibility language and if so, the specific amount and source of revenue used. *Sec. 15*
- **Arizona Department of Revenue (ADOR) Cost Shift:** As session law, sets the amount the Arizona Department of Revenue is to collect from local government at \$20,755,835 and lays out a framework for calculating each jurisdiction's share.

The aggregate county share of the fee is determined through the following procedure:

- 1) Calculate the aggregate amount distributed to counties from:
 - a) A.R.S. § 42-5029 (TPT distribution base)
 - b) A.R.S. § 42-6103 (county general fund excise tax)
 - c) A.R.S. § 42-6107 (county transportation excise tax for roads)
 - d) A.R.S. § 42-6108 & 42-6108.01 (tax on hotels – Pima only)
 - e) A.R.S. § 42-6109 & 42-6109.01 (jail facility excise tax – Maricopa only)
 - f) A.R.S. § 42-6110 (use tax on electricity)
 - g) A.R.S. § 42-6111 (county capital projects)
 - h) A.R.S. § 42-6112 (county excise tax for county judgment bonds – La Paz only)
- 2) Calculate the aggregate amount distributed to counties, cities and towns, MAG, and PAG from:
 - a) All taxes listed under step one
 - b) A.R.S. § 42-6001 (city excise taxes)
 - c) A.R.S. § 43-206 (urban revenue sharing)
 - d) A.R.S. § 42-6105 (MAG transportation tax)
 - e) A.R.S. § 42-6106 (PAG transportation tax)
- 3) Calculate what percentage the aggregate amount calculated under step 1 is of the aggregate amount calculated under step 2 and apply this percentage to the \$20.8 million

The county share of the \$20.8 million will be approximately \$6.7 million. The session law further stipulates that the aggregate county share shall be proportionally collected from each county based on population. *Sec. 16*