



Cochise County Board of Supervisors

Public Programs...Personal Service
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THOMAS E. BORER
Chairman
District 1

ANN ENGLISH
Vice-Chairman
District 2

PEGGY JUDD
Supervisor
District 3

EDWARD T. GILLIGAN
County Administrator

SHARON GILMAN
Associate County Administrator

KIM LEMONS
Clerk of the Board

AGENDA FOR REGULAR BOARD MEETING TUESDAY, JULY 7, 2020 AT 10:15 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.

Due to health concerns related to COVID-19, the Board has suspended public group access to conference rooms located in County buildings. Members of the public who wish to attend these meetings remotely can call 602-609-7513 or 888-680-6714, Conference ID 477 532 749#. If you have trouble accessing this meeting remotely, call 520-432-9200 for direction. To comment on an agenda item, email the Clerk of the Board at board@cochise.az.gov by 5 p.m. the day before the meeting. Please include the date of the meeting and the agenda item number.

Call to the public will be suspended during the public health emergency, but comments submitted ahead of public hearings on specific agenda items will be read during the meeting.

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.

PRESENTATION

CONSENT

Board of Supervisors

1. Approve the Minutes of the regular meeting of the Board of Supervisors of June 23, 2020.

Court Administration

2. Approve Fiscal Year 2020-2021 Court Improvement Program (CIP) funding agreement as provided by the Arizona Supreme Court, Administrative Office of the Courts (AOC), in the amount of \$38,561, effective July 1, 2020 through June 30, 2021.

3. Approve expense transfer of \$4,657.26 from General Fund to Court Improvement Program (Fund 167) effective 6/30/2020.

Elections

4. Adopt Resolution 20-06 canceling the election of certain Precinct Committeemen, for the 2020 Primary Election on August 4, 2020, and appointing all candidates that filed to run for Precinct Committeemen for those precincts in which no election is required.

Finance

5. Approve demands and budget amendments for operating transfers.

Health & Social Services

6. Approve Contract Amendment No. 107-20-1 between Southeastern Arizona Governments Organization (SEAGO) and Cochise County Health and Social Services for Area Agency on Aging (AAA) Case Management Services, in the amount of \$12,000, effective July 1, 2019 through June 30, 2020.

Juvenile Probation

7. Approve expense transfer of \$4,222.03 from General Fund to Juvenile Accountability Block Grant (Fund 580) effective 6/30/2020.

PUBLIC HEARINGS

Board of Supervisors

8. Approve a Series #13 (Farm Winery) new liquor license application submitted by Ms. Desiree Ann Gerth, for Strive Vineyards, located at 6217 S. Maranatha Way, Willcox, AZ 85643.
9. Approve a Series #6 (Bar) Acquisition of Control liquor license application submitted by Mr. Edward Martin Fee for Sierra Vista Wedding and Events, located at 6398 S. Hwy. 92, Hereford, AZ 85615.

ACTION

Health & Social Services

10. Approve the Arizona Department of Health Services Intergovernmental Agreement (IGA) Contract #ADHS17-133164 Amendment 8 for the Emergency Preparedness Program, between the Arizona Department of Health Services and Cochise Health & Social Services, in the amount of \$241,241, effective July 1, 2020 and ending June 30, 2021.

Juvenile Probation

11. Approve Fiscal Year 2020-2021 Juvenile Probation Funding Agreement, as provided by the Arizona Supreme Court, Administrative Office of the Courts (AOC), effective July 1, 2020 through June 30, 2021 in the amount of \$919,309.

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

SUMMARY OF CURRENT EVENTS

Report by District 1 Supervisor, Thomas E. Borer

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 Cochise County ADA Coordinator, ADACoordinator@cochise.az.gov, (520) 432-9830, TDD (520) 432-8360, 1415 Melody Lane, Building C, Bisbee, AZ 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

Board of Supervisors

Regular Board of Supervisors Meeting

Meeting Date: 07/07/2020

Minutes

Submitted By: Amy Langer, 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 June 23, 2020.

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.

Regular Board of Supervisors Meeting

Court Administration

Meeting Date: 07/07/2020
 FY21 Court Improvement Program (CIP) Funding Agreement
Submitted By: Rita Shipley, Court Administration
Department: Court Administration
Presentation: No A/V Presentation
Document Signatures: BOS Signature NOT Required

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

NAME of PRESENTER: Rita Shipley
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 Fiscal Year 2020-2021 Court Improvement Program (CIP) funding agreement as provided by the Arizona Supreme Court, Administrative Office of the Courts (AOC), in the amount of \$38,561, effective July 1, 2020 through June 30, 2021.

Background:

The Court Improvement Program is designed to assess and improve court proceedings regarding foster care and adoption and to help maintain the focus on a child's safety, permanency and well-being.

Department's Next Steps (if approved):

Receive AOC funding and administer the program.

Impact of NOT Approving/Alternatives:

No funding for the Court Improvement Program.

To BOS Staff: Document Disposition/Follow-Up:

BOS approval only. No signature or additional documents/follow-up needed.

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

FY21 Funding Agreement
Grant Approval Form

Arizona Supreme Court
Administrative Office of the Courts

Court Improvement Program

FUNDING AGREEMENT

Cochise County

Fiscal Year 2021

This Agreement is entered into by and between the Arizona Supreme Court, Administrative Office of the Courts ("AOC"), and the Cochise County Superior Court ("Grantee").

1. TERM AND PROGRAM REQUIREMENTS

This Agreement becomes effective upon execution by the parties and shall remain in effect through June 30, 2021.

a. Dependency Process Requirements

The purpose of this agreement is to provide funding to the Grantee to implement the Court Improvement (CI) requirements listed below.

- 1) Preliminary Protective Hearings in every case where the child is removed from the home and a dependency petition is filed shall be held within five to seven business days of removal.
- 2) Pre-Hearing Conference shall be conducted immediately preceding the in-court Preliminary Protective Hearing.
- 3) A Settlement Conference or Mediation shall be held prior to an Adjudication Hearing in a dependency matter, if a parent does not admit or submit to the dependency petition.
- 4) An Adjudication Hearing shall be held within ninety days of service of a dependency petition.
- 5) A Disposition Hearing shall be held at the same time or no later than thirty days after the Adjudication Hearing.
- 6) A Review Hearing shall be held within six months of the initial Disposition Hearing.
- 7) A Permanency Hearing shall be held:
 - a) within thirty days of disposition, if Court orders that reunification services are not to be offered;
 - b) within six months of removal for a child less than three years of age;
 - c) within one year of removal, if reunification services are not discontinued by court order.
- 8) If the Court determines at the Permanency Hearing that termination of parental rights or guardianship is in the best interest of the child, the Court shall order the department or the child's attorney or guardian ad litem to file, within ten days of the Permanency Hearing, a motion alleging grounds for termination or guardianship. The Initial Termination or Initial Guardianship Hearing shall be held within thirty days of the Permanency Hearing.
- 9) The Court shall make specific and factual findings as to the extraordinary circumstances which brought about the continuance of any dependency hearing.

b. Primary Budget Considerations

In order to accomplish the time lines and procedures outlined in the Dependency Process Requirements, there are certain personnel and operational considerations that are fundamental and must be a priority for your budget expenditures. Grantee must ensure that there is/are:

- 1) Sufficient judicial hearing officers to hear all dependency proceedings.
- 2) An individual(s) responsible for facilitating Pre-Hearing Conferences.
- 3) An individual(s) responsible for handling mediations.
- 4) A Court Improvement multi-disciplinary team which meets regularly to ensure efficiency in the dependency process.
- 5) A juvenile court dependency data tracking system that is accessible to court personnel involved in dependency cases.
- 6) An individual(s) identified in your county to collect and input dependency case data into the juvenile court dependency data tracking system. Key individuals involved in the data collection process should participate in regularly scheduled Users Group meetings sponsored by the AOC.
- 7) Collaboration with the County Clerk's Office to ensure that the County Clerk's Office is adequately staffed and equipped to manage its responsibilities in the dependency process.

c. Dependency Data Tracking System Requirements

- 1) The Grantee shall provide all equipment, hardware and software necessary to enable access for all court personnel responsible for entering dependency data into the juvenile court dependency data tracking system. The Grantee shall establish a security matrix for use of the juvenile court dependency data tracking system.
- 2) The Grantee agrees to: (a) utilize the juvenile court dependency data tracking system including, but not limited to, the input of data in a timely and accurate manner and the providing of reports as requested by the AOC; and (b) participate in any applicable outcome studies.
- 3) Dependency data entry for each month must be entered into the juvenile court dependency data tracking system by the fifth day of the following month.
- 4) Dependency Exception Reports will be run by the eighth day of the following month. The exceptions shall be corrected by the end of the same month. If exceptions cannot be corrected, the Grantee will contact the AOC for resolution.

2. MODIFICATION AND TERMINATION

This Agreement may be modified or terminated by the AOC if in its judgment such action is necessary due to: (a) lack of funding; (b) statutory or administrative changes in the program; (c) Grantee's failure to implement or operate this Funding Agreement; (d) Grantee's non-compliance with this Agreement or other program requirements; (e) Grantee's failure to expend funds in accordance with Addendum A; or (f) other circumstances necessitating such action. Either party may terminate this Agreement upon a thirty-day written notice to the other party by certified mail.

3. FUND ACCOUNTING

Funds distributed to Grantee shall be deposited in a special revenue account established for the execution of this Agreement. Any interest earned on these monies while in the possession of Grantee shall accrue to the fund for use by Grantee in accordance with this Funding Agreement. Funds disbursed to Grantee for reimbursement of approved expenses do not have to be deposited into a special revenue account.

4. EXPENDITURES

- a. **Distribution of Funds.** The AOC may retain all or any portion of the funds allocated to Grantee for the performance of this Funding Agreement and may authorize direct expenditures for the benefit of Grantee. The specific amounts to be retained by the AOC for direct expenditures for the benefit of Grantee and to be disbursed to the Grantee are set forth in the Addendum A to this Agreement. The AOC may periodically modify the distribution of funds contained in the Addendum A based on its determination of Grantee's need for and usage of the funds.
- b. **Reporting Requirements.** Grantee shall submit a Semi-Annual Progress Report and Financial Statement to the AOC on or before January 31, 2021. Grantee shall also submit a Closing Report and Financial Statement to the AOC on or before August 31, 2021. An inventory of all equipment purchased with CI funds, including serial numbers, location and intended use, shall accompany the Closing Report and Financial Statement. Report forms will be provided by the AOC.
- c. **Unexpended Funds.** Funds unencumbered as of June 30, 2021 and unexpended as of July 31, 2021, plus all unexpended interest accrued on such funds while in the possession of Grantee, shall be submitted with the Closing Report and Financial Statement to the AOC for reversion no later than August 31, 2021.
- d. **Inappropriate Expenditures.** Grantee shall expend funds only for the purposes and uses specified in the Funding Agreement and Addendum A. Grantee agrees to reimburse the AOC for any unauthorized or inappropriate expenditures which are not in compliance with the Addendum A and this Agreement. Funds shall not be used to pay county or city administrative costs for services associated with receipt of those funds including, but not limited to, the cost of: accounting, payroll, data processing, purchasing, personnel, and building use. All equipment purchased solely with AOC funds shall be used solely for purposes outlined in the Funding Agreement unless written permission is received from the AOC.
- e. **Budget Modifications.** The Court shall not shift funds from, to, or within budgeted categories described in Addendum A without prior written authorization from the AOC. All budget modifications shall be in accordance with the AOC Budget Modification Policy. Budget modification forms may be acquired from the AOC.
- f. **Termination of Funding.** In the event that this Agreement is terminated prior to June 30, 2021, all unexpended funds in the possession of Grantee shall be returned to the AOC within 30 days of such termination, along with, but not limited to: (1) a closing financial statement; (2) a final report outlining the program achievements; and (3) an inventory, including serial numbers, location and intended use, of all equipment purchased with grant funds. If termination is due to failure of Grantee to comply with this Funding Agreement, the AOC may require return of equipment and supplies purchased with grant funds.

5. BOOKS AND RECORDS

- a. **Financial Records and Examination.** Grantee shall maintain and shall require its subcontractors to maintain acceptable accounting systems, records, and documents to properly reflect all funds expended in the performance of this Funding Agreement. All books, records and other documents relevant to this Agreement shall be retained by Grantee and its subcontractors for a period of five (5) years after the final payment has been made, or until after the resolution of any audit questions or contract disputes, whichever is longer. AOC, state, or federal auditors, as applicable, and any other persons duly authorized by the AOC shall have full access to, and the right to examine, audit, copy and make use of any and all said materials. All subcontracts shall include a provision acknowledging the authority of the AOC to conduct such audits or examinations.
- b. **Program Records and Evaluation.** The AOC monitors and evaluates the implementation of Arizona Revised Statutes, Title 8, Chapter 10, Articles 2, 3 and 4, known as Court Improvement to determine its effectiveness. As a condition of receipt of

grant funds, Grantee and any subcontractor agree to maintain and provide to the AOC such data and statistics as may be required for purposes of evaluation. Grantee further agrees that authorized agents of the AOC shall have the right to conduct on-site visits for purposes of compliance monitoring and program evaluation. All subcontracts shall include a provision acknowledging the authority of the AOC to conduct such inspections and evaluations.

6. INVENTORY

Equipment purchased with funds received pursuant to this Agreement shall become the property of Grantee, and Grantee shall maintain written inventory and property control policies and procedures covering the equipment. Grantee may use its existing inventory system but must at a minimum maintain the information required by AOC policies and procedures.

7. USE, LOSS AND DISPOSITION OF EQUIPMENT

Equipment must be used as required by this Funding Agreement for three (3) years, unless written permission is given by the AOC. After this time, purchased equipment may be transferred upon approval of the presiding juvenile judge. Grantee is responsible for any maintenance, loss or damage to the equipment and the AOC makes no assurances regarding its repair or replacement. Purchased equipment which is no longer needed or usable shall be placed in surplus as required by this Agreement. If no such requirements are included in the Agreement, then local surplus property procedures may be utilized. Leased equipment will follow the guidelines of the lease.

8. SANCTIONS

In addition to any other remedy available pursuant to this Agreement, Grantee may be placed on financial sanction status for deficiencies including but not limited to, delinquent submissions, delinquent reports, inaccurate reporting of statistics, inaccurate reporting of dependency statistics, untimely and consistently inaccurate input of data into the dependency data tracking system, untimely and consistently inaccurate correction of identified issues on the quality assurance reports, inadequate records, expenditures outside of the approved budget and non-compliance with this Funding Agreement for this or any other grant. During the period of sanction status, the AOC may take any appropriate action including:

- a. Written warning with request for immediate compliance.
- b. Withholding all or any portion of future program fund or equipment disbursements.
- c. Withholding all disbursements from all program funds.
- d. Requiring monthly submission of expenses prior to disbursement.
- e. Requiring monthly submission of expenses for reimbursement of actual costs incurred.
- f. Recovery of funds or equipment already disbursed.

To receive reimbursement while in sanction status, Grantee shall submit a monthly request to the AOC detailing expenses in funding categories as delineated on Addendum A. State funds shall not be used for any adverse financial costs or interest charged or incurred due to Grantee's financial sanction status.

9. ASSIGNMENT OF INTELLECTUAL PROPERTY RIGHTS


Any reports or information developed during the course of implementing the requirements of this agreement will be the joint property/ownership of the Grantee and the AOC. The Grantee and the AOC shall have full and complete rights to reproduce, duplicate, disclose, perform and otherwise use all information prepared under this Agreement.

10. PERFORMANCE LIABILITY

Except as otherwise provided by law, in the performance of this Agreement and Grantee's Funding Agreement both parties hereto are acting in their individual governmental capacities and not as agents, employees, partners, joint ventures, or associates of each other. The employees,

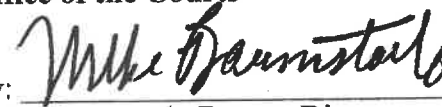
agents, or subcontractors of one party shall not be deemed or construed to be the employees or agents of the other party. Each party is solely responsible for the actions of its employees under this Agreement.

Cochise County Superior Court

By: 
Honorable Terry Bannon
Presiding Juvenile Judge

Date: 6/18/2020

Arizona Supreme Court, Administrative Office of the Courts

By: 
Mike Baumstark, Deputy Director
Administrative Office of the Courts

Date: 6/18/2020

ADDENDUM A

COURT IMPROVEMENT Juvenile Court in Cochise County for Fiscal Year 2021

Addendum date: 7/1/2020

NOTE: This addendum supersedes all previously dated addenda

TOTAL AMOUNT AWARDED: \$ 38,561.00

APPROVED BUDGET		
Category	FTEs	Amount
Personnel—Salaries	0.77	\$ 27,544.00
Personnel—ERE		\$ 11,017.00
Contract Services		\$ -
Equipment		\$ -
Travel		\$ -
Operating		\$ -
TOTAL DISBURSED AMOUNT		\$ 38,561.00

SCHEDULED DISBURSEMENTS				
July 31, 2020	October 31, 2020	March 15, 2021	May 17, 2021	N/A
\$ 9,255.00	\$ 9,255.00	\$ 10,026.00	\$ 10,025.00	\$ -

Signed:



5/29/2020

Caroline Lutt-Owens, Director
Dependent Children's Services Division—Arizona Supreme Court

Date

Signed:



6/18/2020

Presiding Juvenile Judge

Date

AOC Finance Office Receipt:

Fund Manager

Date

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.

Court Administration

Regular Board of Supervisors Meeting

Meeting Date: 07/07/2020
 FY20 Expense Transfer - Court Improvement Program
 Submitted By: Rita Shipley, Court Administration
 Department: Court Administration
 Presentation: No A/V Presentation
 Document Signatures: BOS Signature NOT Required
 NAME of PRESENTER: Rita Shipley
 Mandated Function?: Not Mandated

Recommendation: Approve
 # of ORIGINALS Submitted for Signature: 0
 TITLE of PRESENTER: Budget and Finance Director
 Source of Mandate or Basis for Support?:

Docket Number (If applicable):

Information

Agenda Item Text:

Approve expense transfer of \$4,657.26 from General Fund to Court Improvement Program (Fund 167) effective 6/30/2020.

Background:

Fund 167 – Court Improvement Program

This is an Administrative Office of the Court (AOC) state funded reverting grant that provided funding for 0.85 FTE in FY18. Court Admin incorrectly had the employee GL setup as 100%. During that time, Court Admin did not have a financial person and the expenses were not transferred at the end of the year, resulting in the deficit. This is still an active grant and the GL percentages have been corrected. We would like to transfer funds to clear out the deficit. There is \$4,657.26 budgeted in Transfer to Other Funds (100-0810-9-550.000) to cover the deficit.

Department's Next Steps (if approved):

Submit expense transfer to Finance to post the transaction.

Impact of NOT Approving/Alternatives:

Fund will continue to have a deficit balance.

To BOS Staff: Document Disposition/Follow-Up:

None

Budget Information

Information about available funds

Budgeted: Funds Available: Amount Available: 4657.26
 Unbudgeted: Funds NOT Available: Amendment:

Account Code(s) for Available Funds

1: 100-0810

Fund Transfers

Fiscal Year: 2020

One-time Fixed Costs? (\$\$\$): 4657.26

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

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

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

Source of Funding?: General Fund

Fiscal Impact & Funding Sources (if known):

Fund 167 – Court Improvement Program

This is an Administrative Offices of the Court (AOC) state funded reverting grant that provided funding for 0.85 FTE in FY18. Court Admin incorrectly had the employee GL setup as 100%. During that time, Court Admin did not have a financial person and the expenses were not transferred at the end of the year, resulting in the deficit. This is still an active grant and the GL percentages have been corrected. We would like to transfer funds to clear out the deficit. There is \$4,657.26 budgeted in Transfer to Other Funds (100-0810-9-550.000) to cover the deficit.

Attachments

Interfund Transfer

COCHISE COUNTY SUPERIOR COURT

REQUEST FOR INTERFUND TRANSFER

DATE: 6/30/2020

FY 19/20

Debit ACCOUNT NO.	DESCRIPTION	WHOLE DOLLARS
100-0810-9-550.000	Transfer to Other Funds	4,657.26
		4,657.26
Credit ACCOUNT NO.	DESCRIPTION	WHOLE DOLLARS
167-0810-391.000	Interfund Transfer In	4,657.26
		4,657.26

EXPLANATION FOR TRANSFER:

Interfund transfer to clear deficit.

REQUESTED BY:

Sent via e-mail by
Rita Shipley, 432-8509

Budget & Finance Director

AUTHORIZATION:

_____ ADMINISTRATIVE

_____ BUDGET AMENDMENT

_____ FUNDS AVAILABLE FOR TRANSFER

RESOLUTION

Regular Board of Supervisors Meeting

Meeting Date: 07/07/2020

Adopt Resolution 20-06 Cancelling Precinct Committeemen Election and appointing Candidates

Submitted By: Lisa Marra, Elections

Department: Elections

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

Document Signatures: BOS Signature Required **# of ORIGINALS Submitted for Signature:** 1

NAME of PRESENTER: Lisa M. Marra **TITLE of PRESENTER:** Elections Director

Docket Number (If applicable):

Mandated Function?: Federal or State Mandate **Source of Mandate or Basis for Support?:** 16-822B, 16-410

Information

Agenda Item Text:

Adopt Resolution 20-06 canceling the election of certain Precinct Committeemen, for the 2020 Primary Election on August 4, 2020, and appointing all candidates that filed to run for Precinct Committeemen for those precincts in which no election is required.

Background:

Pursuant to A.R.S. 16-410, 16-822B, if the number of persons who file nominating petitions or write-in nomination petitions for an election to fill Precinct Committeeman positions is less than or equal to the number of Precinct Committeeman positions, the County Board of Supervisors may cancel the election for those positions and appoint the person(s) who filed the nomination petition to fill the position. If no person has filed a nominating petition to fill a position, the position is deemed vacant and shall be filled as otherwise provided by law. A Precinct Committeeman who is appointed pursuant to this subsection after filing a nominating petition shall be deemed an elected Precinct Committeeman with fully vested powers and duties of the office and shall serve a two-year term beginning on October 1, 2020.

Department's Next Steps (if approved):

Send notification to County Party Chairs and prepare and send certificates of election to Precinct Committeemen after the August 4, 2020 election.

Impact of NOT Approving/Alternatives:

Not in compliance with A.R.S. 16-822(B) and would have to conduct an election for each of these precincts at a considerable expense to the County, which is not reimbursable.

To BOS Staff: Document Disposition/Follow-Up:

Provide an executed and recorded copy of the Resolution to the Elections Director.

Attachments

Resolution

RESOLUTION NO. 20-06

**A RESOLUTION OF THE BOARD OF SUPERVISORS OF COCHISE COUNTY CANCELING THE
REGULAR ELECTIONS OF AUGUST 4, 2020 FOR CERTAIN PRECINCT COMMITTEE
PERSONS OF CERTAIN PRECINCTS IN WHICH NO ELECTION IS REQUIRED**

WHEREAS, pursuant to A.R.S. § 16-822(B), if the number of the persons who file nominatinon petitions for an election to fill Precinct Committee person positions is less than or equal to the number of Precinct Committee person positions, the County Board of Supervisors may cancel the election for those offices and appoint the persons who filed the nominating petitions to fill those positions; and

WHEREAS, for each of the following listed precincts, the following person, or persons, have filed a nominating petitions for election for precinct committee persons:

PRECINCT 01 BE BENSON:

Doris Weaver (REP)	Nelson Weaver (REP)
Brian Wooster (REP)	Robert Bernal (REP)
John Towne (REP)	Joe Konrad (REP)
Debra Towne (REP)	

PRECINCT 02 BE J SIX:

Debra Littig (REP)	Trudi Harlan (REP)
Charles (Roy) Curtis (REP)	Kerri Oldfather (REP)
Sherry Curtis (REP)	Geoff Oldfather (REP)
Mahlon MacKenzie (REP)	David Hudson (REP)
Dave Harlan (REP)	

PRECINCT 03 BE SAN PEDRO:

Lupe U. Diaz (REP)	Princess King (REP)
Delane Dunagan (REP)	Hope King (REP)
Brenda King (REP)	Charles A. Nicholson, Jr. (REP)
Toney King, Sr. (REP)	

PRECINCT 04 BI BISBEE:

Alyce Tordsen (DEM)
Helen Simkin (DEM)
Linda Moore (DEM)

Billie Power (REP)
Albert Thomas (REP)

PRECINCT 05 BI DON LUIS:

Christine Rhodes (DEM)
Daniel Frey (DEM)
Tamara Birch (DEM)
James Donald West (fka Symolon) (REP)

Mary Ellen Dunlap (REP)
Donald Barnett (REP)
Lawrence Pace (REP)

PRECINCT 06 BI WARREN:

David Wm Penrose (DEM)
Patricia Ross (REP)

Ramiro Ross (REP)
Walter Cleveland (REP)

PRECINCT 07 BOWIE:

Margaret Hall-Pena (DEM)
Penni Goodman (REP)

Kimberly Klump (REP)

PRECINCT 08 COCHISE:

David (Dave) Pinar (DEM)
Frank Antenori (REP)
Stefanie Spencer (REP)
Mark Spencer (REP)
Julie Mattei (REP)

John P. Mattei (REP)
Ed Curry (REP)
Richard Searle (REP)
Alan Seitz (REP)

PRECINCT 09 DO CALVARY:

William (Bill) Wendt (REP)

Kenneth Nelson (REP)

PRECINCT 10 DO CARLSON:

Mary Louise Vigil (REP)
Maria M. Morales (REP)

Sherry Huish (REP)

PRECINCT 11 DO CASTRO PARK:

Tom H. Hanigan (REP)

Mario Vasquez (REP)

PRECINCT 12 DO GADSDEN:

Edward Noriega (REP)

Donnie Huish, Jr. (REP)

PRECINCT 13 DO SUNNYSIDE:

Miriam Susan Krentz (REP)

Frank Krentz (REP)

Stefanie Krentz (REP)

PRECINCT 14 GREATER SAN PEDRO:

Debbie Hickman (DEM)

Janet Evans (REP)

Robert Evans (REP)

Mark Ingram (REP)

Linda Cockrell (REP)

Larry Cockrell (REP)

Brianna Perse (REP)

Steven Perse (REP)

Marsha Graham (REP)

PRECINCT 15 HEREFORD:

M. Jane Huff (REP)

Sue Ann Dempsey (REP)

Michele J. Emerson-Roberts (REP)

Louis Gasper (REP)

Jo Ann Gasper (REP)

Carol Taylor (REP)

Robert Perry (REP)

Jennifer Perry (REP)

Nancy Rasmussen (REP)

PRECINCT 16 HUACHUCA:

William Stein (REP)

Rachel Stein (REP)

Jesse Valentine (REP)

Catherine Stein (REP)

PRECINCT 17 MCNEAL:

Dave Raber (REP)

Margaret Bemis (REP)

Ronald Bemis (REP)

Anna Waters (REP)

PRECINCT 18 NACO:

JoBeth Ladd (REP)

John Ladd (REP)

PRECINCT 19 PALOMINAS:

Judy Langer (REP)

Paul Langer (REP)

Robert Montgomery (REP)

Debbie Stoner (REP)

Neal Maas (REP)

Valerie Rice (REP)

PRECINCT 20 PIRTLEVILLE:

Kenneth Keat (REP)

Kathleen Keat (REP)

Linda Holifield (REP)

PRECINCT 21 POMERENE:

Chris Floyd (REP)

Heather Floyd (REP)

H. Paul Brick (REP)

Logan Floyd (REP)

April Basinger (REP)

Ashley Floyd (REP)

PRECINCT 22 PORTAL:

Diane Davidson (DEM)

Toni Arena (REP)

M. Scott Arena (REP)

PRECINCT 23 SAN SIMON:

Anna Rickard (REP)

Mary Sparkman (REP)

PRECINCT 24 ST. DAVID:

Alyx Dreemurr (REP)

Young Mayberry (REP)

Bonnie Staggs (REP)

Kathleen (Katie) Miller (REP)

Donald Buchanan (REP)

Terisha Driggs (REP)

Brian McKeighen (REP)

Nancy Dever (REP)

Laurel Flippin-Greene (REP)

PRECINCT 25 SUNIZONA:

John Shaver (REP)

Shaye Clemson (REP)

Tyler Clemson (REP)

PRECINCT 26 SV AVENIDA DEL SOL:

Kathleen Martin (DEM)

Joyce Carpenter (DEM)

Jeremy Godfrey (REP)

William Benning (REP)

DeAndre White (REP)

Jeremiah Frist (REP)

Jennifer Maher (REP)

Timothy Maher (REP)

Joan McDonnell (REP)

Sheenali Webster (REP)

PRECINCT 27 SV BUFFALO SOLDIER:

Elisabeth Tyndall (DEM)

Kathleen Dolge (REP)

David Dolge (REP)

Vera Hylsky (REP)

Gera McCarty (REP)

Teresa Browning (REP)

Mark Browning (REP)

Jordan Browning (REP)

Sheila Cooper (REP)

Chris Cooper (REP)

Bryant Booler (REP)

Leslie Booler (REP)

PRECINCT 28 SV BUSBY:

Mary Stillwell (REP)

Jason T. Tinney (REP)

Jason Tinney (REP)

Becky Tinney (REP)

Frank Knight (REP)

Virginia (Gina) Arthur (REP)

PRECINCT 29 SV CARMELITA:

Michael Dean (REP)

Wanda Pike (REP)

Kimberly Dunn (REP)

Russalice Benton (REP)

Jordan Shilt (REP)

PRECINCT 30 SV CLOUD:

Melissa A. Tschida (DEM)

Mark Amsdell (REP)

Elizabeth Amsdell (REP)

Camille Nelson (REP)

Richard James (REP)

PRECINCT 31 SV COLLEGE:

Suzanne Johnson (REP)

Gregory L. Johnson (REP)

Richard Vivian (REP)

Lindsay Vivian (REP)

Charles Henry (REP)

John Tooley (REP)

James Earl Vlahovich (REP)

PRECINCT 32 SV COUNTRY CLUB:

Frances Harris (REP)

Marie Blair (REP)

Ronald Ullom (REP)

Lori Zucco (REP)

Katherine Nix (REP)

Edward Wozniak (REP)

Kathryn Clark (REP)

Jean A. Hoag (REP)

William Colberg (REP)

Robert Stachel (REP)

PRECINCT 33 SV ESTATES:

Joy Mims (DEM)

Kent C. Cooksley (REP)

Jonathan Wilhelm (REP)

Lowenid Reinhart (REP)

Cheryl Gehrke (REP)

Edward Wilhelm (REP)

Casandra Wilhelm (REP)

Deana Graham (REP)

PRECINCT 34 SV HOPI:

Chris Sedlock (REP)

David Gowan, Jr. (REP)

Jessica Gowan (REP)

David Gowan, Sr. (REP)

Maria Wenc (REP)

Tony Wenc (REP)

PRECINCT 35 SV MOSON:

Anthony Wisniewski (DEM)
Christie Brown (DEM)
Susan Marcell (REP)
Billy Cloud (REP)
Daissy Gonzalez (REP)
Pauline Hart (REP)

Ronald Hart (REP)
Mary Ann Black (REP)
Jennifer Jones (REP)
Anthony Frank (REP)
Adrian Gonzalez (REP)

PRECINCT 36 SV PUEBLO DEL SOL:

Pamela Anderson (REP)
Mark Genz (REP)
Dana Kennedy (REP)

Patricia Mallett (REP)
Sean Mendoza (REP)
Noah Wood (REP)

PRECINCT 37 SV RAMSEY:

Jo Ann Caruthers (DEM)
Yvonne Mayer (REP)
Margaret Stock (REP)
Nickola Dannels (REP)
Mark Dannels (REP)

Gail Griffin (REP)
Gloria Grab (REP)
Jarrod Mayne (REP)

PRECINCT 38 SV SNYDER:

Cody Singleton (REP)
Judit Singleton (REP)
Nicole Perez-Jimenez (REP)

Jeffrey Davenport (REP)
Leya Davenport (REP)

PRECINCT 39 SV SOLDIER CREEK:

Ronald S. Hale (REP)
Diana S. Monson-Hale (REP)
Patricia Stickler (REP)
Fredrick Stickler (REP)

Anna Aragon (REP)
Larry L. White, Jr. (REP)
Larry White (REP)
John Sullivan (REP)

PRECINCT 40 SV TOWN & COUNTRY:

Norman Dunn (REP)
Penny Dunn (REP)
Anthony Guerrero-Sisneroz (REP)
Patrick Jones (REP)
Kathy Jones (REP)

Casey Jones (REP)
Marsha Smith (REP)
David Stevens (REP)
Cindy Stevens (REP)

PRECINCT 41 SV VILLAGE MEADOWS:

Donald Lowery (REP)
Evetta Jones (REP)
Song Harju (REP)
Lawrence Harju (REP)
Lynn Harju (REP)

Melvin Harter (REP)
Jeffrey Anselmi (REP)
Tom Crosby (REP)
Francisco Cisneros (REP)
Benjamin Lewis (REP)

PRECINCT 43 SV YAQUI:

Patricia V. Fleming (DEM)
Robert L. Fleming (DEM)
Krist-Anah E. Watkins (REP)
Dean Paparella (REP)
Harry Viscarra (REP)
Kathleen Mitchell (REP)
Dennis Gojkovich (REP)

Jeraldine Ligon (REP)
Kelsey Thompson (REP)
Mary Gojkovich (REP)
Brian McIntyre (REP)
Jere Fredenburgh (REP)
Elizabeth Riordon (REP)

PRECINCT 44 TOMBSTONE:

Catherine "Cathy" Traywick (REP)
Lori Kilpatrick (REP)
Daniel Kilpatrick (REP)
Paula Jean Reed (REP)

Lillian Hritz (REP)
Dixie McNeely (REP)
Otis Miller (REP)

PRECINCT 45 WEBB:

Beverly Alvarez (DEM)
Manuel Alvarez (DEM)
Leslie Pena (REP)

Stella R. Brown (REP)
Cindy M. Brown (REP)

PRECINCT 46 WHETSTONE:

Eva Lohse (REP)
Kara Harris (REP)
Brenda Malarchik (REP)
Bruce Harris (REP)
Heather Gardner (REP)

Harvey Shelley (REP)
Nancy Burnett (REP)
Steven Houle (REP)
Cherryl Johnson (REP)
Patrick Bryan (REP)

PRECINCT 47 WI KANSAS SETTLEMENT:

Steven Marlatt (DEM)
Robert Denton (REP)
Shauna Gappmayer (REP)

Gerald (Sam) Lindsey (REP)
Dale Scott Jaronske (REP)
Debria Jaronske (REP)

Trina Sue Riggs (REP)

PRECINCT 48 WI STEWART:

Sharon Chapman (REP)

John Chapman (REP)

Karyn Carrillo (REP)

David Smith (REP)

Sonny Shores (REP)

Sharon Vincent (REP)

PRECINCT 49 WI WILLCOX:

Tommy Miller (REP)

Peggy Judd (REP)

Kit Judd (REP)

Cynthia Chaffey (REP)

and are the only persons to have done so, thus rendering each election an uncontested election; and

NOW THEREFORE BE IT RESOLVED By the County of Cochise as follows:

1. The elections of the Precinct Committee persons, scheduled for August 4, 2020, are canceled pursuant to the authority granted to the Cochise County Board of Supervisors.

2. The persons listed above are hereby deemed appointed Precinct Committee persons in the designated precincts in Cochise County.

3. A person who is appointed pursuant to this section shall be deemed an elected Precinct Committee person and will be fully vested with the powers and duties of the office for a two-year term beginning October 1, 2020.

4. If no nomination petitions for a candidate and no nomination papers for a write-in candidate have been filed to fill the position for which the election was being held, the position is deemed vacant and shall be filled in accordance with laws governing the filling of those vacancies.

5. This action is taken pursuant to the authority granted the Cochise County Board of Supervisors under A.R.S. § 16-410(A).

APPROVED by the Board of Supervisors of the County of Cochise this 7th day of July 2020.

Thomas E. Borer, Chairman
Cochise County Board of Supervisors

ATTEST:

Kim Lemons, CPCC
Clerk of the Board

APPROVED AS TO FORM:

Christine J. Roberts 6/16/2020

Christine J. Roberts,
Chief Civil Deputy Attorney

Regular Board of Supervisors Meeting

Meeting Date: 07/07/2020

Demands

Submitted By: Amy Langer, 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.

Health & Social Services

Regular Board of Supervisors Meeting

Meeting Date: 07/07/2020
 SEAGO Area Agency on Aging contract amendment No. 107-20-1
Submitted By: Briggita Hodges, Health & Social Services
Department: Health & Social Services
Presentation: No A/V Presentation
Document Signatures: BOS Signature Required
NAME of PRESENTER: Belvet Elsouhag
Mandated Function?: Not Mandated

Recommendation: Approve
of ORIGINALS Submitted for Signature: 1
TITLE of PRESENTER: AAA/Pub Fid Director
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 Contract Amendment No. 107-20-1 between Southeastern Arizona Governments Organization (SEAGO) and Cochise County Health and Social Services for Area Agency on Aging (AAA) Case Management Services, in the amount of \$12,000, effective July 1, 2019 through June 30, 2020.

Background:

Cochise Health and Social Services (CHSS) through its Area Agency on Aging (AAA) Program provides Case Management services to both care recipients and unpaid family caregivers. Services are generally restricted to older individuals aged 60 or older per SEAGO Service Specifications. Case Managers conducts client in-home assessments, provide referrals for home delivered meals, housekeeping and personal care (services funded by SEAGO) and link clients to other services available in the community. Case Management support enables elderly and disabled county residents to remain in their homes longer, living independently with supports for as long as safely possible.

This amendment reduces a total of \$12,000 from the additional funding granted to the Case Management Program. An additional \$20,000 was granted by SEAGO to partially fund a new case manager position. After the award was made, the SEAGO Director, Laura Villa, requested the new case manager not be hired by CHSS-AAA as SEAGO would instead be hiring a case manager as part of their staff. Laura Villa anticipated hiring the SEAGO case manager during FY20 and planned to amend the CHSS award then. While SEAGO has not hired a case manager, Laura Villa has requested to reallocate the \$12,000 to cover other SEAGO services in the community such as attendant care. This amendment changes the total grant award from of \$215,000 to \$203,000 for the period of 7/1/19 – 6/30/20. The basis of compensation for the Case Management Program is fixed price per unit of service. The County's contribution remains unaffected by this amendment.

Department's Next Steps (if approved):

Your approvals are respectfully requested

Impact of NOT Approving/Alternatives:

The \$12,000 would remain unused for Case Management due to CHSS not having been allowed to hire the new case manager the funding had been intended for. Disapproval of amendment No. 107-20-1 would prevent SEAGO from reallocating the funds to pay for other services in the community such as attendant care.

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: 19/20

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):

- (-) \$ 318,333 Budgeted Expenses
- (+) \$ 203,000 SEAGO grant
- (+) \$ 70,855 Cash Carry Forward FY19
- (+) \$ 68,000 Budgeted GF County Contribution *
- (=) \$ 23,522 Cash Carry Forward FY20

* Reduces expenses to match award reduction. Reduces the total GF County Contribution \$68,000 to \$65,560 and keeps it below the pre-approved maximum of \$88,000. Increases Cash Carry Forward for FY21.

Attachments

Executive Summary
Grant Approval Form
Contract Amendment

Executive Summary Form

Agenda Number: HLT

Recommendation:

Approve contract amendment No. 107-20-1 between South Eastern Arizona Governments Organization (SEAGO) and Cochise County Health and Social Services for Area Agency on Aging (AAA) Case Management services, in the amount of \$12,000, effective July 1, 2019 through June 30, 2020.

Background (Brief):

Cochise Health and Social Services (CHSS) through its Area Agency on Aging (AAA) Program provides Case Management services to both care recipients and unpaid family caregivers. Services are generally restricted to older individuals aged 60 or older per SEAGO Service Specifications. Case Managers conducts client in-home assessments, provide referrals for home delivered meals, housekeeping and personal care (services funded by SEAGO) and link clients to other services available in the community. Case Management support enables elderly and disabled county residents to remain in their homes longer, living independently with supports for as long as safely possible.

This amendment reduces a total of \$12,000 from the additional funding granted to the Case Management Program. An additional \$20,000 was granted by SEAGO to partially fund a new case manager position. After the award was made, the SEAGO Director, Laura Villa, requested the new case manager not be hired by CHSS-AAA as SEAGO would instead be hiring a case manager as part of their staff. Laura Villa anticipated hiring the SEAGO case manager during FY20 and planned to amend the CHSS award then. While SEAGO has not hired a case manager, Laura Villa has requested to reallocate the \$12,000 to cover other SEAGO services in the community such as attendant care. This amendment changes the total grant award from of \$215,000 to \$203,000 for the period of 7/1/19 – 6/30/20. The basis of compensation for the Case Management Program is fixed price per unit of service. The County's contribution remains unaffected by this amendment.

Fiscal Impact & Funding Sources:*

- (-) \$ 318,333 Budgeted Expenses
- (+) \$ 203,000 SEAGO grant
- (+) \$ 70,855 Cash Carry Forward FY19
- (+) \$ 68,000 Budgeted GF County Contribution *
- (=) \$ 23,522 Cash Carry Forward FY20

* Reduces expenses to match award reduction. Reduces the total GF County Contribution \$68,000 to \$65,560 and keeps it below the pre-approved maximum of \$88,000. Increases Cash Carry Forward for FY21.

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

Impact of Not Approving: The \$12,000 would remain unused for Case Management due to CHSS not having been allowed to hire the new case manager the funding had been intended for. Disapproval of amendment No. 107-20-1 would prevent SEAGO from reallocating the funds to pay for other services in the community such as attendant care.

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.



SEAGO

Southeastern Arizona Governments Organization Area Agency on Aging, Region VI

CONTRACT AMENDMENT

CONTRACT AMENDMENT NUMBER: 107-20-1	CONTRACT NUMBER: 107-20	EFFECTIVE AMENDMENT DATE: 6-2-2020 revised 6-12-20
CONTRACTOR/PROVIDER (NAME AND ADDRESS): Cochise Health & Social Services 1415 Melody Lane Bldg. A Bisbee, AZ 85603.		
PURPOSE: To reduce award based on utilization and transfer funds to another service provider during SFY20		
THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS: Subaward 107-20 is amended in the following: CMG is reduced by \$7,000 and 152 units, to a balance of \$188,000 and 6548 units for SFY20 CMG-SSBG is reduced by \$5,000 and 109 units to a balance of \$15,000 and 326 units for SFY20		
EXCEPT AS PROVIDED FOR HEREIN ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AS HERETOFORE CHANGES AND/OR AMENDED REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.		
IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.		
NAME OF CONTRACTOR/PROVIDER Cochise Health & Social Services	Southeastern Arizona Governments Organization (SEAGO)	
SIGNATURE OF AUTHORIZED PERSON	SIGNATURE	
TYPED NAME Tom Borer, Chairman	TYPED NAME Randy Heiss	
TITLE APPROVED AND SIGNED BY THE CHAIRMAN OF THE BOARD OF SUPERVISORS OF COCHISE COUNTY, ARIZONA	TITLE Executive Director	
DATE	DATE	

ATTEST:

Kim Lemons, Clerk of the Board

APPROVED AS TO FORM:

Sara Dent, Civil Deputy County Attorney

300 Collins Road, Bisbee, Arizona 85603

FAX (520) 432-9168

(520) 432-2528

Regular Board of Supervisors Meeting

Meeting Date: 07/07/2020
FY20 Expense Transfer - Juvenile Accountability Block Grant
Submitted By: Rita Shipley, Court Administration
Department: Court Administration
Presentation: No A/V Presentation
Document Signatures: BOS Signature NOT Required

NAME of PRESENTER: Rita Shipley
Mandated Function?: Not Mandated

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

Docket Number (If applicable):

Information

Agenda Item Text:

Approve expense transfer of \$4,222.03 from General Fund to Juvenile Accountability Block Grant (Fund 580) effective 6/30/2020.

Background:

Fund 580 – Juvenile Accountability Block Grant This was a Federal reimbursement grant through the Governor’s Office for Children, Youth, and Families to cover personnel expenses for the pro-temp judges in the Juvenile Drug Court Program. The grant had been in place for several years and was on a calendar year. The last year of the contract, the contract period was January 1, 2015 through September 30, 2015 with an award amount of \$10,954.09. The contract got extended through June 30, 2016. During this time, the Finance Manager for Juvenile retired in December 2015. The grant did get closed out with the Governor’s office (documentation attached); however, the excess expenses didn’t get transferred out. We would like to transfer funds to clear out the deficit. There is \$4,222.03 budgeted in Transfer to Other Funds (100-0810-9-550.000) to cover the deficit.

Department’s Next Steps (if approved):

Submit expense transfer to Finance to post the transaction.

Impact of NOT Approving/Alternatives:

Fund will continue to have a deficit balance.

To BOS Staff: Document Disposition/Follow-Up:

None

Budget Information

Information about available funds

Budgeted: **Funds Available:** **Amount Available:** 4,222.03
Unbudgeted: **Funds NOT Available:** **Amendment:**

Account Code(s) for Available Funds

1: 100-0810

Fund Transfers

Fiscal Year: 2020

One-time Fixed Costs? (\$\$\$): 4222.03

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

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

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

Source of Funding?: General Fund

Fiscal Impact & Funding Sources (if known):

Fund 580 – Juvenile Accountability Block Grant

This was a Federal reimbursement grant through the Governor's Office for Children, Youth, and Families to cover personnel expenses for the pro-temp judges in the Juvenile Drug Court Program. The grant had been in place for several years and was on a calendar year. The last year of the contract, the contract period was January 1, 2015 through September 30, 2015 with an award amount of \$10,954.09. The contract got extended through June 30, 2016. During this time, the Finance Manager for Juvenile retired in December 2015. The grant did get closed out with the Governor's office (documentation attached); however, the excess expenses didn't get transferred out. We would like to transfer funds to clear out the deficit. There is \$4,222.03 budgeted in Transfer to Other Funds (100-0810-9-550.000) to cover the deficit.

Attachments

Interfund Transfer

COCHISE COUNTY SUPERIOR COURT

REQUEST FOR INTERFUND TRANSFER

DATE: 6/30/2020

FY 19/20

Debit ACCOUNT NO.	DESCRIPTION	WHOLE DOLLARS
100-0810-9-550.000	Transfer to Other Funds	4,222.03
		4,222.03
Credit ACCOUNT NO.	DESCRIPTION	WHOLE DOLLARS
580-1200-1210-391.100	Interfund Transfer In	4,222.03
		4,222.03

EXPLANATION FOR TRANSFER:

Interfund transfer to clear deficit.

REQUESTED BY:

Sent via e-mail by
Rita Shipley, 432-8509

Budget & Finance Director

AUTHORIZATION:

<u> </u> ADMINISTRATIVE	
<u> </u> BUDGET AMENDMENT	
<u> </u> FUNDS AVAILABLE FOR TRANSFER	

RESOLUTION

Regular Board of Supervisors Meeting

Meeting Date: 07/07/2020

Strive Vineyards- Series 13 (Farm Winery) Liquor License

Submitted By: Melissa Tucker, Board of Supervisors

Department: Board of Supervisors

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

Document Signatures: BOS Signature **# of ORIGINALS** 2
NOT Required **Submitted for Signature:**

NAME of PRESENTER: Kim Lemons **TITLE of PRESENTER:** Clerk of the Board

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

Docket Number (If applicable):

Information

Agenda Item Text:

Approve a Series #13 (Farm Winery) new liquor license application submitted by Ms. Desiree Ann Gerth, for Strive Vineyards, located at 6217 S. Maranatha Way, Willcox, AZ 85643.

Background:

Ms. Desiree Ann Gerth has applied for a (Farm Winery), located at 6217 S. Maranatha Way, Willcox, AZ 85643. The Sheriff's Office has no recommendation. Treasurer's Office advised that the property taxes for the parcel in question are current. The Development Services Department has recommended approval of the application. There have been no formal protests to this liquor license.

The Health Department is currently working with the property owner on health-related issues with the subject property.

Ms. Desiree Ann Gerth 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 email to ADLLC with the Local Governing Board Recommendation form and posting documents. Send a copy of letter to applicant.

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

Affidavit of Posting

Department Review Forms

State of Arizona
Department of Liquor Licenses and Control

Created 05/19/2020 @ 02:15:43 PM

Local Governing Body Report

LICENSE

Number: _____ Type: 013 FARM WINERY
Name: STRIVE VINEYARDS
State: Pending
Issue Date: _____ Expiration Date: _____
Original Issue Date: _____
Location: 6217 S MARANATHA WAY
WILCOX, AZ 85643
USA
Mailing Address: 3123 E MORRIS RANCH ROAD
WILCOX, AZ 85643
USA
Phone: (920)850-1075
Alt. Phone: _____
Email: GERTH.DESIREE@GMAIL.COM

AGENT

Name: DESIREE ANN GERTH
Gender: Female
Correspondence Address: 3123 E MORRIS RANCH ROAD
WILCOX, AZ 85643
USA
Phone: (920)850-1075
Alt. Phone: _____
Email: GERTH.DESIREE@GMAIL.COM

OWNER

Name: STRIVE VINEYARDS LLC
Contact Name: DESIREE ANN GERTH
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: L19403443 State of Incorporation: AZ
Incorporation Date: 07/18/2014
Correspondence Address: 3123 E MORRIS RANCH ROAD
WILCOX, AZ 85643
USA
Phone: (920)850-1075
Alt. Phone: _____
Email: GERTH.DESIREE@GMAIL.COM

Officers / Stockholders

Name: _____ Title: _____ % Interest: _____

AMENDMENT

*20 MAY 19 Lic. Lic. PM 2:16



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

QUESTIONNAIRE
A.R.S. § 4-202, 4-210
Type or Print with Black Ink

The fees allowed by R19-1-102 will be charged for all dishonored checks.

ATTENTION APPLICANT: This is a legally binding document. Please type or print in **black ink**. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

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QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: _____

1. Check the Appropriate Box →

<input type="checkbox"/> Controlling Person	<input type="checkbox"/> Agent	<input type="checkbox"/> Premises Manager (complete all questions except #12)
---	--------------------------------	--

2. Name: _____ Birth Date: ____/____/____
Last First Middle (NOT a public record)

3. Social Security #: _____ Driver License #: _____ State: _____

4. Place of birth: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____
City State COUNTRY (not county)

5. Name of current/most recent spouse: _____ Birth Date: ____/____/____
Last First Middle (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: _____

7. Daytime telephone number: _____ E-mail address: _____

8. Business Name: _____ Business Phone: ____/____/____

9. Business Location Address: 6217 S. Maranatha way Wilcox, AZ Cochise 85643
Street (do not use PO Box) City State County Zip AR

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
	CURRENT		

AMENDMENT

(ATTACH ADDITIONAL SHEET IF NECESSARY)

Gerth, Desiree
Strive Vineyards
108501

20 MAY 19 11:47 AM 2016



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

QUESTIONNAIRE
A.R.S. § 4-202, 4-210
Type or Print with Black Ink

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Liquor License#: _____

1. Check the Appropriate Box

Form with checkboxes for Controlling Person, Agent, and Premises Manager (complete all questions except #12)

2. Name: Last First Middle Birth Date: (NOT a public record)

3. Social Security #: Driver License #: State:

4. Place of birth: City State COUNTRY (not county) Height: Weight: Eyes: Hair:

5. Name of current/most recent spouse: Last First Middle Birth Date: (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency:

7. Daytime telephone number: E-mail address:

8. Business Name: Business Phone:

9. Business Location Address: 6217 S. Maranatha way Wilcox, AZ 85643 Cochise

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)

AMENDMENT

(ATTACH ADDITIONAL SHEET IF NECESSARY)

Gerth, Desiree
Stride Vineyards
108561

RYAN JAMES GERTH
DESIREE ANN GERTH

MEMBER
MEMBER

50.00
50.00

STRIVE VINEYARDS LLC - MEMBER

Name: DESIREE ANN GERTH
Gender: Female
Correspondence Address: 3123 E MORRIS RANCH ROAD
WILLCOX, AZ 85643
USA
Phone: (920)850-1075
Alt. Phone:
Email: GERTH.DESIREE@GMAIL.COM

STRIVE VINEYARDS LLC - MEMBER

Name: RYAN JAMES GERTH
Gender: Male
Correspondence Address: 3123 E MORRIS RANCH ROAD
WILLCOX, AZ 85643
USA
Phone: (920)912-2344
Alt. Phone:
Email: GERTH.RYAN@GMAIL.COM

APPLICATION INFORMATION

Application Number: 108561
Application Type: New Application
Created Date: ~~04/15/2020~~ 5-12-2020 Arize

QUESTIONS & ANSWERS

013 Farm Winery

- 1) Are you applying for an Interim Permit (INP)?
No
- 2) Are you one of the following? Please indicate below.
Property Tenant
Sub-tenant
Property Owner
Property Purchaser
Property Management Company
Property Owner
- 3) Is there a penalty if lease is not fulfilled?
No
- 4) Is the Business located within the incorporated limits of the city or town of which it is located?
No
If no, in what City, Town, County, or Tribal/Indian Community is this business located??
Cochise County
- 5) What is the total money borrowed for the business not including the lease?
Please list each amount owed to lenders/individuals.
0

- 6) Is there a drive through window on the premises?
No
- 7) If there is a patio please indicate contiguous or non-contiguous within 30 feet.
Contiguous
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
Yes
If yes, what is your estimated completion date?
June 1, 2020

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
ALIEN STATUS	Alien Status- Desiree.pdf	04/15/2020
ALIEN STATUS	Alien Status- Ryan.pdf	04/15/2020
QUESTIONNAIRE	Questionnaire- Desiree.pdf	04/15/2020
QUESTIONNAIRE	Questionnaire- Ryan.pdf	04/15/2020
DIAGRAM/FLOOR PLAN	Farm Winery Diagram.pdf	04/30/2020
QUESTIONNAIRE	Off Premise Management Certificate- Dez.pdf	04/30/2020
QUESTIONNAIRE	Off Premise Management Certificate- Ryan.pdf	04/30/2020
QUESTIONNAIRE	On Premise Basic Certificate- Dez.pdf	04/30/2020
QUESTIONNAIRE	Basic On Sale Certificate- Ryan.pdf	04/30/2020

DEPARTMENT OF THE TREASURY – ALCOHOL AND TOBACCO TAX AND TRADE BUREAU

BASIC PERMIT

(Under Federal Alcohol Administration Act)

1. PERMIT NUMBER

AZ-P-21162

2. DATE OF PERMIT

03/05/2020

5. NAME AND ADDRESS OF PERMITTEE (Number and street, city or town, State and Zip Code)

STRIVE VINEYARDS LLC
DBA: STRIVE VINEYARDS
123 S NARITA LN
WILLCOX, AZ 85643

3. REGISTRY NUMBER (if applicable)

4. DATE OF APPLICATION

02/14/2020



6. TRADE NAMES AUTHORIZED BY THIS PERMIT (Trade name approval does not constitute approval as a brand name for labeling purposes. If needed, list on reverse or use continuation sheet.)

7. PERMIT GRANTED FOR (ONE TYPE OF OPERATION ONLY)

Pursuant to the application of the date indicated in item 4, you are authorized and permitted to engage, at the above address, in the business of:

- a. Distilled Spirits - distiller rectifier (processor) warehouseman and/or warehouseman and bottler and while so engaged, to sell, offer or deliver for sale, contract to sell or ship, in interstate or foreign commerce, the distilled spirits so distilled or rectified, or warehoused and bottled, or the wines so rectified,
- b. Wine - producer and blender blender and while so engaged, to sell, offer or deliver for sale, contract to sell or ship, in interstate or foreign commerce, the wine so produced or blended,
- c. Importer - importing into the United States the following alcoholic beverages: while so engaged, to sell, offer to deliver for sale, contract to sell or ship, in interstate or foreign commerce, the alcoholic beverages so imported,
- d. Wholesaler – Purchasing for resale at wholesale the following alcoholic beverages: Wine while so engaged, to receive or to sell, offer or deliver for sale, contract to sell or ship, in interstate or foreign commerce, the alcoholic beverages so Purchased.

20 MAY 12 12:47:06 PM '20

This Permit is conditioned upon your compliance with the Federal Alcohol Administration Act; the Twenty-first Amendment and laws relating to its enforcement; all other Federal laws relating to distilled spirits, wine, and malt beverages, including taxes with respect to them; the Federal Water Pollution Control Act; and, all applicable regulations made pursuant to law which are now, or may hereafter be, in force.

This basic permit is effective from the date shown above and will remain in force until suspended, revoked, annulled, voluntarily surrendered, or automatically terminated.

THIS PERMIT WILL AUTOMATICALLY TERMINATE THIRTY DAYS AFTER ANY CHANGE IN PROPRIETORSHIP OR CONTROL OF THE BUSINESS, unless an application for a new basic permit is made by the transferee or permittee within the thirty day period. If an application for a new basic permit is timely filed, the outstanding basic permit will continue in effect until the application is acted on by the District Director, Alcohol and Tobacco Tax and Trade Bureau.

THIS PERMIT IS NOT TRANSFERABLE. ANY CHANGE IN THE TRADE NAME, CORPORATE NAME, MANAGEMENT OR ADDRESS OF THE BUSINESS COVERED BY THIS PERMIT, OR ANY CHANGE IN STOCK OWNERSHIP (MORE THAN 10%) MUST BE REPORTED TO THE NATIONAL REVENUE CENTER OR PUERTO RICO FIELD OFFICE WITHOUT DELAY.

THIS IS AN	<input checked="" type="checkbox"/> ORIGINAL PERMIT	<input type="checkbox"/> AMENDED PERMIT
REASON FOR AMENDMENT	DATE OF AMENDMENT	

SIGNATURE AND TITLE OF AUTHORIZED TTB OFFICIAL

Danielle Cresswell

FOR JOHN J. MANFREDA, ADMINISTRATOR

AUTHORIZED TRADE NAMES

*Used for Contract Bottling or Packaging/Branding Purposes

PERMIT NUMBER: AZ-P-21162

REGISTRY NUMBER:

TYPE

TRADE NAME

REASON FOR AMENDMENT

20 MAY 12 4:44 PM '14



Cochise Groves Farming, Inc.

3649 N Golden Rule Rd
Cochise, AZ 85606
(520) 507-3310

Invoice

Date	Invoice #
10/24/2016	Gerth2016

Bill To
Ryan & Desiree Gerth Strive Vineyards 5108 N 87th Pl Scottsdale AZ 85250

20 NOV 12 12:49 PM '14

Quantity	Description	Price Each	Amount
0.17	Cabernet Sauvignon Grapes, price per ton	1,800.00	306.00
0.18	Cabernet Franc Grapes, price per ton	1,800.00	324.00
0.18	Petit Verdot, price per ton	1,800.00	324.00
	50% balance due 11/1/2016 \$ 477		
	100% balance due 1/1/2017 \$ 477		
	Total 2016 GRV Grape purchase \$ 954		
	Thank you for working with GRV!		
	Sales Tax	6.10%	0.00
		Total	954.00
		Payments/Credits	50.00
		Balance Due	954.00

Handwritten notes:
WILL
PAY
11/1/2016

Web Site	E-mail
CochiseGroves.com	goldenrulevineyards@gmail.com

RECORD OF SURVEY

SEC. 9

OF THE NORTH HALF OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 16, TOWNSHIP 16 SOUTH, RANGE 26 EAST OF THE GILA AND SALT RIVER MERIDIAN, COUNTY OF COCHISE, STATE OF ARIZONA

FD. 1/2" REBAR TAGGED
R.L.S. 5713 NO RECORD
APPEARS TO BE EITHER
DISTURBED OR SET
ERRONEOUSLY, NOT
ACCEPTED

S83°01'57"E
20.00

N89°59'23"E 1319.76'

NE COR. SEC. 16

N 1/2, NE 1/4
NE 1/4, NE 1/4
SEC. 16
T.15S., R.26E.
G & SRM
20.01 ACRES
871721.44 Sq. Ft.

N0°16'06"W 1320.73'

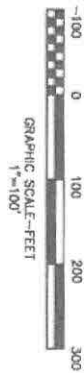
660.37'

860.36'

1320.12'

N89°59'44"E

GRAPHIC SCALE--FEET
1"=100'



S 1/2, NE 1/4
NE 1/4, NE 1/4

LEGEND

- INDICATES FOUND 2.5" ACP STAMPED LS 5713, SEE ROS MAP BK 28, PG. 97, BK. 46 PG. 52, & BK. 35, PG. 34, UNLESS OTHERWISE NOTED HEREON
- INDICATES SET 1/2" X 16" REBAR TAGGED R.L.S. 19316
- () INDICATES RECORD DATA PER G.L.O. PLAT OF TOWNSHIP 15 SOUTH, RANGE 26 EAST OF THE GILA AND SALT RIVER MERIDIAN, COUNTY OF COCHISE, STATE OF ARIZONA
- INDICATES FOUND 2" BRASS CAP IN CONCRETE STAMPED PE 6377, SEE SURVEY MAP BK 15, PG. 16, BK. 34, PG. 99, BK. 46, PG. 52, & BK. 29, PG. 97

REFERENCES

- SURVEY MAP BK. 35, PG. 34
- SURVEY MAP BK. 33, PG. 50
- SURVEY MAP BK. 46, PG. 52
- SURVEY MAP BK. 29, PG. 97
- SURVEY MAP BK. 40, PG. 40
- SURVEY MAP BK. 40, PG. 90
- SURVEY MAP BK. 34, PG. 99
- SURVEY MAP BK. 15, PG. 16

RECORDING DATA

STATE OF ARIZONA
COUNTY OF COCHISE
FILED FOR RECORD AT THE REQUEST OF TED D. AMOX, ON _____ OF _____ THIS _____ DAY OF _____, 2010, AT _____ M. IN BOOK _____ OF SURVEY MAPS AT PAGE _____ THEREON.
WITNESS MY HAND AND OFFICIAL SEAL, THE DAY AND YEAR ABOVE WRITTEN.
REGISTER COUNTY RECORDER _____ DEPUTY COUNTY RECORDER _____
FEE \$24.00

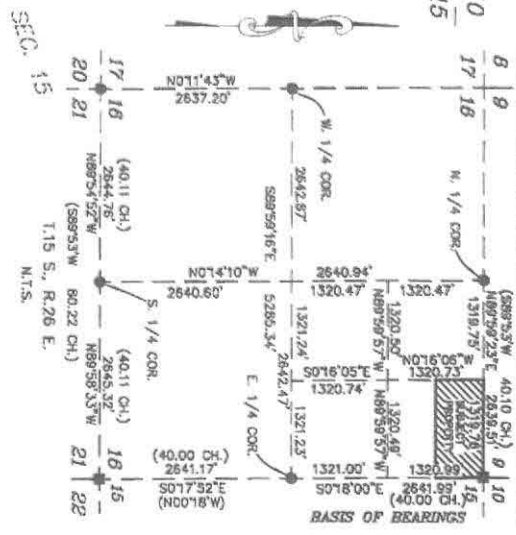
CERTIFICATION

I HEREBY CERTIFY THAT THIS PLAT CONSISTING OF 1 SHEET(S) REPRESENTS A SURVEY MADE UNDER MY DIRECTION AND THAT THE REPRESENTED CORNERS AND SURVEY MONUMENTS ACTUALLY EXIST AS SHOWN HEREON.
TED D. AMOX REGISTERED LAND SURVEYOR NO. 19316

BASIS OF BEARINGS

THE BASIS OF BEARINGS FOR THIS SURVEY IS THE EAST LINE OF THE NORTHEAST QUARTER OF SECTION 16, AND IS THE LINE BETWEEN THE BRASS CAP IN CONCRETE STAMPED PE 6377 AT THE NORTHEAST CORNER OF SECTION 16, AND THE FOUND 2.5" ALUMINUM CAP AT THE EAST 1/4 CORNER OF SECTION 16, PER G.L.O. PLAT OF TOWNSHIP 15 SOUTH, RANGE 26 EAST OF THE GILA AND SALT RIVER MERIDIAN, COUNTY OF COCHISE, STATE OF ARIZONA, AND SHOWN HEREON AS NORTH 00°18' WEST

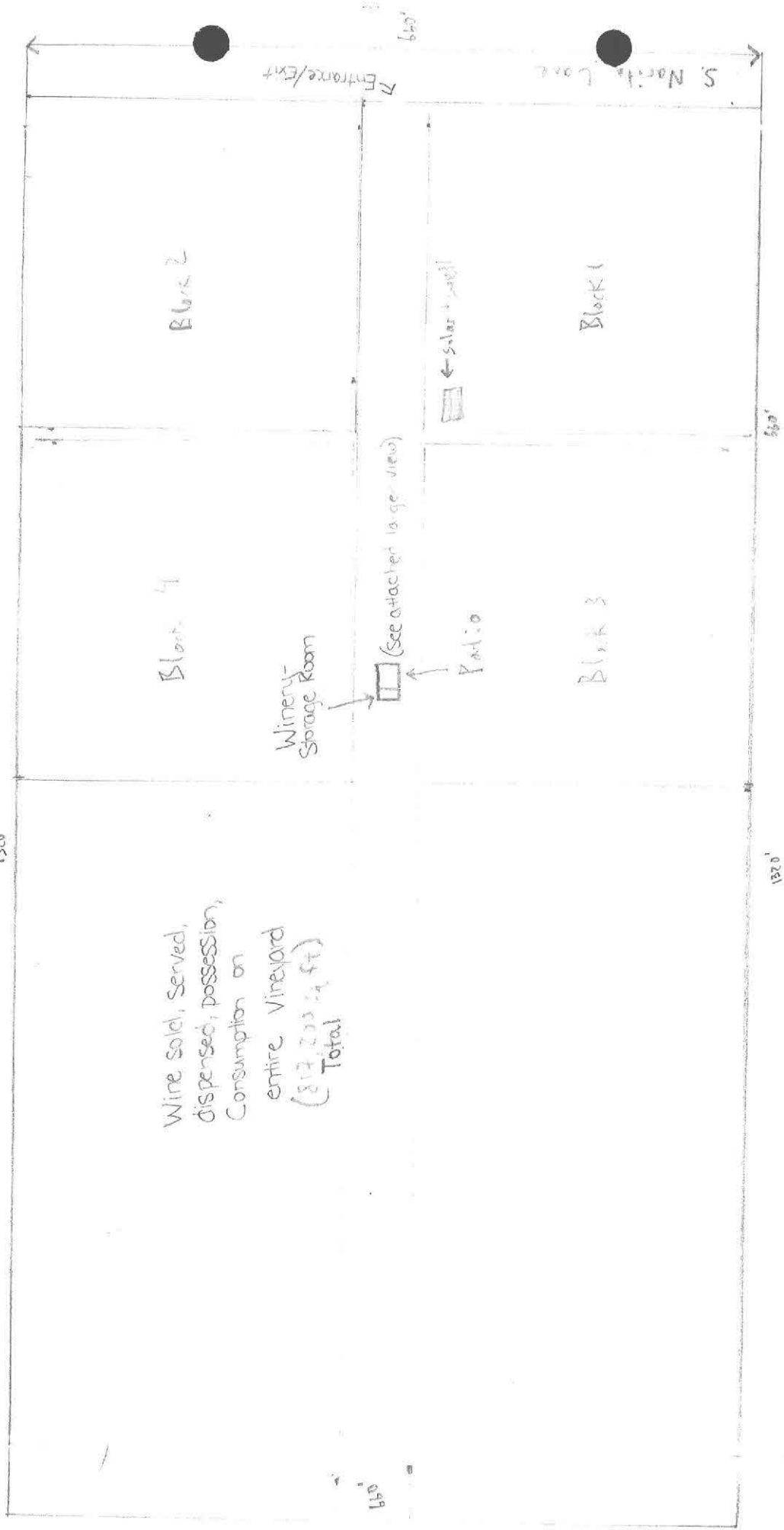
SECTION 16 BREAKDOWN



FILED MAP 211, APR 21 AM 02.

AMOX
LAND SURVEYORS
P.L.L.C.
200 E. RIVER BLVD. SUITE 100 TUCSON, AZ 85714
PHONE: 520-795-1111 FAX: 520-795-1112
WWW.AMOX.COM
JOB NO. 15018 DATE: APRIL 2010
DRAWN BY: JN INVENTED BY:
CLIENT: RYAN GERTH
SHEET 1 OF 1

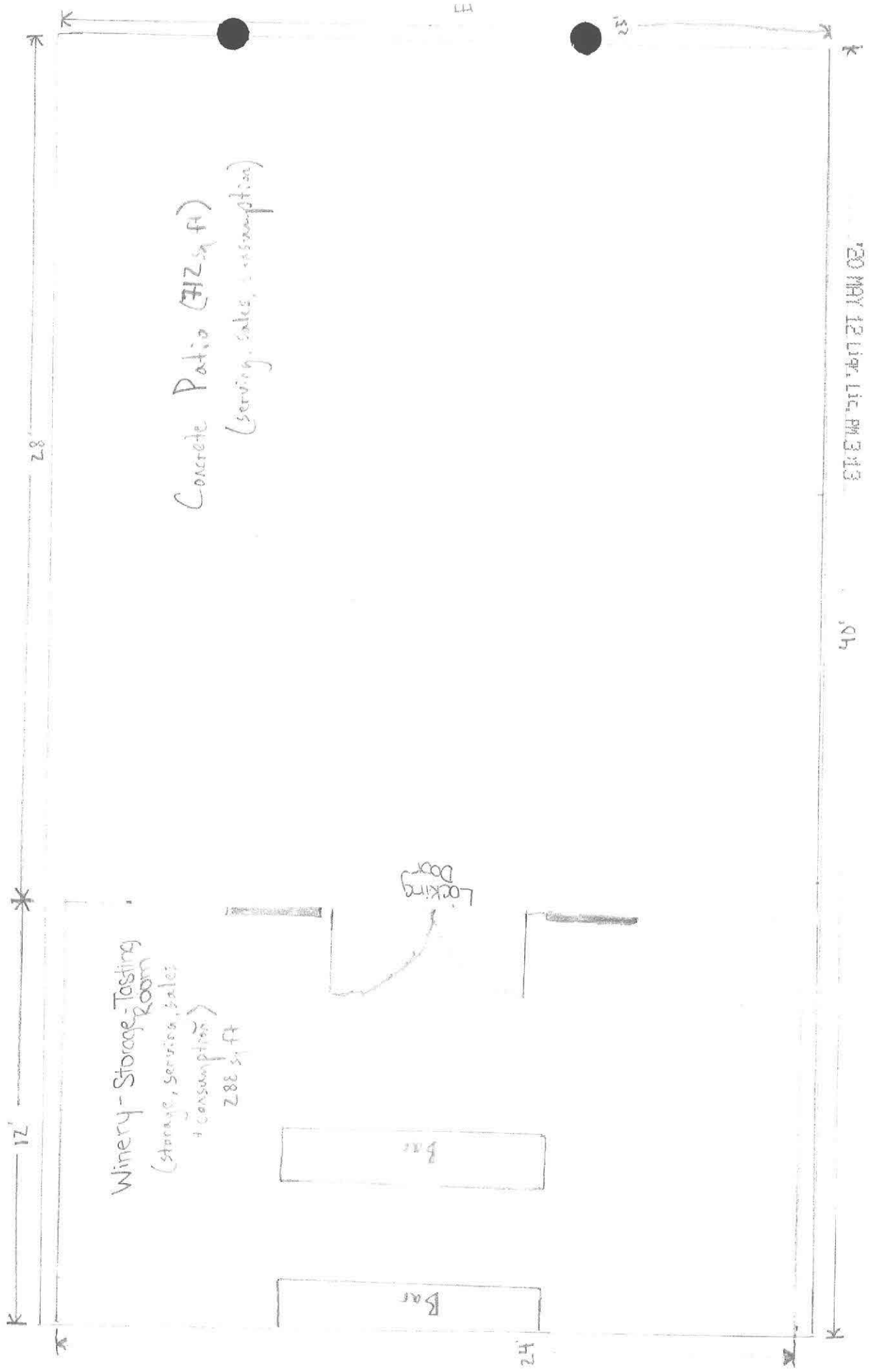
Strive Vineyards Farm Winery Diagram



20 MAY 12 1:19 PM '13

5

N.



20 MAY 12 11:41 AM 3:13

45

5



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

QUESTIONNAIRE
 A.R.S. §4-202, 4-210
 Type or Print with **Black Ink**

804-878

20 MAY 5 11:41 AM '09

The fees allowed by R19-1-102 will be charged for all dishonored checks.

ATTENTION APPLICANT: This is a legally binding document. Please type or print in **black ink**. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

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Liquor License#: 108561

1. Check the Appropriate Box →

<input checked="" type="checkbox"/> Controlling Person	<input checked="" type="checkbox"/> Agent	<input type="checkbox"/> Premises Manager (complete all questions except #12)
--	---	--

2. Name: Gerth Desiree Ann Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: Arizona

4. Place of birth: Appleton, WI Height: 5'1" Weight: 115 Eyes: GRN Hair: BLK
City State COUNTRY (not county)

5. Name of current/most recent spouse: Gerth Ryan James Birth Date: [REDACTED]
Last First Middle (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: May 2009

7. Daytime telephone number: 920-850-1075 E-mail address: gerth.desiree@gmail.com

8. Business Name: Strive Vineyards Business Phone: 920 / 850 / 1075

9. Business Location Address: 123 S Narita Lane Willcox AZ Cochise 85643
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
08/2019	CURRENT	Winery Assistant	Golden Rule Vineyards, 3525 N Golden Rule Rd, Cochise, AZ 85606
07/2016	08/2019	Homemaker	2912 E Binner Drive, Chandler, AZ 85225
07/2009	07/2016	Special Ed. Teacher	Roosevelt School District, 1030 E Baseline Rd, Phoenix, AZ 85042

AMENDMENT

(ATTACH ADDITIONAL SHEET IF NECESSARY)



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

QUESTIONNAIRE
 A.R.S. § 4-202, 4-210
 Type or Print with Black Ink

804-878

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Liquor License#: 108561

1. Check the Appropriate Box →

<input type="checkbox"/> Controlling Person	<input checked="" type="checkbox"/> Agent	<input type="checkbox"/> Premises Manager (complete all questions except #12)
---	---	--

2. Name: Gerth Desiree Ann Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: Arizona

4. Place of birth: Appleton, WI USA (AD) Height: 5'1" Weight: 115 Eyes: GRN Hair: BLK
City State COUNTRY (not county)

5. Name of current/most recent spouse: Gerth Ryan James Birth Date: [REDACTED]
Last First Middle (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: May 2009

7. Daytime telephone number: 920-850-1075 E-mail address: gerth.desiree@gmail.com

8. Business Name: Strive Vineyards, LLC Business Phone: 920, 850, 1075

9. Business Location Address: 3123 E Morris Ranch Road Willcox AZ Cochise 85643
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
08/2019	CURRENT	Winery Assistant	Golden Rule Vineyards, 3525 N Golden Rule Rd, Cochise, AZ 85606
07/2016	08/2019	Homemaker	2912 E Binner Drive, Chandler, AZ 85225
07/2009	07/2016	Special Ed. Teacher	Roosevelt School District, 1030 E Baseline Rd, Phoenix, AZ 85042

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
12/2018	CURRENT	3123 E Morris Ranch Road, Willcox, AZ 85643
07/2015	12/2018	2912 E Binner Drive, Chandler, AZ 85225
3/2011	07/2015	5108 N 87th Place, Scottsdale, AZ 85250

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202.4-210 Yes No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 18 **YOU MUST** attach a **signed statement**.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

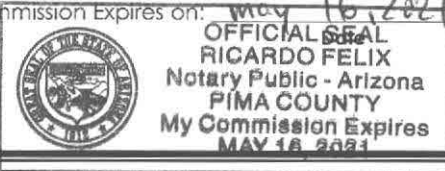
NOTARY

I (Print Full Name) Desiree A. Gerth hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: *Desiree A. Gerth* State of Arizona County of Pima

The foregoing instrument was acknowledged before me this 6 Day of May, 2020

My Commission Expires on: May 16, 2021



[Signature]
Signature of Notary

The Licensee has authorized the person named on this questionnaire to act as manager for the above License.

PRINT NAME: Desiree A. Gerth SIGNATURE: *Desiree A. Gerth*

AMENDMENT

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
12/2018	CURRENT	3123 E Morris Ranch Road, Willcox, AZ 85643
07/2015	12/2018	2912 E Binner Drive, Chandler, AZ 85225
3/2011	07/2015	5108 N 87th Place, Scottsdale, AZ 85250

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202, 4-210 Yes No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 18 **YOU MUST** attach a signed statement.
Give complete details including dates, agencies involved and dispositions.

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) Desiree A. Gerth hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: _____ State of _____ County of _____
The foregoing instrument was acknowledged before me this

My Commission Expires on: _____ Date _____ Day of _____ Month _____ Year _____

Signature of Notary

The licensee has authorized the person named on this questionnaire to act as manager for the above license.

PRINT NAME: Desiree A. Gerth

SIGNATURE: *Desiree A. Gerth*



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

**ARIZONA STATEMENT OF CITIZENSHIP
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrant, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.

Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I – APPLICANT INFORMATION

INDIVIDUAL OWNER/AGENT NAME (Print or type) Desiree Aⁿⁿ Gerth

SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States? Yes No

If Yes, indicate place of birth:

City Appleton State (or equivalent) WI Country or Territory USA

If you answered Yes, 1) Attach a legible copy of a document from the attached list.

2) Name of document: Arizona Drivers License
Go to Section IV.

If you answered No, you must complete Section III and IV.

20 MAY 12 11:41 AM '04

SECTION III – ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from the attached list or other document as evidence of your status.

Name of document provided

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA.
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban/Haitian entrant.
- 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Non immigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

Alien Paroled into the United States for Less Than One Year (8 U.S.C. § 1621(a)(3))

- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia. 48 U.S.C. § 1901 et seq.];
- 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present

- 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States.

PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).

SECTION IV - DECLARATION

All applicants must complete this section.

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

Desiree A. Gerth
Individual Owner/Agent Printed Name

Desiree A. Gerth
Individual Owner/Agent Signature

2/21/2020
Today's Date

EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

Evidence showing authorized presence in the United State includes the following:

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification card.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)
4. A United States certificate of birth abroad.
5. A United States passport. ***Passport must be signed***
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.

Certificate # EqUq87BPWZ

Certificate of Completion
For
On Premise Basic course (3 hours)

<input checked="" type="checkbox"/>	On-sale
<input type="checkbox"/>	Off-sale
<input type="checkbox"/>	On- and off-sale

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.

The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed at the base of this Certificate. Licensees sometimes require BASIC Title 4 Training a condition of employment.

A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information

Desiree Gerth

Full Name (please print)

Desiree Gerth

Signature

February 22, 2020

Training Completion Date

February 22, 2023

Certificate Expiration Date
(three years from completion date)

Training Provider Information

AzLiquorTraining.com

Company Name

536 E. Wagon Bluff Drive, Tucson, AZ 85704

Mailing Address

(520) 235-5684

Daytime Contact Phone Number

I, KEVIN A. KRAMBER (ON LINE), certify that the above named individual did successfully complete
Instructor Name (please print)

Title 4 BASIC Training in accordance with A.R.S. § 4-112(G)(2) and Arizona Administrative Code (A.A.C.)R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).

Kevin A. Kramber
Instructor Signature

22 / 02 / 2020
Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below

2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

In-state Microbrewery (series 3)

Government (series 5)

Bar (series 6)

Beer & Wine Bar (series 7)

Conveyance (series 8)

Liquor Store (series 9)

Private Club (series 14)

Hotel/Motel w/restaurant (series 11)

Restaurant (series 12)

In-state Farm Winery (series 13)

Beer & Wine Store (series 10)

Liquor license applications (initial and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

July 11, 2013

20 MAR 12 12:45 PM '15

Certificate # Lty6jMwmlD

Certificate of Completion
For
On/Off Premise Management (2 hours)

<input type="checkbox"/>	On-sale
<input type="checkbox"/>	Off-sale
<input checked="" type="checkbox"/>	On- and off-sale

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.

The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed at the base of this Certificate. Licensees sometimes require BASIC Title 4 Training a condition of employment.

A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information

Desiree Gerth

Full Name (please print)

Desiree Gerth

Signature

February 20, 2020

Training Completion Date

February 20, 2023

Certificate Expiration Date
(three years from completion date)

Training Provider Information

AzLiquorTraining.com

Company Name

536 E. Wagon Bluff Drive, Tucson, AZ 85704

Mailing Address

(520) 235-5684

Daytime Contact Phone Number

I, KEVIN A. KRAMBER (ON LINE), certify that the above named individual did successfully complete
Instructor Name (please print)
Title 4 BASIC Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code (A.A.C.)R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).

Kevin A. Kramber
Instructor Signature

20 / 02 / 2020
Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below
2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

- | | | | |
|----------------------------------|----------------------------------|--------------------------|--------------------------------------|
| In-state Microbrewery (series 3) | Government (series 5) | Bar (series 6) | Beer & Wine Bar (series 7) |
| Conveyance (series 8) | Liquor Store (series 9) | Private Club (series 14) | Hotel/Motel w/restaurant (series 11) |
| Restaurant (series 12) | In-state Farm Winery (series 13) | | Beer & Wine Store (series 10) |

Liquor license applications (initial and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

20 MAY 12 11:41 AM '15



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

20 MAY 5 11:41 AM '18

QUESTIONNAIRE
 A.R.S. § 4-202, 4-210
 Type or Print with Black Ink

804-878

The fees allowed by R19-1-102 will be charged for all dishonored checks.

ATTENTION APPLICANT: This is a legally binding document. Please type or print in **black ink**. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 108561

1. Check the Appropriate Box →

<input checked="" type="checkbox"/> Controlling Person <input type="checkbox"/> Agent	<input checked="" type="checkbox"/> Premises Manager <small>(complete all questions except #12)</small>
---	--

2. Name: Gerth Ryan James Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: Arizona

4. Place of birth: Sheboygan, WI USA Height: 6'3" Weight: 200 Eyes: BLU Hair: BLO
City State COUNTRY (not country)

5. Name of current/most recent spouse: Gerth Desiree Ann Birth Date: [REDACTED]
Last First Middle (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: August 2008

7. Daytime telephone number: 920-912-2344 E-mail address: gerth.ryan@gmail.com

8. Business Name: Strive Vineyards Business Phone: 920 / 850 / 1075

9. Business Location Address: 123 S Narita Lane Willcox AZ Cochise 85643
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS <small>(Street Address, City, State & Zip)</small>
12/2018	CURRENT	Pharmacist	Safeway, 650 N Bisbee Avenue, Willcox, AZ 85643
11/2008	12/2018	Pharmacist	Walgreens, 1142 W Guadalupe Rd, Mesa, AZ 85210

(ATTACH ADDITIONAL SHEET IF NECESSARY)

AMENDMENT

20 MAY 12 11:49 AM '18



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

QUESTIONNAIRE
 A.R.S. §4-202, 4-210
 Type or Print with Black Ink

804-878

The fees allowed by R19-1-102 will be charged for all dishonored checks.

ATTENTION APPLICANT: This is a legally binding document. Please type or print in black ink. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 108561

1. Check the Appropriate Box →

<input type="checkbox"/> Controlling Person	<input type="checkbox"/> Agent	<input checked="" type="checkbox"/> Premises Manager (complete all questions except #12)
---	--------------------------------	---

2. Name: Gerth Ryan James Birth Date: [REDACTED]
Last First Middle (Not a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: Arizona

4. Place of birth: Sheboygan, WI USA (AP) Height: 6'3" Weight: 200 Eyes: BLU Hair: BLO
City State COUNTRY (not county)

5. Name of current/most recent spouse: Gerth Desiree Ann Birth Date: [REDACTED]
Last First Middle (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: August 2008

7. Daytime telephone number: 920-912-2344 E-mail address: gerth.ryan@gmail.com

8. Business Name: Strive Vineyards, LLC Business Phone: 920, 850, 1075

9. Business Location Address: 3123 E Morris Ranch Road Willcox AZ Cochise 85643
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
12/2018	CURRENT	Pharmacist	Safeway, 650 N Bisbee Avenue, Willcox, AZ 85643
11/2008	12/2018	Pharmacist	Walgreens, 1142 W Guadalupe Rd, Mesa, AZ 85210

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
12/2018	CURRENT	3123 E Morris Ranch Road, Willcox, AZ 85643
07/2015	12/2018	2912 E Binner Drive, Chandler, AZ 85225
10/2010	07/2015	5108 N 87th Place, Scottsdale, AZ 85250

(ATTACH ADDITIONAL SHEET IF NECESSARY)

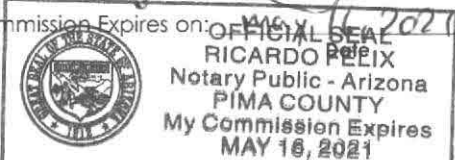
12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? Yes No
If you answered YES, then answer #13 below. If NO, skip to #14.
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202,4-210 Yes No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) Ryan J. Gerth hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: *Ryan Gerth* State of Arizona County of Pima
The foregoing instrument was acknowledged before me this 6 Day of May, 2020
Day Month Year



[Signature]
Signature of Notary

The Licensee has authorized the person named on this questionnaire to act as manager for the above License.

PRINT NAME: Ryan Gerth SIGNATURE: *Ryan Gerth*

AMENDMENT

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
12/2018	CURRENT	3123 E Morris Ranch Road, Willcox, AZ 85643
07/2015	12/2018	2912 E Binner Drive, Chandler, AZ 85225
10/2010	07/2015	5108 N 87th Place, Scottsdale, AZ 85250

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? Yes No
 If you answered YES, then answer #13 below. If NO, skip to #14.
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202,4-210 Yes No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions.

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) Ryan J. Gerth hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: _____ State of _____ County of _____
 The foregoing instrument was acknowledged before me this

My Commission Expires on: _____ Date _____ Day of _____ Month _____ Year _____

Signature of Notary

The licensee has authorized the person named on this questionnaire to act as manager for the above License.

PRINT NAME: Ryan Gerth

SIGNATURE: _____

AMENDMENT

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
12/2018	CURRENT	3123 E Morris Ranch Road, Willcox, AZ 85643
07/2015	12/2018	2912 E Binner Drive, Chandler, AZ 85225
10/2010	07/2015	5108 N 87th Place, Scottsdale, AZ 85250

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202.4-210 Yes No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 18 **YOU MUST** attach a signed statement.
Give complete details including dates, agencies involved and dispositions.

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) _____ hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: _____ State of _____ County of _____
The foregoing instrument was acknowledged before me this

My Commission Expires on: _____ Date _____ Day of _____ Month _____ Year _____

Signature of Notary

The Licensee has authorized the person named on this questionnaire to act as manager for the above License.

PRINT NAME: Ryan Gerth

SIGNATURE: 

Certificate # pbNJ80DCY5

Certificate of Completion For On Premise Basic course (3 hours)

<input checked="" type="checkbox"/>	On-sale
<input type="checkbox"/>	Off-sale
<input type="checkbox"/>	On- and off-sale

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.

The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed at the base of this Certificate. Licensees sometimes require BASIC Title 4 Training a condition of employment.

A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information

ryan gerth

Full Name (please print)

Ryan Gerth
Signature

February 25, 2020

Training Completion Date

February 25, 2023

Certificate Expiration Date
(three years from completion date)

Training Provider Information

AzLiquorTraining.com

Company Name

536 E. Wagon Bluff Drive, Tucson, AZ 85704

Mailing Address

(520) 235-5684

Daytime Contact Phone Number

I, KEVIN A. KRAMER (ON LINE), certify that the above named individual did successfully complete

Instructor Name (please print)

Title 4 BASIC Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code (A.A.C.)R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).

Kevin A. Kramer
Instructor Signature

25 / 02 / 2020

Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below.

2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

In-state Microbrewery (series 3)
Conveyance (series 8)
Restaurant (series 12)

Government (series 5)
Liquor Store (series 9)
In-state Farm Winery (series 13)

Bar (series 6)
Private Club (series 14)

Beer & Wine Bar (series 7)
Hotel/Motel w/restaurant (series 11)
Beer & Wine Store (series 10)

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The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

July 11, 2013

20 MAY 15 11:49 AM '23

Certificate # Fc0eJ2510g

**Certificate of Completion
For
On/Off Premise Management (2 hours)**

<input type="checkbox"/>	On-sale
<input type="checkbox"/>	Off-sale
<input checked="" type="checkbox"/>	On- and off-sale

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.

The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed at the base of this Certificate. Licensees sometimes require BASIC Title 4 Training a condition of employment.

A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information

ryan gerth

Full Name (please print)



Signature

February 28, 2020

Training Completion Date

February 28, 2023

Certificate Expiration Date
(three years from completion date)

Training Provider Information

AzLiquorTraining.com

Company Name

536 E. Wagon Bluff Drive, Tucson, AZ 85704

Mailing Address

(520) 235-5684

Daytime Contact Phone Number

I, KEVIN A. KRAMBER (ON LINE), certify that the above named individual did successfully complete
Instructor Name (please print)

Title 4 BASIC Training in accordance with A.R.S. § 4-112(G)(2) and Arizona Administrative Code (A.A.C.)R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).


Instructor Signature

28 / 02 / 2020
Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below
2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

- | | | | |
|----------------------------------|----------------------------------|--------------------------|--------------------------------------|
| In-state Microbrewery (series 3) | Government (series 5) | Bar (series 6) | Beer & Wine Bar (series 7) |
| Conveyance (series 8) | Liquor Store (series 9) | Private Club (series 14) | Hotel/Motel w/restaurant (series 11) |
| Restaurant (series 12) | In-state Farm Winery (series 13) | | Beer & Wine Store (series 10) |

Liquor license applications (initial and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

July 11, 2013

20 MAY 12 11:49 AM 3:15



20 MAY 12 11:41 AM '14

10/12/2015

Strive Vineyards
Desiree Gerth
3123 East Morris Ranch Road
Wilcox, AZ 85643

Attached, please find a copy of your purchase agreement, **Contract # 16-2078**. If it meets with your approval, please sign and return where indicated, and remit along with your initial deposit. Upon receipt of the signed contract, we will countersign and return one copy for your records.

Please remember to call us to schedule a shipment date. We request at least one week notice to ensure we have time to prepare your order for shipping and to allow for an agricultural inspection, if required. Any outstanding balance will be due upon shipment of your plant material.

Novavine is pleased to provide you with our quality grapevines and olive trees. We look forward to a long and mutually rewarding relationship. Please do not hesitate to call with any questions regarding this order.

Sincerely,

Heather Kilmurray

Contracts Department
Enclosure(s)

6735 Sonoma Highway
Santa Rosa, CA 95409-5723
Tel # (707) 539-5678
Fax # (707) 539-2819

Sales Order

Date	Contract #	Sales Rep
10/9/2015	16-2078	SC

Bill To
Strive Vineyards
Desiree Gerth
3123 East Morris Ranch Road
Wilcox, AZ 85643

Ship To
Strive Vineyards
3123 East Morris Ranch Road
Wilcox, AZ 85643

Customer PO#	Confirmed Ship Date	Ship Via	Initial Deposit	Est Ship Date	Delivery Year
		Fed-Ex LTL Freight	10/26/2015	Call To Schedule	2016

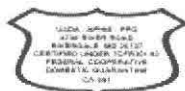
Item Description	Vine Type	Qty	Rate	Amount
Syrah 470 (NC) / 1103P (C)	DFFBG	500	\$3.79	\$1,895.00
Primitivo FPS 03 (C) / 110R (C)	DFFBG	500	\$3.79	\$1,895.00
Cabernet Sauvignon FPS 42 (C) / 1103P (C)	DFFBG	250	\$3.79	\$947.50
Sangiovese VCR 06 (C) / 110R (C)	DFFBG	500	\$3.79	\$1,895.00
Carmenere FPS 03.1 (10) / 1103P (10)	DFFBG	157	\$3.79	\$595.03
FPMS Scionwood User Fee: \$.008 per certified bud		1,407		\$11.26
FPMS Rootstock User Fee: \$.04 per certified rootstock		1,907		\$76.28
Cal Grape Rootstock Improvement Commission Fee: \$.015 per plant		1,907		\$28.61
VCR Clones: 10% of price \$1,895.00				\$189.50
2010 Protocol Fee: \$.50 per rootstock		157		\$78.50
2010 Protocol Fee: \$.50 per bud		157		\$78.50
Agriculture Certificate Fee:				\$0.00
IAB Assessment 1% of Gross :				\$76.90
Shipping & Handling				\$356.42

1st Retainer due with signed contract = \$6,092.63
Balance due upon shipment = \$2,030.87

Total Sales Order: \$8,123.50

20 MAY 12 11:49 AM '14

Sign Here



Please initial for acceptance

1. GPBG: Green potted benchgraft. 2. DFFBG: Dormant, field-finished benchgraft. 3. DPBG: Dormant potted benchgraft. 4. C: Certified/NC: Non-certified/10:2010 protocol.
5. All rootstock is California Department of Food and Agriculture certified stock produced in accordance with the regulations of the CDFA Grapevine Nursery Certificate program, unless otherwise stated.
6. Restocking fee, up to 20%, will be charged on cancelled orders. 7. All prices are FOB Novavine's Santa Rosa production facility.
8. The shipping price is estimated and is subject to change at time of delivery. Any additional charges will be the responsibility of the buyer.

Strive Vineyards
Desiree Gerth
3123 East Morris Ranch Road
Wilcox, AZ 85643

Purchase Contract: #16-2078

20 MAY 12 11:47 AM '14

Defined Terms

"Buyer" means Strive Vineyards

"Novavine" means Novavine, a California corporation.

"Schedule" means the schedule in this contract describing the products being sold hereunder, quantities, price, payment and delivery schedule.

"Product" means any vines, material, stock, plants or other agricultural product that is listed in the Schedule.

Warranty and Limitation of Liability

BUYER UNDERSTANDS THAT NOVAVINE RECEIVES ITS CERTIFIED STOCK OR PRODUCT FROM FOUNDATION PLANT SERVICES (FPS) FOUNDATION STOCK, LOCATED AT THE UNIVERSITY OF CALIFORNIA AT DAVIS EXCEPT AS INDICATED IN THIS CONTRACT. NOVAVINE WILL HAVE NO LIABILITY WHATSOEVER IF ANY CERTIFIED STOCK OR PRODUCT PURCHASED BY NOVAVINE FROM FPS HAS BEEN INCORRECTLY IDENTIFIED BY FPS AND IS NOT OF THE VARIETY AS REPRESENTED TO NOVAVINE BY FPS; AND IS NOT OF THE CORRECT VARIETY WHEN SOLD BY NOVAVINE TO BUYER. NOVAVINE MAKES NO REPRESENTATIONS OR WARRANTIES, EITHER EXPRESS OR IMPLIED, CONCERNING THE NURSERY STOCK OR PRODUCT, ITS DISEASE STATUS OR CONCERNING ANY GRAFTING OR GROW OUT SERVICES SUPPLIED BY NOVAVINE. NOVAVINE MAKES NO WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. NOVAVINE MAKES NO WARRANTIES WHATSOEVER WITH RESPECT TO ANY SCION OR ROOTSTOCK SUPPLIED TO BUYER INCLUDING TRUENESS TO TYPE.

Novavine's replacement policy allows up to 2% of total vines purchased to be replaced at no charge to the Buyer if the vines purchased are diseased or materially defective; PROVIDED THAT Buyer provides verbal notice to Novavine within 48 hours of delivery AND written notice within 7 days of delivery; PROVIDED FURTHER THAT Novavine shall not be obligated to provide such replacements until Buyer has made all payments.

Cancellation & Return; Remedies

Buyer shall have no right to terminate this contract except as provided below.

Novavine accepts contract revisions in its sole and absolute discretion. Downward contract revisions made post production will result in a forfeit of Buyer deposits, at Novavine's sole and absolute discretion.

Novavine will accept **NO RETURN** of any Product due to phytosanitary / contamination risks.

BUYER AGREES THAT BUYER'S SOLE REMEDY AND NOVAVINE'S SOLE LIABILITY FOR BREACH OF ANY PROVISION OF THIS CONTRACT OR FOR ANY NEGLIGENCE OF NOVAVINE OR ANY OTHER TORT RELATING TO NOVAVINE'S PERFORMANCE HEREUNDER INCLUDING, WITHOUT LIMITATION, BREACH OF ANY REPRESENTATION OR WARRANTY, IS A REFUND OF THE SUMS PAID BY BUYER HEREUNDER OR REPLACEMENT OF THE NURSERY STOCK. IN NO EVENT SHALL NOVAVINE BE LIABLE FOR ANY OTHER DAMAGES, INCLUDING, WITHOUT LIMITATION, LOST PROFITS, INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES, AS A RESULT OF SUCH NEGLIGENCE OR TORT OR BREACH OF ANY PROVISION OF THIS CONTRACT.

Payments & Schedules

Except to the extent provided in the Schedule attached hereto, the standard payment schedule is as follows:

1st deposit due with signed contract within 14 days of contract date.

2nd deposit due January 1st of delivery year.

Final balance due **upon delivery** of Product.

If Buyer does not comply with the Schedule or the foregoing schedule, as applicable, then Buyer shall be in default under this contract, any deposits made shall remain the property of Novavine and Novavine shall have the right to pursue any remedies available to it. A finance charge of 1 and ½% per month, which is equal to 18% per annum will be charged on all accounts over thirty (30) days past due. **BUYER ACKNOWLEDGES AND AGREES THAT THE DEPOSITS OR RETAINERS DESCRIBED ABOVE OR IN THE SCHEDULE SHALL BECOME THE PROPERTY OF NOVAVINE IMMEDIATELY UPON PAYMENT.**

Novavine is not, and will not be responsible for any delays in delivery, loss of plant material or other non-performance arising because of horticulture failure, accidents, fire, weather, strikes, riots, war or other factors that are beyond the control of Novavine (Force Majeur).

If Novavine is delivering plants to Buyer, there must be a person authorized to inspect, receive and count the plants at point of delivery and Buyer must provide a crew to unload the plants.

In the event that Buyer cannot accept delivery within thirty (30) days of notice from Novavine that the Product is ready for delivery or if Buyer fails to provide the authorized person and crew to accept delivery as required above, Novavine shall have the right to charge fees for nursery storage, cold storage, potting, field finishing and/or extra maintenance, all as determined in Novavine's sole discretion, which fees shall not be less than \$0.03 per plant per week, in addition to the total purchase price.

Novavine charges a \$1.75 per mile delivery fee. Mileage is calculated one way, from Novavine to the delivery site.

The following allowances are made against this fee, based on order volume.

2,000 +
 4,000 +
 6,000 +
 7,000 +

50 Miles
 150 Miles
 250 Miles
 350 Miles

Miscellaneous

This contract and the schedules attached hereto contain the entire agreement of the parties with respect to the subject matter of this contract, and supersede all prior negotiations, agreements, contracts and understandings with respect thereto. This contract may only be amended by a written document duly executed by both Buyer and Novavine.

Whenever possible, each provision of this contract shall be interpreted so as to be effective and valid under applicable law. If any provision of this contract is held to be prohibited by, or invalid under, applicable law, the remainder of this contract and any other application of such provision shall not be affected thereby.

This contract may be executed in any number of counterparts, and each such counterpart shall be deemed to be an original instrument. All such counterparts together shall constitute one and the same contract.

This contract shall be governed by, and construed in accordance with, the law of the State of California, without giving effect to principles of conflict of laws.

All notices or other communications hereunder shall be in writing and shall be deemed to have been given when the same are (i) deposited in the United States mail and sent by certified or registered mail, postage prepaid, (ii) sent by a nationally recognized overnight delivery service, (iii) sent by facsimile transmission, or (iv) delivered by hand, in each case, to the parties at the addresses set forth by each party's signature block or at such other addresses as such parties may designate by written notice to the other party.

Novavine holds that the clear understanding of the terms and conditions of this contract is crucial to successful business relations with our customers. If you have any questions or suggested modifications, please contact our office.

Novavine, a California corporation

Signed:

 Kari Williams, Office Manager

Date: _____

Address for notices:

Novavine
 6735 Sonoma Highway
 Santa Rosa, CA 95409
 FAX: 707 539 2819

**BUYER UNDERSTANDS THAT THIS CONTRACT CONTAINS IMPORTANT DISCLAIMERS OF WARRANTIES;
 I HAVE READ AND ACCEPT THE TERMS AND CONDITIONS CONTAINED ON ALL PAGES OF THIS CONTRACT, INCLUDING THE
 SCHEDULE ATTACHED HERETO.**

**Strive Vineyards / Desiree Gerth
 Contract #16-2078**

Signed: _____

Print Name: _____

Date: _____

Email: _____

Sign Here



Address for notices:

Fax: _____

Attention: _____

-----IMPORTANT-----

SEE TERMS, CONDITIONS, DISCLAIMER OF WARRANTIES AND ALL OTHER MATTERS IN THE GENERAL TERMS AND CONDITIONS TO WHICH THIS SCHEDULE IS ATTACHED, ALL OF WHICH ARE INTEGRAL PARTS OF THIS CONTRACT

Non-Propagation Agreement

Buyer:

Strive Vineyards
Desiree Gerth
3123 East Morris Ranch Road
Wilcox, AZ 85643

Order #16-2078

Material Proprietorship

- Buyer agrees to rules of non propagation for all exclusive material that is the sole
- **BUYER MUST SIGN BELOW IF THIS BOX IS CHECKED:**
condition of this sale that the "Genetic Property" for all Vivai Coloperitivi Rauscedo (VCR) material involved in this transaction belongs to NovaVine and cannot be sold, transferred, grafted or propagated. No one besides NovaVine is authorized to sell, resale, graft or propagate this material. This material cannot be used in cross-genetic multiplication. Violation of this clause may result in legal action.

Sign Here



Buyer Signature: _____
Printed Name: _____
Date: _____

- **BUYER MUST SIGN BELOW IF THIS BOX IS CHECKED:** Buyer agrees as a condition of this sale that the "Genetic Property" for all Tablas Creek Vineyard Selections (TCVS) material involved in this transaction belongs to Tablas Creek Vineyard and cannot be sold, transferred, grafted or propagated. No one besides NovaVine and Tablas Creek Vineyard are authorized to sell, resale, graft or propagate these selections. This Tablas Creek Vineyard Selections material cannot be used in cross-genetic multiplication. Violation of this clause may result in legal action.

Sign Here



Buyer Signature: _____
Printed Name: _____
Date: _____

6735 Sonoma Highway
 Santa Rosa, CA 95409-5723

Tel# (707) 539-5678
 Fax# (707) 539-2819

Invoice

Date	Invoice #	Rep
10/1/2015	16-2078-1	SC

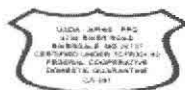
Bill To
 Strive Vineyards
 Desiree Gerth
 3123 East Morris Ranch Road
 Wilcox, AZ 85643

Ship To
 Strive Vineyards
 3123 East Morris Ranch Road
 Wilcox, AZ 85643

Order #	Due Date	Shipping	Ship Date
16-2078	10/26/2015	Fed-Ex LTL Freight	

Description	Amount
1st Retainer Amount Due	\$6,092.63

Total	\$6,092.63
Payments/Credits	\$0.00
Balance Due	\$6,092.63



1. GPBG: Green potted benchgraft. 2. DFFBG: Dormant, field-finished benchgraft. 3. DPBG: Dormant potted benchgraft. 4. C: Certified/NC: Non-certified/10-2010 protocol.
 5. All rootstock is California Department of Food and Agriculture certified stock produced in accordance with the regulations of the CDFA Grapevine Nursery Certificate program, unless otherwise stated.
 6. Restocking fee, up to 20%, will be charged on cancelled orders. 7. All prices are FOB Novavine's Santa Rosa production facility.
 8. The shipping price is estimated and is subject to change at time of delivery. Any additional charges will be the responsibility of the buyer.



GRAPE PURCHASE AGREEMENT

This Grape Purchase Agreement sets forth specific performance for the sale and purchase of wine grapes made effective this 14th day of August, 2015. The agreement covers only the grapes produced by Seller purchased by Buyer for the 2015 crop year, and will terminate upon full payment of the purchase total, or as mutually agreed by both parties.

SELLER:

Golden Rule Vineyards
 Cochise Groves Farming, Inc.
 3649 N. Golden Rule Road
 Cochise, AZ 85606

BUYER:

Strive Vineyards
Ryan & Desiree Gerth
2912 E. Binner Drive
Chandler, AZ 85225

GRAPES TO BE PURCHASED:

VARIETY	TONS	PRICE PER TON	VALUE	BRIX RANGE
Sangiovese	<u>0.6</u>	\$2,000.00	<u>1200⁰⁰</u>	_____
Syrah	_____	\$2,000.00	_____	_____
Zinfandel	_____	\$1,600.00	_____	_____
Cabernet Sauvignon	_____	\$2,000.00	_____	_____
Petite Sirah	_____	\$2,000.00	_____	_____
Grenache	_____	\$2,000.00	_____	_____
Mourvedre	_____	\$2,000.00	_____	_____
TOTAL	<u>0.6</u>		<u>1200⁰⁰</u>	

2015 MAY 12 11:49 AM 3:14

CONDITIONS OF PURCHASE:

1. QUANTITY: Seller will make a reasonable and sincere effort to produce the quantity of grapes specified in this agreement. Buyer will specify the quantity in tons or pounds desired. An estimate of yield per acre will be provided to Buyer by Seller at the signing of agreement. Seller will provide Buyer with a precise number of rows in the block of the variety(ies) desired by Buyer that will produce the estimated quantity specified by Buyer. Buyer agrees to purchase the quantity of fruit produced by the specified rows regardless of whether the quantity produced is more or less than the estimated production. In the case that the quantity produced is less than the quantity Buyer desires, Seller may at its discretion provide additional grapes from the same variety block to fulfill the production estimate. In the event Buyer desires to purchase more grapes at harvest, Seller will make a reasonable and sincere effort to fulfill the request.
2. QUALITY: Seller will make a reasonable and sincere effort to produce the quality of grapes specified in this agreement. Quality will be defined as sucrose content in degrees brix desired by Buyer. Buyer will identify in this agreement a range of degrees brix considered to be optimal. It is understood by both Seller and Buyer that field sampling and juice sampling following crush can vary. An essential aspect of this agreement is that Seller and Buyer will be in close communication regarding brix sampling in determining harvest schedule decisions.
3. CULTURAL PRACTICES: Seller will make a reasonable and sincere effort to produce grapes that are grown with standard acceptable best management practices. Seller agrees to limit external damage factors such as bird damage (by netting or electronic protection), and sunburn (by protective canopy management) to the extent reasonably possible. Seller will make a reasonable and sincere effort to protect grapes from botrytis and other fungal pathogens by utilizing a fungicide program prescribed by a qualified crop advisor. Damage to grapes from external factors beyond the control of Seller (hail damage, wind damage, rain damage) will not be cause for Buyer to terminate agreement as long as grapes of reasonable quality can be harvested by selective picking. Buyer is encouraged to personally monitor the development of the crop through the summer and particularly as harvest approaches. Seller agrees to consider specific requests from Buyer related to treatment of the rows designated for purchase by Buyer. Reasonable requests will be honored by Seller to the extent that quantity and quality are enhanced and maintained.
4. HARVEST: The decision to harvest will be determined by degrees brix as specified in this agreement, and by mutually determined scheduling by Seller and Buyer. Seller is responsible for harvest labor cost. Buyer will provide a suitable number of bins in which harvested grapes are to be transported. . A reasonable and sincere effort will be made by Seller to complete harvest by 2:00 PM each day and earlier, if possible. If special treatment of the harvested grapes is requested by Buyer (e.g. SO₂), Buyer will provide any materials or products needed to fulfill the request. Buyer or an authorized representative of the Buyer will have the opportunity to observe harvest and to sort and reject grapes that are not suitable. Once acceptance of the grapes at the field is confirmed by Buyer or its authorized representative, and upon loading grapes into or onto transportation provided by Buyer, title to the grapes will pass to the Buyer and full payment for the grapes according to terms specified in this agreement will become an obligation of the Buyer.
5. WEIGHING: Seller will be responsible for accurately weighing the grapes at the vineyard, and will be responsible for reporting harvested weight to Buyer. Buyer is entitled to check harvested weight at destination winery. If a significant difference is noted, and the scale at the winery is a certified scale, the

GRAPE PURCHASE AGREEMENT

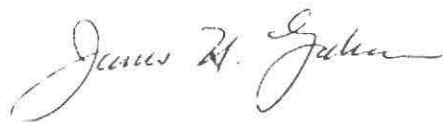
certified scale weights will be used to determine grape purchased weight. If the scale at the winery is not certified, both scales will be checked for accuracy against a third certified scale, and any re-calculation of weight determined to be required will be accepted by both Seller and Buyer.

6. TRANSPORTATION: Buyer will provide transportation of harvested grapes to a winery of its choice. Seller will be responsible for loading bins onto or into trucks or trailers provided by Buyer.

7. TERMS: Buyer will pay to Seller upon signing this document 25% of the total price calculated for the purchase of grapes as specified in this agreement. Upon completion of harvest and with reasonable time to provide accurate yield totals, but in no case after November 1, 2015, a payment will be made to Seller from Buyer that when added to the previous payment will equal 50% of the total recalculated amount due to Seller. The remaining 50% of the recalculated total will be paid by Buyer to Seller on or before January 1, 2016. Any payment(s) due and not paid in a timely manner will accrue interest at the rate of 1.5% each month prorated per day of delinquency.

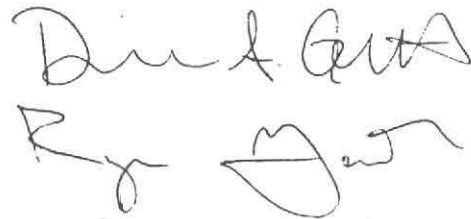
IN WITNESS HEREOF confirming the acceptance of the terms of this agreement, Seller and Buyer hereto affix authorized signatures on the date written above.

SELLER:



James H. Graham
Golden Rule Vineyards
Cochise Groves Farming, Inc.
3649 N. Golden Rule Road
Cochise, AZ 85606

BUYER:



Desiree & Ryan Gerth
Strive Vineyards
2912 E. Binner Drive
Chandler, AZ 85225



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: 5-29-2020 Date of Posting Removal: 6-18-2020

Applicant's Name: Gerth Desiree Ann
Last First Middle

Business Address: 6217 S. Maranatha Way Willcox 85643
Street City Zip

License #: 108561

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.

CHRIS SAYER Case Compliance Officer 5208033163
Print Name of City/County Official Title Phone Number

[Signature] 6-18-20
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.

30532037

30554018

30

30532038

30532013

30532010

30532046

S MARANATHA WAY

30532043A

Legend

- Townships
- Sections
- Incorporated Limits
- Roads
- Parcels
- Milepost
- Highlighted Features
- Current Features
- Buffer



305-32-038
Liquor License Posting

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



NOTICE

APPLICATION TO SELL ALCOHOLIC BEVERAGES

DATE POSTED: Friday, May 29, 2020

A HEARING ON A LIQUOR LICENSE APPLICATION SHALL BE HELD BEFORE THE

Cochise County Board of Supervisors

PLACE 415 W. Melody Ln. Bldg 6 DATE/TIME Tuesday, July 7, 2020

HEARING DATES SUBJECT TO CHANGE, TO VERIFY CALL: 520-432-9200

THE LOCAL GOVERNING BODY WILL RECOMMEND TO THE STATE LIQUOR BOARD WHETHER THE BOARD SHOULD GRANT OR DENY THE LICENSE. THE

STATE LIQUOR BOARD MAY HOLD A HEARING TO CONSIDER THE

RECOMMENDATION OF THE LOCAL GOVERNING BODY. ANY PERSON RESIDING OR OWNING OR LEASING PROPERTY WITHIN A ONE-MILE RADIUS MAY CONTACT

THE STATE LIQUOR BOARD IN WRITING TO REGISTER AS A PROTESTER. TO REQUEST INFORMATION REGARDING PROCEDURES BEFORE THE BOARD AND

NOTICE OF ANY BOARD HEARINGS REGARDING THIS APPLICATION, CONTACT THE

STATE LIQUOR BOARD: 800 W. WASHINGTON, 5TH FLOOR, PHOENIX, AZ. 85007 (602) 542-9789

INDIVIDUALS REQUIRING ADA ACCOMMODATIONS CALL - LOCAL GOVERNING BODY: 520-432-9200 STATE LIQUOR DEPT: (602) 542-9789

POST ONE COPY OF THE APPLICATION FORM BELOW THIS NOTICE.

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Desiree Ann Gerth Address: 6217 S. Maranatha Way
Business Name: Strive Vineyards City/Zip: Willcox 85643
Liquor License #: 108561 Parcel #: 305-32-038
Ownership Type: n/a Liquor License Special Event Liquor License
Partner(s): n/a

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:

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: Michael McGee Title: EHS III
Signature:  Date: 5/22/20
Contact phone: 520-586-8206 Email: m.mcgee@cochise.az.gov

Return completed form with any attachments by: June 4, 2020

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: Desiree Ann Gerth Address: 6217 S. Maranatha Way
 Business Name: Strive Vineyards City/Zip: Willcox 85643
 Liquor License #: 108561 Parcel #: 305-32-038
 Ownership Type: n/a Liquor License Special Event Liquor License
 Partner(s): n/a

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 area 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:	RU-4
Use permitted by P&Z?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Permit#:	Exempt, No Permit Required
Date Permit Issued:	N/A	Use Permitted:	Ag Processing Services, On-Site
If use not permitted, is it LNC?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Year LNC Established:	N/A

- 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 Amaya Title: Zoning Administrator
 Signature: Dora V Amaya Date: June 3, 2020
 Contact phone: 520.803.3988 Email: damaya@cochise.az.gov

Return completed form with any attachments by: June 4, 2020

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Desiree Ann Gerth Address: 6217 S. Maranatha Way
Business Name: Strive Vineyards City/Zip: Willcox 85643
Liquor License #: 108561 Parcel #: 305-32-038
Ownership Type: N/A Liquor License Special Event Liquor License
Partner(s): N/A

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: The Sheriff's Office has not had to respond to a significant number of calls for service within the last 5-years to the above location.

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

Approval

Disapproval

No Recommendation

Name: Rich Morales

Title: Lieutenant

Signature: 

Date: 05/21/2020

Contact phone: (520)805-5672

Email: RDMorales@cochise.az.gov

Return completed form with any attachments by:

June 4, 2020

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Desiree Ann Gerth Address: 6217 S. Maranatha Way
Business Name: Strive Vineyards City/Zip: Willcox 85643
Liquor License #: 108561 Parcel #: 305-32-038
Ownership Type: n/a Liquor License Special Event Liquor License
Partner(s): n/a

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:

Name: KATHLEEN WILSON Title: TAX SPECIALIST 1
Signature: KATHLEEN WILSON Date: 05/21/2020
Contact phone: 520-432-8404 Email: KWILSON@COCHISE.AZ.GOV

Return completed form with any attachments by: June 4, 2020

P	Acct #	Year	Status	Billed	Paid	Interest	Due	Owner
if.	ParcelNo	2019	TAX	569.78	569.78	0.00	0.00	GERTH RYAN & DESIREE
	3053203809			569.78	569.78	0.00	0.00	

Regular Board of Supervisors Meeting

Meeting Date: 07/07/2020
RD Steakhouse- Series 6 (Bar) Liquor License
Submitted By: Amy Langer, Board of Supervisors
Department: Board of Supervisors
Presentation: No A/V **Recommendation:** Approve
Presentation
Document Signatures: BOS Signature **# of ORIGINALS** 2
NOT Required **Submitted for Signature:**
NAME of PRESENTER: Kim Lemons **TITLE of PRESENTER:** Clerk of the Board
Mandated Function?: Not Mandated **Source of Mandate or Basis for Support?:**

Docket Number (If applicable):

Information

Agenda Item Text:

Approve a Series #6 (Bar) Acquisition of Control liquor license application submitted by Mr. Edward Martin Fee for Sierra Vista Wedding and Events, located at 6398 S. Hwy. 92, Hereford, AZ 85615.

Background:

Mr. Edward Fee has applied for an Acquisition of Control - Series #6 Bar liquor license for Sierra Vista Wedding and Events, located at 6398 S. Hwy. 92, Hereford, AZ 85615. The Sheriff's Office has no recommendation and the Treasurer's Office advised that the property taxes for the parcel in question are current. The Development Services Department has recommended approval of the application. There have been no formal protests to this liquor license.

The Health Department is currently working with the property owner on health-related issues with the subject property.

Mr. Fee 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:

Funds Available:

Amount Available:

Unbudgeted:

Funds NOT Available:

Amendment:

Account Code(s) for Available Funds

1:

Fund Transfers

Attachments

Application

Affidavit of Posting

Department Review Forms

State of Arizona
Department of Liquor Licenses and Control

Created 05/20/2020 @ 03:41:32 PM

Local Governing Body Report

LICENSE

Number:	06020045	Type:	006 BAR
Name:	SIERRA VISTA WEDDING AND EVENTS		
State:	Pending		
Issue Date:		Expiration Date:	06/30/2020
Original Issue Date:	12/10/1985		
Location:	6398 S HIGHWAY 92 HEREFORD, AZ 85615 USA		
Mailing Address:	4976 S RICARDO ROAD SIERRA VISTA, AZ 85650 USA		
Phone:	(520)249-4146		
Alt. Phone:			
Email:	ED_FEE@HOTMAIL.COM		

Currently, this license has pending applications.

AGENT

Name:	EDWARD MARTIN FEE
Gender:	Male
Correspondence Address:	4976 S RICARDO ROAD SIERRA VISTA, AZ 85650 USA
Phone:	(520)249-4146
Alt. Phone:	
Email:	ED_FEE@HOTMAIL.COM

OWNER

Name:	FEE 3 LLC		
Contact Name:	EDWARD MARTIN FEE		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	L15992502	State of Incorporation:	AZ
Incorporation Date:	05/03/2010		
Correspondence Address:	4976 S RICARDO ROAD SIERRA VISTA, AZ 85650 USA		
Phone:	(520)249-4146		
Alt. Phone:			
Email:	ED_FEE@HOTMAIL.COM		

Officers / Stockholders

Name:	Title:	% Interest:
EDWARD MARTIN FEE	Managing/member	62.00
JOSHUA GUY GREER	MEMBER	19.00
JONATHAN PAUL CARREON	MEMBER	19.00

FEE 3 LLC - Managing/member

Name: EDWARD MARTIN FEE
 Gender: Male
 Correspondence Address: 4976 S RICARDO ROAD
 SIERRA VISTA, AZ 85650
 USA
 Phone: (520)249-4146
 Alt. Phone:
 Email: ED_FEE@HOTMAIL.COM

FEE 3 LLC - MEMBER

Name: JOSHUA GUY GREER
 Gender: Male
 Correspondence Address: 4976 S RICARDO ROAD
 SIERRA VISTA, AZ 85650
 USA
 Phone: (520)266-0472
 Alt. Phone:
 Email: JOSHUAGGREER@ME.COM

FEE 3 LLC - MEMBER

Name: JONATHAN PAUL CARREON
 Gender: Male
 Correspondence Address: 4976 S RICARDO ROAD
 SIERRA VISTA, AZ 85650
 USA
 Phone: (714)705-5588
 Alt. Phone:
 Email: LBPOPUPBOOKS@GMAIL.COM

APPLICATION INFORMATION

Application Number: 110259
 Application Type: Acquisition of Control
 Created Date: 05/20/2020 *Alby*

QUESTIONS & ANSWERS

006 Bar

- 4) 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?
 No



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

QUESTIONNAIRE
A.R.S. § 4-202, 4-210
Type or Print with Black Ink

The fees allowed by R19-1-102 will be charged for all dishonored checks. For current 4/20/19

ATTENTION APPLICANT: This is a legally binding document. Please type or print in black ink. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 06020045 / 110259

1. Check the Appropriate Box

Form with checkboxes: Controlling Person (checked), Agent (checked), Premises Manager (unchecked)

2. Name: Fee Edward Martin Birth Date: [Redacted]

3. Social Security #: [Redacted] Driver License #: [Redacted] State: AZ

4. Place of birth: Orange NJ USA Height: 6'2" Weight: 205 Eyes: GRN Hair: BRN

5. Name of current/most recent spouse: McCann Lisa Marie Birth Date: [Redacted]

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: [Redacted]

7. Daytime telephone number: 5202494146 E-mail address: ed_fee@hotmail.com

8. Business Name: Fee 3 LLC DBA Sierra Vista Weddings & Events Business Phone: 520/249/4146

9. Business Location Address: 6398 S. HWY 92 Hereford AZ Cochise 85650

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip). Row 1: 8/94, CURRENT, Teacher, Palominas S.D. #49 6849 S. HWY 92, Hereford, AZ 85615

(ATTACH ADDITIONAL SHEET IF NECESSARY)

20 MAY 20 19 14 PM 3 58

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
1/2015	CURRENT	4976 S. Ricardo Rd Sierra Vista, AZ 85650

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? Yes No
If you answered YES, then answer #13 below. If NO, skip to #14.
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202,4-210 Yes No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

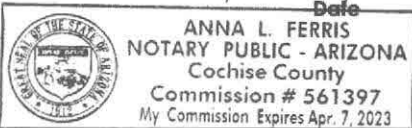
NOTARY

I (Print Full Name) Edward M. Fee hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: *EM Fee* State of ARIZONA County of COCHISE

The foregoing instrument was acknowledged before me this 8th Day of May, 2020

My Commission Expires on: April 7, 2023



Anna L. Ferris
Signature of Notary

The Licensee has authorized the person named on this questionnaire to act as manager for the above License.

PRINT NAME: Edward Fee SIGNATURE: *EM Fee*

5/8/20

To Whom it May Concern, I am writing to notify that at the end of May, 2020 as agent for Fee 3 LLC, D.B.A. Jr's Food & Spirits we received a 10 day suspension on license # 06620034. Due to repeated acts of violence, we made improvements to our security plan and changed the type of music* (hip hop), in order to eliminate the customer base that was creating problems. We decided that earlier hours, food, and family friendly entertainment was the direction we wanted to go, so we changed our business plan to become Sierra Vista Wedding & Events.

Thank you for your time,

Ed Fee

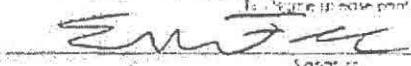
Certificate # 10543

**Certificate of Completion
For
Title 4 MANAGEMENT Liquor Law Training**

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor Licenses and Control and completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.
This Title 4 training was developed for MANAGE Title 4 training. A state Certificate of Completion for this training was only made possible by the Department of Liquor Licenses and Control's approval of a State-approved BAS-CM Title 4 course that was developed by the training provider prior to issuance of a Certificate of Completion for MANAGE Title 4 training.
A replacement Certificate of Completion for Title 4 training may be available through the training provider if the certificate holder's name is misspelled.

Student Information

Edward Edward Fee
Training Participant


Signature

December 02, 2018

December 01, 2021

Training Completion Date

Certificate Expiration Date
(This year is from example on back)

Training Provider Information

Diversys Learning, Inc. DBA SureSellNow.com

Company Name

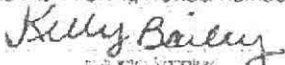
1011 Arrow Point Drive, Cedar Park, Texas 78613

Training Address:
512-879-1063

Course Contact Phone Number

I, Kelly Bailey, certify that the above named individual did successfully complete

MANAGE Title 4
Title 4 MANAGEMENT Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code (A.A.C.) R19-1-03 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).


Signature

December 02, 2018
Day Mo Year

For use only by the State of Arizona for MANAGE Title 4 training. If either applicant's name or the date is misspelled or if the license number is not included below, the license holder must contact the training provider immediately to request a replacement. Both of the following are required.

Printed Name (last, first, middle)	Government Issues to License Holders (print)	Printed Date (MM/DD/YY)	State & Wine Bar License # (print)
Registration Number (if applicable)	State Form Number (print)		MANAGE Title 4 Training Series # (print)

Use of this certificate for purposes other than those intended by the Department of Liquor Licenses and Control is prohibited. The date of issuance of this certificate is the date of completion of the training. The date of issuance of this certificate is the date of completion of the training. The date of issuance of this certificate is the date of completion of the training.

The date of issuance of this certificate is the date of completion of the training. The date of issuance of this certificate is the date of completion of the training. The date of issuance of this certificate is the date of completion of the training.

12/2/2018

20 MAY 12 11:41 AM '13

20 MAY 20 11:41 AM '13

Certificate # 10539

Certificate of Completion
For
Title 4 BASIC Liquor Law Training

<input type="checkbox"/>	On-sale
<input type="checkbox"/>	Off-sale
<input checked="" type="checkbox"/>	On and off-sale

A Certificate of Completion may be issued only if the student has completed the course and the provider has verified the certificate is validly the course provided. The student must have passed the training and the provider must have verified the certificate is validly the course provided. The student must have passed the training and the provider must have verified the certificate is validly the course provided. The student must have passed the training and the provider must have verified the certificate is validly the course provided.

Student Information

Edward Edward Foo

Signature

 Student

December 02, 2018

December 01, 2021

Training Completion Date

Certificate Expiration Date
(Three years from completion date)

Training Provider Information

Diversys Learning, Inc. DBA SureSellNow.com

Company Name

1011 Arrow Point Drive, Cedar Park, Texas 78613

Address

512-879-1063

Phone Number (Include Area Code)

Kelcy Bailey

I, Kelcy Bailey, certify that the above named student has successfully completed the Title 4 BASIC Liquor Law Training course provided by the provider. The student must have passed the training and the provider must have verified the certificate is validly the course provided. The student must have passed the training and the provider must have verified the certificate is validly the course provided.

Kelcy Bailey

 Provider Signature

December 02, 2018

Date

Fields required to complete this form are marked with an asterisk (*). Fields marked with an asterisk (*) are required for the certificate to be valid. Fields marked with a checkmark (✓) are optional. Fields marked with a checkmark (✓) are optional. Fields marked with a checkmark (✓) are optional.

Field #1: Student Name	Field #2: Student Address	Field #3: Student Phone	Field #4: Student Email
Field #5: Student License	Field #6: Student License	Field #7: Student License	Field #8: Student License

The student must have passed the training and the provider must have verified the certificate is validly the course provided. The student must have passed the training and the provider must have verified the certificate is validly the course provided.

20 MAY 12 11:41 AM '13

20 MAY 20 11:41 AM '13

20 MAY 20 11:49. Lic. # 8125



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

QUESTIONNAIRE
A.R.S. §4-202, 4-210
Type or Print with Black Ink

804-881

The fees allowed by R19-1-102 will be charged for all dishonored checks.

ATTENTION APPLICANT: This is a legally binding document. Please type or print in **black ink**. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A **BLUE OR BLACK LINED** FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 06020045 / 110259

1. Check the Appropriate Box →

<input checked="" type="checkbox"/> Controlling Person	<input type="checkbox"/> Agent	<input type="checkbox"/> Premises Manager (complete all questions except #12)
--	--------------------------------	--

2. Name: Greer Joshua Guy Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: Az

4. Place of birth: Tucson AZ US Height: 6 Weight: 170 Eyes: BR Hair: BR
City State COUNTRY (not county)

5. Name of current/most recent spouse: Greer Ashia Carlotta Birth Date: [REDACTED]
Last First Middle (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: CA

7. Daytime telephone number: 520-266-0472 E-mail address: joshuaggreer@me.com

8. Business Name: Sierra Vista Wedding and events Business Phone: 520 249 4146

9. Business Location Address: 6398 S Hwy 92 Hereford AZ Cochise County 85615
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
01/2005	CURRENT	Camera Assistant	Entertainment Partners 2950 N Hollywood Way Burbank, CA 91505

(ATTACH ADDITIONAL SHEET IF NECESSARY)

20 MAY 20 11:49. Lic. # 8125

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
05/2012	CURRENT	Sunbeam Dr Los Angeles CA 90065


(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202,4-210 Yes No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No

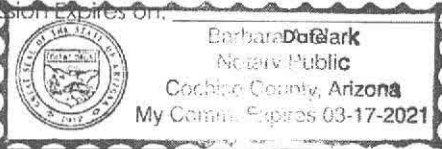
**If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED**


NOTARY

I (Print Full Name) Joshua Greer hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature:  State of California County of Los Angeles
The foregoing instrument was acknowledged before me this 19 Day of MAY, 2020
Day Month Year

My Commission Expires on: 17 MAR 2021




Signature of Notary

The Licensee has authorized the person named on this questionnaire to act as manager for the above License.

PRINT NAME: Joshua Greer SIGNATURE: 



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

QUESTIONNAIRE
A.R.S. § 4-202, 4-210
Type or Print with Black Ink

804-881

20 MAY 19 11:49 AM '20

The fees allowed by R19-1-102 will be charged for all dishonored checks.

ATTENTION APPLICANT: This is a legally binding document. Please type or print in black ink. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

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Liquor License#: 06020045 / 110259

1. Check the Appropriate Box

Form with checkboxes: [X] Controlling Person, [] Agent, [] Premises Manager (complete all questions except #12)

2. Name: CARREON JONATHAN PAUL Birth Date: [REDACTED] (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: CA

4. Place of birth: GARDEN GROVE CA USA Height: 5'10" Weight: 150 Eyes: GRAY Hair: BROWN

5. Name of current/most recent spouse: N/A Birth Date: N/A (NOT a public record)

6. Are you a bona fide resident of Arizona? [] Yes [X] No If yes, what is your date of residency: _____

7. Daytime telephone number: (714) 705-5588 E-mail address: LBPOPUPBOOKS@GMAIL

8. Business Name: SIERRA VISTA WEDDING & EVENTS Business Phone: 520/249, 4146

9. Business Location Address: 6398 S. HWY 92 HEREFORD AZ USA COCHISE 85615

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip). Rows include 2ND ASSISTANT CAMERAMAN at CAST & CREW and ENTERTAINMENT PARTNERS.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

20 MAY 20 11:49 AM '20

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
10/14	CURRENT	500 E. 8 TH STREET, LONG BEACH, CA 90813

(ATTACH ADDITIONAL SHEET IF NECESSARY)

- 12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? Yes No
If you answered YES, then answer #13 below. If NO, skip to #14.
- 13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
- 14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
- 15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202.4-210 Yes No
- 16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
- 17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
- 18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.
 Give complete details including dates, agencies involved and dispositions.
 CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED


NOTARY

I (Print Full Name) JONATHAN CARREON hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: [Signature] State of CALIFORNIA County of LOS ANGELES

The foregoing instrument was acknowledged before me this 18 Day of MAY, 2020

Date: Oct. 7, 2021



[Signature]
Signature of Notary

The licensee has authorized the person named on this questionnaire to act as manager for the above license.

PRINT NAME: JONATHAN CARREON SIGNATURE: [Signature]



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: 6/2/2020 Date of Posting Removal: 6/23/2020

Applicant's Name: Fee Edward Martin
Last First Middle

Business Address: 6398 S Highway 92 Hereford, AZ 85615
Street City Zip

License #: 110259

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.

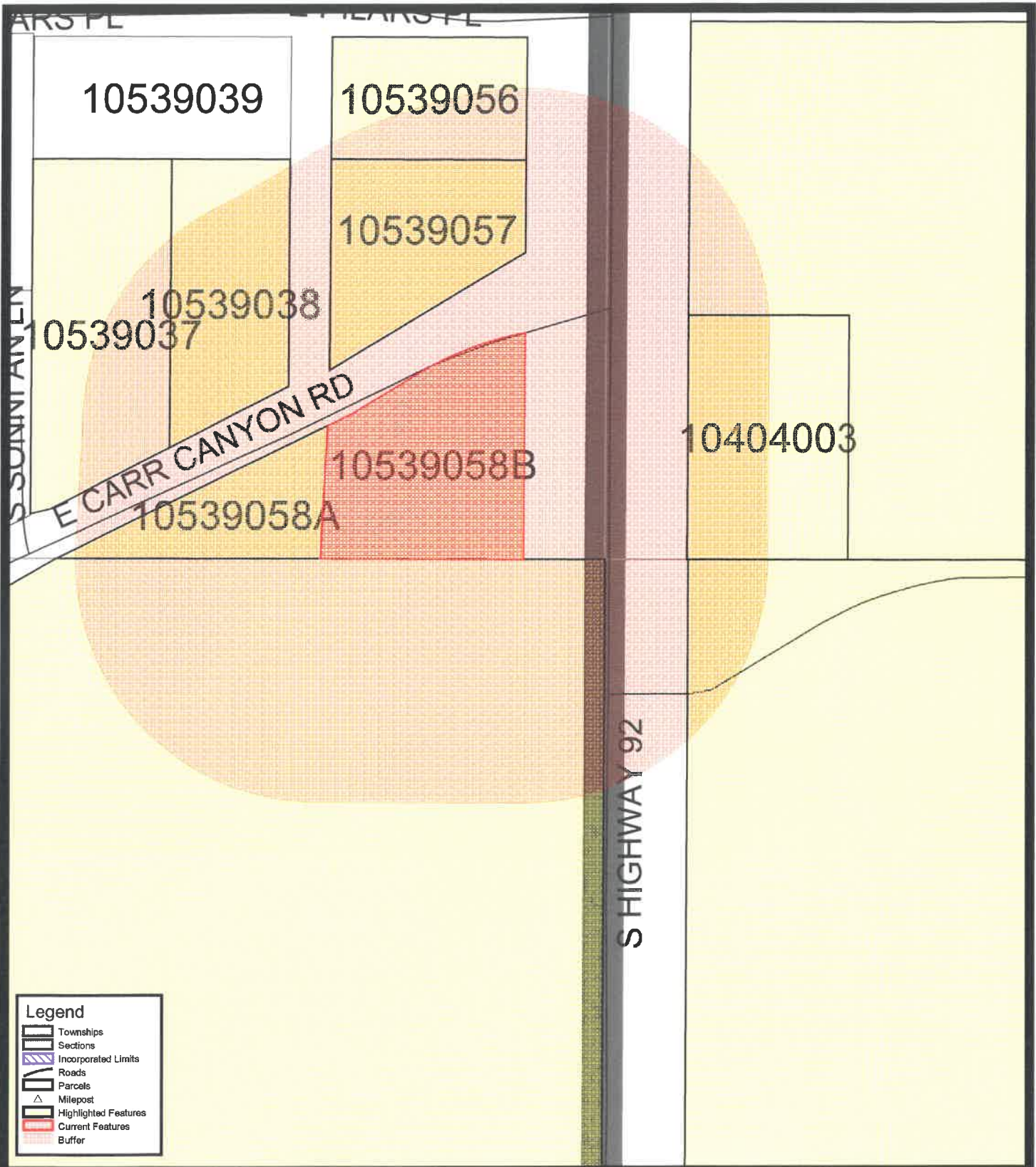
CHRIS SAYLOR CODE COMPLIANCE OFFICER 520 432 9300
Print Name of City/County Official Title Phone Number

 6-23-2020
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.



06/02/2020




Legend


- Townships
- Sections
- Incorporated Limits
- Roads
- Parcels
- Milepost
- Highlighted Features
- Current Features
- Buffer



105-39-058B Liquor License Posting

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





NOTICE

APPLICATION TO SELL ALCOHOLIC BEVERAGES

DATE POSTED: June 2, 2020

A HEARING ON A LIQUOR LICENSE APPLICATION SHALL BE HELD BEFORE THE

Cochise County Board of Supervisors

PLACE 1415 Melody Lane, Bldg G DATE/TIME July 7, 2020 @ 10:15 a.m.
Bisbee, AZ

HEARING DATES SUBJECT TO CHANGE, TO VERIFY CALL: (520) 432-9200

THE LOCAL GOVERNING BODY WILL RECOMMEND TO THE STATE LIQUOR BOARD WHETHER THE BOARD SHOULD GRANT OR DENY THE LICENSE. THE

STATE LIQUOR BOARD MAY HOLD A HEARING TO CONSIDER THE

RECOMMENDATION OF THE LOCAL GOVERNING BODY. ANY PERSON RESIDING OR OWNING OR LEASING PROPERTY WITHIN A ONE-MILE RADIUS MAY CONTACT

THE STATE LIQUOR BOARD IN WRITING TO REGISTER AS A PROTESTER. TO REQUEST INFORMATION REGARDING PROCEDURES BEFORE THE BOARD AND

NOTICE OF ANY BOARD HEARINGS REGARDING THIS APPLICATION, CONTACT THE

STATE LIQUOR BOARD: 800 W. WASHINGTON, 5TH FLOOR, PHOENIX, AZ. 85007 (602) 542-9789

INDIVIDUALS REQUIRING ADA ACCOMMODATIONS CALL - LOCAL GOVERNING BODY (520) 432-9200 STATE LIQUOR DEPT: (602) 542-9789

POST ONE COPY OF THE APPLICATION FORM BELOW THIS NOTICE.

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Edward Martin Fee Address: 6398 S Highway 92
Business Name: Sierra Vista Wedding and Events City/Zip: Hereford, AZ 85615
Liquor License #: 06020045 Parcel #: 105-39-058B
Ownership Type: LLC Liquor License Special Event Liquor License
Members of FEE 3 LLC:
Joshua Guy Greer
Partner(s): Jonathan Paul Carreon

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:

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: Michael McGee Title: EHS III
Signature:  Date: 5/28/20
Contact phone: 520-586-8206 Email: mmcgee@cochise.az.gov

Return completed form with any attachments by: June 4, 2020

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Edward Martin Fee Address: 6398 S Highway 92
Business Name: Sierra Vista Wedding and Events City/Zip: Hereford, AZ 85615
Liquor License #: 06020045 Parcel #: 105-39-058B
Ownership Type: LLC Liquor License
Members of FEE 3 LLC:
Joshua Guy Greer
Partner(s): Jonathan Paul Carreon

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: The Sheriff's Office has not had to respond to a significant number of calls for service at the above location within the last 5-years.

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

Approval

Disapproval

No Recommendation

Name: Rich Morales

Title: Lieutenant

Signature: 

Date: 06/03/2020

Contact phone: (520)805-5672

Email: RDMorales@cochise.az.gov

Return completed form with any attachments by: June 4, 2020

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: Edward Martin Fee Address: 6398 S Highway 92
 Business Name: Sierra Vista Wedding and Events City/Zip: Hereford, AZ 85615
 Liquor License #: 06020045 Parcel #: 105-39-058B
 Ownership Type: LLC
 Members of FEE 3 LLC:
 Joshua Guy Greer
 Partner(s): Jonathan Paul Carreon Liquor License Special Event Liquor License

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 area 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:	GB – General Business
Use permitted by P&Z?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Permit#:	N/A
Date Permit Issued:	N/A	Use Permitted:	Restaurant
If use not permitted, is it LNC?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Year LNC Established:	1966

- 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 Amaya Title: Zoning Administrator
 Signature: Dora V Amaya Date: June 3, 2020
 Contact phone: 520-803-3988 Email: damaya@cochise.az.gov

Return completed form with any attachments by: June 4, 2020

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

XXXAPPLICANT INFORMATION

Applicant Name: Edward Martin Fee Address: 6398 S Highway 92
Business Name: Sierra Vista Wedding and Events City/Zip: Hereford, AZ 85615
Liquor License #: 06020045 Parcel #: 105-39-058B
Ownership Type: LLC Liquor License Special Event Liquor License
Members of FEE 3 LLC:
Joshua Guy Greer
Partner(s): Jonathan Paul Carreon

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:

Name: KATHLEEN WILSON Title: TAX SPECIALIST 1
Signature: KATHLEEN WILSON Date: 5/29/2020
Contact phone: 520-432-8404 Email: KWILSON@COCHISE.AZ.GOV

Return completed form with any attachments by: June 4, 2020

Ref.	ParcelNo	Acct #	Year	Status	Billed	Paid	Interest	Due	Owner
	10539058B8		2019	TAX	6,341.88	6,341.88	0.00	0.00	FEE 3 LLC
					6,341.88	6,341.88	0.00	0.00	

Regular Board of Supervisors Meeting

Health & Social Services

Meeting Date: 07/07/2020

Arizona Department of Health Services IGA contract # ADHS17-133164 A8 for the Emergency Preparedness Program

Submitted By: Briggita Hodges, Health & Social Services

Department: Health & Social Services

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

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

NAME of PRESENTER: Craig Janiszewski **TITLE of PRESENTER:** Public Health Emergency Preparedness Coordinator

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

Docket Number (If applicable):

Information

Agenda Item Text:

Approve the Arizona Department of Health Services Intergovernmental Agreement (IGA) Contract #ADHS17-133164 Amendment 8 for the Emergency Preparedness Program, between the Arizona Department of Health Services and Cochise Health & Social Services, in the amount of \$241,241, effective July 1, 2020 and ending June 30, 2021.

Background:

This Public Health Emergency Preparedness (PHEP) Grant is the continuation of the Cooperative Agreement between ADHS and the County for the grant year beginning July 1, 2020 and ending June 30, 2021. A New Purchase Order will follow shortly. This is an original contract between the Arizona Department of Health Services and Cochise Health & Social Services and encompasses Budget Period 2.

Department's Next Steps (if approved):

Your approval is respectfully requested.

Impact of NOT Approving/Alternatives:

The PHEP program will not be able to complete the associated Public Health Emergency Preparedness Deliverables for Budget Period 2.

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 Impact & Funding Sources (if known):

Grant Title	Contract #	Amount	Salaries + ERE's	Authorized Overhead	A-87 OH @46.31%	Net Co. Subsidy
PHEP	ADHS 17-133164	\$241,241.00	\$125,465.25	\$0 *		

Attachments

Executive Summary
IGA Contract

Executive Summary Form

Agenda Number: HLT-- 5313

Recommendation:

Approve the Arizona Department of Health Services IGA contract # ADHS17-133164 A8 for the Emergency Preparedness Program, between the Arizona Department of Health Services and Cochise Health & Social Services, in the amount of \$241,241.00, effective July 1, 2020 and ending June 30, 2021.

Background:

This Public Health Emergency Preparedness (PHEP) Grant is the continuation of the Cooperative Agreement between ADHS and the County for the grant year beginning July 1, 2020 and ending June 30, 2021. A New Purchase Order will follow shortly. This is an original contract between the Arizona Department of Health Services and Cochise Health & Social Services and encompasses Budget Period 2.

Fiscal Impact & Funding Sources:

Grant Title	Contract #	Amount	Salaries + ERE's	Authorized Overhead	A-87 OH @46.31%	Net Co. Subsidy
PHEP	ADHS 17-133164	\$241,241.00	\$125,465.25	\$0 *		

Next Steps/Action Items/Follow-up:

Your approval is respectfully requested.

Impact of Not Approving:

The PHEP program will not be able to complete the associated Public Health Emergency Preparedness Deliverables for Budget Period 2.

Prepared by:
Craig Janiszewski
Public Health Emergency Preparedness
Coordinator
June 24, 2020

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT SCOPE OF WORK
ADHS17-133164	

1. BACKGROUND

- 1.1. The Arizona Department of Health Services (ADHS) receives supplemental funding from the Centers for Disease Control and Prevention (CDC) to further develop and enhance the State of Arizona, Bureau of Public Health Emergency Preparedness (PHEP). These funds are used to support the development and implementation of Tasks in this Scope of Work. The ADHS has determined that the most expeditious methodology to enhance these Tasks is to partner with the County Health Departments;
- 1.2. ADHS continues to look at ways to expand our preparedness capabilities based on our Five-Year Plan and the Capability Planning Guide (CPG) data. Based on that information and the guidance set forth by the CDC, ADHS has developed this PHEP grant agreement; and
- 1.3. The funding shall be based on required critical and enhanced capacities for the Contractor's geographical area.

2. OBJECTIVE

- 2.1. Through the implementation of strategies and activities during the project period, strengthen the readiness of the community to prepare for, respond to, and recover from a public health emergency and/or disaster.
- 2.2. Sub-recipients of PHEP funds are expected to enhance the readiness of local public health by participating in activities that advance and document progress across the six (6) domains as outlined in Attachment B.

3. TASKS

- 3.1. The Contractor shall:
 - 3.1.1. Maintain a person appointed as liaison and PHEP coordinator for this grant funding,
 - 3.1.2. Maintain a detailed plan for twenty-four (24) hours a day, seven (7) days a week response to Public Health Emergencies along the guidelines and deliverables for the current year,
 - 3.1.3. Maintain a timeline for the development of county-wide plans for Public Health Emergencies, preparedness for a mass casualty incident event, infectious disease outbreak, or other public health emergency,
 - 3.1.4. Maintain a timeline and a plan to identify personnel to be trained, to receive and distribute critical stockpile items and manage a mass distribution of vaccine and/or antibiotics on a twenty-four (24) hours a day, seven (7) days a week basis,
 - 3.1.5. Maintain a plan to receive and evaluate urgent disease reports from all parts of the jurisdiction on twenty-four (24) hours a day, seven (7) days a week basis. Maintenance of the plan shall include participation in state-wide electronic disease surveillance initiatives,
 - 3.1.6. Maintain a plan to enhance risk communication and information dissemination to educate the public regarding exposure risks and effective public response,
 - 3.1.7. Prepare a detailed budget based upon their estimated cost associated with continuation of programmatic Annual Performance Requirements through the Contract period, unless terminated, canceled or extended as otherwise provided herein for the period of July 1st through the following June 30th of each Budget year and shall meet all reporting requirements for federal funding, including those years in which a match requirement is established, and
 - 3.1.8. Review the Annual Performance Requirements, additional tasks, reporting deliverables and program information as outlined in the Attachment B incorporated herein. Attachment B will change every year, as well as the estimated budget for the period of July 1st through June 30th.

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT SCOPE OF WORK
ADHS17-133164	

3.2. ADHS will:

3.2.1. Advise by correspondence from the ADHS PHEP on the available funding amounts on or before June 30th.

3.3. Annual Performance Requirements

3.3.1. The Contractor shall:

3.3.1.1. Perform the requirements as outlined in the Attachment B, Deliverables;

3.3.1.2. Attend the ADHS Sponsored Grant Meetings (two (2) events annually);

3.3.1.3. Attend Healthcare Coalition Meetings:

3.3.1.3.1. Recommend participation by the designated preparedness coordinator or representative during HCC meetings (regions listed below). These meetings provide an opportunity for collaboration with healthcare facilities, county, state, tribal, and other response partners;

3.3.1.3.2. Coalitions shall continue to plan, develop, and maintain memorandums of understanding (MOU) to share assets, personnel and information; and

3.3.1.3.3. Coalitions shall develop plans to unify ESF-8 management of healthcare during a public health emergency, and integrate communication with jurisdictional command in the area.

3.3.2. Regions are defined as follows:

3.3.2.1. Northern Region:

3.3.2.1.1. County Representatives: Apache, Coconino, Navajo, and Yavapai

3.3.2.1.2. Tribal Representatives: Hopi Tribe, Kaibab-Paiute Tribe & Navajo Nation

3.3.2.2. Western Region:

3.3.2.2.1. County Representatives: La Paz, Mohave and Yuma

3.3.2.2.2. Tribal Representatives: Colorado River Indian Tribe & Fort Mojave Indian Tribe, Cocopah Tribe and Fort Yuma Quechan Tribe

3.3.2.3. Central Region:

3.3.2.3.1. County Representatives: Gila, Maricopa and Pinal

3.3.2.3.2. Tribal Representatives: Gila River Indian Community, San Carlos Apache Tribe, White Mountain Apache Tribe and Salt River Pima-Maricopa Indian Community.

3.3.2.4. Southern Region:

3.3.2.4.1. County Representatives: Cochise, Graham, Greenlee, Pima, and Santa Cruz.

3.3.2.4.2. Tribal Representatives: Pascua Yaqui Tribe and Tohono O'odham Nation.

3.4. Exercise Recommendations

3.4.1. MULTI-YEAR TRAINING AND EXERCISE PLAN (MYTEP) PHEP-HPP capabilities (and grant funded training/exercises).

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT SCOPE OF WORK
ADHS17-133164	

The Contractor shall:

- 3.4.1.1. Participate in the Statewide Training and Exercise Planning Workshop/Webinar;
- 3.4.1.2. Update and maintain a Multi-Year Training and Exercise Plan, inclusive dates are July 01, 2019 through June 30, 2024. Multi-Year plan shall be provided to ADHS upon request; and
- 3.4.1.3. Exercise and trainings shall meet implementation criteria and follow evaluation guidance. All grant funded trainings and exercises must be gap based. Gap based indicates an area of a capability to be built, or an area of improvement from a previous exercise/real-world response, address jurisdictional or local risk assessment, or other source (e.g. CPG data) to support achieving operational readiness.

3.5. Exercise Implementation Criteria

Homeland Security Exercise and Evaluation Program. The contractor shall:

- 3.5.1. Conduct preparedness exercises when appropriate, in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP) fundamentals including:
 - 3.5.1.1. Exercise Design and Development;
 - 3.5.1.2. Exercise Conduct;
 - 3.5.1.3. Exercise Evaluation; and
 - 3.5.1.4. Improvement Planning.
- 3.5.2. Find more information on the April 2013 HSEEP guidelines and exercise policy available at https://preptoolkit.fema.gov/documents/1269813/1269861/HSEEP_Revision_Apr13_Final.pdf/65bc7843-1d10-47b7-bc0d-45118a4d21da.
- 3.5.3. Assure provisions and needs of at-risk individuals are included within the design of exercises. The Contractor shall report on the strengths and areas for improvement identified through the coalition-based exercise After Action Report and Improvement Plan (AAR/IP). To learn more about the U.S. Department of Health and Human Services' definition of "at-risk" population visit this website: <https://www.phe.gov/Preparedness/planning/abc/Pages/atrisk.aspx>
- 3.5.4. Exemption: A real incident may be substituted for a qualifying coalition-based exercise; however, the after-action report (AAR) shall document how the HCC members met qualifying criteria (both implementation and evaluation criteria). This scenario will be discussed on an as-requested basis.

3.6. Exercise Evaluation Criteria

The Contractor Shall:

- 3.6.1. PHEP-funded exercises will address and list applicable PHEP Capabilities in all qualifying exercises:
 - 3.6.1.1. Qualifying exercises at a minimum shall include the community emergency management partner and/or incident management, the community public health partner, the health care coalition, and the EMS agency during the design, development, and implementation;
 - 3.6.1.2. Ensure the functional needs of at-risk individuals are included in response and are identified and addressed in operational plans;
 - 3.6.1.3. After Action Reports/IP;
 - 3.6.1.4. After Action Reports shall be submitted to ADHS within 120 days or no-later-than the end of year report, whichever comes first; and
 - 3.6.1.5. Participate in ADHS sponsored events throughout BP2 (July 1, 2020 through June 30, 2021).

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT SCOPE OF WORK
ADHS17-133164	

4. FINANCIAL REQUIREMENTS

4.1. Match Requirement

4.1.1. The PHEP award requires a ten percent (10%) “in-kind” or “soft” match from all the grant participants. Each recipient must include in their budget submission the format they will use to cover the match and method of documentation. Failure to include the match formula will preclude funding. ADHS may not award a contract under this program unless the local jurisdiction agrees that, with respect to the amount of the cooperative agreement allocated by ADHS, the local jurisdiction will make available non-federal contributions in the amount of ten percent (10%) (One (\$1) for each ten (\$10) of federal funds provided in the cooperative agreement) of the award, whether provided through financial or direct assistance. Match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such non-federal contributions. Documentation of match, including methods and sources, must be included in sub-recipient budgets each budget period, include calculations for both financial assistance and direct assistance, follow procedures for generally accepted accounting practices, and meet audit requirements.

4.1.1.1. Total Direct costs - Show the direct costs by listing the totals of each category, including salaries and wages, fringe benefits, consultant costs, equipment, supplies, travel, other, and contractual costs. Provide the total direct costs within the budget.

4.1.1.2. Total Indirect Costs - To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the cognizant federal agency. A copy of the most recent indirect cost rate agreement must be provided with the application. Indirect cost percentage cannot exceed the State rate.

4.1.1.3. Indirect Costs - To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the cognizant federal agency. A copy of the most recent indirect cost rate agreement must be provided with the application.

4.1.1.3.1. If the applicant organization does not have an approved indirect cost rate agreement, costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs.

4.2. Inventory

Upon request, local jurisdictions will provide an inventory list to ADHS. The inventory list shall include all equipment purchased. Items over five-thousand (\$5,000.00) will require an ADHS asset tag.

4.3. Budget Allocation and Work Plan

4.3.1. The Contractor shall complete the budget tool provided by ADHS, and return to ADHS for review and approval. Funding will not be released until the budget has been approved by ADHS, and

4.3.2. All activities and procurements funded through the PHEP grant shall be aligned with the budget/spend plan and work plan. These tools shall help the Contractor reach the goals and objectives outlined in the Capability Deliverables section of this document.

4.4. Grant Activity Oversight

4.4.1. Each PHEP grant recipient shall maintain an appointed Preparedness Coordinator that will be responsible for oversight of all grant related activities. The Coordinator shall be the main point of contact in regards to the grant. The Coordinator shall work closely with ADHS to ensure all deliverables and requirements are met, and

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT SCOPE OF WORK
ADHS17-133164	

4.4.2. Pursuant to, and in compliance with, Standard Operating Procedures for Monitoring, ADHS shall coordinate with the appointed Preparedness Coordinator responsible for oversight of grant act to include compliance with sub-recipient monitoring.

4.5. Failure to meet the performance measures or deliverables may result in withholding from a portion of subsequent awards.

5. REPORTING DELIVERABLES

5.1. The Contractor Shall:

5.1.1. Submit mid-year and end of year progress information on the deliverables, performance measures and activities funded through the CDC Public Health Emergency Preparedness grant:

5.1.1.1. The mid-year report, covering July 1 to December 31, will be due no later than January 31st;

5.1.1.2. The end of year report, covering January 1 to June 30, will be due no later than May 31st; and

5.1.1.3. Report templates are available on the AZ-Program Information and Reporting Exchange (AZ-PIRE) website: <https://sites/google.com/azdhs.gov/az-pire/home>.

5.1.2. Submit the ADHS Budget Tool annually no later than May 1st each year. The proposed budget will be based upon the cost reimbursement budgetary guidelines. The ADHS Budget Tool is available on the AZ-PIRE website: <https://sites/google.com/azdhs.gov/az-pire/home>

5.1.3. Have the flexibility of making adjustments to the Budget categories. Adjustments to the final ADHS Budget Tool must be requested in writing and shall not be implemented until ADHS reviews and approves the request.

5.1.3.1. Adjustment requests will be limited to four (4) per fiscal year; and

5.1.3.2. It is the responsibility of the Contractor to coordinate and manage funds under this Contract.

5.1.4. Provide ADHS with updated critical contact information using the ADHS Critical Contact Sheet found on the AZ-PIRE website: <https://sites/google.com/azdhs.gov/az-pire/home>.

5.1.5. See Attachment B for deliverable requirements.

5.2. ADHS will:

5.2.1. Provide the Performance Measures templates (if applicable) in advance of the Due Date, and

5.2.2. Review and update the Critical Contact sheet every six months or as changes occur.

6. NOTICES, CORRESPONDENCE, REPORTS AND INVOICES

6.1. Notices, Correspondence and Reports from the Contractor to ADHS shall be sent to:

Arizona Department of Health Services
Public Health Emergency Preparedness
Bureau Chief
150 N 18th Avenue Ste.150
Phoenix, AZ 85007

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT SCOPE OF WORK
ADHS17-133164	

6.2. Notices, Correspondence and Payments from the ADHS to the Contractor shall be sent to:

Greg McQuaide
1415 Meloday Lane
Bisbee, AZ 85603
Telephone: 520-432-9437
GMcquaide@cochise.az.gov

6.3. Invoices shall be sent to invoices@azdhs.gov.

CONTRACT NUMBER	INTERGOVERNMENTAL AGREEMENT PRICE SHEET
ADHS17-133164	

Budget & Performance Period

March 05, 2020 - March 15, 2021

Description	Amount
Tasks Per Amendment No.: Seven (7) Paid through a Manual Purchase Order to expedite receipt of funds.	\$263,965.00
Additional funds for COVID-19 response, Amendment Eight (8), Paid through a Manual Purchase Order to expedite receipt of funds	\$148,211.00

PHEP Budget Period Two (2) Supplemental

July 1, 2020 – June 30, 2021

Description	Amount
Additional funds to enhance current PHEP activities per the deliverables in Amendment Eight (8) Attachment B.	\$241,241.00



ARIZONA DEPARTMENT OF HEALTH SERVICES

Attachment B

Bureau of Public Health Emergency Preparedness

GRANT DELIVERABLES

Project Period: 2019-2024

Budget Period 2

PERIOD OF PERFORMANCE

(July 1, 2020 – June 30, 2021)

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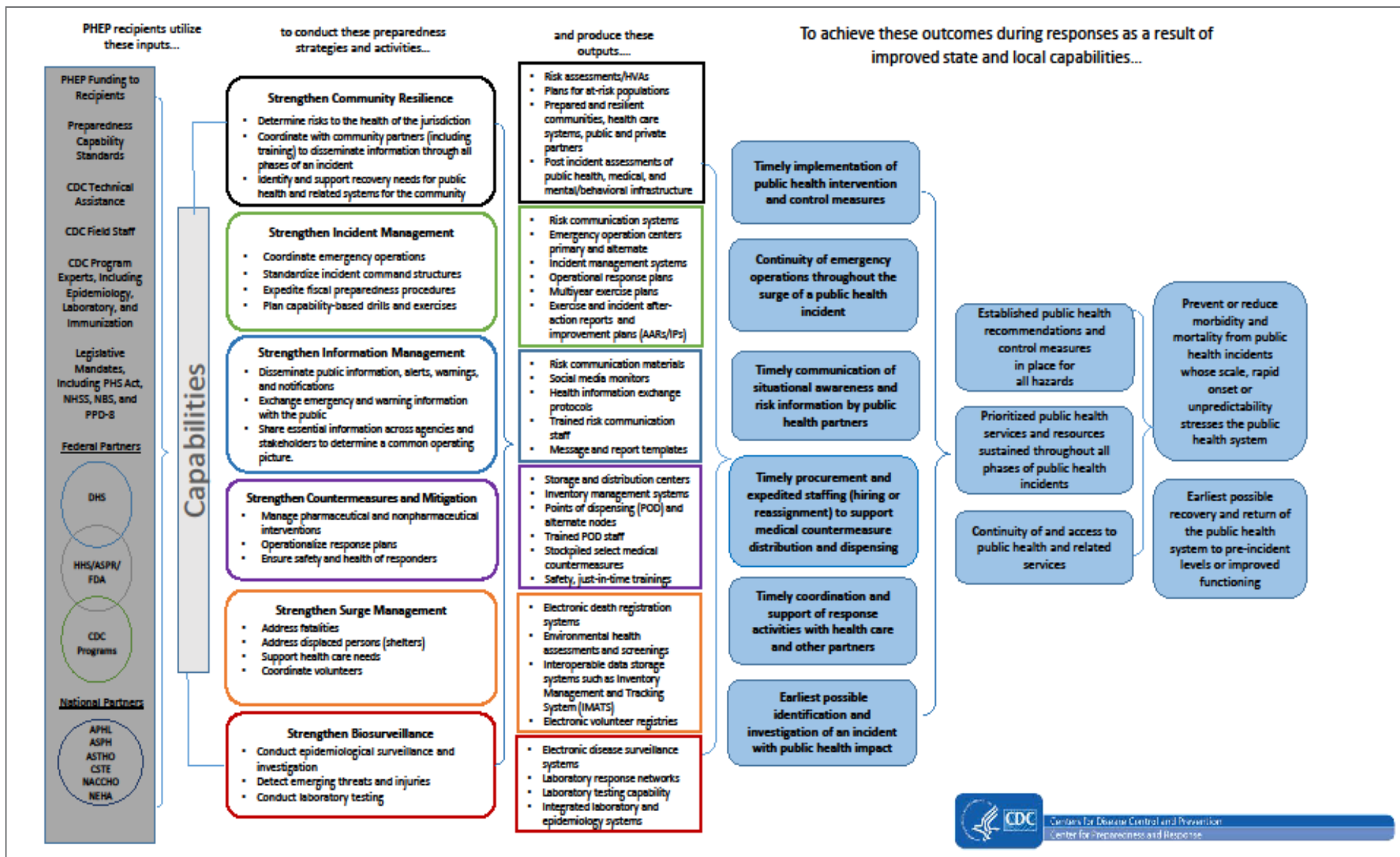
INTRODUCTION

The Grant Guidance Deliverable document was developed based, in part, on information set forth in the Centers for Disease Control and Prevention's Office of Public Health Preparedness and Responses funding opportunity announcement 2019-2024 -PHEP Cooperative Agreement CDC-RFA-TP19-1901 and continuation guidance from the CDC. During this five year project period, the Arizona Department of Health Services and sub-recipients (tribal and county health departments) will increase or maintain their levels of effectiveness across the six key preparedness domains using the logic model (Page 4) to achieve a prepared public health system.

The six preparedness domains are:

1. Strengthen Community Resilience
 - Capability 1: Community Preparedness
 - Capability 2: Community Recovery
2. Strengthen Incident Management
 - Capability 3: Emergency Operation Coordination
3. Strengthen Information Management
 - Capability 4: Emergency Public Information and Warning
 - Capability 6: Information Sharing
4. Strengthen Countermeasures and Mitigation
 - Capability 8: Medical Countermeasure Dispensing and Administration
 - Capability 9: Medical Materiel Management and Distribution
 - Capability 11: Non-Pharmaceutical Interventions
 - Capability 14: Responder Safety and Health
5. Strengthen Surge Management
 - Capability 5: Fatality Management
 - Capability 7: Mass Care
 - Capability 10: Medical Surge

- Capability 15: Volunteer Management
6. Strengthen Biosurveillance
- Capability 12: Public Health Laboratory Testing
 - Capability 13: Public Health Surveillance and Epidemiological Investigation



FEDERAL REQUIREMENTS

Project Period Requirements for ADHS (2019-2024)

- One fiscal preparedness tabletop exercise once during the five-year period
- One MCM distribution full-scale exercise once during the five-year period (**completed November 2019**)
- One MCM dispensing full-scale exercise or one mass vaccination full-scale exercise (one POD in each CRI local planning jurisdiction will be exercised) (**completed November 2019**)
- Complete two table top exercises (TTX) every five years. One TTX to demonstrate readiness for an anthrax scenario and one to demonstrate a pandemic influenza scenario.
- Complete one functional exercise every five years that focuses on the vaccination of at least one critical workforce group to demonstrate readiness for a pandemic influenza scenario.
- Complete one full scale exercise every five years to demonstrate operational readiness for a pandemic influenza scenario.

Funding Restrictions

Funding restrictions that will be considered for workplan and budget development:

- May not use funds for research.
- May not use funds for clinical care except as allowed by law.
- May not use funds for construction or major renovations.
- May use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to ADHS on behalf of the sub-recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary sub-recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

General Restrictions

- May supplement but not supplant existing state or federal funds for activities described in the budget.
- Payment or reimbursement of backfilling costs for staff is not allowed.
- None of the funds awarded to these programs may be used to pay the salary of an individual at a rate in excess of Executive Level II or \$189,600 per year.
- Funds may not be used to purchase or support (feed) animals for labs, including mice.
- Funds may not be used to purchase a house or other living quarters for those under quarantine. Rental may be allowed with approval from the CDC OGS.

Lobbying

- Other than for normal and recognized executive-legislative relationships, PHEP funds may not be used for:
- Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body;
- The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients (http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf).

Passenger Road Vehicles

- Funds cannot be used to purchase over-the road passenger vehicles.
- Funds cannot be used to purchase vehicles to be used as means of transportation for carrying people or goods, such as passenger cars or trucks and electrical or gas-driven motorized carts.
- Can (with prior approval) use funds to lease vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas-driven motorized carts during times of need.
- Additionally, PHEP grant funds can (with prior approval) be used to make transportation agreements with commercial carriers for movement of materials, supplies and equipment. There should be a written process for initiating transportation agreements

(e.g., contracts, memoranda of understanding, formal written agreements, and/or other letters of agreement). Transportation agreements should include, at a minimum:

- Type of vendor
- Number and type of vehicles, including vehicle load capacity and configuration
- Number and type of drivers, including certification of drivers
- Number and type of support personnel
- Vendor's response time
- Vendor's ability to maintain cold chain, if necessary to the incident
- This relationship may be demonstrated by a signed transportation agreement or documentation of transportation planning meeting with the designated vendor. All documentation should be available to the CDC project officer for review if requested.

Transportation of Medical Material

- PHEP funds may be used (with approved budget) to procure leased or rental vehicles for movement of materials, supplies and equipment.
- PHEP funds may be used (with approved budget) to purchase material-handling equipment (MHE) such as industrial or warehouse-use trucks to move materials, such as forklifts, lift trucks, turret trucks, etc. Vehicles must be of a type not licensed to travel on public roads.
- PHEP funds may be used (with approved budget) to purchase basic (non-motorized) trailers with prior approval from the CDC OGS.

Procurement of Food and Clothing

- Funds may not be used to purchase clothing such as jeans, cargo pants, polo shirts, jumpsuits, sweatshirts, or T-shirts. Purchase of vests to be worn during exercises or responses may be allowed.
- Generally, funds may not be used to purchase food.

Vaccines

- Contact ADHS with vaccine requests in support of an emergency or an exercise.

LOCAL PROGRAM REQUIREMENTS

Meetings

1. ADHS Grant Meetings

- a. Attend annual Preparedness Community Conference
- b. Attend annual Training and Exercise Planning Workshop
- c. Attend annual ADHS Jurisdictional Risk Assessment analysis workshop

Exercise Planning and Conduct

1. Local jurisdictions will conduct preparedness exercises in accordance with Homeland Security Exercise and Evaluation Program (HSEEP) fundamentals including:
 - a. Exercise design and development
 - b. Exercise conduct
 - c. Exercise evaluation and
 - d. Improvement planning
 - e. More information and templates are available at: <https://www.azdhs.gov/preparedness/emergency-preparedness/index.php#training-exercise-resources>

Health Care Coalition

1. As core members of the Arizona Coalition for Healthcare Emergency Response (AzCHER), full participation in the AzCHER meetings, exercises, and drills in your respective regions is required.

Northern Region

- County Representatives: Apache County, Coconino County, Navajo County, and Yavapai County
- Tribal Representatives: Hopi Tribe, Navajo Nation and White Mountain Apache Tribe

Western Region

- County Representatives: La Paz County, Mohave County, and Yuma County
- Tribal Representatives: Cocopah Indian Tribe, Colorado River Indian Tribes, Fort Mojave Indian Tribe, Kaibab-Paiute Tribe and Quechan Tribe

Central Region

- County Representatives: Gila County, Maricopa County, and Pinal County
- Tribal Representatives: Gila River Indian Community and Salt River Pima-Maricopa Indian Community

Southern Region

- County Representatives: Cochise County, Graham County, Greenlee County, Pima County and Santa Cruz County
- Tribal Representatives: Pascua Yaqui Tribe, San Carlos Apache Tribe, and Tohono O’odham Nation

Financial Requirements

1. **Match Requirement:** The PHEP award requires a 10% “in-kind” or “soft” match from all the grant participants. Each sub-recipient will include in their budget submission the format they will use to cover the match and method of documentation. **Failure to include the match formula will preclude funding.** ADHS may not award a contract under this programs unless the sub-recipient agrees that, with respect to the amount of the cooperative agreement allocated by ADHS, the sub-recipient will make available non-federal contributions in the amount of 10% (\$1 for each \$10 of federal funds provided in the cooperative agreement) of the award, whether provided through financial or direct assistance. Match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such non-federal contributions. Documentation of match, including methods and sources, must be included in sub-recipient budgets each budget period, include calculations for both financial assistance and direct assistance, follow procedures for generally accepted accounting practices, and meet audit requirements.
2. **Total Direct costs:** Show the direct costs by listing the totals of each category, including salaries and wages, fringe benefits, consultant costs, equipment, supplies, travel, other, and contractual costs. Provide the total direct costs within the budget.

3. **Total Indirect Costs:** To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the cognizant federal agency. A copy of the most recent indirect cost rate agreement must be provided with the application. Indirect cost percentage cannot exceed the state rate of 32%.
4. **Inventory:** Upon request, local jurisdictions will provide an inventory list to ADHS. The inventory list shall include all equipment purchased. Items over \$5,000 will require an ADHS asset tag. An asset tag will be provided after the submission of the invoice to ADHS that will include the serial number, make/model, and date of acquisition. Once received, ADHS will send sub-recipients a pre-filled property control (F4) form and the asset tag. The asset tag is to be placed on the asset and a photo of the asset tag affixed to the item(s) is required. The F4 form needs to be signed, dated and sent back via email to ADHS.
5. **Budget Allocation (PHEP funded staff and work plan)**
 - a. Complete the budget tool developed by ADHS and submit for review and approval. ADHS will not release funding to the sub-recipient until ADHS has approved the budget.
 - b. All activities and procurements funded through the CDC grant shall be aligned with your budget/spend plan and work plan that will help you reach the goals and objectives outlined in this document. Any items and activities that are not specifically tied to the PHEP program capabilities will be approved by ADHS before PHEP funds can be utilized on those activities/items.
6. **Grant Activity Oversight:** Each sub-recipient will appointed a PHEP Coordinator (full or part-time) that will have the responsibility for oversight of all grant related activities. The PHEP Coordinator will be the main point of contact for ADHS in regard to the CDC grant. This individual will work closely with ADHS to ensure all deliverables and requirements are met and will coordinate all activities surrounding any on/off site monitoring conducted by ADHS.
7. **Employee Certifications:** PHEP local jurisdictions are required to adhere to all applicable federal laws and regulations, including applicable OMB circulars and semiannual certification of employees who work solely on a single federal award. These certification forms will be prepared at least semiannually and signed by the employee or a supervisory official having firsthand knowledge of the work performed by the employee. Employees whose salaries are split funded are required to maintain Labor

Activity Reports (as requested by ADHS). These certification forms will be retained in accordance with 45 Code of Federal Regulation, Part 92.42

8. **Performance:** Failure to meet the deliverables and performance measures described in the Scope of Work may result in withholding from a portion of subsequent awards.

Plans, Training, and Exercise Implementation Criteria

Training and exercises shall be gap based and linked to the CDC PHEP Domains. Proposed training and exercises will be based on identified gaps from previous exercises, real-world responses, risk assessments (e.g. JRA, CPG, CAWP, THIRA), or other documented sources.

1. Program Requirements

- A. Sub-recipient PHEP programs should establish and maintain a collaborative working relationship with emergency management. This will include, but not be limited to; emergency communication planning, strategies for addressing emergency events, the management of the consequences of power failures, natural disasters and other events that would affect public health.
- B. Maintain documentation of all collaborative efforts with local and state emergency management
- C. Sub-Recipients should participate in ADHS sponsored table tops, functional exercises or other activities
 1. ADHS Coordination: Collaborate with ADHS throughout the planning process.
 2. At-Risk Individuals: Local jurisdictions will include provisions for the needs of at-risk individuals within each exercise. PHEP local jurisdictions will report on the strengths and areas for improvement identified through the coalition based exercise After Action Reports and Improvement Plans (AARs/IPs). To learn more about the U.S. Department of Health and Human Services' definition of "at-risk" population visit this website: <http://www.phe.gov/Preparedness/planning/abc/Pages/at-risk.aspx>
- D. Evaluation

1. PHEP-funded exercises will address and list applicable Public Health Emergency Preparedness (PHEP) Capabilities in all qualifying exercises. A qualifying exercise is one that meets PHEP-specific implementation criteria as described in the grant.
2. Exemption: A sub-recipient's response and recovery operations supporting real-world incidents could meet the criteria for an exercise requirements if the response was sufficient in scope and the AARs/IPs adequately detail which PHEP capabilities were evaluated. This will be addressed on an as-requested basis.

INFORMATION SERVICES

1. Local jurisdictions will have or have access to a secure alerting system that at a minimum has the ability to send email, faxes, and phone/ text alerts.

ADHS will provide training on the information systems and platforms as needed and/or requested. Examples of systems: EMResource, EMTrack, ESAR-VHP, AzHAN, iCAM, etc.

REPORTING

Progress on the deliverables, performance measures, and activities funded through the CDC grant will be reported as requested and in a timely manner to ensure ADHS has adequate time to compile the information and submit to the CDC.

Mid-Year Report

- a. Mid-year reports are expected in advance of the due date determined by ADHS. Mid-year report templates are integrated within the sub-recipient workplan templates.
- b. Update jurisdictional points of contact twice during each budget period (July 1 and December 31), or as changes occur, to facilitate time-sensitive, accurate information sharing within the local jurisdictions and between ADHS and the sub-recipients.

Annual Report (End of Year)

- a. Annual reports are expected in advance of the due date determined by ADHS. End-of-year report templates are integrated within the sub-recipient workplan templates.

Planning, Training, and Exercise Deliverables

Program Activities	Due Date	Applies To	Comments
Attend Training and Exercise Planning Workshop	Once annually	All Counties Tribes	<ul style="list-style-type: none"> ● PHEP Coordinator and/or designee
Attend Annual Preparedness Community Conference	Once annually	All Counties Tribes	<ul style="list-style-type: none"> ● PHEP Coordinator and/or a designee
Submit a draft Multi Year Training and Exercise Plan (MYTEP)	Annually as part of the sub-recipient Mid-Year Report	All Counties Tribes	<ul style="list-style-type: none"> ● MYTEP consist of three parts: <ul style="list-style-type: none"> ○ Narrative ○ Training schedule ○ Exercise schedule ● Covering the time period from July 1, 2020 to June 30, 2022
Submit a final MYTEP	Annually as part of the sub-recipient Workplan	All Counties Tribes	<ul style="list-style-type: none"> ● Template on the ADHS AZ-PIRE website: https://sites.google.com/azdhs.gov/az-pire ●
Training and Exercise Schedule for Budget Period 2 (2020 – 2021)	Annually, no later than July 31 st	All Counties Tribes	<ul style="list-style-type: none"> ● Template on the ADHS AZ-PIRE website: https://sites.google.com/azdhs.gov/az-pire

Program Activities	Due Date	Applies To	Comments
Validate trainings conducted using the ADHS Training Validation Report (TVR)	Twice annually as part of the sub-recipient Mid-year and End-of-Year reports	All Counties Tribes	<ul style="list-style-type: none"> For trainings conducted July 1, 2020 to June 30, 2021 Template on the ADHS AZ-PIRE website: https://sites.google.com/azdhs.gov/az-pire
After Action Reports/Improvement Plans (AARs/IPs)	Per HSEEP, within 120 days of exercise conduct	All Counties Tribes	<ul style="list-style-type: none"> Template and HSEEP guidelines can be found on the ADHS AZ-PIRE website: https://sites.google.com/azdhs.gov/az-pire
<p>Required plans:</p> <ul style="list-style-type: none"> Emergency Response Pandemic Influenza Fatality Management Medical Counter Measures Receipt and Dispensing Continuity of Operations Health Emergency Operations Center Volunteer Management 	All plans to be completed, reviewed, and made available by the end of the five year project period	All Counties Tribes	<ul style="list-style-type: none"> Emergency Response Plan toolkits and resources are located at: www.azdhs.gov/emergencyplans Plans will be uploaded to the respective sub-recipient page on the ADHS AZ-PIRE website: https://sites.google.com/azdhs.gov/az-pire

STRATEGIES AND ACTIVITIES

Domain Strategy 1: Strengthen Community Resilience

Community resilience is the ability of a community, through public health agencies, to develop, maintain, and utilize collaborative relationships among government, private, and community organizations to develop and utilize shared plans for responding to and recovering from disasters and public health emergencies.

Associated Capabilities

- Capability 1: Community Preparedness
- Capability 2: Community Recovery

Domain Activity: Determine the Risks to the Health of the Jurisdiction	Deliverable	Applies To	Due Date
<p>Conduct public health jurisdictional risk assessment (JRA), in collaboration with HPP, to identify potential hazards, vulnerabilities, and risks within the community that relate to the public health, medical, and mental/behavioral health systems and the access and functional needs of at-risk individuals.</p> <p>ADHS recommends a collaborative and flexible risk assessment process that includes input from existing hazard and vulnerability analyses conducted by emergency management, AzCHER and other health care organizations, as well as other community partners and stakeholders.</p> <p>Jurisdictions should analyze JRA results, and use diverse data sources such as the HHS Capabilities Planning Guide (CPG), previous risk assessments, jurisdictional incident AARs/IPs, site visit observations, jurisdictional data from the National Health Security Preparedness Index, and other jurisdictional priorities and strategies, to help determine their strategic</p>	<p>Conduct a JRA and report results to ADHS.</p>	<p>All Counties Tribes</p>	<p>Once every five years from the date of the last JRA (or equivalent)</p>

Domain Strategy 1: Strengthen Community Resilience

Community resilience is the ability of a community, through public health agencies, to develop, maintain, and utilize collaborative relationships among government, private, and community organizations to develop and utilize shared plans for responding to and recovering from disasters and public health emergencies.

Associated Capabilities

- Capability 1: Community Preparedness
- Capability 2: Community Recovery

priorities, identify program gaps, and, ultimately prioritize preparedness investments.

Domain Activity: Ensure HPP Coordination (Health Care System)

The purpose of this collaboration is to ensure a shared approach to delivering public health services alongside health care services to mitigate the public health consequences of emergencies. PHEP resources cannot be used to supplant HPP programmatic activities. However, there are areas where coordinated planning and collaboration between the programs are beneficial, including exercising and training.

Jurisdictions must participate in one statewide or conduct one regional full-scale exercise (FSE) within the five-year project period. Exercises must include participation from AzCHER and include, at a minimum, hospitals, emergency management agencies, and emergency medical services (EMS).

Local Jurisdictions must participate in one ADHS-sponsored statewide full-scale exercise, OR

Participate/conduct a regional full-scale exercise, OR

ADHS may consider a real-world response as an acceptable substitute

All Counties
Tribes

By BP5 (2023-2024)

Domain Strategy 1: Strengthen Community Resilience

Community resilience is the ability of a community, through public health agencies, to develop, maintain, and utilize collaborative relationships among government, private, and community organizations to develop and utilize shared plans for responding to and recovering from disasters and public health emergencies.

Associated Capabilities

- Capability 1: Community Preparedness
- Capability 2: Community Recovery

Domain Activity: Plan for the Whole Community

Working in collaboration with HPP, continue to build and sustain local health department and community partnerships to ensure that activities have the widest possible reach with the strongest possible ties to the community. Local jurisdictions should focus on two activities simultaneously:

- Coordination with local stakeholders to review collaboration efforts with local agencies they represent; and
- Engage with key community partners who have established relationships with diverse at-risk populations, to include mental/behavioral health and pediatric populations.
- Develop or expand child-focused planning and partnerships.
- Consider family reunification plans for schools and child care centers.

Plan for individuals with disabilities and others with access and functional needs. Use a flexible approach to define populations at risk to jurisdictional threats and hazards. Address a broad set of common access and functional needs using the Communication, Maintaining Health, Independence, Services and Support, and Transportation (CMIST) framework.

AARs and plans should provide evidence of a whole community approach when planning, training and exercising.

All Counties
Tribes

June 30, 2021

Domain Strategy 1: Strengthen Community Resilience

Community resilience is the ability of a community, through public health agencies, to develop, maintain, and utilize collaborative relationships among government, private, and community organizations to develop and utilize shared plans for responding to and recovering from disasters and public health emergencies.

Associated Capabilities

- Capability 1: Community Preparedness
- Capability 2: Community Recovery

Identify individuals with access and functional needs that may be at risk of being disproportionately impacted by incidents with public health consequences. Examples of populations with access and functional needs include, but are not limited to, children, pregnant women, postpartum and lactating women, racial and ethnic minorities, older adults, persons with disability, persons with chronic disease, persons with limited English proficiency, persons with limited transportation, persons experiencing homelessness, and disenfranchised populations.

Domain Activity: Focus on Tribal Planning and Engagement

Support the engagement between county and tribal public health departments in a meaningful and mutually beneficial way to ensure that all community members fully and equally served, while also recognizing the inherent responsibility of those nations to support their members in a culturally appropriate manner.

Deliverable

Documentation of collaborative efforts to ensure appropriate efforts are made to develop public health preparedness and response capability. May be included in regular workplan reports.

All Counties
Tribes

Due Date

June 30, 2021

Domain Strategy 2: Strengthen Incident Management

Incident management is the ability to activate, coordinate, and manage public health emergency operations throughout all phases of an incident through use of a flexible and scalable incident command structure that is consistent with the NIMS and coordinated with the jurisdictional incident, unified, or area command structure.

Associated Capability

- Capability 3: Emergency Operations Coordination

Domain Activity: Activate and Coordinate Public Health Emergency Operations	Deliverable	Applies To	Due Date
<p>Updated all-hazards preparedness and response plans should include but not limited to:</p> <ul style="list-style-type: none"> • Procedures to conduct preliminary assessments to determine the need for activation of public health emergency operations; • Process for establishing a scalable public health incident management structure that is consistent with NIMS and jurisdictional standards; • Procedures for activating, operating, managing, and staffing the public health emergency operations center (HEOC) or implementing public health functions within another emergency operations center; • Designation of primary and alternate HEOC locations, including virtual communication structures; • Procedures for demobilizing public health emergency operations; and • A description of how the jurisdiction will use Emergency Management Assistance Compact (EMAC) or other mutual aid agreements for public health and medical mutual aid to support coordinated activities and to share resources and other potential support required when responding to emergencies. At minimum, this plan should include the following: <ul style="list-style-type: none"> ○ Procedures for evaluating, responding to, and seeking reimbursement for resources deployed under EMAC; 	<p>Development, update/review of the Emergency Response Plan</p>	<p>All Counties Tribes</p>	<p>June 30, 2021, uploaded to the ADHS AZ-PIRE website</p>

Domain Strategy 2: Strengthen Incident Management

Incident management is the ability to activate, coordinate, and manage public health emergency operations throughout all phases of an incident through use of a flexible and scalable incident command structure that is consistent with the NIMS and coordinated with the jurisdictional incident, unified, or area command structure.

Associated Capability

- Capability 3: Emergency Operations Coordination

<ul style="list-style-type: none"> ○ Procedures on how information will be shared for a resource request and deployment; ○ Redundant points of contact for all public health and medical Mission Ready Packages (MRPs) as applicable; and ○ Description of reimbursement processes following a deployment for both the deployed personnel and the key internal staff. 			
<p>Maintain a current COOP plan that includes the following elements.</p> <ul style="list-style-type: none"> • Definitions, identification, and prioritization of essential services needed to sustain public health agency mission and operations; • Procedures to sustain essential services regardless of the nature of the incident (all-hazards planning); • Positions, skills, and personnel needed to continue essential services and functions (human capital management); • Identification of public health agency and personnel roles and responsibilities in support of ESF #8; • Scalable workforce in response to needs of the incident; • Limited access to facilities due to issues such as structural safety or security concerns; • Broad-based implementation of social distancing policies; 	<p>Development or update/review of the Continuity of Operations Plan</p>	<p>All Counties Tribes</p>	<p>June 30, 2021, uploaded to the ADHS AZ-PIRE website</p>

Domain Strategy 2: Strengthen Incident Management

Incident management is the ability to activate, coordinate, and manage public health emergency operations throughout all phases of an incident through use of a flexible and scalable incident command structure that is consistent with the NIMS and coordinated with the jurisdictional incident, unified, or area command structure.

Associated Capability

- Capability 3: Emergency Operations Coordination

- Identification of agency vital records (such as legal documents, payroll, personnel assignments) that must be preserved to support essential functions or for other reasons;
- Alternate and virtual work sites;
- Devolution of uninterruptible services for scaled down operations;
- Reconstitution of uninterruptible services; and
- Cost of additional services to augment recovery.

Maintain personnel lists.

Identify personnel to fulfill required incident command and public health incident management roles. Test staff assembly processes for notifying personnel to report physically or virtually to the public health emergency operations center or jurisdictional emergency operations center during a drill or real-time incidents at least once during the budget period.

Maintain listing of personnel using the ADHS Critical Contact Sheet

Conduct drill or use real-world incident to test staff assembly processes.

All Counties
Tribes

All Counties
Tribes

Twice annually

Once during
BP2

Domain Strategy 3: Strengthen Information Management

Information management is the ability to develop and maintain systems and procedures that facilitate the communication of timely, accurate, and accessible information, alerts, and warnings using a whole community approach. It also includes the ability to exchange health information and situational awareness with federal, state, local, territorial, and tribal governments and partners.

Associated Capabilities

- Capability 4: Emergency Public Information and Warning
- Capability 6: Information Sharing

Domain Activity: Coordinate Information Sharing	Deliverable	Applies To	Due Date
<p>Have or have access to communication systems that maintain or improve reliable, resilient, interoperable, and redundant information and communication systems and platforms, including those for bed availability, EMS data, and patient tracking, and provide access to AzCHER members and other partners and stakeholders.</p> <p>Such systems, whether they are internally managed or externally hosted on shared platforms, must be capable of supporting syndromic surveillance, integrated surveillance, active and/or passive mortality surveillance, public health registries, situational awareness dashboards, and other public health and preparedness activities.</p> <p>Have plans in place that identify redundant communication platforms (primary and secondary) and a cycle of maintenance and testing of these platforms every six months.</p>	<p>Include in appropriate plans the identification of primary and redundant communication platforms.</p> <p>Testing of the platforms every six months.</p>	<p>All Counties Tribes</p> <p>All Counties Tribes</p>	<p>June 30, 2021</p> <p>Twice annually</p>

Domain Strategy 3: Strengthen Information Management

Information management is the ability to develop and maintain systems and procedures that facilitate the communication of timely, accurate, and accessible information, alerts, and warnings using a whole community approach. It also includes the ability to exchange health information and situational awareness with federal, state, local, territorial, and tribal governments and partners.

Associated Capabilities

- Capability 4: Emergency Public Information and Warning
- Capability 6: Information Sharing

Domain Activity: Coordinate Emergency Information and Warning

A communication plan should identify the public information officer (PIO) and supporting personnel responsible for implementing jurisdictional public information and communication strategies. Plans must outline requirements and duties; roles and responsibilities; and required qualifications or skills for PIO personnel.

Use crisis and emergency risk emergency communication (CERC) principles to disseminate critical health and safety information to alert the media, public, community-based organizations, and other stakeholders to potential health risks and reduce the risk of exposure. Develop message templates based on planning or risk scenarios identified in risk assessments and incorporate these into the communication plans as applicable.

Ensure that communication plans have processes for coordinating public messaging during infectious disease outbreaks and information sharing regarding monitoring and tracking of cases of persons under investigation to ensure maximum coordination and consistency of messaging.

Development, update/review of a Crisis Emergency Risk Communication plan

Ensure that PIO, or designees, receive appropriate ICS training.

All Counties
Tribes

All Counties
Tribes

June 30, 2021, uploaded to the ADHS AZ-PIRE website

As personnel staffing changes occur

Domain Strategy 4: Strengthen Countermeasures and Mitigation

Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident.

Associated Capabilities

- Capability 8: Medical Countermeasure Dispensing and Administration
- Capability 9: Medical Materiel Management and Distribution
- Capability 11: Non-pharmaceutical Interventions
- Capability 14: Responder Safety and Health

Domain Activity: Develop and Test MCM Distribution, Dispensing, and Vaccine Administration Plans	Deliverable	Applies To	Due Date
<p>Operationalize MCM distribution, dispensing, and vaccine administration plans through development, training, exercising, and evaluating these MCM plans. Managing access to and administration of countermeasures and ensuring the safety and health of clinical and other personnel are important priorities for preparedness and continuity of operations.</p> <p>Engage key partners, to include AzCHER, in the development, training, and exercising of plans for MCM distribution, dispensing, and vaccine administration. This includes open and closed points of dispensing (POD) plans and plans to leverage community vaccine providers in large pandemic influenza-like responses.</p>	<p>Development, update/review of Medical Countermeasures plans</p>	<p>All Counties Tribes</p>	<p>June 30, 2021, uploaded to the ADHS AZ-PIRE website</p>

Domain Strategy 4: Strengthen Countermeasures and Mitigation

Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident.

Associated Capabilities

- Capability 8: Medical Countermeasure Dispensing and Administration
- Capability 9: Medical Materiel Management and Distribution
- Capability 11: Non-pharmaceutical Interventions
- Capability 14: Responder Safety and Health

Domain Activity: Demonstrate Operational Readiness for Pandemic Influenza

For pandemic influenza preparedness planning, all sub-recipients must collaborate with their respective immunizations programs to develop, maintain, and exercise pandemic influenza plans to prevent, control, and mitigate the impact of pandemic influenza on the public's health and to help meet pandemic vaccination goals for the general population.

Pandemic Influenza plan should provide evidence of collaboration with respective immunization programs. If a jurisdiction does not have an immunization program then provide evidence of collaboration with county/state level programs.

All Counties
Tribes

June 30, 2021,
uploaded to the
ADHS AZ-PIRE
website

Domain Activity: Maintain Preparedness Plans Based on Risks

All local jurisdictions must have in place essential planning elements to respond to both an intentional release of anthrax and a pandemic influenza.

Development,
update/review of Medical
Countermeasures plans

Applies To

All Counties
Tribes

Due Date

June 30, 2021,
uploaded to the
ADHS AZ-PIRE
website

Domain Strategy 4: Strengthen Countermeasures and Mitigation

Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident.

Associated Capabilities

- Capability 8: Medical Countermeasure Dispensing and Administration
- Capability 9: Medical Materiel Management and Distribution
- Capability 11: Non-pharmaceutical Interventions
- Capability 14: Responder Safety and Health

For a public health response to an intentional release of anthrax, all sub-recipients must have updated plans that outline how the jurisdiction will provide medical countermeasures, including antibiotics and vaccines, to the potentially infected populations within 48 hours. Plans should be effectively coordinated with state and other local planning partners.

All sub-recipients and CRI jurisdictions must seek subject matter expertise and collaborate with health department programs including immunization programs and other subject matter experts to update pandemic influenza plans to prevent, control, and mitigate the impact on the public's health. Plans should address ways to help meet pandemic vaccination goals for the general population and goals targeting vaccination of critical workforce personnel:

- Determine jurisdictional readiness to vaccinate critical workforce personnel with two doses of pandemic influenza vaccine, separated by 21 days, within four weeks of influenza vaccine availability;
- Determine readiness of the jurisdiction's vaccine providers and partners to vaccinate at least 80% of the jurisdiction's population with two doses of pandemic influenza vaccine, separated by 21 days, within 12 weeks of pandemic influenza vaccine availability; and

Domain Strategy 4: Strengthen Countermeasures and Mitigation

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Associated Capabilities

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- Capability 11: Non-pharmaceutical Interventions
- Capability 14: Responder Safety and Health

- Estimate pandemic vaccine administration capacity based on potential number, types, participation rate, and throughput of vaccine providers and settings. This includes health care provider offices, pharmacies, school-based health centers, worksites and occupational health clinics, hospitals, federal facilities with vaccine administration capabilities, and PODs or dispensing and vaccination clinics that would participate in a pandemic vaccine response.

Domain Activity: Conduct Required MCM Exercises

CDC requires the following progressive exercises in the 2019-2024 performance period. A real incident that incorporates the same operational elements fulfills any level of exercise requirement for the same operational period.

Complete three annual drills that address: facility setup, staff notification and assembly, and site activation.

All deliverables apply to CRI counties

No later than June 30, 2021, results recorded in DCIPHER

Domain Strategy 4: Strengthen Countermeasures and Mitigation

Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident.

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- Capability 14: Responder Safety and Health

Throughput estimation is now completed as part of the dispensing full-scale exercise (FSE). However, if a site does not participate in the dispensing FSE (for example, participates in immunization FSE in lieu of dispensing FSE), oral MCM throughput will be measured and information submitted at least once during the five-year period.

Alternating each year between anthrax and pandemic influenza scenarios.

Complete two table top exercises every five years. One to demonstrate readiness for an anthrax scenario, and one for a pandemic influenza scenario.

Complete a functional exercise once every five years, focusing on vaccination of at least one critical workforce group, to

Determined by the local jurisdiction, submitted in DCIPHER

Once during this five year project period.

Once during this five year project period.

Domain Strategy 4: Strengthen Countermeasures and Mitigation

Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident.

Associated Capabilities

- Capability 8: Medical Countermeasure Dispensing and Administration
- Capability 9: Medical Materiel Management and Distribution
- Capability 11: Non-pharmaceutical Interventions
- Capability 14: Responder Safety and Health

	demonstrate readiness for a pandemic influenza scenario. Demonstrate operational readiness for a pandemic influenza scenario through the completion of an FSE once every five years.		Once during this five year project period (completed in November 2019)
Domain Activity: Participate in ORRs			
The ORR maintains an MCM focus but will also include pandemic influenza planning and response elements. Beginning in July 2020, the start of Budget Period 2, CDC plans to expand the ORR to include a comprehensive evaluation of planning and operational readiness based on elements across all 15 public health preparedness and response capabilities.	Complete the Operational Readiness Review	CRI counties	No later than June 30, 2021, submitted via DCIPHER

Domain Strategy 4: Strengthen Countermeasures and Mitigation

Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident.

Associated Capabilities

- Capability 8: Medical Countermeasure Dispensing and Administration
- Capability 9: Medical Materiel Management and Distribution
- Capability 11: Non-pharmaceutical Interventions
- Capability 14: Responder Safety and Health

CRI health departments that have successfully achieved Project Public Health Ready (PPHR) recognition (or re-recognition) status will qualify for exemption from the planning elements of the ORR process. Successful and active PPHR recognition will fulfill the local ORR planning requirements for the duration of the five-year recognition period. Similar to accreditation, local jurisdictions that have a role in public health response activities may apply for PPHR recognition through a state-supported model. States unfamiliar with the PPHR process should contact the National Association of County and City Health Officials (NACCHO), which administers the PPHR program.

Domain Activity: Conduct Inventory Management Tracking System Annual Tests

Deliverable

Due Date

The capability of jurisdictions to receive electronic SNS/MCM related inventory ensures the timely receipt, distribution, accountability, and recovery of assets distributed to local jurisdictions through the state.

Participate in an annual inventory management system test to receive electronic inventory data.

All Counties
Tribes (optional)

No later than
June 30, 2021.

Domain Strategy 4: Strengthen Countermeasures and Mitigation

Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident.

Associated Capabilities

- Capability 8: Medical Countermeasure Dispensing and Administration
- Capability 9: Medical Materiel Management and Distribution
- Capability 11: Non-pharmaceutical Interventions
- Capability 14: Responder Safety and Health

<p>Jurisdictions that use the iCam inventory management system will be required to utilize iCam to receive and verify inventory allotments, adjust inventory based on distribution and electronically “return” unused materiel.</p> <p>Jurisdictions that use a “non-iCam” system will be required to use respective inventory system to receive an electronic file, verify receipt, adjust inventory levels, and “return” unused materiel.</p>	<p>Real world response that involves the receipt of distributed resources from ADHS will satisfy this activity.</p>		
<p>Domain Activity: Update Local Distribution Site (LDS) Survey</p>			
<p>Review/update the LDS survey form once annual. LDS site information is required for the primary site.</p> <p>Local jurisdictions are encouraged to validate each LDS site with a law enforcement representative at least once every three years.</p>	<p>Review/update completed LDS survey form.</p> <p>Using DCIPHER, complete the LDS Site Survey form for both primary and secondary sites.</p>	<p>All Counties Tribes (optional)</p> <p>CRI counties</p>	<p>Twice Annually</p>

Domain Strategy 4: Strengthen Countermeasures and Mitigation

Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident.

Associated Capabilities

- Capability 8: Medical Countermeasure Dispensing and Administration
- Capability 9: Medical Materiel Management and Distribution
- Capability 11: Non-pharmaceutical Interventions
- Capability 14: Responder Safety and Health

Domain Activity: Coordinate Non-pharmaceutical Interventions

Coordinate with and support partner agencies to plan and implement non-pharmaceutical interventions (NPIs) by developing and updating plans for isolation, quarantine, temporary school and child care closures and dismissals, mass gathering (large event) cancellations and restrictions on movement, including border control measures.

Plans must:
Document applicable jurisdictional, legal, and regulatory authorities necessary for implementation of NPIs in routine and incident-specific situations.

Delineate roles and responsibilities of health, law enforcement, emergency management, chief executive, and other relevant agencies and partners.

All Counties

June 30, 2021

Domain Strategy 4: Strengthen Countermeasures and Mitigation

Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident.

Associated Capabilities

- Capability 8: Medical Countermeasure Dispensing and Administration
- Capability 9: Medical Materiel Management and Distribution
- Capability 11: Non-pharmaceutical Interventions
- Capability 14: Responder Safety and Health

	<p>Define procedures, triggers, and necessary authorizations to implement NPIs, whether addressing individuals, groups, facilities, animals, food products, public works/utilities, or travelers passing through ports of entry.</p> <p>Determine occupational and exposure prevention measures, such as decontamination or evacuation strategies.</p>		
Domain Activity: Ensure Safety and Health of Responders			
<p>Local jurisdictions must assist, train, and provide resources necessary to protect public health first responders, critical workforce personnel, and</p>	<p>Assistance may include personal protective equipment (PPE), MCMs,</p>	<p>All Counties</p>	<p>June 30, 2021</p>

Domain Strategy 4: Strengthen Countermeasures and Mitigation

Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident.

Associated Capabilities

- Capability 8: Medical Countermeasure Dispensing and Administration
- Capability 9: Medical Materiel Management and Distribution
- Capability 11: Non-pharmaceutical Interventions
- Capability 14: Responder Safety and Health

critical infrastructure workforce from hazards during response and recovery operations.

workplace violence training, psychological first aid training, and other resources specific to an emergency that would protect responders and health care workers from illness or injury at the state and local levels. This may include developing clearance goals for contaminated areas based on guidance from a committee of subject matter experts.

Domain Strategy 5: Strengthen Surge Management

Surge management is the ability to coordinate jurisdictional partners and stakeholders to ensure adequate public health, health care, and behavioral services and resources are available during events that exceed the limits of the normal public health and medical infrastructure of an affected community. This includes coordinating expansion of access to public health, health care and behavioral services; mobilizing medical and other volunteers as surge personnel; conducting ongoing surveillance and public health assessments at congregate locations; and coordinating with organizations and agencies to provide fatality management services.

Associated Capabilities

- Capability 5: Fatality Management
- Capability 7: Mass Care
- Capability 10: Medical Surge
- Capability 15: Volunteer Management

Domain Activity: Coordinate Activities to Manage Public Health and Medical Surge	Deliverable	Applies To	Due Date
<p>Coordinate with emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the affected community.</p>	<p>At minimum, local jurisdictions must have written plans in place that clearly define the public health roles and responsibilities during surge operations and outline procedures on how public health will engage the health care system to provide and receive situational awareness throughout the surge event.</p>	<p>All Counties Tribes</p>	<p>June 30, 2021</p>

Domain Strategy 5: Strengthen Surge Management

Surge management is the ability to coordinate jurisdictional partners and stakeholders to ensure adequate public health, health care, and behavioral services and resources are available during events that exceed the limits of the normal public health and medical infrastructure of an affected community. This includes coordinating expansion of access to public health, health care and behavioral services; mobilizing medical and other volunteers as surge personnel; conducting ongoing surveillance and public health assessments at congregate locations; and coordinating with organizations and agencies to provide fatality management services.

Associated Capabilities

- Capability 5: Fatality Management
- Capability 7: Mass Care
- Capability 10: Medical Surge
- Capability 15: Volunteer Management

Domain Activity: Coordinate Public Health, Health Care, Mental/Behavioral Health, and Human Services Needs during Mass Care Operations

Local jurisdictions should coordinate with key partner agencies to address, within congregate locations (excluding shelter-in-place locations), the public health, health care, mental/behavioral health, and human services needs of those impacted by an incident. In collaboration with ESF #8 partners, health care, emergency management, and other pertinent stakeholders, local jurisdictions should develop, refine, or maintain written plans that identify the public health roles and responsibilities in supporting mass care operations.

At minimum, these plans should address:
Procedures on how ongoing surveillance and public health assessments will be coordinated to ensure that the public health, health care, mental/behavioral health and human services needs of those impacted by the incident continue to be met while at congregate locations; and

All Counties
Tribes

June 30, 2021

Domain Strategy 5: Strengthen Surge Management

Surge management is the ability to coordinate jurisdictional partners and stakeholders to ensure adequate public health, health care, and behavioral services and resources are available during events that exceed the limits of the normal public health and medical infrastructure of an affected community. This includes coordinating expansion of access to public health, health care and behavioral services; mobilizing medical and other volunteers as surge personnel; conducting ongoing surveillance and public health assessments at congregate locations; and coordinating with organizations and agencies to provide fatality management services.

Associated Capabilities

- Capability 5: Fatality Management
- Capability 7: Mass Care
- Capability 10: Medical Surge
- Capability 15: Volunteer Management

	Procedures to support or implement family reunification, including any special considerations for children.		
Domain Activity: Coordinate with Partners to Address Public Health Needs during Fatality Management Operations			
<p>Coordinate with and support partner agencies to address fatality management needs resulting from an incident</p> <p>In collaboration with jurisdictional partners and stakeholders, local jurisdictions should conduct the following activities.</p> <p>Coordinate with subject matter experts and cross-disciplinary partners and stakeholders to clarify, document, and communicate the public health</p>	Development, update/review of Fatality Management plan	All Counties Tribes	June 30, 2021, uploaded to the ADHS AZ-PIRE website

Domain Strategy 5: Strengthen Surge Management

Surge management is the ability to coordinate jurisdictional partners and stakeholders to ensure adequate public health, health care, and behavioral services and resources are available during events that exceed the limits of the normal public health and medical infrastructure of an affected community. This includes coordinating expansion of access to public health, health care and behavioral services; mobilizing medical and other volunteers as surge personnel; conducting ongoing surveillance and public health assessments at congregate locations; and coordinating with organizations and agencies to provide fatality management services.

Associated Capabilities

- Capability 5: Fatality Management
- Capability 7: Mass Care
- Capability 10: Medical Surge
- Capability 15: Volunteer Management

agency role in fatality management, based on jurisdictional risks, incident needs, and partner and stakeholder authorities.

The public health agency role may include supporting:

- Recovery, preservation, and release of remains,
- Identification of the deceased,
- Determination of cause and manner of death, including whether disaster-related
- Provision of mental/behavioral health assistance, and
- Plans to include culturally appropriate messaging around handling of remains.

Coordinate with community partners, including law enforcement, emergency management, and medical examiners or coroners to ensure proper tracking, transportation, handling, and storage of human remains and ensure access to mental and behavioral health services for responders and families impacted by an incident.

Domain Strategy 5: Strengthen Surge Management

Surge management is the ability to coordinate jurisdictional partners and stakeholders to ensure adequate public health, health care, and behavioral services and resources are available during events that exceed the limits of the normal public health and medical infrastructure of an affected community. This includes coordinating expansion of access to public health, health care and behavioral services; mobilizing medical and other volunteers as surge personnel; conducting ongoing surveillance and public health assessments at congregate locations; and coordinating with organizations and agencies to provide fatality management services.

Associated Capabilities

- Capability 5: Fatality Management
- Capability 7: Mass Care
- Capability 10: Medical Surge
- Capability 15: Volunteer Management

<p>Have procedures in place to share information with fatality management partners, including fusion centers or comparable centers and agencies, emergency operations centers, and epidemiologist(s), to provide and receive relevant surveillance information that may impact the response.</p>			
<p>Domain Activity: Coordinate Medical and Other Volunteers to Support Public Health and Medical Surge</p>			
<p>Conduct the following activities to address volunteer planning considerations.</p> <ul style="list-style-type: none"> • Estimate the anticipated number of public health volunteers and health professional roles based on identified situations and resource needs. • Identify and address volunteer liability, licensure, workers' compensation, scope of practice, and third-party reimbursement issues that may deter volunteer use. • Identify processes to assist with volunteer coordination, including protocols to handle walk-up volunteers and others who cannot 	<p>Development, update/review of Volunteer Management plan</p>	<p>All Counties Tribes</p>	<p>June 30, 2021, uploaded to the ADHS AZ-PIRE website</p>

Domain Strategy 5: Strengthen Surge Management

Surge management is the ability to coordinate jurisdictional partners and stakeholders to ensure adequate public health, health care, and behavioral services and resources are available during events that exceed the limits of the normal public health and medical infrastructure of an affected community. This includes coordinating expansion of access to public health, health care and behavioral services; mobilizing medical and other volunteers as surge personnel; conducting ongoing surveillance and public health assessments at congregate locations; and coordinating with organizations and agencies to provide fatality management services.

Associated Capabilities

- Capability 5: Fatality Management
- Capability 7: Mass Care
- Capability 10: Medical Surge
- Capability 15: Volunteer Management

participate due to state regulations. Jurisdictions that do not use spontaneous or other volunteers due to state regulations must describe in their plans how they plan to handle those types of volunteers during an incident.

- Leverage existing government and non-governmental volunteer registration programs, such as ESAR-VHP and Medical Reserve Corps (MRC).

<i>Domain Strategy 6: Strengthen Biosurveillance</i>			
<p>Biosurveillance is the ability to conduct rapid and accurate laboratory tests to identify biological, chemical, radiological, and nuclear agents; and the ability to identify, discover, locate, and monitor - through active and passive surveillance - threats, disease agents, incidents, outbreaks, and adverse events, and provide relevant information in a timely manner to stakeholders and the public.</p> <p>Associated Capabilities</p> <ul style="list-style-type: none"> • Capability 12: Public Health Laboratory Testing • Capability 13: Public Health Surveillance and Epidemiological Investigation 			
Domain Activity: Conduct Epidemiological Surveillance and Investigation	Deliverable	Applies To	Due Date
<p>Local jurisdictions should continue to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological processes.</p> <p>Local jurisdictions should evaluate surveillance and epidemiological investigation outcomes to identify deficiencies encountered during responses to public health threats and incidents and recommend opportunities for improvement.</p> <p><i>Conduct border health surveillance activities.</i></p> <p>The focus on cross-border preparedness reinforces public health whole community approach, which is essential for local-to-global threat risk management and response to actual events regardless of source or origin.</p>	<ul style="list-style-type: none"> • Have or have access to trained personnel to manage and monitor routine jurisdictional surveillance and epidemiological investigation systems. Support surge requirements in response to threats to include supporting population at risk of adverse health outcomes as a result of the incident. • Have procedures in place to establish partnerships, to conduct investigations, and share information with other governmental 	<p>All Counties Tribes</p>	<p>June 30, 2021, End-of-Year Report</p>

<i>Domain Strategy 6: Strengthen Biosurveillance</i>			
<p>Biosurveillance is the ability to conduct rapid and accurate laboratory tests to identify biological, chemical, radiological, and nuclear agents; and the ability to identify, discover, locate, and monitor - through active and passive surveillance - threats, disease agents, incidents, outbreaks, and adverse events, and provide relevant information in a timely manner to stakeholders and the public.</p> <p>Associated Capabilities</p> <ul style="list-style-type: none"> • Capability 12: Public Health Laboratory Testing • Capability 13: Public Health Surveillance and Epidemiological Investigation 			
	<p>agencies and partner organizations.</p> <ul style="list-style-type: none"> • Local jurisdictions located on the United States-Mexico border should conduct activities that enhance border health, particularly regarding disease detection, identification, investigation, and preparedness and response activities related to emerging diseases and infectious disease outbreaks whether naturally occurring or due to bioterrorism. 		

Domain Strategy 6: Strengthen Biosurveillance				
<p>Biosurveillance is the ability to conduct rapid and accurate laboratory tests to identify biological, chemical, radiological, and nuclear agents; and the ability to identify, discover, locate, and monitor - through active and passive surveillance - threats, disease agents, incidents, outbreaks, and adverse events, and provide relevant information in a timely manner to stakeholders and the public.</p> <p>Associated Capabilities</p> <ul style="list-style-type: none"> • Capability 12: Public Health Laboratory Testing • Capability 13: Public Health Surveillance and Epidemiological Investigation 				
<p><i>Implement processes for using poison control center data for public health surveillance.</i></p> <p>Such data can be particularly helpful in 1) providing situational awareness during a known public health threat, 2) identifying an emerging public health threat, 3) identifying unmet public health communication needs following a public health threat, or 4) providing surveillance for specific exposures or illnesses of concern to the health department.</p>	<ul style="list-style-type: none"> • Establish processes for obtaining and sharing collected information 	All Counties	June 30, 2021, End-of-Year Report	
<p><i>Coordinate with epidemiological and vital records partners to implement electronic death registration (EDR) systems.</i></p> <p>Local jurisdiction should coordinate with epidemiological partners to implement processes for active and passive mortality surveillance and EDR use. Depending upon the jurisdiction's prior experience with utilizing EDR systems during a response.</p>	<ul style="list-style-type: none"> • Local jurisdictions should prioritize development of scalable plans implement an EDR system, such as developing reporting and technological capability; assessing potential legal information sharing barriers and restrictions; and other actions that will help establish initial functionality. An option for EDR development 	All Counties	June 30, 2021, End-of-Year Report	

<i>Domain Strategy 6: Strengthen Biosurveillance</i>			
<p>Biosurveillance is the ability to conduct rapid and accurate laboratory tests to identify biological, chemical, radiological, and nuclear agents; and the ability to identify, discover, locate, and monitor - through active and passive surveillance - threats, disease agents, incidents, outbreaks, and adverse events, and provide relevant information in a timely manner to stakeholders and the public.</p> <p>Associated Capabilities</p> <ul style="list-style-type: none"> • Capability 12: Public Health Laboratory Testing • Capability 13: Public Health Surveillance and Epidemiological Investigation 			
		<p>planning can include working with the jurisdictional vital records office (VRO)</p>	

Action 11.**Juvenile Probation****Regular Board of Supervisors Meeting****Meeting Date:** 07/07/2020

FY21 Juvenile Probation Funding Agreement

Submitted By: Teresa Rockrich, Adult Probation**Department:** Adult Probation**Presentation:** No A/V Presentation**Recommendation:** Approve**Document Signatures:** BOS Signature NOT Required**# of ORIGINALS** 0**Submitted for Signature:****NAME** Teresa Rockrich**TITLE** Administrative**of PRESENTER:****of PRESENTER:** Finance Manager**Mandated Function?:** Federal or State Mandate**Source of Mandate** Various - see
or Basis for Support?: attachment

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 Fiscal Year 2020-2021 Juvenile Probation Funding Agreement, as provided by the Arizona Supreme Court, Administrative Office of the Courts (AOC), effective July 1, 2020 through June 30, 2021 in the amount of \$919,309.

Background:

The purpose of the allocation for Juvenile Probation is to support the juvenile courts and probation department to achieve or maintain the average juvenile probation case supervision requirement, support supervision activities, and to impact the number of repetitive offenders.

This agreement provides for the following:

Juvenile Intensive Probation Supervision Program (JIPS) \$249,012,

Juvenile Standard Probation Program \$125,456,

Juvenile Probation Services Fund (JPSF) \$134,589,

Diversion Intake \$271,376,

Diversion Consequence \$47,848,

Juvenile Drug Court Program \$78,445,

Family Counseling \$12,583.

Department's Next Steps (if approved):

Receive AOC funding and administer program.

Impact of NOT Approving/Alternatives:

No AOC funding for juvenile probation.

To BOS Staff: Document Disposition/Follow-Up:

BOS Approval only. No signature or additional documents/follow-up needed.

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

FY21 AOC Funding Agreement

FY21 Addendum A's

Family Counseling Board Resolution FY21

JJSD Funding Guide

Grant Approval Forms

Arizona Supreme Court
Administrative Office of the Courts

FUNDING AGREEMENT FOR:

**Juvenile Probation Services Fund (JPSF)
Diversion (Intake and Consequences)
Juvenile Intensive Probation Supervision (JIPS)
Juvenile Standard Probation
Juvenile Drug Court (JDC)*
Family Counseling
Title IV-E***

***If Applicable**

Fiscal Year 2021

This Agreement is entered into by and between the Arizona Supreme Court, Administrative Office of the Courts, ("AOC"), and **COCHISE COUNTY JUVENILE COURT** ("Department").

1. TERM

This Agreement becomes effective on July 1, 2020 and shall remain in effect through June 30, 2021.

2. MODIFICATION AND TERMINATION

This Agreement may be modified or terminated by the AOC if in its judgment such action is necessary due to: (1) lack of funding; (2) statutory changes in the program; (3) the Department's failure to implement or operate the approved plan; (4) the Department's non-compliance with this Agreement or other program requirements, or (5) other circumstances necessitating such action. Either party may terminate this Agreement upon thirty (30) days written notice to the other party by certified mail.

3. FUND ACCOUNTING

Funds distributed to the Department shall be deposited in a Special Revenue Fund established for the execution of this Agreement. Per A.R.S. § 12-268, each program must be accounted for separately within this fund. Any interest earned on these monies while in the possession of the Department shall accrue to the fund for use by the Department in accordance with its approved plan. The Department shall ensure that the board of supervisors designates a chief fiscal officer who will establish and administer this fund.

4. FUND MANAGEMENT

a. Distribution of Funds. The AOC may retain all or any portion of the funds

allocated to the Department for the performance of its approved plan and may authorize direct expenditures for the benefit of the Department. The specific amounts to be retained by the AOC for direct expenditures for the benefit of the Department and to be disbursed to the Department are set forth in Addendum A to this Agreement for each specified program. The AOC may periodically modify the distribution of funds contained in the Addendum A's based on its determination of the Department's need for and usage of the funds and/or funding changes.

b. Reporting Requirements. Department shall submit the following to the AOC:

- i. A mid-year financial progress report for JIPS, Standard Probation, JPSF, JDC, Title IV-E, Diversion and Family Counseling due on or before January 31, 2021.
- ii. A closing report for the above listed funds is due on or before August 31, 2021 which includes: (1) a juvenile probation fund report in accordance with A.R.S. § 12-268 documenting the total amount of annual receipts and expenditures for all probation funding; (2) a program report; (3) an interest report which includes the total amount of interest accrued and expended on all funds; and (4) performance measure data for each applicable program.

Closing reports submitted past the deadline may result in the Department being placed on financial sanction status by the AOC. With prior approval from the AOC, modifications may be made to the report format.

- iii. Results of the juvenile probation caseload audit. To ensure accuracy and validity of reported monthly statistical information, the Department will perform a minimum of one yearly caseload audit of juveniles placed on juvenile probation, on a date established by the Juvenile Justice Services Division (JJSD). The caseload audit shall consist of a manual tabulation of all probation case files in the county, and a listing of juveniles on probation generated by the Juvenile On-Line Tracking System (JOLTS). A comparison of the two lists will be made on forms provided, and the results forwarded to the JJSD in accordance with the processes outlined by the AOC.
- iv. A monthly payroll and expense report is due to the AOC on the 15th day of the following month.
- v. A copy of the department's approved county budget or any board resolution affecting salaries of state funded employees no later than 14 days after approval.

c. Unexpended Funds. Funds unencumbered as of June 30, 2021 and unexpended as of July 31, 2021, with the exception of Title IV-E administrative and training reimbursements, shall be transmitted to the AOC for reversion no later than August 31 of the same year. The reversion shall be accompanied by a closing financial statement signed by the presiding juvenile court judge.

d. Inappropriate Expenditures. The Department shall expend funds only for the purposes and uses specified in the approved plan and budget and as set forth in the applicable Addendum A. The Department agrees to reimburse the AOC for any

unauthorized or inappropriate expenditures which are not in compliance with the approved plan, budget and this Agreement. Funds shall not be used to pay county or city administrative costs for services associated with those funds including, but not limited to, the cost of: accounting, payroll, data processing, purchasing, personnel, and building use. All equipment purchased with state funds distributed by the AOC shall be used solely for purposes designated in the approved plan unless written permission is received from the AOC.

e. Budget Modifications. Funds shall not be moved to or from any budget category without prior written approval from the AOC. All budget modifications shall be in accordance with the AOC's Budget Modification Policy.

f. Termination of Funding. In the event that this Agreement is terminated prior to June 30, 2021, all unexpended funds in the possession of the Department shall be returned to the AOC within 30 days of such termination, along with, but not limited to: (1) a closing financial statement; (2) a final report outlining the program achievements; and (3) an inventory, including serial numbers, of all equipment purchased with grant funds. If termination is due to failure of the Department to comply with this agreement, the AOC may require return of equipment and supplies purchased with grant funds.

g. Allocation and Management of Funds. The AOC shall allocate available state monies among courts requesting state funds. The AOC may prepare and implement procedures for allocation and adjusting state funds among courts.

h. Allocation and Management of State-Funded Personnel Placements. The AOC shall allocate state funded personnel placements among courts. The AOC may prepare and implement procedures for adjusting allocated placements and associated monies among courts.

The AOC may apply a vacancy factor against the personnel and employee related expenses (ERE) lines to maximize the use of available funds and reduce disbursed funds accordingly. In the event the probation population is equal to or greater than statutory capacity, the Department shall promptly take steps to fill pre-approved positions. On a quarterly basis, AOC will review personnel and other budget categories and make adjustments if necessary.

i. Department must request approval to fill any vacant case carrying (both county and state funded positions) and any state-funded non-case carrying positions from the Juvenile Justice Services Division. Departments must petition the AOC to fill any vacant positions funded with AOC dollars and may not move non-AOC funded staff into positions funded with AOC dollars without prior approval from the AOC. The Juvenile Justice Services Division shall be informed, in writing, of the number and the funding source for each new staff.

5. BOOKS AND RECORDS

a. Financial Records and Examination. The Department shall maintain and shall require its subcontractors to maintain acceptable accounting systems, records, and documents to properly reflect all funds expended in the performance of this agreement. All books, records and other documents relevant to this Agreement shall be retained by the Department and its subcontractors for a period of five years after the final payment has been made, or until after the resolution of any audit questions or contract disputes, whichever is longer. AOC, state, or federal auditors, as applicable, and any other persons

duly authorized by the AOC shall have full access to, and the right to examine, audit, copy and make use of any and all said materials. All subcontracts shall include a provision acknowledging the authority of the AOC to conduct such audits or examinations.

b. Program Records and Evaluation. The AOC may monitor and evaluate the local plan to determine its effectiveness. As a condition of receipt of funds, the Department agrees to maintain and provide to the AOC such data and statistics as may be required for purposes of evaluation. The Department further agrees that authorized agents of the AOC shall have the right to conduct on-site visits for purposes of compliance monitoring, operational review and program evaluation. All subcontracts shall include a provision acknowledging the authority of the AOC to conduct such inspections and evaluations.

6. INVENTORY

Equipment purchased with funds received pursuant to this Agreement or provided to the Department through direct payment by the AOC, shall become the property of Department, and the Department shall maintain written inventory and property control policies and procedures covering the equipment. The Department may use its existing inventory system but must at a minimum maintain the information required by AOC policies and procedures.

7. USE, LOSS AND DISPOSITION OF EQUIPMENT

Equipment must be used as required by this Agreement, and in compliance with applicable administrative orders or codes, for five years, unless written permission is given by the AOC. After this time, the equipment may be transferred upon approval of the presiding juvenile court judge. The Department is responsible for any maintenance, loss or damage to the equipment and the AOC makes no assurances regarding its repair or replacement. Equipment which is no longer needed or usable shall be surplus as required by this Agreement. If no such requirements are included in the Agreement, then local surplus property procedures may be utilized.

8. FINANCIAL SANCTION STATUS

In addition to any other remedy available pursuant to this Agreement, the Department may be placed in financial sanction status for deficiencies including but not limited to:

- a.** Delinquent budget request or plan submissions;
- b.** Delinquent midyear, closing or other reports requested by the AOC;
- c.** Inaccurate reporting of probation population statistics;
- d.** Unauthorized allocation of personnel;
- e.** Expenditures in excess of the approved amounts;
- f.** Expenditures not authorized within the current funding agreement; or
- g.** Failure to adhere to the administrative code governing each state fund.

9. FINANCIAL SANCTION ACTION

During the period of financial sanction status, the AOC may take any appropriate action including:

- a.** Written warning with request for immediate compliance;
- b.** Withholding all or any portion of state funds or equipment disbursements;

- c. Withholding all disbursements from all state funds;
- d. Requiring monthly submission of costs incurred for prior disbursements;
- e. Requiring monthly submission of expenses for reimbursement of actual costs incurred (to receive reimbursement while on sanctions status, Department shall submit a monthly reimbursement request to the AOC detailing expenses in funding categories as delineated on Addendum A, in addition to the monthly payroll and expense report; state funds shall not be used for any adverse financial costs or interest charged or incurred due to Departments financial sanction status);
- f. Recovery of funds or equipment already disbursed; or
- g. Not authorizing new positions/teams/equipment.

10. OTHER REQUIREMENTS

The Department agrees to: (1) utilize the JOLTSAZ including but not limited to; the input of data in a timely and accurate manner as established by the AOC and providing reports as requested by the AOC; (2) utilize AZYAS tool(s) administered to classify risk of recidivism and identify needs related to delinquent behavior for juveniles referred to the court; (3) establish program goals and objectives which are measurable in accordance with guidelines provided by the AOC; and (4) participate in any applicable outcome studies.

11. COUNTY APPROPRIATION LEVELS

Receipt of state probation monies by the counties is contingent on the county maintenance of fiscal year 2004 expenditure levels for each probation program. State monies are not intended to supplant county dollars for probation programs. Should a County not provide sufficient funds to meet the 2004 maintenance of effort requirement the AOC will address the issue in the next funding allocation cycle.

12. COLLECTIONS

The Department shall make every effort to enforce the collection of fees, parental assessments and restitution payments due to victims. The collection of monies shall be made in accordance with generally accepted accounting principles and minimum accounting standards for Arizona courts as prescribed in ACJA §1-401 or subsequent code. The Department is responsible for timely entry of financial data into the JOLTSAZ database. Periodic reporting and review of collection data will be required.

13. PROBATION SERVICES FUND

In accordance with A.R.S. §12-268, each fiscal year the Department shall, on or before August 31, submit to the AOC a report detailing expenditures of fund monies for the preceding fiscal year.

The Department shall also submit to the AOC a plan, in compliance with existing code detailing intended expenditure of fund monies for the following fiscal year, no later than August 31. Any request for modification of an existing approved plan or for any variation from code guidelines, must be submitted to AOC and approved prior to any expenditures.

14. VENDOR PAYMENT RESTRICTIONS

a. Utilization. The Department shall not submit invoices to the AOC from a non-AOC contracted provider. Rather, the Department shall use their disbursed treatment

funds to cover these expenses.

Contract Suspension. The Department shall not submit invoices to be paid with retained treatment funds for a vendor whose contract is suspended or for services provided to youth referred after the AOC has recommended suspending referrals as a result of: concern for the health and safety of youth in the facility, a death of a youth in a facility or as a result of other significant contractual or statutory violations.

15. JPSF AND DIVERSION

a. Management of Allocation. The Department shall manage allocations retained at the AOC on behalf of the Department. If the Department projects an over expenditure of its allocation, the Department shall submit a report to the AOC within 30 days of the projection, or at the request of the AOC, detail how the Department will come into fiscal compliance. The Department shall make every effort to manage its budget effectively and to avoid over expenditure of its allocation.

If an over expenditure of funds exists, the AOC may collaborate with the Department to identify subcategories within funds currently allocated to the Department that can be used to cover the over-expenditure from the following:

- Contract Services Disbursed
- Operating
- Equipment
- Travel
- Personnel
- ERE
- Fees and accumulated interest

Any Budget Modification initiated by the AOC to assist with the coverage of identified over expenditures of funds shall be in accordance with the AOC's Budget Modification Policy.

If the over expenditure cannot be resolved within the funds currently allocated to the Department, then, the AOC may look for unexpended funds within other departments across the state to assist the Department to cover the over-expenditure.

If the over expenditure cannot be resolved from either of the two measures above then the AOC may notify providers not to accept referrals from the Department unless the Department has agreed to pay for the services from county or other funds.

b. Assessment of Treatment Costs. The Department shall comply with A.R.S. §8-243(A) and ACJA §6-309 or subsequent statute and code, in the assignment and collection of parental payments for treatment services.

c. Assessment of Family Counseling Costs. The Department shall comply with ARS §8-261 - §8-265 and ACJA §6-310 or subsequent statute and code, in the assignment and collection of parental payments for family counseling services. The clerk of the court shall acknowledge receipt of the money received to the Department. The clerk of the court shall transmit such money to the state treasurer for deposit in the state

general fund.

16. TITLE IV-E (If Applicable)

a. Maintenance Reimbursements. Will be held at the AOC and be disbursed at least semi-annually to the Department equal to the amount of reimbursement received by the AOC on behalf of the Department, unless the Department indicates to the AOC a preference to have a portion of those funds retained at the AOC.

b. Administrative and Training Reimbursements. Will be disbursed at least semi-annually to the Department in amounts equal to the amount of reimbursement received by AOC on the behalf of the Department.

c. Federal Audit Repayments. Any request for repayment of any Title IV-E Maintenance, Administrative or Training reimbursement as a result of a federal review or action is the responsibility of the Department to remit.

17. FAMILY COUNSELING AND JUVENILE DRUG COURT (If Applicable)

a. Management of Allocation. The Department shall manage the allocation of these dispersed funds provided by the AOC. If the Department projects an over expenditure of its allocation, the Department shall submit a report to the AOC within 30 days of the projection, or at the request of the AOC, detail how the Department will come into fiscal compliance. The Department shall make every effort to manage its budget effectively and to avoid over expenditure of its allocation. For the Family Counseling Fund, the Department will monitor expenditures of both the AOC and required County match portions and report this information as outlined in Paragraph 4 (Fund Management) of this document.

If an over expenditure of funds exists, the AOC will collaborate with the Department to identify subcategories (if applicable) within funds currently allocated to the Department that can be used to cover the over-expenditure from the following subcategories:

- Contract Services Disbursed
- Personnel
- ERE

Any budget modification initiated by the AOC to assist with the coverage of identified over-expenditures of funds shall be in accordance with the AOC's Budget Modification Policy.

If the over expenditure cannot be resolved within the funds currently allocated to the Department or from county fees and accumulated interest, then, the AOC may look for unexpended funds within other departments across the state to assist the Department to cover the over-expenditure.

18. DIVERSION

a. Juvenile Hearing Officer. If the Department utilizes juvenile hearing officers

to dispose of juvenile offenses pursuant to A.R.S. §8-323, the Department shall require the juvenile hearing officer to immediately transmit to the Department all copies of citations with the findings. The Department shall approve any diversion program established by a city or town attorney or prosecutor under this section. No funds approved under this Addendum may be used for programs which have not been approved by the Department and/or AOC. The Department is responsible for ensuring full compliance with A.R.S. §8-323 and all other applicable statutes, rules and administrative orders.

b. Reduction of Funds. AOC reserves the right to reduce funding should the diversion population be determined by the AOC to be insufficient to support the current or projected level of funding or should the county attorney operate a community based alternative program. This reduction may include previously funded positions, operating cost and/or the allocation for program consequences and services. The Department **must request approval** to fill any vacant state-funded positions funded with Diversion funds as described in Paragraph 4 (Fund Management) of this document.

c. Assessment of Diversion Costs. The Department shall comply with A.R.S. §8-243(A), ACJA §6-309, or subsequent statute and/or code, in the assignment and collection of parental payments for treatment services.

19. JIPS

a. Capacity. The Department may request additional positions from the AOC when the program has maintained an active caseload 95%, or higher, of statutory capacity for a minimum of three months. The Department shall send a declaration of need to the JJSD. The declaration shall state: (1) the number of positions being requested, (2) the current ratio of probationers to probation officers and program capacity, and (3) the number of juvenile probation officers performing field supervision by funding source. The declaration is to be signed by both the presiding juvenile court judge of the county and the juvenile court director or chief probation officer. Upon receipt of the declaration, JJSD will audit the juvenile probation caseloads of the department to confirm the need for additional officers. Upon verification of the need, and if resources are available, the JJSD will proceed to allocate additional resources.

b. Reduction of Funds. The AOC reserves the right to reduce funding should the JIPS population be determined by the AOC to be insufficient to support the current or projected level of funding. This reduction is not limited to, but may include, previously authorized positions, contract services, operating costs and vehicle costs.

c. Case Load Ratios. In the event the Department's JIPS probation population falls below the statutory established case load ratios for active probationers, the Department must request approval to fill any vacant case carrying (both county and state funded case carrying) positions funded under the program. The Department must request approval to fill all vacant non-case carrying state-funded positions. Failure to cooperate may result in the need to adjust future disbursements to the Department to correct inequities.

20. STANDARD PROBATION

a. Capacity. The Department may request additional positions from the AOC when the program has maintained an active caseload of 95%, or higher, of statutory capacity for a minimum of three months. The Department shall send a declaration of need to the JJSD. The declaration is to state: (1) the number of positions being requested, (2) the current ratio of probationers to probation officers and program capacity, and (3) the number of juvenile probation officers performing field supervision by funding source.

The declaration is to be signed by both the presiding juvenile court judge of the county and the juvenile court director or chief probation officer. Upon receipt of the declaration, JJSD will audit the juvenile probation caseloads of the department to confirm the need for additional officers. Upon verification of the need, and if resources are available, the JJSD will proceed to allocate additional resources.

b. Reduction of Funds. The AOC reserves the right to reduce funding should the standard probation population be determined by the AOC to be insufficient to support the current or projected level of funding. This reduction is not limited to, but may include, previously authorized positions and operating costs.

c. Case Load Ratios. In the event the Department's standard probation population falls below the statutory established case load ratios for active probationers, the Department must request approval to fill any vacant case carrying (both county and state funded case carrying) positions funded under the program. The Department must request approval to fill all vacant non-case carrying state funded positions as described in Paragraph 4 (Fund Management) of this document. Failure to cooperate may result in the need to adjust future disbursements to the Department to correct inequities.

21. PERFORMANCE LIABILITY

Except as otherwise provided by law, in the performance of this Agreement and the Department's approved plan, both parties hereto are acting in their individual governmental capacities and not as agents, employees, partners, joint ventures, or associates of each other. The employees, agents, or subcontractors of one party shall not be deemed or construed to be the employees or agents of the other party. Each party is solely responsible for the actions of its employees under this Agreement.


COCHISE COUNTY JUVENILE COURT

**ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE
COURTS**

By

*Honorable Terry Bannon
Presiding Juvenile Court Judge*

By


*Mike Baumstark, Deputy Director
Administrative Office of the Courts*

Date June 18, 2020

ADDENDUM A

JUVENILE INTENSIVE PROBATION SUPERVISION PROGRAM JUVENILE COURT IN COCHISE COUNTY FOR Fiscal Year 2021

Addendum Date: July 1, 2020

Note: This addendum supersedes all previously dated addendums

TOTAL AMOUNT AWARDED: \$249,012

APPROVED BUDGET		APPROVED FTE's	AMOUNT
A.	Case-Carrying Personnel	1.75	\$65,528
B.	ERE		\$30,726
C.	Non CC/Contract/Other Personnel	2.25	\$100,591
D.	ERE		\$47,167
E.	Travel		\$0
F.	Equipment		\$0
G.	Operating		\$5,000
H.	Contract Services		\$0
I.	Other		\$0
TOTAL AMOUNT TO BE DISBURSED			\$249,012

SCHEDULED DISBURSEMENTS:

July 31, 2020	October 31, 2020	March 16, 2021	May 15, 2021
\$67,765	\$67,765	\$64,743	\$48,739

RETAINED FUNDS		AMOUNT
A.	Contract Services	\$0
B.	Direct Payment	\$0
C.	Vacancy Reserve	\$0
D.		
TOTAL AMOUNT TO BE RETAINED		\$0

Signed:

JJSD Division Director
Arizona Supreme Court

Signed:

Director of Juvenile Court Services

AOC Finance Office Receipt:

Fund Manager

Date

ADDENDUM A
JUVENILE STANDARD PROBATION PROGRAM
JUVENILE COURT IN COCHISE COUNTY FOR FISCAL YEAR 2021

Addendum date: 7/1/2020

Note: This addendum supersedes all previously dated addendums

TOTAL AMOUNT AWARDED: \$125,456

APPROVED BUDGET	APPROVED FTE'S	AMOUNT	
A. Case-Carrying Personnel	1.00	51%	\$39,360
B. ERE			\$24,364
C. Non Case-Carrying/Other/Contract Personnel	1.00		\$38,130
D. ERE			\$23,602
E.			
F.			
G. Travel			
H. Operating			\$0
I. Equipment			
TOTAL AMOUNT TO BE DISBURSED			\$125,456

SCHEDULED DISBURSEMENTS:			
July 31, 2020	October 31, 2020	March 16, 2021	May 15, 2021
\$31,364	\$31,364	\$31,364	\$31,364

RETAINED FUNDS	AMOUNT
A. Contract Services	\$0
B. Direct Payment	\$0
C. Vacancy Reserve	\$0
D. Other	\$0
TOTAL AMOUNT TO BE RETAINED	\$0

Signed:

JJSD Division Director
Arizona Supreme Court

Signed:

Director of Juvenile Court Services

AOC Finance Office Receipt:

Fund Manager

Date

ADDENDUM A
JUVENILE PROBATION SERVICES FUND - TREATMENT
JUVENILE COURT IN COCHISE COUNTY FOR FISCAL YEAR 2021

Addendum date: July 1, 2020

Note: This addendum supersedes all previously dated addendums

TOTAL AMOUNT AWARDED: \$304,589

APPROVED BUDGET	APPROVED FTE's	AMOUNT
A. Case-Carrying Personnel	0.00	\$0
B. ERE		\$0
C. Non Case-Carrying/Contract/Other Personnel	1.75	\$79,880
D. ERE		\$34,396
E. Travel		\$0
F. Equipment		\$0
G. Operating		\$5,000
H. Contract Services		\$15,313
I. Other		\$0
TOTAL AMOUNT TO BE DISBURSED		\$134,589

SCHEDULED DISBURSEMENTS:

	July 31, 2020	October 31, 2020	March 16, 2021	May 15, 2021
	\$33,647	\$33,647	\$33,648	\$33,647

RETAINED FUNDS	AMOUNT
A. Contract Services	\$170,000
B. Direct Payment	\$0
C. Projected CS Carryforward	\$0
D.	\$0
TOTAL AMOUNT TO BE RETAINED	\$170,000

Signed:

JJSD Division Director
Arizona Supreme Court

Signed:

Director of Juvenile Court Services

AOC Finance Office Receipt:

Fund Manager

Date

ADDENDUM A
DIVERSION - INTAKE
JUVENILE COURT IN COCHISE COUNTY FOR FISCAL YEAR 2021

Addendum date: July 1, 2020

Note: This addendum supersedes all previously dated addendums

TOTAL AMOUNT AWARDED: \$271,376

APPROVED BUDGET	APPROVED FTE's	AMOUNT
A. Case-Carrying Personnel	0.00	\$0
B. ERE		\$0
C. Non Case-Carrying/Contract/Other Personnel	4.75	\$181,876
D. ERE		\$84,500
E. Travel		\$0
F. Equipment		\$0
G. Operating		\$5,000
H. Contract Services		\$0
I. Other		\$0
TOTAL AMOUNT TO BE DISBURSED		\$271,376

SCHEDULED DISBURSEMENTS:				
	July 31, 2020	October 31, 2020	March 16, 2021	May 15, 2021
	\$76,440	\$76,440	\$59,248	\$59,248

RETAINED FUNDS	AMOUNT
A. Contract Services	0
B. Direct Payment	0
C. Vacancy Reserve	0
D. Salary Reimbursement	0
TOTAL AMOUNT TO BE RETAINED	\$0

Signed:

JJSD Division Director
 Arizona Supreme Court

Signed:

Director of Juvenile Court Services

AOC Finance Office Receipt:

 Fund Manager

 Date

ADDENDUM A
DIVERSION - CONSEQUENCE
JUVENILE COURT IN COCHISE COUNTY FOR FISCAL YEAR 2021

Addendum date: July 1, 2020

Note: This addendum supersedes all previously dated addendums

TOTAL AMOUNT AWARDED: \$52,405

APPROVED BUDGET	APPROVED FTE's	AMOUNT
A. Case-Carrying Personnel	0.00	\$0
B. ERE		\$0
C. Non Case-Carrying/Contract/Other Personnel	1.00	\$33,244
D. ERE		\$14,604
E. Travel		\$0
F. Equipment		\$0
G. Operating		\$0
H. Contract Services		\$0
I. Other		0
TOTAL AMOUNT TO BE DISBURSED		\$47,848

SCHEDULED DISBURSEMENTS:			
July 31, 2020	October 31, 2020	March 16, 2021	May 15, 2021
\$11,962	\$11,962	\$11,962	\$11,962

RETAINED FUNDS	AMOUNT
A. Contract Services	\$4,557
B. Direct Payment	0
C. Vacancy Reserve	0
D. Salary Reimbursement	0
TOTAL AMOUNT TO BE RETAINED	\$4,557

Signed:

JJSD Division Director
Arizona Supreme Court

Signed:

Director of Juvenile Court Services

AOC Finance Office Receipt:

Fund Manager

Date

ADDENDUM A
JUVENILE DRUG COURT PROGRAM
JUVENILE COURT IN COCHISE COUNTY FOR FISCAL YEAR 2021

Addendum Date: July 1, 2020

Note: This addendum supersedes all previously dated addendums

TOTAL AMOUNT AWARDED: **\$78,445**

APPROVED BUDGET		APPROVED FTE's	AMOUNT
A.	Case - Carrying Personnel	0.00	\$ -
B.	ERE		\$ -
C.	Non Case-Carrying Personnel	1.50	\$ 59,428
D.	ERE		\$ 19,017
E.	Travel		\$ -
F.	Equipment		\$ -
G.	Operating		\$ -
H.	Contract Services		\$ -
I.	Other		\$ -
TOTAL AMOUNT TO BE DISBURSED			\$78,445

SCHEDULED DISBURSEMENTS:			
July 31, 2020	October 31, 2020	March 16, 2021	May 15, 2021
\$19,611	\$19,611	\$19,612	\$19,611

RETAINED FUNDS		AMOUNT
A.	Contract Services	\$0
B.	Direct Payment	\$0
C.	Vacancy Reserve	\$0
TOTAL AMOUNT TO BE RETAINED		\$0

Signed:

JJSD Division Director
Arizona Supreme Court

Signed:

Director of Juvenile Court Services

AOC Finance Office Receipt:

Fund Manager

Date

ADDENDUM A
FAMILY COUNSELING
JUVENILE COURT IN COCHISE COUNTY FOR FISCAL YEAR 2021

Addendum date: July 1, 2020

Note: This addendum supersedes all previously dated addendums

TOTAL AMOUNT AWARDED: \$12,583

APPROVED BUDGET	APPROVED FTE's	AMOUNT
A. Personnel		\$0
B. ERE		\$0
C. Personnel - Contract		\$0
D. ERE - Contract		\$0
E. Travel		\$0
F. Equipment		\$0
G. Operating		\$0
H. Contract Services		\$12,583
I. Other		\$0
TOTAL AMOUNT TO BE DISBURSED		\$12,583

SCHEDULED DISBURSEMENTS:

October 31, 2020	April 16, 2021
\$6,166	\$6,417

RETAINED FUNDS	AMOUNT
A. Contract Services	0.00
B. Direct Payment	0.00
C. Vacancy Reserve	0.00
D. Salary Reimbursement	0.00
TOTAL AMOUNT TO BE RETAINED	\$0.00

Signed:

JJSD Division Director
Arizona Supreme Court

Signed:

Director of Juvenile Court Services

AOC Finance Office Receipt:

Fund Manager

Date

**ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION**

**FAMILY COUNSELING
FISCAL YEAR 2021**

**Board Resolution
Resolution 20-03**

The Cochise County Board of Supervisors hereby elects to have the county participate in the Family Counseling Program as provided for in A.R.S. Section §8-261 through §8-265 for fiscal year 2021.

The Board of Supervisors resolves that \$3,146 in matching funds will be provided by this county's Board of Supervisors for Cochise County, Arizona.



Clerk of the Board

6/9/2020

Date



Chairperson, Board of Supervisors

6/9/2020

Date

Please file with:

**Arizona Supreme Court
Administrative Office of the Courts
Juvenile Justice Services Division
Attention: TC Colla, Program Manager
1501 West Washington Street, Suite 337
Phoenix, Arizona 85007-3231**



ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION

FUNDING GUIDE

OVERVIEW OF THE ARIZONA STATUTES AND
ADMINISTRATIVE PROVISIONS GOVERNING
JUVENILE PROBATION FUNDS

JANUARY 2010

1501 WEST WASHINGTON
PHOENIX, AZ 85007

Fund	Governing A.R.S	ACJA Reference	Authorized Uses	Reverting Funds
<u>Standard Probation</u>	A.R.S. §8-203 (B) A.R.S. §12-251 A.R.S. §12-262 A.R.S. §12-263	§6-102 §6-301	Support juvenile standard probation supervision based upon an average of 35 to 1 ratio. 80% of the state juvenile standard probation funds allocated shall be used only for the payment of salaries and employee related benefits of probation officers involved in the case management, field supervision and enforcement of court orders.	Yes
<u>Juvenile Intensive Probation Supervision (JIPS)</u>	A.R.S. §§8-351 to 8-358	§6-102 §6-302	Funding for JIPS officers (Probation and Surveillance), support staff, and administration according to statutory and ACJA guidelines including salary and ERE, operating costs and contractual for JIPS programs	Yes
<u>Juvenile Probation Fees</u>	A.R.S. §12-268 A.R.S. §8-241	§6-306	60% of yearly expenditures must be utilized to support salaries and ERE of probation employees. No more than 40% may used to cover operational expenses. Exceptions must be approved by Administrative Director.	No
<u>Juvenile Probation Services Fund (JPSF) Treatment</u>	A.R.S. §12-268 A.R.S. §§8-321 and 8-322	N/A	Provides the courts and probation departments with a statewide network of contracted service vendors capable of short or long-term interventions programs to reduce the number of repetitive juvenile offenders and to provide services for juveniles who are on probation, including treatment, testing, independent living programs and residential, foster and shelter care, and for children who are referred to the juvenile court for incorrigibility or delinquency offenses.	Departments are required to revert to AOC. AOC does not revert to state.
<u>Juvenile Diversion Fees</u>	A.R.S. §8-321 (N) A.R.S. §12-268	N/A	Used for administration to support community based alternative programs or juvenile court diversion programs. Any amount greater than \$40 assessed shall be used for supplementing monies currently used for the salaries of juvenile probation and surveillance officers or for support of programs and services of the Juvenile Probation Department.	Departments are required to revert to AOC. AOC does not revert to state.
<u>Juvenile Drug Court Funds</u>	A.R.S. §13-3422	N/A	Provides monetary support to Drug Courts who serve juvenile offenders ordered to participate in Drug Court programs.	Yes
<u>Family Counseling</u>	A.R.S. §§8-261 to 8-265	§6-310	Help support departments with county programs with the purpose of strengthening family relationships and prevention of juvenile delinquency. Counties may elect to participate in this program through a 25% matching contribution.	Yes

to leg

<u>Judicial Collection Enhancement Fund (JCEF)</u>	A.R.S. §12-114.01	N/A	Supplement monies currently used for the salaries of adult and juvenile probation and surveillance officers and for support of programs and services of the superior court adult and juvenile probation departments	No
<u>Criminal Justice Enhancement Fund (CJEF)</u>	A.R.S. §41-2401(D)(5)	N/A	AOC funds the Juvenile Crime Reduction Fund (JCRF) from CJEF and is used as seed monies for statewide initiatives, strategic projects and the development and initial implementation of community-based programs targeted at preventing a juvenile from becoming involved in illegal activity, or providing an array of intervention services and sanctions to deter a juvenile from becoming further involved in the juvenile justice system.	Yes: County Grants revert to AOC.
<u>Title IV-E</u>	A.R.S. §35-148(A)	N/A	Federal Foster Care program administered by State (DES) and JJSD assisting low income children.	No
<u>Title 1 & Title 2 Juvenile Detention Education</u>	A.R.S. §15-913	N/A	Federal funds used to supplement detention education services for juveniles in county juvenile detention facilities.	Yes as required by the Arizona Department of Education

JUVENILE JUSTICE SERVICES DIVISION (JJSD)

FINANCIAL GUIDE FOR JUVENILE PROBATION DEPARTMENTS

AUTHORITY

The Administrative Office of the Courts (AOC) is granted authority under the Arizona Constitution and the Arizona Revised Statute (A.R.S.) to administer appropriated and fee generating funds designated for juvenile probation services. This authority is presented in the Arizona Code of Judicial Administration (ACJA) §6, Chapters 1 and 3.

The following lists the Constitutional provision and applicable statutes pertaining to the AOC funding and administrative authority:

- Arizona Constitution: Article VI, Section 3
- A.R.S. §8-203
- A.R.S. §8-241
- A.R.S. §§8-261 through 8-265
- A.R.S. §8-321
- A.R.S. §8-322
- A.R.S. §8-341
- A.R.S. §§8-351 through 8-358
- A.R.S. §12-114.01
- A.R.S. §12-251
- A.R.S. §§12-262 and 12-263
- A.R.S. §12-268
- A.R.S. §13-3422
- A.R.S. §15-913
- A.R.S. §41-2401(D)(5)

COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator: Teresa Rockrich

Date Prepared: 06/25/2020

Point of Contact: Teresa Rockrich

Phone Number: 432-8819

Department: Juvenile Probation

PRIMARY GRANT

Primary Grantor: Arizona Supreme Court, Admin. Office of the Courts

CFDA:
www.CFDA.gov

Grant Title: Juvenile Intensive Probation Supervision Program

Grant Term From: 07/01/2020

To: 06/30/2021

Total Award Amount: 249,012.00

New Grant: Yes No

Grant No:

Amendment: Yes No

Amendment No:

GL Account No: 159-1200-1210

If new, Finance will assign a fund number.

Strategic Plan: **Public Safety and Justice**

District: **CW**

Mandated by Law Yes No

Number of Positions Funded: 4.0

Asset(s) Acquired:

Grantor's reimbursement mileage rate:

Health or pension reimbursement:

Other reimbursement:

Briefly describe the purpose of the grant:

The purpose of the allocations for the intensive probation supervision program is to achieve or maintain the average juvenile probation case supervision requirement and to support supervision activities.

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

A.R.S. 8-351 to 8-358, ACJA 6-102 and 6-302

PRIMARY FUNDING SOURCE

Funding Year: 2021

Federal Funds 332.100

State Funds 336.100 249,012.00

County Funds 391.000

Other Funds:

Total Funds: 249,012.00

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.

COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator: Teresa Rockrich

Date Prepared: 06/25/2020

Point of Contact: Teresa Rockrich

Phone Number: 432-8819

Department: **Juvenile Probation**

PRIMARY GRANT

Primary Grantor: Arizona Supreme Court, Admin. Office of the Courts

CFDA:
www.CFDA.gov

Grant Title: Juvenile Standard Probation Program

Grant Term From: 07/01/2020

To: 06/30/2021

Total Award Amount: 125,456.00

New Grant: Yes No

Grant No:

Amendment: Yes No

Amendment No:

GL Account No: 153-1200-1210

If new, Finance will assign a fund number.

Strategic Plan: **Public Safety and Justice**

District: **CW**

Mandated by Law Yes No

Number of Positions Funded: 2.0

Asset(s) Acquired:

Grantor's reimbursement mileage rate:

Health or pension reimbursement:

Other reimbursement:

Briefly describe the purpose of the grant:

The purpose of the allocations for the standard probation supervision program is to achieve or maintain the average juvenile probation case supervision requirement and to support supervision activities.

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

A.R.S 8-203 (B), 12-251, 12-262, 12-263 and ACJA 6-102, 6-301

PRIMARY FUNDING SOURCE

Funding Year: 2021

Federal Funds 332.100

State Funds 336.100 125,456.00

County Funds 391.000

Other Funds:

Total Funds: 125,456.00

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:

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Date Prepared: 06/25/2020

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Phone Number: 432-8819

Department: Juvenile Probation

PRIMARY GRANT

Primary Grantor: Arizona Supreme Court, Admin. Office of the Courts

CFDA:
www.CFDA.gov

Grant Title: Juvenile Probation Services Fund - Treatment

Grant Term From: 07/01/2020

To: 06/30/2021

Total Award Amount: 134,589.00

New Grant: Yes No

Grant No:

Amendment: Yes No

Amendment No:

GL Account No: 555-1200-1210

If new, Finance will assign a fund number.

Strategic Plan: **Public Safety and Justice**

District: **CW**

Mandated by Law Yes No

Number of Positions Funded: 1.75

Asset(s) Acquired:

Grantor's reimbursement mileage rate:

Health or pension reimbursement:

Other reimbursement:

Briefly describe the purpose of the grant:

The purpose of these treatment/intervention funds are to support the juvenile courts and probation departments to impact the number of repetitive offenders.

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

A.R.S. 12-268, 8-321, and 8-322

PRIMARY FUNDING SOURCE

Funding Year: 2021

Federal Funds 332.100

State Funds 336.100 134,589.00

County Funds 391.000

Other Funds:

Total Funds: 134,589.00

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:

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Form Initiator: Teresa Rockrich

Date Prepared: 06/25/2020

Point of Contact: Teresa Rockrich

Phone Number: 432-8819

Department: Juvenile Probation

PRIMARY GRANT

Primary Grantor: Arizona Supreme Court, Admin. Office of the Courts

CFDA:
www.CFDA.gov

Grant Title: Diversion - Intake

Grant Term From: 07/01/2020

To: 06/30/2021

Total Award Amount: 271,376.00

New Grant: Yes No

Grant No:

Amendment: Yes No

Amendment No:

GL Account No: 155-1200-1210

If new, Finance will assign a fund number.

Strategic Plan: **Public Safety and Justice**

District: **CW**

Mandated by Law Yes No

Number of Positions Funded: 4.75

Asset(s) Acquired:

Grantor's reimbursement mileage rate:

Health or pension reimbursement:

Other reimbursement:

Briefly describe the purpose of the grant:

The purpose of these treatment/intervention funds are to support the juvenile courts and probation departments to impact the number of repetitive offenders.

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: 2021

Federal Funds 332.100

State Funds 336.100 271,376.00

County Funds 391.000

Other Funds:

Total Funds: 271,376.00

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:

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Phone Number: 432-8819

Department: Juvenile Probation

PRIMARY GRANT

Primary Grantor: Arizona Supreme Court, Admin. Office of the Courts

CFDA:
www.CFDA.gov

Grant Title: Diversion - Consequences

Grant Term From: 07/01/2020

To: 06/30/2021

Total Award Amount: 47,848.00

New Grant: Yes No

Grant No:

Amendment: Yes No

Amendment No:

GL Account No: 556-1200-1210

If new, Finance will assign a fund number.

Strategic Plan: **Public Safety and Justice**

District: **CW**

Mandated by Law Yes No

Number of Positions Funded: 1.0

Asset(s) Acquired:

Grantor's reimbursement mileage rate:

Health or pension reimbursement:

Other reimbursement:

Briefly describe the purpose of the grant:

The purpose of these treatment/intervention funds are to support the juvenile courts and probation departments to impact the number of repetitive offenders.

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: 2021

Federal Funds 332.100

State Funds 336.100 47,848.00

County Funds 391.000

Other Funds:

Total Funds: 47,848.00

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:

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COCHISE COUNTY GRANT APPROVAL FORM

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Date Prepared: 06/25/2020

Point of Contact: Teresa Rockrich

Phone Number: 432-8819

Department: Juvenile Probation

PRIMARY GRANT

Primary Grantor: Arizona Supreme Court, Admin. Office of the Courts

CFDA:
www.CFDA.gov

Grant Title: Juvenile Drug Court Program

Grant Term From: 07/01/2020

To: 06/30/2021

Total Award Amount: 78,445.00

New Grant: Yes No

Grant No:

Amendment: Yes No

Amendment No:

GL Account No: 559-1200-1210

If new, Finance will assign a fund number.

Strategic Plan: **Public Safety and Justice**

District: **CW**

Mandated by Law Yes No

Number of Positions Funded: 1.5

Asset(s) Acquired:

Grantor's reimbursement mileage rate:

Health or pension reimbursement:

Other reimbursement:

Briefly describe the purpose of the grant:

The purpose of these treatment/intervention funds are to support the juvenile courts and probation departments to impact the number of repetitive offenders.

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: 2021

Federal Funds 332.100

State Funds 336.100 78,445.00

County Funds 391.000

Other Funds:

Total Funds: 78,445.00

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:

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Phone Number: 432-8819

Department: Juvenile Probation

PRIMARY GRANT

Primary Grantor: Arizona Supreme Court, Admin. Office of the Courts

CFDA:
www.CFDA.gov

Grant Title: Family Counseling

Grant Term From: 07/01/2020

To: 06/30/2021

Total Award Amount: 12,583.00

New Grant: Yes No

Grant No:

Amendment: Yes No

Amendment No:

GL Account No: 154-1200

If new, Finance will assign a fund number.

Strategic Plan: **Public Safety and Justice**

District: **CW**

Mandated by Law Yes No

Number of Positions Funded: 0

Asset(s) Acquired:

Grantor's reimbursement mileage rate:

Health or pension reimbursement:

Other reimbursement:

Briefly describe the purpose of the grant:

The purpose of these treatment/intervention funds are to support the juvenile courts and probation departments to impact the number of repetitive offenders.

