

**FY 2024 Operation Stonegarden Grant Program (OPSG)  
Grant Application - Includes Social Security**

Complete all information tabs on this Excel document

Administration

Overtime Justification

Overtime and ERE Budget Template

Equipment Budget Request/Justification (if applicable) (Do not include brand specific names)

Travel Budget Request

Mileage Budget Request

Project Activities

Request Summary ([this will automatically populate](#))

Financial Systems Survey

Standard Data Collection Form

Federal Funding and Accountability Transparency Act (FFATA)

NIMS Compliance Certification Survey

**When entering your address, please be sure and enter the proper address at which you receive mail. If awarded 2024 OPSG funds, this is the address we will be sending various award documentation to.**

**Upon completion of this application, submit as an email attachment to:**

**Belinda Torres- Strategic Planner - [btorres@azdohs.gov](mailto:btorres@azdohs.gov)- Santa Cruz, Cochise and Pinal**

**Kim Brooks- Strategic Planner - [kbrooks@azdohs.gov](mailto:kbrooks@azdohs.gov)- La Paz and Yuma**

**FFY 2024 OPSG application submission deadline is: Friday, February 16, 2024 by 5:00 pm**

**Operation Stonegarden  
Administration Information**

In the spaces below provide agency information.

Agency:	Pinal County Sheriff's Office
Border Funding County:	Pinal County Sheriff's Office
Agency Point of Contact Name:	James Rimmer
Title:	Lieutenant
Email Address:	james.rimmer@pinal.gov
Office Phone Number:	(520)866-5133
Cell Phone Number:	(520)709-2122
Address in which you receive mail:	P.O. Box 876 Florence, AZ 85132

**Agency Head**

Name:	Mark Lamb
Title:	Sheriff
Email Address:	mark.lamb@pinal.gov
Office Phone Number:	(520)866-5133

**Agency Resources**

Total staffing of AZ POST certified peace officers:	232
Average number of AZ POST certified peace officers in OPSG deployments: Daily, Weekly and Monthly:	Daily - 4, Weekly - 28, Monthly - 120
Total number of dispatchers?	15
Number of dispatchers per shift?	4 to 5
Ratio of dispatchers to officers on shift?	1:25
Total number of marked fleet vehicles:	178
Other OPSG Assets (OPSG-dedicated vehicles, Aircraft, UTVs, etc.):	(5) Five OPSG dedicated 4x4 vehicles, 3 with LPRs, (1) One Cesna 206T Fixed wing aircraft with FLIR, (4) Four Honda ATVs

**Indirect Cost Information**

The Arizona Department of Homeland Security (AZDOHS) will require any subrecipient applying to recover indirect costs or charge costs based on a cost allocation plan on Homeland Security Grant Programs (SHSGP, UASI, OPSG, NSGP) to obtain a federally approved indirect cost rate or cost allocation plan from its cognizant federal agency regardless of how much the subrecipient expends in federal funds annually (whether the subrecipient receives federal funds directly or only as a pass-through entity). If this application includes a request for the recovery of indirect costs or costs associated with a cost allocation plan, attach a copy of the approved rate or plan. For more information on the AZDOHS indirect cost and cost allocation recovery policy please visit: <https://azdohs.gov/finance>. If you have questions relating to indirect costs or cost allocation plans, please contact Assistant Director of Finance and Administration Terry Riordan at [triordan@azdohs.gov](mailto:triordan@azdohs.gov).

Will your agency be seeking to be reimbursed indirect costs or costs associated with a cost allocation plan from your award? TYPE Yes/No in Cell B2.	<b>NO</b>
Does your agency have a current federally approved indirect cost rate or rate based on a cost allocation plan? TYPE Yes/No in Cell B3.	<b>NO</b>
If yes, what is the federally approved indirect cost or cost allocation plan rate? Include that percentage in cell B4	



# Operation Stonegarden

## Project Activities

Detail how your agency will utilize OPSG grant funds each 3-month period for pre-coordinated deployments, approved equipment procurement and operational use. These will be the basis for your quarterly programmatic reporting.

### OVERTIME/MILEAGE

#### Planned Activity #1 (1st 3-month Period):

First Quarter will focus on acceptance of grant award, following county policy awards will be sent to PCAO for review and recommendations, signatures obtained from Sheriff and submitted to Pinal County Board of Supervisors for

#### Planned Activity #2 (2nd 3-month Period):

Pinal County Sheriffs Office operational objective is to utilize awarded grant funding from Stonegarden to support operational objectives of DOHS in detecting, deterring, interdicting, apprehending and prosecuting those

#### Planned Activity #3 (3rd 3-month Period):

Pinal County Sheriffs Office operational objective is to utilize awarded grant funding from Stonegarden to support operational objectives of DOHS in detecting, deterring, interdicting, apprehending and prosecuting those

#### Planned Activity #4 (4th 3-month Period):

Pinal County Sheriffs Office operational objective is to utilize awarded grant funding from Stonegarden to support operational objectives of DOHS in

### EQUIPMENT

#### Planned Activity #1 (1st 3-month Period):

First Quarter will focus on acceptance of grant award, following county policy awards will be sent to PCAO for review and recommendations, signatures

#### Planned Activity (2nd 3-month Period):

Second quarter will focus on completing all equipment orders and approved aviation maintenance scheduled and parts ordered. Any equipment received will be tagged and inventoried, equipment shall then be issued to OPSG

#### Planned Activity (3rd 3-month Period):

Third quarter will focus on completing and receiving any remaining equipment orders and completion of aviation maintenance projects and parts ordered.

#### Planned Activity #4 (4th 3-month Period):

The last quarter should have all equipment and maintenance received and paid for allowing all financial reporting to be completed before end of grant year.

**Operation Stonegarden  
Budget Template - Summary**

<b>Budget Category</b>	<b>Requested Amount</b>
<b>Overtime/ERE</b>	<b>\$1,174,231.00</b>
<b>Equipment</b>	<b>\$911,750.00</b>
<b>Travel</b>	<b>\$70,256.00</b>
<b>Mileage</b>	<b>\$98,250.00</b>
<b>Total Requested</b>	<b>\$2,254,487.00</b>

**Arizona Department of Homeland Security  
Financial Systems Survey**

Name of Organization:

Person completing survey:

Date:

email:

**PLEASE ANSWER EVERY QUESTION BY CHECKING THE APPROPRIATE BOX.**

**As stewards of federal and state funds, the Arizona Department of Homeland Security (AZDOHS) prefers to award funds to organizations (regardless of how small or large) that are both capable of achieving project goals/objectives and upholding their responsibility for properly managing funds as they achieve those objectives.**

This survey will be used primarily for initial monitoring of the organization. This survey may also be used in evaluating the financial capability of the organization in the award process. Deficiencies should be addressed for corrective action and the organization should consider procuring technical assistance in correcting identified problems.

**A. GENERAL INFORMATION**

1. Has your organization received a Federal or State Grant within the last two years?

Yes       No

2. Has your organization received funding from the Arizona Department of Homeland Security within the past two years? If yes, specify the grant contract numbers.

3. Has your organization been audited by an independent Certified Public Accountant within the past two years?

Yes       No

4. Has your organization completed an Single Audit within the past two years?

Yes       No

5. Has your organization been granted tax-exempt status by the Internal Revenue Service?

Yes       No

6. If you answered YES to question #5 under what section of the IRS code?

Yes       No

7. Does your organization have established policies related to salary scales, fringe benefits, travel reimbursement and personnel policies?

Yes       No

## **B. FUNDS MANAGEMENT**

8. Which of the following describes your organization's accounting system?

Manual       Automated       Combination

9. How frequently do you post to the General Ledger?

Daily       Weekly       Monthly       Other

10. Does the accounting system completely and accurately track the receipt and disbursements of funds by each grant or funding source?

Yes       No

11. Does the accounting system provide for the recording of actual costs compared to budgeted costs for each budget line item?

Yes       No

12. Are time and effort distribution reports maintained for employees working fully or partially on state or federal grant programs which account for 100% of each employee's time?

Yes       No

13. Is your organization familiar with Federal Cost Principles (i.e. OMB Circular A-87, A-122 or A-21)?

Yes       No

## **C. INTERNAL CONTROLS**

14. Are duties of the bookkeeper/accountant segregated from the duties of cash receipt or cash disbursement?

Yes       No

15. Are checks signed by individuals whose duties exclude recording cash received, approving vouchers for payment and the preparation of payroll?

Yes       No

16. Are all accounting entries and payments supported by source documentation?

Yes       No

17. Are cash or in-kind matching funds supported by source documentation?

Yes       No

18. Are employee time sheets supported by appropriately approved/signed documents?

Yes       No

19. Does the organization maintain policies which include procedures for assuring compliance with applicable Code of Federal Regulations and terms of each grant award?

Yes       No



Yes  No

**D. PROCUREMENT**

20. Does the organization maintain written codes of conduct for employees involved in awarding or administering procurement contracts?

Yes  No

21. Does the organization conduct purchases in a manner that encourages open and free competition among vendors?

Yes  No

22. Does the organization complete some level of cost or price analysis for every purchase?

Yes  No

23. Does the organization maintain files and other source documentation sufficient to detail the history of each purchase?

Yes  No

24. Does the organization maintain a system of contract administration to ensure contractor conformance with the terms and conditions of each contract?

Yes  No

25. Does the organization maintain written procurement policies and procedures?

Yes  No

**Arizona Department of Homeland Security  
Standard Data Collection Form**

**A. Agency Information**

Project Title:	FFY 2024 Operation Stonegarden Grant Program (OPSG)
Agency:	Pinal Count Sheriff's Office
Amount Requested:	
Project Description (Overtime/Equipment)	

Address:	971 N. Jason Lopez Circle Bldg. C			
	PO BOX 867	Florence	AZ	85132-0032
		<small>(City)</small>	<small>(State)</small>	<small>(Zip code)</small>
County:	Pinal			

**Authorized Individual:**

Name:	Mark	Lamb
	<small>(First Name)</small>	<small>(Last Name)</small>
Position / Title:	Sheriff	
Email:	mark.lamb@pinal.gov	
Phone:	(520)866-5133	Ext. <input type="text"/>
Fax:	<input type="text"/>	

IRS Employer Identification Number (EIN):	86-6000556
Agency Classification :	County Governmen

Have you previously conducted business with the State using this Employer Identification Number?

If No, Please go to the following website to download and complete the State of Arizona Substitute W-9 form. Please be sure to submit this form with your application. <https://gao.az.gov/>

In which Congressional (Federal) District is your agency headquartered? Enter District #:

<http://www.azredistricting.org> (click on Final Maps)

In which Legislative (State) District is your agency headquartered? Enter District # :

<http://www.azredistricting.org> (click on Final Maps)

Approximately how much FEDERAL funding will your organization expend in your current fiscal year?

What is your organization's fiscal year-end date?

Does your organization undergo an annual independent audit in accordance with OMB Circular A-133?

Please provide contact information of the audit firm conducting your audit:

Agency:	Walker & Armstrong LLP
Address:	3838 N. Central Avenue
	<small>(Address Line 1)</small>
	Suite 1700
	<small>(Address Line 2)</small>
	Phoenix
	<small>(City)</small>
	AZ
	<small>(State)</small>
	<input type="text"/>
	<small>(Zip code)</small>

Phone Number:	(602)230-1040
Fax:	<input type="text"/>

**B. Contact Information (Please copy this portion as many times as needed.)**

**Program Agency** - Indicates person with primary contact with the Arizona Department of Homeland Security and is directly responsible for ensuring that the program plan is implemented. All future program correspondence will be sent to this person.

**Fiscal Agency** - Indicates person responsible for financial matters pertaining to this grant.

Collaborator - Indicates all persons/agencies that have been identified as a collaborator, partner, or host site as a requirement of this grant.

Agency Contact Type :

Agency:   
Address:   
(Address Line 1)

(Address Line 2) (City) (State) (Zip code)

County:

Contact Person:    
(First Name) (Last Name)

Position/Title:

Email:

Phone Number:  Ext.

Fax:

Agency Contact Type :

Agency:   
Address:   
(Address Line 1)

(Address Line 2) (City) (State) (Zip code)

County:

Contact Person:    
(First Name) (Last Name)

Position/Title:

Email:

Phone Number:  Ext.

Fax:

Agency Contact Type :

Agency:   
Address:   
(Address Line 1)

(Address Line 2) (City) (State) (Zip code)

County:

Contact Person:    
(First Name) (Last Name)

Position/Title:

Email:

Phone Number:  Ext.

Fax:

# Arizona Department of Homeland Security Federal Funding Accountability and Transparency Act (FFATA)

<b>Name of Agency</b>	Pinal County Sheriff's Office
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<b>Unique Entity Identifier - formerly the DUNS number (Contact your Finance Department for more information)</b>	GX4FM9VQD7W3
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<b>10 Digit Zip Code + 4 (XXXXX-XXXX)</b>	85132-1348
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<b>Is 80% or more of your annual gross revenues from Federal awards?</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">YES</td> <td style="width: 50%; padding: 5px;"></td> </tr> </table>	YES		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">NO</td> <td style="width: 50%; padding: 5px;">X</td> </tr> </table>	NO	X	
YES							
NO	X						

<b>Do you receive \$25 million or more annually from Federal awards?</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">YES</td> <td style="width: 50%; padding: 5px;">X</td> </tr> </table>	YES	X	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">NO</td> <td style="width: 50%; padding: 5px;"></td> </tr> </table>	NO		
YES	X						
NO							

**If you answered "YES" to BOTH questions, you are required to complete the following:**

**Names and Total Compensation of Top Five paid executives:**


# NIMS Compliance Certification

## Subrecipient Information

Agency: Pinal County Sheriff's Office

1.a. Select your jurisdiction type:

Tribal Nation     County/Parish/Township/Borough     City/Urban Area     Other:

If you marked other, please explain:

1.b. If all components of your jurisdiction are not accounted for, please explain:

Equipment Budget Request/Justification (if applicable) (Do not include brand specific names)

2. Has your jurisdiction formally adopted and/or maintained adoption of the National Incident Management System as your all-hazards incident management system for the current Fiscal Year?     Yes     No

3. Has your jurisdiction reviewed and revised the following types of plans to incorporate NIMS components, principles, and policies?

Emergency Operations Plans	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Mitigation Plan	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Standard Operating Procedures	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Training Plan	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Standard Operation Guidelines	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Continuity Plan	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
All Hazard Plan	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			

4. Has your jurisdiction established (and/or have in development) the following types of mutual aid agreements, compacts, and/or assistance agreements?

<u>Intrastate Agreements</u>			<u>Interagency and Interstate Agreements</u>		
Throughout the State/Territory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Throughout the jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
That include the Private Sector?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	That include the Private Sector?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
That include NGOs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	That include NGOs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
That include Tribal Nations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	That include Tribal Nations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

5.a. Have NIMS concepts and principles been incorporated into appropriate training within your jurisdiction?

Yes, all appropriate training     Yes, some appropriate training     No

5.b. If yes, which of the following has been incorporated?

<input type="checkbox"/> Interoperable and Compatible Communications, Technology, and Information Management	<input checked="" type="checkbox"/> Incident Command System
<input type="checkbox"/> Resource Management, Typing, and Credentialing	<input checked="" type="checkbox"/> Multiagency Coordination System
<input type="checkbox"/> Mutual Aid or Assistance Agreements	<input checked="" type="checkbox"/> Public Information

6. Has your jurisdiction implemented a training program to ensure that the appropriate emergency/incident response personnel, as identified in the NIMS Training Program, receive NIMS training in accordance with their incident management responsibilities?

Yes     No

7. Which, if any, of the following are priorities for your jurisdiction to incorporate into training in the coming year? Please choose up to three options from the list below.

<input checked="" type="checkbox"/> Interoperable and Compatible Communications, Technology, and Information Management	<input checked="" type="checkbox"/> Incident Command System
<input type="checkbox"/> Resource Management, Typing, and Credentialing	<input type="checkbox"/> Multiagency Coordination System
<input checked="" type="checkbox"/> Mutual Aid or Assistance Agreements	<input type="checkbox"/> Public Information

Other (please specify):

8.a. Have NIMS concepts and principles been incorporated into appropriate exercises within your jurisdiction?

# NIMS Compliance Certification

Yes, all appropriate exercises     Yes, some appropriate exercises     No

8.b. If yes, which of the following has been incorporated?

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Interoperable and Compatible Communications, Technology, and Information Management | <input checked="" type="checkbox"/> Incident Command System         |
| <input checked="" type="checkbox"/> Resource Management, Typing, and Credentialing                                      | <input checked="" type="checkbox"/> Multiagency Coordination System |
| <input type="checkbox"/> Mutual Aid or Assistance Agreements  | <input checked="" type="checkbox"/> Public Information              |

9. Which, if any, of the following are priorities for your jurisdiction to incorporate into exercises in the coming year? Please choose up to three options from the list below.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Interoperable and Compatible Communications, Technology, and Information Management | <input checked="" type="checkbox"/> Incident Command System         |
| <input type="checkbox"/> Resource Management, Typing, and Credentialing   | <input checked="" type="checkbox"/> Multiagency Coordination System |
| <input type="checkbox"/> Mutual Aid or Assistance Agreements  | <input type="checkbox"/> Public Information                         |

Other (please specify):

10. Does your jurisdiction maintain an inventory of its response resources and assets?

Yes     No

11. Does your jurisdiction use an interoperable tool, such as the Incident Resource Inventory System (IRIS), to inventory response resources and assets?

Yes     No

12. Has your jurisdiction typed and inventoried your response resources and assets consistently with available national NIMS resource typing definitions and job titles/position qualifications, available through the Resource Typing Library Tool at

<https://rtlt.preptoolkit.fema.gov/Public>

Yes     No

13. Does your jurisdiction have a process to determine availability of response resources and assets in accordance with national NIMS resource typing definitions and job titles/position qualifications, available through the Resource Typing Library  ~~Not~~

<https://rtlt.preptoolkit.fema.gov/Public>

Yes

14. What priorities has your jurisdiction identified to enhance your implementation of NIMS in the coming year? Please check up to three.

- Incorporate NIMS concepts and principles into existing plans and/or planning efforts.
- Update training to ensure all applicable NIMS concepts and principles are incorporated.
- Incorporate additional NIMS concepts and principles into exercises.
- Make communication and information management practices consistent with NIMS.
- Increase efforts to inventory all response assets consistently with available NIMS national resource typing definitions.
- Increase adoption of the Incident Command System.
- Increase adoption of Multiagency Coordination Systems.
- Make public information practices consistent with NIMS.

Other (please specify):

15. Does your jurisdiction have an access and re-entry plan in order to control the flow of resources and personnel into the area of an incident?

Yes     No

16. Please list any tools, training, guidance, or support that would be helpful in further enhancing your jurisdiction's implementation of NIMS:

Protocols/equipment to establish situational awareness across all jurisdictions.

**Print Name and Title**

**Date**

## OPSG Agency Responsibilities

### A. Specific Responsibilities:

1. Saturation Patrols of known communities where high levels of criminal activities occur due to illicit acts by undocumented aliens and narcotics traffickers.
2. Patrol Interdiction Operations consisting of reasonable suspicion stops of potential undocumented aliens and narcotic loads along known corridors.
3. Coordination of resources and intelligence between Stonegarden participants and the US Border Patrol.
4. All Stonegarden funds allocated within Arizona must support CBP's border security mission. All Stonegarden deployments must be pre-coordinated, approved and directed as part of the block schedule, named CBP operation or pre-coordinated ad hoc operation.

### Border Patrol Responsibilities

- \* Operational Control: Border Patrol management at the Sector and Station level will closely coordinate with participating agencies and ensure that deployments are in alignment with the station and sector objectives.
- \* Station personnel will work collaboratively with participating agencies to identify border security threats within their respective Area of Responsibility (AOR).
- \* In the absence of specific named operations, stations will pre-coordinate ad hoc OPSG deployments or create and provide bi-weekly block schedules to participating agencies (dates, times, and locations).
  - o SLT Officers/Deputies may conduct ad hoc OPSG operations which are not part of a named operation or are not part of the block schedule if pre-coordination has taken place with the appropriate Border Patrol Station or identified BP Point of Contact.
- \* Border Patrol will identify a sector and/or station point of contact that will:
  - o Coordinate and approve every OPSG deployment.
  - o Review Daily Activity Reports.
  - o Create and provide block schedules.
- \* When practical, based on the deployment location of OPSG officers and BP station locations, participating agencies should be encouraged to attend station musters.
- \* If applicable, coordination with the Office of Field Operations regarding outbound operations should be encouraged.
- \* Station personnel are required to provide OPSG participants with actionable intelligence.

### Participating Agency Responsibilities

- \* Participating agencies will work collaboratively to identify border security threats within their Area of Responsibility (AOR).
- \* Participating agencies will adhere to the station block schedule, pre-coordinated ad hoc deployment location or deployment scheme within a specific named CBP Operations Order

\* Participating deputies/officers will advise Border Patrol dispatch and/or the duty Field Operations Supervisor (shift commander) when beginning and ending their shift.

o In the event a participating agency's jurisdiction covers multiple BP station AORs, a BP single POC can be identified to streamline the process.

o Notification to the BP Station or identified BP POC can be made by phone prior to the participating officer's departure to the pre-coordinated deployment area.

\* Participating deputies/officers will provide Border Patrol Stations with intelligence gathered during deployments.

o In the event of arrest or seizure, pertinent information such as vehicle registration information, suspect information, seizure location and concealment methods should be inc

o In the event that a participating agency's jurisdiction covers multiple BP station AORs, a single Border Patrol POC can be identified to receive the information and to streamline the process.

\* Participating agencies will provide Border Patrol Stations with a Daily Activity Report within two days after each deployment.

#### Stonegarden Deployments

At the discretion of the CBP/BP Sector Chief Patrol Agent, partnering state, local, and tribal (SLT) agencies may conduct additional border security operations (discussed below) to support Tucson or Yuma Sector as part of a specific named operation or ad hoc operations which are not part of the block schedule. These additional enforcement operations will require pre-coordination of the ad hoc operation or a separate and approved CBP Operations Order (Tucson or Yuma Sector and Joint Task Force - West concurrence). All Stonegarden deployments discussed below must be conducted on overtime status. The additional OPSG enforcement operations are defined below.

\* Specific Named Operations: SLT Officers/Deputies may perform the function of interdiction assets, observation posts, forward operating base/camp support, etc. in support of specific named Sector operations.

\* Specialty Teams: SLT Officers/Deputies may support Sector specialty teams (i.e. DISRUPT – plain clothes surveillance/interdiction operations).

\* Pairing of Authority: SLT Officers/Deputies may ride in the same vehicle as Border Patrol Agents and conduct joint enforcement operations.

\* Targeted Enforcement: SLT Officers/Deputies may support Sector targeting of specific people, organizations, terrain, etc.

\* Pre-coordinated ad hoc OPSG Operations: SLT Officers/Deputies may conduct ad hoc operations which are not part of a named operation or are not part of the block schedule if pre-coordination has taken place with the appropriate Border Patrol Station or identified BP Point of Contact.

#### B. Coordinating Instructions:



All operational reports are submitted in advance to the Border Patrol for use in determination and analysis of areas that may need focused law enforcement attention. Coordination of operations throughout the state by Local, State, and Federal law enforcement are outlined within our individual operational orders that are submitted to facilitate sanctioned Operation Stonegarden operations through the Arizona Department of Homeland Security.