



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: June 22, 2021

* = Mandatory, information must be provided

or Procurement Director Award ☐

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

U.S. Department of Housing and Urban Development

***Project Title/Description:**

Housing Opportunities for Persons with AIDS ("HOPWA") Program

***Purpose:**

The Department of Housing and Urban Development (HUD) awarded the County CARES Act funds of \$150,925 for the HOPWA Program which provides housing assistance and support services for people living with HIV/AIDS. This amendment is to add an eligible activity, Emergency Shelter, and reallocate funds of \$30,000 from Supportive Services, in order to offer emergency shelter resources to provide safe isolation and quarantine space for individuals/families living with HIV/AIDS.

There are no additional funds being added to this amendment.

Indirect cost: 10%.

Attachments: AZ-H2001W066 Grant Amendment

***Procurement Method:**

Not applicable to grant awards.

***Program Goals/Predicted Outcomes:**

The program's goal is at any point-in-time 60 families living with HIV/AIDS will be assisted with HOPWA resources.

***Public Benefit:**

The program reduces the number of families and individuals living with HIV/AIDS in Pima County to become homeless.

***Metrics Available to Measure Performance:**

Annual Progress Reports are submitted to HUD within ninety (90) days of the end of each 12-month operating period.

***Retroactive:**

Yes. The Grant Amendment was received from HUD on 6/1/21. The negative impact of not approving this Amendment is Pima County residents living with HIV/AIDS would not receive emergency shelter services. Housing Assistance Funds were not modified.

AM Approved 6/16/21 *[Signature]*
Revised 5/2020

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____
Commencement Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____
☐ Expense Amount: \$* _____ ☐ Revenue Amount: \$ _____

***Funding Source(s) required:**

Funding from General Fund? ☐ Yes ☐ No If Yes \$ _____ % _____

Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No

If Yes, is the Contract to a vendor or subrecipient? _____

Were insurance or indemnity clauses modified? ☐ Yes ☐ No

If Yes, attach Risk's approval.

Vendor is using a Social Security Number? ☐ Yes ☐ No

If Yes, attach the required form per Administrative Procedure 22-10.

Amendment / Revised Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____
Amendment No.: _____ AMS Version No.: _____
Commencement Date: _____ New Termination Date: _____
Prior Contract No. (Synergen/CMS): _____
☐ Expense or ☐ Revenue ☐ Increase ☐ Decrease Amount This Amendment: \$ _____
Is there revenue included? ☐ Yes ☐ No If Yes \$ _____

***Funding Source(s) required:**

Funding from General Fund? ☐ Yes ☐ No If Yes \$ _____ % _____

Grant/Amendment Information (for grants acceptance and awards)

☐ Award ☒ Amendment

Document Type: GTAM Department Code: CR Grant Number (i.e., 15-123): 20-106
Commencement Date: 9/1/20 Termination Date: 8/31/23 Amendment Number: 1
☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ 0.00

***All Funding Source(s) required:** U.S. Department of Housing and Urban Development

***Match funding from General Fund?** ☐ Yes ☒ No If Yes \$ _____ % _____

***Match funding from other sources?** ☐ Yes ☒ No If Yes \$ _____ % _____

***Funding Source:** _____

***If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?** _____

Contact: Rise Hart/Jenifer Darland

Department: Community & Workforce Development

Telephone: 724-5723/724-7312

Department Director Signature/Date: [Signature] 6/14/21

Deputy County Administrator Signature/Date: _____

County Administrator Signature/Date: [Signature] 6/15/21
(Required for Board Agenda/Addendum Items)

**Housing Opportunities for Persons With AIDS
Amendment
Pima County**

This Amendment is to the Grant Agreement dated 09-01-2020 (Grant Agreement), Grant Number AZ-H2001W066 (Grant), between the United States Department of Housing and Urban Development (HUD) and Pima County (Grantee).

Whereas HUD and the Grantee entered into a Grant Agreement dated September 01, 2020 having Grant No. AZ-H2001W066 (Grant Agreement) with a period of performance of September 1, 2020 to August 31, 2023; and

Whereas the parties are desirous of amending the Grant Agreement to add eligible activities and shift more than 10 percent from one eligible activity, Supportive Services, to the new activity, Emergency Shelter, to offer emergency shelter resources to provide safe isolation and quarantine space for individuals/families living with HIV/AIDS; and

Whereas HUD has determined that the change is necessary to better serve eligible persons.

NOW THEREFORE, to amend the Grant's Budget Line Items, it is hereby agreed as follows:

1. HUD's total funding obligation for this grant remains the same, however the funds for Grant No. AZ-H2001W066 are now allocated as follows:

Budget Line Item	<u>Approved</u> FY20/23 Budget	<u>Change</u>	<u>Amended</u> FY20/23 Budget
STRMU	\$58,000	-0-	\$58,000
Supportive Services	\$69,682	(\$30,000)	\$39,682
Emergency Shelter	\$0	\$30,000	\$30,000

2. This Amendment to the Grant Agreement, when signed by both parties where indicated, constitutes the entire agreement of the parties as to amendment of the Grant Agreement. The remaining terms of the Grant Agreement remain in full force and effect.

IN WITNESS WHEREOF, the undersigned, as authorized officials on behalf of HUD and the Grantee, have executed this Amendment to the Grant Agreement, which shall be effective when executed by both parties:

On behalf of the Secretary of Housing and Urban Development:

Name: Kimberly Y. Nash Title: Director, Community Planning and Development Division

KIMBERLY
Date: NASH

Digitally signed by: KIMBERLY NASH
DN: CN = KIMBERLY NASH C = US O = U
S. Government OU = Department of
Housing and Urban Development, Office of
Administration
Date: 2021.05.12 18:36:30 -0700
05/12/2021

On behalf of Pima County:

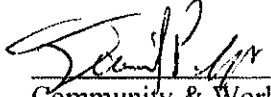
Name: Sharon Bronson

Signature: _____

Date: _____


Title: Chair, Pima County Board of Supervisors

APPROVED AS TO CONTENT



Community & Workforce Development
Daniel Sullivan, Director

APPROVED AS TO FORM



Stacey Roseberry, Deputy County Attorney