



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

Award Contract Grant

Requested Board Meeting Date: September 4, 2018

* = Mandatory, information must be provided

or Procurement Director Award

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

U.S. Department of Housing and Urban Development (HUD)

***Project Title/Description:**

Continuum of Care Program-One Stop Rapid Rehousing

***Purpose:**

The Department of Housing and Urban Development (HUD) awarded \$202,973.00 for Pima County One-Stop Rapid Re-Housing, which is one of four HUD Continuum of Care housing programs administered by Pima County assisting people experiencing homelessness. The grant targets individuals with behavioral health issues, including substance abuse and mental illness. The project uses a housing first model, in which housing is offered to people experiencing homelessness without requiring preconditions, such as sobriety, mental health treatment, or minimum income. Rapid re-housing is designed to quickly house individuals and families into permanent housing. It allows participants to overcome barriers to holding housing, which is most often a lack of employment or underemployment or behavioral health issues.

***Procurement Method:**

Not applicable to grant awards.

***Program Goals/Predicted Outcomes:**

The grant provides rapid re-housing and employment assistance to individuals and families experiencing homelessness in Pima County allowing participants to obtain employment and become self-sufficient within three to six months.

***Public Benefit:**

The program reduces the number of families experiencing homelessness.

***Metrics Available to Measure Performance:**

The program produces an annual performance report in the Homeless Management Information System (HMIS).

***Retroactive:**

No.

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____

Effective 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 22-73.

Amendment / Revised Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____

Amendment No.: _____ AMS Version No.: _____

Effective 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: GTAW Department Code: CS Grant Number (i.e., 15-123): 19-009

Effective Date: 11/1/18 Termination Date: 10/31/19 Amendment Number: _____

Match Amount: \$ 50,743.25 Revenue Amount: \$ 202,973.00

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

***Match funding from General Fund?** Yes No If Yes \$ 50,743.25 % _____

***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)?** Federal government

Contact: Dan Sullivan

Department: Community Services Telephone: 724-7309

Department Director Signature/Date: [Signature] 8-14-18

Deputy County Administrator Signature/Date: [Signature] 8/15/2018

County Administrator Signature/Date: [Signature] 8/15/18
(Required for Board Agenda/Addendum Items)

RESOLUTION 2018 - _____

**RESOLUTION OF THE BOARD OF SUPERVISORS OF PIMA COUNTY, ARIZONA
AUTHORIZING THE APPROVAL OF THE CONTINUUM OF CARE “SCOPE OF WORK
FOR FISCAL YEAR 2018 RENEWAL GRANT AGREEMENT” FROM THE U.S.
DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**

The Board of Supervisors of Pima County, Arizona finds:

1. Pima County (“County”, through its Department of Community Services, Employment and training (“CSET”), administers several Federal and local grant programs to benefit people experiencing homelessness in Pima County.
2. On September 28, 2017, Pima County submitted a renewal application to the U.S. Department of Housing and Urban Development (“HUD”) for Continuum of Care (“CoC”) funds for fiscal years (FY) 2018 – 2019 to assist homeless Families.
3. CSET has administered the Rapid Rehousing Grant since 2017 and has renewed it annually through HUD’s competitive Continuum of Care Notice of Funding Availability process.
4. On April 30, 2018 HUD issued the “CONTINUUM OF CARE SCOPE OF WORK” awarding County, as Grantee, \$202,973.00 for FY2018 – 2019 (Federal Grant No. AZ0167L9T011702).
5. Prior to accepting the CoC funds, County must execute the “CONTINUUM OF CARE SCOPE OF WORK.” This Form is attached to this Resolution as **Exhibit A**. This is the only document that HUD will issue related to the provision of the One Stop Rapid Rehousing grant funds.

NOW, THEREFORE, BE IT RESOLVED:

- A. The Chairman of the Pima County Board of Supervisors is authorized to sign the “CONTINUUM OF CARE SCOPE OF WORK” (Federal Grant No. AZ0167L9T011702) to accept the FY2018 – 2019 One Stop Rapid Rehousing grant funds.

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B. The Chairman is authorized to execute, as necessary, and CSET will submit all applicable federal documents associated with this CoC grant, including but not limited to, required HUD budget forms and descriptive grant narratives. This authorization may include electronic approval and submission by CSET.

Passed and adopted, this _____ day of _____, 2018.

Chairman, Pima County Board of Supervisors

ATTEST:

APPROVED AS TO FORM

Clerk of the Board



Karen S. Friar, Deputy County Attorney

Tax ID Number: 86-6000543
Grant Number: AZ0167L9T011702
Effective Date:
DUNS Number: 033738662

SCOPE OF WORK for
FY 2017 COMPETITION
(funding 1 project in CoCs with multiple recipients)

1. The project listed on this Scope of Work is governed by the Act and Rule, as they may be amended from time to time. The project is also subject to the terms of the Notice of Funds Availability for the fiscal year competition in which the funds were awarded and to the applicable annual appropriations act.
2. HUD designations of Continuums of Care as High-performing Communities (HPCs) are published in the HUD Exchange in the appropriate Fiscal Years' CoC Program Competition Funding Availability page. Notwithstanding anything to the contrary in the Application or this Grant Agreement, Recipient may only use grant funds for HPC Homelessness Prevention Activities if the Continuum that designated the Recipient to apply for this grant was designated an HPC for the applicable fiscal year.
3. Recipient is not a Unified Funding Agency and was not the only Applicant the Continuum of Care designated to apply for and receive grant funds and is not the only Recipient for the Continuum of Care that designated it. HUD's total funding obligation for this grant is **\$202,973** for project number **AZ0167L9T011702**. If the project is a renewal to which expansion funds have been added during this competition, the Renewal Expansion Data Report, including the Summary Budget therein, in e-snaps is incorporated herein by reference and made a part hereof. In accordance with 24 CFR 578.105(b), Recipient is prohibited from moving more than 10% from one budget line item in a project's approved budget to another without a written amendment to this Agreement. The obligation for this project shall be allocated as follows:

a. Continuum of Care planning activities	\$ <u> 0 </u>
b. UFA costs	\$ <u> 0 </u>
c. Acquisition	\$ <u> 0 </u>
d. Rehabilitation	\$ <u> 0 </u>
e. New construction	\$ <u> 0 </u>
f. Leasing	\$ <u> 0 </u>
g. Rental assistance	\$ <u>115,308</u>
h. Supportive services	\$ <u> 75,413</u>
i. Operating costs	\$ <u> 0 </u>
j. Homeless Management Information System	\$ <u> 0 </u>
k. Administrative costs	\$ <u>12,252</u>
l. Relocation costs	\$ <u> 0 </u>
m. HPC homelessness prevention activities:	
Housing relocation and stabilization services	\$ <u> 0 </u>
Short-term and medium-term rental assistance	\$ <u> 0 </u>

Tax ID Number: 86-6000543
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4. The performance period for the project begins **_November 1, 2018_** and ends **_October 31, 2019_**. No funds for new projects may be drawn down by Recipient until HUD has approved site control pursuant to §578.21 and §578.25 and no funds for renewal projects may be drawn down by Recipient before the end date of the project's final operating year under the grant that has been renewed.
5. If grant funds will be used for payment of indirect costs, the Recipient is authorized to insert the Recipient's federally recognized indirect cost rates on the attached Federally Recognized Indirect Cost Rates Schedule, which Schedule shall be incorporated herein and made a part of the Agreement. No indirect costs may be charged to the grant by the Recipient if their federally recognized cost rate is not listed on the Schedule.
6. The project **has not** been awarded project-based rental assistance for a term of fifteen (15) years. Additional funding is subject to the availability of annual appropriations.

UNITED STATES OF AMERICA,
Secretary of Housing and Urban Development

BY: _____
(Signature)

(Typed Name and Title)

(Date)

RECIPIENT
Pima County, Arizona

(Name of Organization)

BY: _____
Richard Elías, Chairman, Pima County Board of Supervisors

(Typed Name and Title of Authorized Official)

(Date)

Additional County-Required Signatures on the following page

Tax ID Number: 86-6000543
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ATTEST

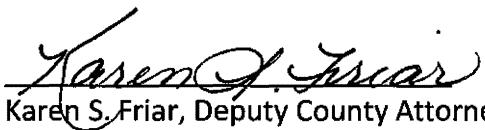
Clerk, Board of Supervisors

APPROVED AS TO CONTENT



Community Services, Employment
& Training Director

APPROVED AS TO FORM



Karen S. Friar, Deputy County Attorney

Tax ID Number: 86-6000543
Grant Number: AZ0167L9T011702
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FEDERALLY RECOGNIZED INDIRECT COST RATE SCHEDULE

<u>Grant No.</u>	<u>Recipient Name</u>	<u>Indirect cost rate</u>	<u>Cost Base</u>
_____	_____	_____ %	_____