



BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: 7/25/2023

* = Mandatory, information must be provided

or Procurement Director Award: ☐

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

U.S. Department of Treasury

***Project Title/Description:**

Emergency Rental Assistance 2

***Purpose:**

In 2021, Pima County was initially awarded \$12,018,047 in Emergency Rental Assistance 2 (ERA2) funds to provide rent and utility assistance on behalf of tenants who suffered a financial hardship due to or during the Covid-19 pandemic. Due to successful program performance and rapid spending pace, the County has expended its initial allocation and has received multiple reallocations of unspent ERA2 funding initially allocated to other jurisdictions. This amendment accepts a further reallocation of \$7,548,897.54, allowing the County to provide additional assistance to the community.

Indirect costs: Not applicable.

***Procurement Method:**

Not applicable to grant awards.

***Program Goals/Predicted Outcomes:**

The goal is to provide financial assistance to individuals and families for emergency rental assistance.

***Public Benefit:**

Funds will prevent eviction for Pima County households at risk of eviction and homelessness.

***Metrics Available to Measure Performance:**

Reporting obligations required by the U.S. Department of Treasury.

***Retroactive:**

Yes. To ensure program continuity as other reallocated funding approaches exhaustion, authority to expend starting July 1, 2023 is necessary. The negative impact of not approving these additional funds is Pima County homeless or near homelessness individuals impacted by COVID may not receive financial assistance to prevent eviction.

6mT approved
7/7/23

THE APPLICABLE SECTION(S) BELOW MUST BE COMPLETED

Click or tap the boxes to enter text. If not applicable, indicate "N/A". Make sure to complete mandatory (*) fields

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 ☐ Revenue ☐ Increase ☐ Decrease

Is there revenue included? ☐ Yes ☐ No If Yes \$ _____ Amount This Amendment: \$ _____

***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): 23-063
 Commencement Date: 7/01/2023 Termination Date: 9/30/25 (no change) Amendment Number: 4
☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ 7,548,897.54

***All Funding Source(s) required:** U.S. Department of Treasury

***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)?**
Directly from the Federal government

Contact: Manira Cervantes/Rise Hart

Department: Community & Workforce Development

Telephone: 724-5710/724-5723

Department Director Signature: [Signature]

Date: 6.30.23

Deputy County Administrator Signature: [Signature]

Date: 7-7-2023

County Administrator Signature: _____

Date: 7-7-2023

Incoming Money Transfer Credit
(195)

548,897.54

Text	WIRE TYPE:WIRE IN DATE:042023 TIME:1410 ET TRN:2023042000392765 SNDR REF:0210530650102574 SERVICE REF:20230420MMQFMP9T000127 RELATED REF: ORIG:9999/20010001/0000230420AGM1/DEPAR TMENTAL OFFICES BPD1 ID: ORG BK:DEPARTMENTAL OFFICES ID:20010001 INS BK: ID: SND BK:FRBNY GOVERNMENT WIRES ID:021053065 BNF:PIMA COUNTY ID:000412724156 BNF BK: ID: PAYMENT DETAILS: OBI=PIMA COUNTY TDO23ERAE1662A
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Incoming Money Transfer Credit
(195)

7,000,000.00

Text	WIRE TYPE:WIRE IN DATE:041323 TIME:1200 ET TRN:2023041300356109 SNDR REF:0210530650101540 SERVICE REF:20230413MMQFMP9T000046 RELATED REF: ORIG:9999/20010001/0000230413AGM1/DEPAR TMENTAL OFFICES BPD1 ID: ORG BK:DEPARTMENTAL OFFICES ID:20010001 INS BK: ID: SND BK:FRBNY GOVERNMENT WIRES ID:021053065 BNF:PIMA COUNTY ID:000412724156 BNF BK: ID: PAYMENT DETAILS: OBI=PIMA COUNTY TDO23ERAE1622A
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