



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: August 16, 2021

* = Mandatory, information must be provided

or Procurement Director Award ☐

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

Catholic Community Services of Southern Arizona, Inc.

***Project Title/Description:**

Workforce Development Services. Workforce Development Services. This program is for workforce development services for the Community Outreach Program for the Deaf (COPD).

***Purpose:**

Catholic Community Services of Southern Arizona, Inc., subrecipient, provides workforce development services to Pima County adult and dislocated worker job seekers who are seeking employment or job skills training that can lead to employment. The workforce development services include evaluating, counseling and placing job seekers into appropriate job skills training, and making referrals to job opportunities. This amendment is to increase the wages to create parity with County wage adjustment for program participants.

Attachment: Contract Number CT-CR-20-399 (Amendment 6)

***Procurement Method:**

Pursuant to Pima County Procurement Code 11.12.020, Competitive sealed proposals, RFP No. RFP-CSET-WFS-2016-06 was conducted with delegated authority.

***Program Goals/Predicted Outcomes:**

The program's goal is to prepare job seekers for current and projected demand occupations that offer wages that allow self-sufficiency or that have a clear career path leading to self-sufficiency.

***Public Benefit:**

This program supports Pima County's economic development by helping to develop a trained and productive labor force that meets employers' needs.

***Metrics Available to Measure Performance:**

Catholic Community Services of Southern Arizona, Inc. will submit monthly summary reports which include the numbers of persons served, completed, exited, placed on a job, placed into Workforce Investment Board target industries, and the average wage at placement.

***Retroactive:**

Yes. The amendment was processed after the County wage adjustment went in effect July 4, 2021. The negative impact of not approving this amendment is program participants may not received the County wage adjustment.

TO: COB

8-11-21

Q

VERS.: 10

PAGES.: 4

addendum

AUG 11 21 PM 04:04 FC CLK OF DP

Procure Dept 08/11/21 PM 08:20

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: CT Department Code: CR Contract Number (i.e., 15-123): 20-399

Amendment No.: 6 AMS Version No.: 10

Commencement Date: 7/4/21 New Termination Date: 12/31/21

Prior Contract No. (Synergen/CMS): CT-CS-17-014

☒ Expense or ☐ Revenue ☐ Increase ☐ Decrease Amount This Amendment: \$ 0.00

Is there revenue included? ☐ Yes ☒ No If Yes \$ _____

***Funding Source(s) required:** U.S. Department of Labor - Workforce Innovation and Opportunity Act and Health Profession Opportunity Grant

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

Grant/Amendment Information (for grants acceptance and awards)

☐ Award ☐ Amendment

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

Commencement Date: _____ Termination Date: _____ Amendment Number: _____

☐ Match Amount: \$ _____ ☐ Revenue Amount: \$ _____

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

*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

Department: Community & Community Development

Telephone: 724-5723

Department Director Signature/Date: [Signature] 8/6/21

Deputy County Administrator Signature/Date: _____

County Administrator Signature/Date: _____

(Required for Board Agenda/Addendum Items)

[Signature] 9 Aug 2021
[Signature] 8/10/21

Pima County Department of Community & Workforce Development**Project:** Workforce Development Services**Subrecipient:** Catholic Community Services of Southern Arizona, Inc.
 Administrative Office
 140 W. Speedway Blvd, #230
 Tucson, AZ 85705-6534

 Community Outreach Program for the Deaf ("COPD")
 268 W Adams St.
 Tucson, AZ 85705-6534
Contract No: CT-CR-20-399**Contract Amendment No:** 6

Original Contract Term:	07/01/16 – 06/30/17	Orig. Contract Amount:	\$94,396.40
Termination Date Prior Amendment:	12/31/21	Prior Amendments Amount:	\$404,874.04
Termination Date This Amendment:	12/31/21	This Amendment Amount:	\$0.00
		Revised Contract Amount:	\$499,270.44

DUNS No.: 114439730		SAM Registration Date: 1/28/21	
Research or Development:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Federal or State Contract No.:		DI21-002286 PC2020-2021	Award Date: 2020 2020
Required Match:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Match Amount:	
Indirect Cost Rate:	<input type="checkbox"/> Federal	<input type="checkbox"/> NICR	<input type="checkbox"/> de minimis <input checked="" type="checkbox"/> None
Status of Contractor:		<input checked="" type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor	

CFDA	Grant Program	National Funding	Pima County Award
17.258	U.S. Department of Labor ("DOL")/Arizona Department of Economic Security ("ADES") Workforce Innovation and Opportunity Act ("WIOA") -Adult	\$854,649,000.00	\$3,183,523.00
17.278	WIOA- Dislocated Worker	\$1,322,912,000.00	\$4,353,722.00
93.093	Health Profession Opportunity Grant ("HPOG")	\$85,000,000.00	\$601,926.00

GRANT FUNDED AMENDMENT SIX**1. BACKGROUND AND PURPOSE.**

- 1.1 **Background.** Pima County ("County"), as Grantee, receives federal WIOA grant funds and provides them to various subrecipients, including Catholic Community Services of Southern Arizona, Inc. ("Subrecipient"), to provide eligible workforce development services. The WIOA grant ends June 30, 2025. County is also a subrecipient of Health Profession Opportunity Grant ("HPOG") funds from Pima Community College and is authorized to pass those funds along to other entities, including Subrecipient.
- 1.2 **Purpose.** County operates a workforce development program at Pima County ARIZONA@WORK (an American Job Center, formerly the Pima County One Stop). County finds that it is in the best interests of Pima County to continue to provide workforce development services to the residents of Pima County. County has reviewed Subrecipient's performance of the services and finds it satisfactory. This amendment is to increase the wages to create parity with County wage adjustment for program participants.

2. **TERM AND EXTENSIONS.** The commencement date for this Amendment No. 6 is July 4, 2021.
3. **EXHIBIT A-1 – SCOPE OF WORK** is amended as follows:
 - 3.1 **ONE STOP WORKFORCE DEVELOPMENT SERVICES – GENERAL.** Paragraph 4.6 is added and the remaining section is renumbered to conform.
 - 4.6 COPD will ensure that each ensure that each Pima County Worksite Supervisor completes and complies with the Transitional Jobs Program Pima County Department Requirements form in the attached Exhibit B.
 - 3.2 **WORK STATEMENT NO. 1** is amended as follows:
 - 3.2.1. **PROGRAM ACTIVITIES.** Paragraph 1.1.2.8.1. is amended to change minimum wage to \$15.00.
 - 3.2.2. **OUTCOMES.** Paragraph 2.1 is amended to increase the target wage from \$14.00 per hour to \$15.00.

SIGNATURE PAGE TO FOLLOW

All other provisions of the Contract not expressly modified in this Amendment will remain in effect and be binding on the parties.

IN WITNESS WHEREOF, the parties do hereby affix their signatures and do hereby agree to carry out the terms of this Amendment and of the original Contract cited herein:

PIMA COUNTY:

Sharon Bronson
Chair, Pima County Board of Supervisors

Date: _____

ATTEST:

Clerk of the Board Date

APPROVED AS TO CONTENT:

Daniel P. Sullivan
Daniel Sullivan, Director or designee
Community & Workforce Development

APPROVED AS TO FORM:

Stacey Roseberry
Stacey Roseberry, Deputy County Attorney

SUBRECIPIENT:

Marguerite D Harmon

Authorized Signature

Marguerite D Harmon ,CEO
Printed Name & Title

Date: 8/4/2021

**TRANSITIONAL JOBS PROGRAMS
PIMA COUNTY DEPARTMENT REQUIREMENTS**

1. The Pima County Department will ensure that the Worksite Supervisor monitors the following for each assigned Participant:
 - 1.1. Attendance: participant will attend or notify worksite supervisor of an absence.
 - 1.2. Punctuality: participant will be on time or will notify worksite supervisor.
 - 1.3. Verify time listed on timesheets is accurate.
 - 1.4. Positive behavior and attitude.
 - 1.5. Appropriate appearance.
 - 1.6. Good interpersonal relations.
 - 1.7. Effective task completion: completes tasks accurately and in a timely manner.
 - 1.8. Honesty.
2. The Pima County Department will ensure that the Worksite Supervisor:
 - 2.1. Participates in an orientation.
 - 2.2. Provides training necessary to ensure each Participant is able to perform assigned tasks.
 - 2.3. Accurately records hours worked by each Participant and fax completed timesheets on a biweekly basis.
 - 2.4. Evaluates each Participant's performance in the areas set forth in Paragraph 1 above.
 - 2.5. Provides adequate supervision.
 - 2.6. Is aware of and complies with the applicable provisions of the Child Labor Laws and Fair Labor Standards Act.
 - 2.7. Cooperates with Sponsor in meeting any monitoring and evaluating requirements.
 - 2.8. Adheres to Emergency Procedures.
 - 2.9. Adheres to Grievance Procedure.
 - 2.10. Contacts Sponsor and WEX office immediately upon notification of any situation involving an injury to a Participant or the need for disciplinary action.
 - 2.11. Allows Sponsor access to the worksite to review Participant progress.

I have reviewed, understand and will comply with the responsibilities set forth above:

Worksite Supervisor

Date