



## BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 06/18/2024

\* = Mandatory, information must be provided

or Procurement Director Award: ☐

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

Friends of the Arivaca Schoolhouse & Historic Townsite Inc

**\*Project Title/Description:**

Arivaca Schoolhouse Facility Improvements

**\*Purpose:**

The Project will enable Subrecipient to make the facility available as a community meeting space for agency programming and community use in the Arivaca Community Development target area. This amendment will extend the term to provide the subrecipient with additional time to complete the project activity due to delays in the procurement process. In addition, additional funding has been identified to complete project activity.

Attachment Contract Number CT-CR-23-152, Amendment 1

**\*Procurement Method:**

This Subrecipient Agreement is a non-procurement contract and not subject to Procurement rules.

**\*Program Goals/Predicted Outcomes:**

The Project will fund demolition, flooring improvements, and interior stucco/painting that will enable Subrecipient to increase capacity and provide additional resources and programming to the community.

**\*Public Benefit:**

Upon completion, the Project will fund demolition, flooring/interior improvements, and interior stucco/painting that will enable Subrecipient to increase capacity and provide additional resources and programming to the community.

**\*Metrics Available to Measure Performance:**

One facility will be improved in Arivaca Community Development Target area serving 698 individuals.

**\*Retroactive:**

Yes to April 1, 2024. The amendment was forwarded for subrecipient signature April 2024 and returned May 24, 2024. The next available BOS meeting is June 18, 2024. If amendment is not approved facility improvements will not be completed for area residents.

TO: COB 4-3-24(1)  
vers. 2  
pgs. 4

6m I approve's  
nu 5/31/24

JUN03'24PM1259 PD

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: CT Department Code: CR Contract Number (i.e., 15-123): 23-152  
Amendment No.: 01 AMS Version No.: 02  
Commencement Date: 04/01/2024 New Termination Date: 03/31/2025  
Prior Contract No. (Synergen/CMS): \_\_\_\_\_

☒ Expense ☐ Revenue ☒ Increase ☐ Decrease

Amount This Amendment: \$ 50,000.00

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

\*Funding Source(s) required: U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant (CDBG)

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: Joel Gastelum/Joel Viers

Department: CWD

Telephone: 724-6750/724-6767

Department Director Signature: \_\_\_\_\_

Date: 3.28.24

Deputy County Administrator Signature: \_\_\_\_\_

Date: 31 May 2024

County Administrator Signature: \_\_\_\_\_

Date: 6/3/2024

<b>Pima County Department of Community and Workforce Development</b>	
<b>Project:</b>	Arivaca Schoolhouse Facility Improvements
<b>Subrecipient name and address:</b>	Friends of the Arivaca Schoolhouse & Historic Townsite Inc 17180 West 4 <sup>th</sup> Street Arivaca, Arizona 85601
<b>Amount:</b>	\$80,000.00
<b>Contract No.:</b>	CT-CR-23-152
<b>Amendment No.:</b>	01

<b>Subrecipient Unique Entity Identifier (UEI):</b>	P4JJJHXBABG3	<b>SAM expiration date (if applicable):</b>	02/10/2025
<b>Federal Award Identification Number (FAIN)</b>	B-19-UC-04-0502	<b>Federal award date</b>	10/23/2019
<b>Subaward term/ period of performance start and end date</b>	04/01/2023-03/31/2025	<b>Subaward budget period start and end date</b>	04/01/2023-03/31/2025
<b>Amount of federal funds obligated by this action by the pass-through entity to the subrecipient (amount of this agreement or amendment)</b>			\$ 50,000.00
<b>Total amount of federal funds obligated to the subrecipient by the pass-through entity including the current financial obligation (amount of this agreement, plus any amendments, including this amendment)</b>			\$80,000.00
<b>Total amount of the federal award committed to the subrecipient by the pass-through entity (original amount of this agreement, plus any amendments, plus any match, plus any future budget periods, if applicable)</b>			\$80,000.00
<b>Federal award project description (descriptive project title)</b>	The program objective is to develop viable urban communities by providing decent housing, a suitable living environment, and expanding economic opportunities, principally for persons of low and moderate income: The project will enable Subrecipient to increase capacity and provide additional resources and programming to the community.		
<b>Funding agency</b>	US Department of Housing and Urban Development		
<b>Pass-through entity (primary recipient)</b>	Pima County		
<b>Pass-through entity (secondary recipient, if applicable)</b>	N/A		
<b>Assistance listing number and title (applies to 100% of this sub-award, including all disbursements)</b>	14.218 Community Development Block Grant/Entitlement Grants (CDBG)		
<b>Is this subaward for research and development?</b>			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Subrecipient indirect cost rate and methodology</b>	<input type="checkbox"/> Negotiated Indirect Cost Rate Agreement	<input type="checkbox"/> De minimis rate	<input checked="" type="checkbox"/> No Indirect
<b>Required match</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>Match amount</b>	\$0.00

## SUBAWARD AMENDMENT

### 1. BACKGROUND AND PURPOSE.

- 1.1. Background. On April 01, 2023, County and Subrecipient (collectively "Parties") entered into the above referenced agreement to fund facility improvements that increase capacity and provide additional resources and programming to the community.
- 1.2. Purpose. The County requires an amendment to extend the term to provide the subrecipient with additional time to complete the project activity due to delays in the procurement process. In addition, additional funding has been identified to complete project activity.

2. **TERM**. The County is exercising the first extension option to renew the contract for one additional year commencing on 04/01/2024 and terminating on 03/31/2025. If the commencement date is before the Effective Date of this amendment, the parties will, for all purposes, deem the amendment to have been in effect as of the commencement date.

3. **SCOPE OF SERVICES**. The parties have revised the original scope of services. Subrecipient will implement the services described in **Exhibit A**, at the dates and times described in **Exhibit A** or, if **Exhibit A** contains no dates or time frames, then upon demand. Subrecipient will perform its duties in a humane and respectful manner and in accordance with any applicable professional standards and will obtain and maintain all required licenses, permits and authority required for performance under this Agreement.

- 3.1. **PROJECT ACTIVITIES**. Section 3.2.4 is added to **EXHIBIT A** of the original agreement to read:

- 3.1.1. Commercial Kitchen improvements to include the procurement of commercial grade kitchen appliances and necessary or related hardware and incidentals and stainless-steel storage racks.

### 4. COMPENSATION AND PAYMENT.

- 4.1. Maximum Payment Amount. The maximum amount the County will spend under this Contract, as set forth in Section 5.1 of the original agreement, is increased by \$50,000.00. County's total payments to Subrecipient under this contract, including any sales taxes, will not exceed \$80,000.00.
- 4.2. Budget; Adjustment. The budget in Exhibit A is replaced in its entirety with the following amended budget. This budget will remain in effect throughout the term unless otherwise adjusted and formally agreed to.

	Demolition	Flooring Improvements	Interior Stucco/ Painting	Commercial Kitchen Improvements	TOTAL	Adjusted Direct Cost	Indirect Cost (0%)
<b>Contractual: Construction</b>	\$10,000.00	\$53,000.00	\$2,000.00	\$15,000.00	\$80,000.00	(excluded from MTDC)	(excluded from MTDC)
					<b>Total Direct Costs</b>		\$80,000.00
					<b>Modified Total Direct Costs (MTDC)</b>		\$0.00
					<b>Indirect Costs</b>		\$0.00
					<b>TOTAL BUDGET (Total Direct Costs + Total Indirect Costs)</b>		\$80,000.00

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

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**PIMA COUNTY**

\_\_\_\_\_  
Chair, Board of Supervisors

DATE: \_\_\_\_\_

ATTEST:

\_\_\_\_\_  
Clerk of the Board

APPROVED AS TO FORM

  
\_\_\_\_\_  
Deputy County Attorney

Kyle Johnson  
\_\_\_\_\_  
Print DCA Name

5/23/2024  
\_\_\_\_\_  
Date


**SUBRECIPIENT**

  
\_\_\_\_\_  
Authorized Officer Signature

Mary N. Kasulaitis President  
\_\_\_\_\_  
Printed Name and Title

DATE: 5/24/24  
\_\_\_\_\_

APPROVED AS TO CONTENT

  
\_\_\_\_\_  
Department Head  
5.28.24  
\_\_\_\_\_  
Date