



BOARD OF SUPERVISORS AGENDA ITEM REPORT
AWARDS / CONTRACTS / GRANTS

Award Contract Grant

Requested Board Meeting Date: 11/07/23

* = Mandatory, information must be provided

or Procurement Director Award:

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

Southern Arizona AIDS Foundation

***Project Title/Description:**

Positive Directions Program HUD Housing Opportunities for Persons with AIDS (HOPWA)

***Purpose:**

United States Housing and Urban Development (HUD) Positive Directions Program HUD HOPWA funds were approved by the Board of Supervisors at the 08/17/20 meeting. Southern Arizona AIDS Foundation' portion of the award is \$1,315,097 to provide tenant-based rental assistance for individuals living with HIV/AIDS and their households. HUD extended grant term to no later than 09/30/2023 for spending on activities. This amendment allows for the Subrecipient to bill for eligible activities through 09/30/2023. This is a no-cost amendment.

The contract can be found in OnBase by searching 23*475 (formerly 21*203) in Doc_ID_AMS

Attachment: Contract Number CT-CR-23-475 (Amendment 2) formerly CT-CR-21-203

***Procurement Method:**

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

***Program Goals/Predicted Outcomes:**

The goal is to provide safe, affordable, permanent housing for individuals living with HIV/AIDS and their households.

***Public Benefit:**

Homeless individuals, which is the largest under-served population in Pima County, will be provided with housing.

***Metrics Available to Measure Performance:**

Program performance will be tracked in the Homeless Management Information System (HMIS) or a comparable database.

***Retroactive:**

Yes. Board of Supervisors approved the HUD Grant Extension at their 09/05/2023 meeting. The need for this amendment was confirmed October 11. By that date, the first available Board of Supervisors meeting is November 7, 2023. The negative impact of not approving this amendment is individuals living with HIV/AIDS and their households will not receive tenant-based rental assistance.

GMI Approves
AF 10/19/23
To: COB, 10-24-2023
Vers.: 4
pgs.: 3

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): 23-475

Amendment No.: 2 AMS Version No.: 4

Commencement Date: 08/17/23 New Termination Date: 9/30/23

Prior Contract No. (Synergen/CMS): 21-203

Expense Revenue Increase Decrease

Amount This Amendment: \$ 0.00

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

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

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: Jenifer Darland/Rise Hart

Department: Community & Workforce Development

Telephone: 724-7312/724-5723

Department Director Signature: [Signature]

Date: 10/17/2023

Deputy County Administrator Signature: [Signature]

Date: 20 Oct 20 23

County Administrator Signature: [Signature]

Date: 10/24/2023

Pima County Department of Community & Workforce Development

Project: Positive Directions Program HUD Housing Opportunities for Persons with AIDS (HOPWA)

Subrecipient name and address: Southern Arizona AIDS Foundation
375 South Euclid Avenue
Tucson, AZ 85719

Amount: \$1,315,097.00

Contract No.: CT-CR-23-475 (formerly CT-CR-21-203) **Amendment No.:** 02

Subrecipient Unique Entity Identifier (UEI):	XNNPJT9EKP3	SAM expiration date (if applicable):	12/01/2023
Federal Award Identification Number (FAIN)	AZ-H200003	Federal award date	07/01/2020
Subaward term/ period of performance start and end date	07/01/2020 – 09/30/2023	Subaward budget period start and end date	07/01/2020 – 09/30/2023
Amount of federal funds obligated by this action by the pass-through entity to the subrecipient (amount of this amendment)			\$0.00
Total amount of federal funds obligated to the subrecipient by the pass-through entity including the current financial obligation (amount of original agreement, plus any prior amendments, including this amendment)			\$1,315,097.00
Total amount of the federal award committed to the subrecipient by the pass-through entity (amount of original agreement, plus any prior amendments, plus any match, plus any future budget periods, if applicable)			\$1,315,097.00
Federal award project description (descriptive project title)	HOPWA. Program provides tenant-based rental assistance; operations and maintenance of permanent supportive rental housing units; support services and case management for individuals living with HIV/AIDS and their households.		
Funding agency	U.S. Department of Housing and Urban Development		
Pass-through entity (primary recipient)	Pima County		
Pass-through entity (secondary recipient, if applicable)	N/A		
Assistance listing number and title (applies to 100% of this sub-award, including all disbursements)	14.241, Housing Opportunities for Persons with AIDS		
Is this subaward for research and development?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Subrecipient indirect cost rate and methodology	<input type="checkbox"/> Negotiated Indirect Cost Rate Agreement	<input type="checkbox"/> De minimis rate	<input checked="" type="checkbox"/> No Indirect
Required match	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Match amount	N/A

SUBAWARD AMENDMENT

1. BACKGROUND AND PURPOSE.

1.1. Background. On August 17, 2020, County and Subrecipient (collectively "Parties") entered into the above referenced agreement to provide permanent housing operating costs; comprehensive case management and limited behavioral health treatment; and administrative activities to assist low-income and homeless households living with HIV/AIDS. U.S. Department of Housing and Urban Development extended grant term to no later than 09/30/2023 for spending on activities. Subrecipient can bill for eligible activities through 09/30/2023, with all final invoices due to Pima County no later than 11/30/2023.

1.2. Purpose. County requires additional housing and support services for low-income individuals living with HIV/AIDS and their households.

2. **TERM.** The County is exercising the second extension option to renew the contract for forty-five additional days commencing on 08/17/2023 and terminating on 09/30/2023. 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. COMPENSATION AND PAYMENT.

3.1. Budget; Adjustment. The budget in Exhibit A is amended to change the services provided dates to July 1, 2020 through September 30, 2023. This budget will remain in effect throughout the term unless otherwise adjusted and formally agreed to.

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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

This agreement may be executed in counterparts, each of which, when taken together, will constitute one original agreement.

PIMA COUNTY

SUBRECIPIENT

Chair, Board of Supervisors



Authorized Officer Signature

Date

Beth Frantz, CEO

Printed Name and Title

10/13/2023


Date

ATTEST

Clerk of the Board

Date

APPROVED AS TO FORM



Deputy County Attorney

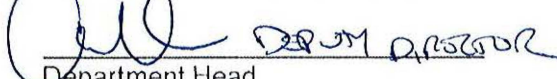
Kyle Johnson

Print DCA Name

10/9/2023

Date

APPROVED AS TO CONTENT



Department Head

10/11/2023

Date