



BOARD OF SUPERVISORS AGENDA ITEM REPORT  
AWARDS / CONTRACTS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 10/15/2024

\* = Mandatory, information must be provided

or Procurement Director Award: ☐

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

Arivaca Coordinating Council/Arivaca Human Resource Group Inc

**\*Project Title/Description:**

Facility Improvement Project

**\*Purpose:**

The facility improvements will increase capacity and provide additional resources, and food assistance to individuals and families in and around the Arivaca Target area. This amendment will amend the scope to allow for the purchase of required fire safety apparatus for the commercial kitchen. No additional funds are being added to the project.

Attachment: PO-CT\_24-113, formerly CT-CR-24-113, Amendment 1

**\*Procurement Method:**

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

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

Goal: Create suitable, safe and healthy living environments for low-to moderate-income individuals and households in Pima County.

Predicted outcome: The Project will increase food security promoting and supporting individual and family sustainability and better health.

**\*Public Benefit:**

The Program will meet the HUD CDBG National Objective to assist low- to moderate-income individuals and families residing in and around the Arivaca area of unincorporated Pima County by increasing food security through access to fresh produce and food distribution capabilities.

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

At a minimum, one facility will be improved and subrecipient will provide food/prepared meals to 215 individuals per year at the Facility.

**\*Retroactive:**

No.

TO: COB, 10-2-24 (1)

VERS: 2 PGS: 3

GWT: OPP's  
HUC  
9/27/24

OCT01'24AM1057PD

**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: PO Department Code: CWD Contract Number (i.e., 15-123): PO-CT 24-113  
 Amendment No.: 01 AMS Version No.: 02  
 Commencement Date: 04/01/2024 10/15/2024 AK New Termination Date: 03/31/2025  
 Prior Contract No. (Synergen/CMS): \_\_\_\_\_

☐ 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 (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: 9/23/2024

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

Date: 2/27/2024

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

Date: 9/30/2024

**Pima County Department of Community and Workforce Development****Project:** Facility Improvement Project**Subrecipient name and address:** Arivaca Coordinating Council/Arivaca Human Resource Group Inc  
PO Box 93  
Arivaca, Arizona 85601**Amount:** \$25,000.00**Contract No.:** PO-CT\_24-113, formerly CT-CR-24-113**Amendment No.:** 01

<b>Subrecipient Unique Entity Identifier (UEI):</b>	GLJ7FKJHWG52	<b>SAM expiration date (if applicable):</b>	04/08/2025
<b>Federal Award Identification Number (FAIN)</b>	B-23-UC-04-0502	<b>Federal award date</b>	08/10/2023
<b>Subaward term/ period of performance start and end date</b>	04/01/2024-03/31/2025	<b>Subaward budget period start and end date</b>	04/01/2024-03/31/2025
<b>Amount of federal funds obligated by this action by the pass-through entity to the subrecipient (amount of this agreement or amendment)</b>			\$0.00
<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>			\$25,000.00
<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>			\$25,000.00
<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 facility improvements will increase capacity and provide additional resources, and food assistance to individuals and families in and around the Arivaca Target area.	
<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 1, 2024, County and Subrecipient (collectively "Parties") entered into the above referenced agreement to complete Facility improvements and site upgrades to increase capacity and provide additional resources and programming eligible individuals in and around the unincorporated County and community of Arivaca.
- 1.2. Purpose. The County requires an amendment to amend the scope to allow for the purchase of required fire safety apparatus for the commercial kitchen. No additional funds are being added to the project.

### 2. EXHIBIT A, SCOPE OF SERVICES.

- 2.1. **PROJECT ACTIVITIES**. Section 3.2.1.3 is amended to read:

3.2.1.3 Procurement of Commercial Kitchen fire suppression system and fire extinguishers.

### 3. EXHIBIT B, COMPENSATION AND LIST OF UNALLOWABLE COSTS.

- 3.1. Budget; Adjustment. The budget in Exhibit B is replaced in its entirety with the below amended budget. This budget will remain in effect throughout the term unless otherwise adjusted and formally agreed to.

Budget Line Items	Total Indirect Costs	Total
Commercial Refrigerator	\$0	\$10,000.00
Commercial Grade Food Equipment	\$0	\$10,000.00
Fire Apparatus	\$0	\$5,000.00
TOTAL BUDGET		\$25,000.00

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**

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

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

ATTEST:

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

**SUBRECIPIENT**

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

Suzanne Kammerman, Exec. Director  
\_\_\_\_\_  
Printed Name and Title

DATE: 9-11-2024  
\_\_\_\_\_


APPROVED AS TO FORM

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

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

9/10/2024  
\_\_\_\_\_  
Date

APPROVED AS TO CONTENT

  
\_\_\_\_\_  
Department Head  
9/23/2024  
\_\_\_\_\_  
Date