



BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: June 17, 2025

* = Mandatory, information must be provided

or Procurement Director Award: ☐

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

Green Valley Assistance Services, Inc. dba Valley Assistance Services

***Project Title/Description:**

Facility Improvement Project

***Purpose:**

The project will provide energy-efficient facility improvements and site upgrades at Subrecipient's facility that provides programming and services to low-moderate income individuals in Green Valley, Sahuarita and unincorporated Pima County. Subrecipient requires a no cost amendment to the term to complete project activity.

Attachment Contract Number PO-CT_24-415, Amendment 1

***Procurement Method:**

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

***Program Goals/Predicted Outcomes:**

Goal: The project will provide energy-efficient facility improvements and site upgrades at Subrecipient's facility that provides programming and services to low-moderate income individuals in Green Valley, Sahuarita and unincorporated Pima County.

Predicted outcome: Individuals participating in programming will have new and improved accessibility to services.

***Public Benefit:**

Upon completion, the Project will meet the HUD CDBG National Objective to provide facility improvements to improve the provision of services to low-moderate income individuals in Green Valley, Sahuarita and unincorporated Pima County.

***Metrics Available to Measure Performance:**

3,000 individuals will receive program services in the improved facility.

***Retroactive:**

Yes, to May 1, 2025. Subrecipient experienced delays with the final phase of the project which resulted in contractor scheduling delays for the project. If amendment is not approved the facility improvements will not be completed for area residents.

TO: LOB, 6-11-25
Vers: 2
PGS: 3

GM approves
J. Wall
5/29/2025

20250529 10:00 AM

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): CT 24-415
 Amendment No.: 01 AMS Version No.: 02
 Commencement Date: 05/01/2025 New Termination Date: 04/30/2026
 Prior Contract No. (Synergen/CMS): CT-CR-24-415

☐ Expense ☐ Revenue ☐ Increase ☐ Decrease
 Is there revenue included? ☐ Yes ☒ No If Yes \$ _____ Amount This Amendment: \$ 0.00

***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: [Signature]

Date: 5/23/2025

Deputy County Administrator Signature: [Signature]

Date: 6/3/2025

County Administrator Signature: [Signature]

Date: 6-4-2025

Pima County Department of Community and Workforce Development**Project:** Facility Improvement Project**Subrecipient name and address:** Green Valley Assistance Services Inc dba Valley Assistance Services
3950 South Camino Heroe
Green Valley, Arizona 85614**Amount:** \$45,000.00**Contract No.:** PO-CT_24-415, formerly CT-CR-24-415**Amendment No.:** 01

Subrecipient Unique Entity Identifier (UEI):	FVLKDC2GM9D5	SAM expiration date (if applicable):	12/06/2025
Federal Award Identification Number (FAIN)	B-22-UC-04-0502	Federal award date	08/10/2023
Subaward term/period of performance start and end date	05/01/2024-04/30/2026	Subaward budget period start and end date	05/01/2024-04/30/2026
Amount of federal funds obligated by this action by the pass-through entity to the subrecipient (amount of this agreement or amendment)			\$ 0.00
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)			\$45,000.00
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)			\$45,000.00
Federal award project description (descriptive project title)		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 provide improvements at facility that provides services to low-moderate income individuals in Green Valley, Sahuarita and unincorporated Pima County.	
Funding agency		US 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)		14.218 Community Development Block Grant/Entitlement Grants (CDBG)	
Is this subaward for research and development?			Yes 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	\$0.00

SUBAWARD AMENDMENT

1. BACKGROUND AND PURPOSE.

1.1. Background. On June 7, 2022, the Pima County Board of Supervisors approved the Community Development Block Grant ("CDBG") Annual Action Plan ("AAP") and Resolution No. 2022-28 for CDBG projects and CDBG funding use. Pima County and Subrecipient entered into the above referenced agreement on April 4, 2024 to complete facility improvements at Subrecipient's facility that provides programming and services to low-moderate income individuals in Green Valley, Sahuarita and unincorporated Pima County.

1.2. Purpose. Subrecipient requires an amendment to the term to complete project activity.

2. **TERM.** The County is exercising the first extension option to renew the contract for one additional year commencing on 05/01/2025 and terminating on 04/30/2026. 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.

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

APPROVED AS TO FORM



Deputy County Attorney

Kyle Johnson

Print DCA Name

5/22/2025

Date

SUBRECIPIENT



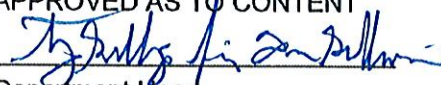
Authorized Officer Signature

Christine Erickson

Printed Name and Title Executive Director

DATE: 05/23/2025

APPROVED AS TO CONTENT



Department Head

5/23/2025

Date