



BOARD OF SUPERVISORS AGENDA ITEM REPORT  
AWARDS / CONTRACTS / GRANTS

Award  Contract  Grant

Requested Board Meeting Date: 1/7/2025

\* = Mandatory, information must be provided

or Procurement Director Award:

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

Green Valley Assistance Services dba Valley Assistance Services

**\*Project Title/Description:**

Emergency Solutions Grant (ESG) - Emergency Shelter

**\*Purpose:**

U.S. Department of Housing and Urban Development (HUD) Emergency Solutions Grant (ESG) funds will be used to provide temporary emergency shelter in Pima County specifically in the Green Valley area for households experiencing homelessness. This no-cost amendment is to extend the term for 9 months for the period of October 1, 2024 to June 30, 2025.

The contract can be found in OnBase by searching PO2400016875 in Doc\_ID\_AMS

Attachment: Contract Number PO2400016875 (formerly CT-24-135) (Amendment 1)

**\*Procurement Method:**

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

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

The program's goal is to provide emergency shelter and case management to at least 14 homeless individuals and families in Pima County.

**\*Public Benefit:**

HUD ESG funds will be used to provide temporary emergency shelter in Pima County specifically in the Green Valley area for households experiencing homelessness.

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

The program performance will be tracked in the Homeless Management Information System (HMIS), plus Quarterly Data Quality Completion Reports are required.

**\*Retroactive:**

Yes, to October 1, 2024. An amendment could not be drafted until expenditures through September 30 were determined. The agency submitted its September invoice on October 26, and a corrected invoice on November 6. On December 9, the agency confirmed that the SAM registration was renewed. The first available Board of Supervisors meeting is January 7, 2025. If not approved, homeless individuals and families in Pima County will not receive temporary emergency shelter.

To: COB, 12-20-24(1)  
vers: 1  
pgs: 4

DEC20\*24PM1000 PD

GM/Approve  
KBN for RR Kelly  
12/17/2024

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): PO2400016875
Amendment No.: 1 AMS Version No.: 1
Commencement Date: 10/1/24 New Termination Date: 6/30/25
Prior Contract No. (Synergen/CMS): CT-CR-24-135

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: Magali Lopez/Rise Hart

Department: Community & Workforce Development

Telephone: 724-7301/724-5723

Department Director Signature: [Signature] Date: 12/12/2024
Deputy County Administrator Signature: [Signature] Date: 18 Dec 2024
County Administrator Signature: [Signature] Date: 12/18/2024

<b>Pima County Department of Community &amp; Workforce Development</b>	
<b>Project:</b> Emergency Solutions Grant (ESG) – Emergency Shelter	
<b>Subrecipient name and address:</b> Green Valley Assistance Services dba Valley Assistance Services 3950 S, Camino Del Hereo Green Valley, AZ 85614	
<b>Amount:</b> \$30,000.00	
<b>Contract No.:</b> PO2400016875 (formerly CT-CR-24-135)	<b>Amendment No.:</b> 01

<b>Subrecipient Unique Entity Identifier (UEI):</b>	FVLKDC2GM9D5	<b>SAM expiration date (if applicable):</b>	01/08/2025
<b>Federal Award Identification Number (FAIN)</b>	E-23-UC-04-0502	<b>Federal award date</b>	07/01/2023
<b>Subaward term/ period of performance start and end date</b>	10/01/2023 – 06/30/2025	<b>Subaward budget period start and end date</b>	10/01/2024 – 06/30/2025
<b>Amount of federal funds obligated by this action by the pass-through entity to the subrecipient (amount of this 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 original agreement, plus any prior amendments, including this amendment)</b>			\$30,000.00
<b>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)</b>			\$60,000.00
<b>Federal award project description (descriptive project title)</b>		Emergency Solutions Grant Program. This program provides shelter services in form of a voucher to a Hotel/Motel for individuals and families experiencing homelessness.	
<b>Funding agency</b>		U.S. 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>		14.231, Emergency Solutions Grant Program	
<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 checked="" type="checkbox"/> De minimis rate
<b>Required match</b>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>Match amount</b>
			\$30,000.00

## SUBAWARD AMENDMENT

### 1. **BACKGROUND AND PURPOSE.**

1.1. Background. On May 2, 2023, County and Subrecipient (collectively "Parties") entered into the original agreement to provide emergency shelter services.

1.2. Purpose. On May 2, 2023, the Pima County Board of Supervisors (the "Board") authorized inclusion of Subrecipient's proposal for use of ESG funds in the 2023-2024 Annual Action Plan that County submitted to HUD to obtain the FY 2023-2024 ESG funds. The Board also passed Resolution No. 2023-10 approving the allocation of \$30,000.00 of FY 2023-2024 ESG funds to Subrecipient for their emergency shelter program.

1.2.1 The subrecipient did not fully utilize the prior year's funds within the contract period. This was the subrecipient's first contract with Pima County for Emergency Shelter services. To ensure the remaining funds are fully expended, an extension is needed to provide additional time for completion.

2. **TERM.** The County is exercising the first extension option to renew the contract for nine (9) additional months commencing on 10/01/2024 and terminating on 06/30/2025. 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. **COMPENSATION AND PAYMENT.**

3.1. Budget; Adjustment. The Budget Period in Exhibit B is deleted in its entirety and replaced with the following: (10/01/2024 – 06/30/2025 – 9 months)

4. **Heat Injury and Illness Prevention and Safety Plan.** Pursuant to Pima County Procurement Code 11.40.030, Contractor hereby warrants that if Contractor's employees perform work in an outdoor environment under this Contract, Contractor will keep on file a written Heat Injury and Illness Prevention and Safety Plan. At County's request, Contractor will provide a copy of this plan and documentation of heat safety and mitigation efforts implemented by Contractor to prevent heat-related illnesses and injuries in the workplace. Contractor will post a copy of the Heat Injury and Illness Prevention and Safety Plan where it is accessible to employees. Contractor will further ensure that each subcontractor who performs any work for Contractor under this Contract complies with this provision.

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

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

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date

**ATTEST**

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

\_\_\_\_\_  
Date

**APPROVED AS TO FORM**

*Kyle Johnson*  
\_\_\_\_\_  
Deputy County Attorney

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

12/12/2024  
\_\_\_\_\_  
Date

**APPROVED AS TO CONTENT**

*[Signature]*  
\_\_\_\_\_  
Department Head

*for:* 12/12/2024  
\_\_\_\_\_  
Date

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

**SUBRECIPIENT**

*Christine Erickson*  
Authorized Officer Signature

Christine Erickson, RN  
Printed Name and Title *Executive Director*

12/12/2024  
Date

**ATTEST**

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

\_\_\_\_\_  
Date

**APPROVED AS TO FORM**

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

\_\_\_\_\_  
Print DCA Name

\_\_\_\_\_  
Date

**APPROVED AS TO CONTENT**

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date