



BOARD OF SUPERVISORS AGENDA ITEM REPORT
AWARDS / CONTRACTS / GRANTS

Award Contract Grant

Requested Board Meeting Date: 05/07/2024

* = Mandatory, information must be provided

or Procurement Director Award:

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

International Sonoran Desert Alliance

***Project Title/Description:**

Ajo Plaza Life Safety Improvements

***Purpose:**

The project scope is the installation of an automatic fire sprinkler suppression system to comply with Arizona State Fire Marshal requirements. Subrecipient is unable to complete the project as scheduled and more time is required to complete the project. Subrecipient requires a no cost extension to the term to complete project activity.

Attachment Contract Number CT-CR-22-258 Amendment 2

***Procurement Method:**

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

***Program Goals/Predicted Outcomes:**

Goal: Subrecipient shall provide a more suitable living environment by improving and increasing the quality of neighborhood public facilities in the Ajo Community Development Target Area.

Predicted outcome: Residents in the Ajo Community Development Target Area and surrounding the Ajo Community Development Target Area areas will have increased availability and accessibility to the Ajo Plaza to conduct community meetings, special events and other programs promoting and supporting individual sustainability in Ajo.

***Public Benefit:**

Upon completion, the Project will meet the HUD CDBG National Objective to provide rehabilitation of buildings or improvements that address fire hazard conditions detrimental to public health and safety and that benefit low- to moderate-income persons in the Ajo Community Development Target Area.

***Metrics Available to Measure Performance:**

3,300 Ajo area residents will have increased access to the plaza for community and cultural programs.

***Retroactive:**

Yes, to April 01, 2024. There are delays in scheduling an out-of-area contractor to travel to Ajo for the work. Should the project not be completed the fire suppression system will not be installed.

To: COB, 4-22-24(1)
VERS: 5
PGS: 3

GATE APPROVALS
4/17/24

APR22 24AM 1037 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): 22-258
Amendment No.: 02 AMS Version No.: 05
Commencement Date: 04/01/24 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: [Signature] Date: 5.10.24

Deputy County Administrator Signature: [Signature] Date: 10 Apr 24

County Administrator Signature: [Signature] Date: 4/19/24

Pima County Department of Community and Workforce Development	
Project:	Ajo Plaza Life Safety Improvements
Subrecipient name and address:	International Sonoran Desert Alliance PO Box 833 Ajo, Arizona 85321
Amount:	\$56,000.00
Contract No.:	CT-CR-22-258
Amendment No.:	02

Subrecipient Unique Entity Identifier (UEI):	RXE4P25DHEN5	SAM expiration date (if applicable):	12/14/2024
Federal Award Identification Number (FAIN)	B-20-UC-04-0502	Federal award date	01/08/2021
Subaward term/ period of performance start and end date	04/01/2022-03/31/2025	Subaward budget period start and end date	04/01/2022-03/31/2025
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)			\$56,000.00
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)			\$56,000.00
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 complete facility repairs and improvements to be in compliance with the Arizona State Fire Marshall requirements.		
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 <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	\$0.00

SUBAWARD AMENDMENT

1. **BACKGROUND AND PURPOSE.**

1.1. Background. On May 5, 2020, County and Subrecipient (collectively "Parties") entered into the above referenced agreement to complete facility repairs and improvements to be in compliance with the Arizona State Fire Marshall requirements.

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 unforeseen delays in contractor selection.

2. **TERM.** The County is exercising the second 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.

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

Avon Cooper, Executive Director

Printed Name and Title

DATE: 4/9/24

APPROVED AS TO FORM



Deputy County Attorney

Kyle Johnson

Print DCA Name

4/8/2024

Date

APPROVED AS TO CONTENT



Department Head

4.10.24

Date