



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

Award Contract Grant

Requested Board Meeting Date: May 1, 2018

** = Mandatory, information must be provided*

or Procurement Director Award

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

Arizona Department of Economic Security (ADES)

***Project Title/Description:**

Social Services Block Grant (SSBG)

***Purpose:**

This is revenue to the county to provide employment services to eligible Pima County residents. Services include job training for programs that have a demand for skilled job opportunities, GED preparation and pre-vocational training, and case management to ensure graduation and job placement. Services are intended for single head of households, unemployed adults, elderly, low-income adults, youth 18-28 years of age at risk of homelessness, families and rural adults. The amendment extends the current contract to June 30, 2022. When SFY2019 SSBG funding becomes available, it will be added through a separate amendment.

***Procurement Method:**

Not applicable to grant awards.

***Program Goals/Predicted Outcomes:**

The program goal is to provide employment services to ensure graduation and job placement for eligible Pima County residents.

***Public Benefit:**

The amendment supports Pima County's economic development by helping to develop a trained and productive labor force that meets employers needs.

***Metrics Available to Measure Performance:**

Expenditure reports submitted to ADES.

***Retroactive:**

No.

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____

Effective 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

***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 22-73.

Amendment / Revised Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____

Amendment No.: _____ AMS Version No.: _____

Effective Date: _____ New Termination Date: _____

Prior Contract No. (Synergen/CMS): _____

Expense or Revenue Increase Decrease Amount This Amendment: \$ _____

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

***Funding Source(s) required:**

Funding from General Fund? Yes No If Yes \$ _____ % _____

Grant/Amendment Information (for grants acceptance and awards) Award Amendment

Document Type: GTAM Department Code: CS Grant Number (i.e., 15-123): 18-35

Effective Date: 5/1/18 Termination Date: 6/30/22 Amendment Number: 1

Match Amount: \$ _____ Revenue Amount: \$ 0.00

***All Funding Source(s) required:** U.S. Department of Health & Human Services

***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: Rise Hart

Department: Community Services

Telephone: 724-5723

Department Director Signature/Date: *Charles Payne* 4/10/18

Deputy County Administrator Signature/Date: *Donna* 4/11/18

County Administrator Signature/Date: *C. R. ...* 4/11/18
(Required for Board Agenda/Addendum Items)



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Intergovernmental Agreement

CONTRACT AMENDMENT

1. CONTRACTOR (Name and address) Pima County 2797 East Ajo Way Tucson, Arizona 85713	2. CONTRACT ID NUMBER DI18-002139
	3. AMENDMENT NUMBER 1

4. THE PARTIES AGREE TO THE FOLLOWING AMENDMENT

Pursuant to Section 6.0 Extension, the term of this Agreement is being extended to June 30, 2022.

5. EXCEPT AS PROVIDED HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AS HERETOFORE CHANGED AND/OR AMENDED REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT. THE AMENDMENT SHALL BECOME EFFECTIVE ON THE DATE OF LAST SIGNATURE UNLESS OTHERWISE SPECIFIED HEREIN. BY SIGNING THIS FORM ON BEHALF OF THE CONTRACTOR, THE SIGNATORY CERTIFIES HE/SHE HAS THE AUTHORITY TO BIND THE CONTRACTOR TO THIS CONTRACT.

6. ARIZONA DEPARTMENT OF ECONOMIC SECURITY	7. NAME OF CONTRACTOR PIMA COUNTY
SIGNATURE OF AUTHORIZED INDIVIDUAL	SIGNATURE OF AUTHORIZED INDIVIDUAL
TYPED NAME	TYPED NAME
TITLE	TITLE
DATE	DATE

IN ACCORDANCE WITH ARS §11-952 THIS CONTRACT AMENDMENT HAS BEEN REVIEWED BY THE UNDERSIGNED WHO HAVE DETERMINED THAT THIS CONTRACT AMENDMENT IS IN APPROPRIATE FORM AND WITHIN THE POWERS AND AUTHORITY GRANTED TO EACH RESPECTIVE PUBLIC BODY.

ARIZONA ATTORNEY GENERAL'S OFFICE	
BY:	BY: <i>Karyn A. Trias</i>
ASSISTANT ATTORNEY GENERAL	PUBLIC AGENCY LEGAL COUNSEL
DATE:	DATE: 4-6-18