



**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):**

U.S. Department of Housing and Urban Development

**\*Project Title/Description:**

U.S. Department of Housing and Urban Development (HUD) Continuum of Care Program - Coalition Assisting Self-Sufficiency Attainment (CASA)

**\*Purpose:**

HUD awarded \$445,497 for Pima County CASA Rapid Re-Housing, which is one of four HUD Continuum of Care housing programs administered by Pima County. The grant targets families and individuals experiencing homelessness in Pima County. The Pima County Sullivan Jackson Employment Center takes a holistic approach to ending homelessness by providing housing and skills necessary to find and maintain employment and become self sufficient.

Attachment: GTAW 18-68

**\*Procurement Method:**

Not applicable to grant awards.

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

Housing stability and full-time employment opportunities for people experiencing homelessness in Pima County.

**\*Public Benefit:**

The program reduces the number of families and individuals experiencing homelessness in Pima County.

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

The program produces an annual performance report in the Homeless Management Information System.

**\*Retroactive:**

Yes, received grant agreement from HUD on April 11, 2018.

**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: GTAW Department Code: CS Grant Number (i.e., 15-123): 18-68

Effective Date: 5/1/18 Termination Date: 4/30/19 Amendment Number: \_\_\_\_\_

Match Amount: \$ 111,655.00  Revenue Amount: \$ 445,497.00

**\*All Funding Source(s) required:** U.S. Department of Housing and Urban Development

**\*Match funding from General Fund?**  Yes  No If Yes \$ 111,655.00 % \_\_\_\_\_

**\*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 [Signature]* 4/28/18

Deputy County Administrator Signature/Date: *[Signature]* 4/24/18

County Administrator Signature/Date: *[Signature]* 4/24/18

*(Required for Board Agenda/Addendum Items)*

**RESOLUTION 2018 - \_\_\_\_**

**RESOLUTION OF THE BOARD OF SUPERVISORS OF PIMA COUNTY, ARIZONA TO APPROVE THE CONTINUUM OF CARE “SCOPE OF WORK FOR FISCAL YEAR 2018 RENEWAL GRANT AGREEMENT” FROM THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**

**The Board of Supervisors of Pima County, Arizona finds:**

1. Pima County (“County”), through its Department of Community Services, Employment and Training (“CSET”), administers several federal and local grant programs to benefit people experiencing homelessness in Pima County.
2. On September 17, 2017, Pima County submitted a renewal application to the U.S. Department of Housing and Urban Development (“HUD”) for Continuum of Care (“CoC”) funds for fiscal years (FY) 2018-2019 to assist homeless families.
3. CSET has administered the CASA grant since 1994 and has renewed it annually through HUD’s competitive Continuum of Care Notice of Funding Availability process.
4. On April 11, 2018 HUD issued the “CONTINUUM OF CARE SCOPE OF WORK” awarding County, as Grantee, \$445,497.00 for FY 2018-2019 (Federal Grant No. AZ0027L9T011710).
5. Prior to accepting the CoC funds, County must execute the “CONTINUUM OF CARE SCOPE OF WORK.” This Form is attached to this Resolution as **Exhibit A**. This is the only document that HUD will issue related to the provision of the CASA grant funds.

**NOW, THEREFORE, BE IT RESOLVED:**

- A. The Chairman of the Pima County Board of Supervisors is authorized to sign the “CONTINUUM OF CARE SCOPE OF WORK” (Federal Grant No. AZ0027L9T011710) to accept the FY 2018-2019 CASA grant funds.

**REMAINDER OF PAGE INTENTIONALLY LEFT BLANK**

B. The Chairman is authorized to execute, as necessary, and CSET will submit all applicable federal documents associated with this CoC grant, including but not limited to, required HUD budget forms and descriptive grant narratives. This authorization may include electronic approval and submission by CSET.

Passed and adopted, this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_  
Chairman, Pima County Board of Supervisors

ATTEST:

APPROVED AS TO FORM

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

  
\_\_\_\_\_  
Karen S. Friar, Deputy County Attorney

**Tax ID Number: 86-6000543**  
**Grant Number: AZ0027L9T011710**  
**Effective Date:**  
**DUNS Number: 033738662**

SCOPE OF WORK for  
 FY 2017 COMPETITION  
 (funding 1 project in CoCs with multiple recipients)

1. The project listed on this Scope of Work is governed by the Act and Rule, as they may be amended from time to time. The project is also subject to the terms of the Notice of Funds Availability for the fiscal year competition in which the funds were awarded and to the applicable annual appropriations act.
2. HUD designations of Continuums of Care as High-performing Communities (HPCs) are published in the HUD Exchange in the appropriate Fiscal Years' CoC Program Competition Funding Availability page. Notwithstanding anything to the contrary in the Application or this Grant Agreement, Recipient may only use grant funds for HPC Homelessness Prevention Activities if the Continuum that designated the Recipient to apply for this grant was designated an HPC for the applicable fiscal year.
3. Recipient is not a Unified Funding Agency and was not the only Applicant the Continuum of Care designated to apply for and receive grant funds and is not the only Recipient for the Continuum of Care that designated it. HUD's total funding obligation for this grant is **\$445,497** for project number **AZ0027L9T011710**. If the project is a renewal to which expansion funds have been added during this competition, the Renewal Expansion Data Report, including the Summary Budget therein, in e-snaps is incorporated herein by reference and made a part hereof. In accordance with 24 CFR 578.105(b), Recipient is prohibited from moving more than 10% from one budget line item in a project's approved budget to another without a written amendment to this Agreement. The obligation for this project shall be allocated as follows:

a. Continuum of Care planning activities	\$ <u>  0  </u>
b. UFA costs	\$ <u>  0  </u>
c. Acquisition	\$ <u>  0  </u>
d. Rehabilitation	\$ <u>  0  </u>
e. New construction	\$ <u>  0  </u>
f. Leasing	\$ <u>  0  </u>
g. Rental assistance	\$ <u>155,076</u>
h. Supportive services	\$ <u>262,119</u>
i. Operating costs	\$ <u>  0  </u>
j. Homeless Management Information System	\$ <u>  0  </u>
k. Administrative costs	\$ <u>28,302</u>
l. Relocation costs	\$ <u>  0  </u>
m. HPC homelessness prevention activities:	
Housing relocation and stabilization services	\$ <u>  0  </u>
Short-term and medium-term rental assistance	\$ <u>  0  </u>

**Tax ID Number: 86-6000543**

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4. The performance period for the project begins **\_May 1, 2018\_** and ends **\_April 30, 2019\_**. No funds for new projects may be drawn down by Recipient until HUD has approved site control pursuant to §578.21 and §578.25 and no funds for renewal projects may be drawn down by Recipient before the end date of the project's final operating year under the grant that has been renewed.
5. If grant funds will be used for payment of indirect costs, the Recipient is authorized to insert the Recipient's federally recognized indirect cost rates on the attached Federally Recognized Indirect Cost Rates Schedule, which Schedule shall be incorporated herein and made a part of the Agreement. No indirect costs may be charged to the grant by the Recipient if their federally recognized cost rate is not listed on the Schedule.
6. The project **has not** been awarded project-based rental assistance for a term of fifteen (15) years. Additional funding is subject to the availability of annual appropriations.

**UNITED STATES OF AMERICA,  
Secretary of Housing and Urban Development**

BY: \_\_\_\_\_  
(Signature)

\_\_\_\_\_

(Typed Name and Title)

\_\_\_\_\_

(Date)

**RECIPIENT**

\_\_\_\_\_

(Name of Organization)

BY: \_\_\_\_\_

(Signature of Authorized Official)

\_\_\_\_\_

(Typed Name and Title of Authorized Official)

\_\_\_\_\_

(Date)

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**ATTEST**

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Clerk, Board of Supervisors

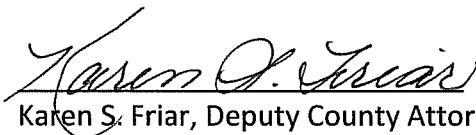
**APPROVED AS TO CONTENT**



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Community Services, Employment  
& Training Director

**APPROVED AS TO FORM**



Karen S. Friar, Deputy County Attorney

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Grant Number: AZ0027L9T011710  
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FEDERALLY RECOGNIZED INDIRECT COST RATE SCHEDULE

<u>Grant No.</u>	<u>Recipient Name</u>	<u>Indirect cost rate</u>	<u>Cost Base</u>
_____	_____	_____ %	_____