



BOARD OF SUPERVISORS AGENDA ITEM REPORT
AWARDS / CONTRACTS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 04/15/2025

* = Mandatory, information must be provided

or Procurement Director Award: ☐

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

Watershed Management Group Inc

***Project Title/Description:**

Green Stormwater Infrastructure for Neighborhood Cleanup

***Purpose:**

Trained staff, contractors, and volunteers will construct Green Stormwater Infrastructure ("GSI") at the City of South Tucson Housing Authority (STHA) and along City of South Tucson-owned public right-of-way adjacent to the STHA. The GSI will reduce damage to streets, flooding and the accumulation of roadway debris from storm runoff and improve public safety. Subrecipient requires a no cost amendment to the term to complete project activity.

Attachment Contract Number PO-CT_23-344, Amendment 2

***Procurement Method:**

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

***Program Goals/Predicted Outcomes:**

Upon completion, the project will provide increased sustainability and safety of the residents in the City of South Tucson Community Development target area of Pima County.

***Public Benefit:**

Goal: Stormwater control and landscaping within the City of South Tucson will improve safety and beautify the community.

Predicted outcome: The Project will provide increased availability and accessibility to programs promoting and supporting neighborhood sustainability.

***Metrics Available to Measure Performance:**

Upon completion, the Project will meet the HUD CDBG National Objective to provide public facility improvements that benefit low- to moderate-income individuals in the City of South Tucson Community Development Target Area.

***Retroactive:**

Yes, to April 1, 2025. Subrecipient experienced significant delays in receiving permit review/approval from respective jurisdiction. The permit issues resulted in contractor scheduling delays for the project. If amendment is not approved the facility improvements will not be completed for area residents.

TO: COB, 4-2-25 (1)
Vers: 0
pgs: 4

MAR31 25AM0831 PO

Call approves
145 Note for Rick Kelly
3/28/25

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 23-344

Amendment No.: 02 AMS Version No.: 01

Commencement Date: 04/01/2025 New Termination Date: 03/31/2026

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: 3/25/2025

Deputy County Administrator Signature: [Signature]

Date: 3/28/2025

County Administrator Signature: [Signature]

Date: 3/28/2025

Pima County Department of Community and Workforce Development	
Project:	Green Stormwater Infrastructure for Neighborhood Cleanup
Subrecipient name and address:	Watershed Management Group Inc 1137 North Dodge Boulevard Tucson, Arizona 85716
Amount:	\$70,000.00
Contract No.:	PO-CT_23-344, formerly CT-CR-23-344
Amendment No.:	02

Subrecipient Unique Entity Identifier (UEI):	JMR3N6MJK6Q3	SAM expiration date (if applicable):	07/25/2025
Federal Award Identification Number (FAIN)	B-22-UC-04-0502	Federal award date	09/18/2022
Subaward term/ period of performance start and end date	04/01/2023-03/31/2026	Subaward budget period start and end date	04/01/2023-03/31/2026
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)			\$70,000.00
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)			\$70,000.00
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 increased availability and accessibility to programs promoting and supporting neighborhood sustainability.		
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	Negotiated Indirect Cost Rate Agreement	<input checked="" type="checkbox"/> De minimis rate	<input type="checkbox"/> No Indirect
Required match	YES <input checked="" type="checkbox"/> NO	Match amount	\$0.00

SUBAWARD AMENDMENT

1. BACKGROUND AND PURPOSE.

1.1. Background. On June 7, 2022, County and Subrecipient entered into the above referenced agreement to work with community members to reduce damage to streets, flooding and the accumulation of roadway debris from storm runoff and improve public safety.

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

2. **TERM.** The County is exercising the second extension option to renew the contract for one additional year commencing on 04/01/2025 and terminating on 03/31/2026. 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

Kyle Johnson
Deputy County Attorney

Kyle Johnson
Print DCA Name

3/17/2025
Date

SUBRECIPIENT

Catlow Shipek

Authorized Officer Signature

Digitally signed by Catlow Shipek
DN: cn=Catlow Shipek, o=Watershed
Management Group, ou,
email=catlow@watershedmg.org, c=US
Date: 2025.03.17 16:57:51 -0700

Catlow Shipek, Sr. Program Director
Printed Name and Title

DATE: 3/17/2025

APPROVED AS TO CONTENT

[Signature]
Department Head

3/25/2025
Date