



BOARD OF SUPERVISORS AGENDA ITEM REPORT  
AWARDS / CONTRACTS / GRANTS

Award  Contract  Grant

Requested Board Meeting Date: 4/2/2024

\* = Mandatory, information must be provided

or Procurement Director Award:

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

Connie Hillman Family Foundation

**\*Project Title/Description:**

Pima County Veteran's Workforce Center

**\*Purpose:**

The purpose of the funds is to provide support services to veterans in order to secure gainful employment.

Indirect rate cost: does not apply.

Attachment: Award Letter

**\*Procurement Method:**

Not applicable to grant awards.

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

The goal is to help unemployed veterans find employment.

**\*Public Benefit:**

This program 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:**

Veterans receiving support services funds will obtain employment.

**\*Retroactive:**

No.

6 mt oppns  
3/15/24  
RM

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: \_\_\_\_\_ Department Code: \_\_\_\_\_ Contract Number (i.e., 15-123): \_\_\_\_\_
Amendment No.: \_\_\_\_\_ AMS Version No.: \_\_\_\_\_
Commencement Date: \_\_\_\_\_ New Termination Date: \_\_\_\_\_
Prior Contract No. (Synergen/CMS): \_\_\_\_\_

Expense 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: CR Grant Number (i.e., 15-123): 24-121
Commencement Date: 4/2/24 Termination Date: 4/1/34 Amendment Number: N/A

Match Amount: \$ \_\_\_\_\_ Revenue Amount: \$ 5,000.00

\*All Funding Source(s) required: Connie Hillman Family Foundation

\*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 & Workforce Development

Telephone: 724-5723

Department Director Signature: [Signature] Date: 3.8.24
Deputy County Administrator Signature: [Signature] Date: 15 Mar 2024
County Administrator Signature: [Signature] Date: 3/15/2024

# Connie Hillman Family Foundation

3430 East Sunrise Drive, Suite 200

Tucson, AZ 85718-3210

Telephone: (520) 792-1181

February 5, 2024

David Balderrama  
Arizona at Work

Re: Replacement Check

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## RECEIPT

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The undersigned hereby acknowledges receiving from the Connie Hillman Family Foundation the following **original** document:

1. Wilmington Trust check number 229513811 dated February 1, 2024 in the amount of \$5,000.00 made payable to Arizona at Work.

Dated this February 5, 2024.

  
DAVID BALDERRAMA

# Connie Hillman Family Foundation

3430 East Sunrise Drive, Suite 200  
Tucson, AZ 85718-3210  
Telephone: (520) 792-1181

February 2, 2024

Arizona @ Work  
David Balderrama, Program Coordinator  
Pima County Kino Veterans' Workforce Center  
2801 E. Ajo Way  
Tucson, AZ 85713

RE: Hillman Foundation Awarding *Replacement* Grant Check

Dear David:

On behalf of an Anonymous Donor, the **Connie Hillman Family Foundation** is pleased to send you the enclosed *replacement* \$5,000 check.

This grant is to support *Pima County Veteran's Workforce Center* and to assist with the fine work that you do in our community.

For our tax records, please send a gift acknowledgement for this grant, which may be emailed to [ladamson@duffieldlaw.com](mailto:ladamson@duffieldlaw.com) or mailed to my address on this letterhead. Please draft your acknowledgement letter/email with the necessary wording included below:

Arizona @ Work received on 2/5/24 ~~Date~~ a check for \$5,000 from an **Anonymous Donor, in recognition and in honor of The Connie Hillman Family Foundation. No goods or services were received by the Anonymous Donor or the Connie Hillman Family Foundation in exchange for this grant.**

We would be pleased to receive any additional information about your organization for our files including mission statements, program materials, promotional newsletters, etc.

Yours very truly,  
Connie Hillman Family Foundation

By:   
Larry R. Adamson, Director

Robby 

LRA:kg  
Enclosure (check)