



BOARD OF SUPERVISORS AGENDA ITEM REPORT **CONTRACTS / AWARDS / GRANTS**

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: December 4, 2018

* = *Mandatory, information must be provided*

or Procurement Director Award ☐

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

Arizona Department of Economic Security (ADES)

***Project Title/Description:**

Senior Community Services Employment Program (SCSEP)

***Purpose:**

The SCSEP program provides a variety of job development assistance services that enable older persons and vulnerable adults to remain independent. The program provides work experience to low-income older workers so that they gain the skills that enable them to compete for jobs. Seventy-five percent of the funds are expended on actual wages for older workers who are paid at least minimum wage. The remaining twenty-five percent of the funds are used for job readiness training, support services and case management. Funds are awarded by the Federal Government to the state of Arizona, which provides funds to Pima County. Amendment #10 adds funding of \$232.00 for job development assistance services.

Attachment: DE14064665 Amendment No. 10 - Intergovernmental Agreement (IGA) ADES

***Procurement Method:**

Not applicable to grant award.

***Program Goals/Predicted Outcomes:**

The goal is to provide job assistance to eligible individuals with the outcome of such persons obtaining independent, non-subsidized, sustainable employment.

***Public Benefit:**

Individuals will become sustainably employed thus increasing the chances that they will remain independent in the community.

***Metrics Available to Measure Performance:**

Monthly, Quarterly and Annual reports to Grantor.

***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**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 22-73.***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): 19-19

Effective Date: 12/4/18 Termination Date: _____ Amendment Number: 10

☒ Match Amount: \$ 27.00 ☒ Revenue Amount: \$ \$232.00***All Funding Source(s) required:** US Department of Labor***Match funding from General Fund?** ☒ Yes ☐ No If Yes \$ _____ % 100***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)?** Federal Awards to State passed through the AZ Department of Economic Security

Contact: Rise Hart

Department: Community Services Telephone: 724-5723

Department Director Signature/Date:  11-20-18Deputy County Administrator Signature/Date:  11/21/18County Administrator Signature/Date:  11/21/18
(Required for Board Agenda/Addendum Items)

**Intergovernmental Agreement
CONTRACT AMENDMENT**

1. CONTRACTOR (Name and address) Pima County One-Stop Center 130 W. Congress Tucson, AZ 85701	2. CONTRACT ID NUMBER DE14064665
	3. AMENDMENT NUMBER Ten (10)

4. THE PARTIES AGREE TO THE FOLLOWING AMENDMENT

The purpose of this Amendment is to revise the Service Budget for the period beginning July 1, 2018 through June 30, 2019.

Pursuant to the Intergovernmental Agreement (IGA) Section 4.0 Amendments or Modifications, this Amendment revises the Service Budget for the period of July 1, 2018 through June 30, 2019 as follows:

In accordance with the Alert issued October 1, 2018, the revisions are:

- The contract reimbursement ceiling for the period beginning July 1, 2018 through June 30, 2019 is revised from \$70,819.00 to \$71,051.00.

Therefore, the revised Service Budget for the period beginning July 1, 2018 through June 30, 2019 is attached.

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 Richard Elias
TITLE	TITLE Chairman
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: _____
Assistant Attorney General

Date: _____

By: 
Public Agency Legal Counsel

Date: 11-19-18

Validation Worksheet

Organization **Pima County**
Contract No. **ADES14-064665**
Period **7/01/2018 - 6/30/2019**
Amendment No. **10**

ALERT/COB VALIDATION

		(a)	(b)	(c)	(d) = (b) + (c)	(e) = (d) - (a)
LN	Fund Source	COB Total	Alert Level	Estimated Carryover	Award	Diff
1	SCSEP	71,051.00	71,051.00		71,051.00	-

Note: Section above validates that Alert Levels plus adjustments equal the COB Total submitted by Provider

Required Match \$ 7,895
COB Match \$ 7,895

**ARIZONA DEPARTMENT OF ECONOMIC SECURITY
CONTRACT OPERATING BUDGET**

Organization	Plma County				
Contract No.	ADES14-064665				
Period	7/01/2018 - 6/30/2019				
Amendment No.	10				
Alert	10.01.18				
Ln	Fund Source	EWF	OPC	TVA	Total
1	SCSEP	59,030.00	4,643.00	7,378.00	71,051.00
Reimbursement Ceiling		59,030.00	4,643.00	7,378.00	71,051.00
DIRECT SERVICES					
					-
	Program Income				-
	Non-Fed In-kind				-
	Non-Fed Cash			7,895.00	7,895.00
	Other Federal				-
	SubTotal	-	-	7,895.00	7,895.00
PURCHASED SERVICES					
	ALTCS				-
	Program Income				-
	Non-Fed In-kind				-
	Non-Fed Cash				-
	Other Federal				-
	SubTotal	-	-	-	-
	GRAND TOTAL	59,030.00	4,643.00	15,273.00	78,946.00
EXPENSES					
	Personnel			1,000.00	1,000.00
	ERE			333.00	333.00
	Professional/Out	59,030.00	4,643.00	13,920.00	77,593.00
	Travel				-
	Space				-
	Equipment				-
	Material/Supplies				-
	Operating Svcs			20.00	20.00
	Allocated Indirect				-
	SubTotal DIRECT	59,030.00	4,643.00	15,273.00	78,946.00
	Sub Total PURCHASED	-	-	-	-
	TOTAL SERVICE	59,030.00	4,643.00	15,273.00	78,946.00
	Units/Direct				-
					-
	Units Total	-	-	-	-
	Unit Rate/Direct				-
	Unit Rate/Total	-	-	-	-
	Required Match			7,895	7,895
	Total State - Unmatched	-	-	-	-
	Total State - Matched	-		7,895	7,895