



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

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 6/20/23

\* = Mandatory, information must be provided

or Procurement Director Award: ☐

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

Family Housing Resources Inc

**\*Project Title/Description:**

Emergency Rental Assistance Program

**\*Purpose:**

This is a no-cost extension to allow Family Housing Resources Inc, subrecipient, to continue to partner with Pima County on the Emergency Rental Assistance Program. Subrecipient will provide housing stability services including housing counseling, fair housing counseling, case management related to housing stability, housing related services for survivors of domestic abuse or human trafficking, attorney's fees related to eviction proceedings, and specialized services for individuals with disabilities or seniors that supports their ability to access or maintain housing.

The contract can be found in OnBase by searching 23\*045 in Doc\_ID\_AMS

Attachment: Contract Number CT-CR-23-045 (Amendment 1)

**\*Procurement Method:**

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

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

The program's goal is to provide housing stability services to Pima County residents.

**\*Public Benefit:**

The benefit of the program is Pima County residents will receive housing stability.

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

Subrecipient will provide monthly reports.

**\*Retroactive:**

No.

TO: COB 6-6-23(1)  
Vers.: 2  
pgs.: 3

6/21/23 approved  
6/21/23  
Kui

JUN05'23PM0201 PD

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: CT Department Code: CR Contract Number (i.e., 15-123): 23-045  
Amendment No.: 1 AMS Version No.: 2  
Commencement Date: 7/1/23 New Termination Date: 12/31/23  
Prior Contract No. (Synergen/CMS): N/A

☒ 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 Treasury, Emergency Rental Assistance 2**

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: Rise Hart

Department: Community & Workforce Development

Telephone: 724-5723

Department Director Signature: 

Date: 3.23.23

Deputy County Administrator Signature: 

Date: 2 June 2023

County Administrator Signature: \_\_\_\_\_

Date: 6/2/2023

**Pima County Department of Community & Workforce Development Department –  
Sullivan Jackson Employment Center**

**Project:** Emergency Rental Assistance Program

**Subrecipient name and address:** Family Housing Resources Inc  
3505 N Campbell Ave, Suite 501  
Tucson, AZ 85719

**Amount:** \$533,856.00

**Contract No.:** CT-CR-23-045

**Amendment No.:** 01

<b>Subrecipient Unique Entity Identifier (UEI):</b>	FJ6LTP2KTPP2	<b>SAM expiration date (if applicable):</b>	12/16/2022
<b>Federal Award Identification Number (FAIN)</b>	ERAE0011	<b>Federal award date</b>	03/13/2022
<b>Subaward term/ period of performance start and end date</b>	07/01/2022-12/31/2023	<b>Subaward budget period start and end date</b>	07/01/2022-12/31/2023
<b>Amount of federal funds obligated by this action by the pass-through entity to the subrecipient (amount of this agreement or amendment)</b>			\$ 0
<b>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)</b>			\$533,856
<b>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)</b>			\$533,856
<b>Federal award project description (descriptive project title)</b>		The program objective is to provide eligible households with rent and utility assistance and housing stability services.	
<b>Funding agency</b>		U.S. Department of Treasury	
<b>Pass-through entity (primary recipient)</b>		Pima County	
<b>Pass-through entity (secondary recipient, if applicable)</b>		N/A	
<b>Assistance listing number and title (applies to 100% of this sub-award, including all disbursements)</b>		21.023, Emergency Rental Assistance Program 2	
<b>Is this subaward for research and development?</b>			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Subrecipient indirect cost rate and methodology</b>	<input type="checkbox"/> Negotiated Indirect Cost Rate Agreement	<input checked="" type="checkbox"/> De minimis rate	<input type="checkbox"/> No Indirect
<b>Required match</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>Match amount</b>	\$0

**SUBAWARD AMENDMENT**

1. **BACKGROUND AND PURPOSE.**

- 1.1. Background. On September 20, 2022, County and Subrecipient (collectively "Parties") entered into the above referenced agreement to provide eligible households with rent and utility assistance and housing stability services.
- 1.2. Purpose. County requires Subrecipient to continue to use remaining funds for housing stability services.

2. **TERM.**

- 2.1. Parties agree to renew the contract for an additional six months commencing on 07/01/2023 and terminating on 12/31/2023. 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.
- 2.2. If allowable under the Federal award period of performance, County may renew this Agreement for three additional one-year period(s), or any portion thereof, for up to a total of five years. An Extension Option will be effective only upon execution of a formal written amendment.

3. **SUBRECIPIENT'S UNIQUE ENTITY IDENTIFIER.**

- 3.1. The original agreement contains an incorrect Unique Entity Identifier number for Subrecipient. This amendments corrects and replaces the UEI.

**THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK**

All other provisions of the Contract not expressly modified in this Amendment will remain in effect and be binding on the parties.

IN WITNESS WHEREOF, the parties do hereby affix their signatures and do hereby agree to carry out the terms of this Amendment and of the original Contract cited herein:

**PIMA COUNTY**

\_\_\_\_\_  
Adelita Grijalva  
Chair, Board of Supervisors

\_\_\_\_\_  
Date

**ATTEST**

\_\_\_\_\_  
Clerk, Board of Supervisors

**SUBRECIPIENT**

\_\_\_\_\_  
Authorized Officer Signature

\_\_\_\_\_  
Meghan Heddings  
Please print name

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Title  
5/23/2023  
Date

**APPROVED AS TO CONTENT**

\_\_\_\_\_  
Daniel Sullivan, Director  
Community & Workforce Development

**APPROVED AS TO FORM**

\_\_\_\_\_  
Kyle Johnson, Deputy County Attorney