

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

C Award C Contract C Grant	
	Requested Board Meeting Date: 01/23/2024
* = Mandatory, information must be provided	or Procurement Director Award:
*Contractor/Vendor Name/Grantor (DBA):	
Tucson Centers for Women and Children, Inc., dba Emerge! Center Aga	ainst Domestic Abuse
*Project Title/Description:	
Renovations to Emergency Shelter	
*Purpose:	
have been taking longer than anticipated. The proposed no-cost exte	unty Board of Supervisors on 2/1/2022; however, construction activities ension will allow more time for Emerge to complete shelter renovations. ictims and their children will expand shelter capacity while protecting
*Procurement Method:	
This Subrecipient Agreement is a non-procurement contract and not so	ubject to procurement rules.
*Program Goals/Predicted Outcomes:	
The renovations will increase the number of non-congregate living spa	ices at the shelter from 13 units up to 28 units.
*Public Benefit:	
Each family living space will provide a private healing space for families diseases.	escaping domestic violence while mitigating the risk of communicable
*Metrics Available to Measure Performance:	
EMERGE will continue to provide monthly progress and expenditure re	eports.
*Retroactive:	
No.	

To COB 1-9-24(1) Vers: 5 Pgs: 3 GMI Approves AF 1/5/23 AF 1/5/23

## 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? C Yes C No If Yes	\$
Contract is fully or partially funded with Federal Funds?  If Yes, is the Contract to a vendor or subrecipient?	es C No
Were insurance or indemnity clauses modified?  If Yes, attach Risk's approval.	s C No
Vendor is using a Social Security Number?  If Yes, attach the required form per Administrative Procedure 22-10.	es (~ No
Amendment / Revised Award Information	
Document Type: <u>CT</u> Department Code: <u>BH</u>	Contract Number (i.e., 15-123): <u>22*208</u>
Amendment No.: <u>02</u>	AMS Version No.: <u>5</u>
Commencement Date: 01/31/2024	New Termination Date: <u>01/30/2025</u>
	Prior Contract No. (Synergen/CMS):
	Amount This Amendment: \$ 0.00
Is there revenue included?	
*Funding Source(s) required: ARPA - Coronavirus State and	Local Fiscal Recovery Funds (CSLFRF)
Funding from General Fund? (*Yes (*No If Yes \$	<b></b>
	70
Grant/Amendment Information (for grants acceptance and aw	p <sup>m</sup> , A
Grant/Amendment Information (for grants acceptance and aw Document Type: Department Code:	ards) C Award C Amendment
	ards) C Award C Amendment Grant Number (i.e., 15-123):
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Document Type: Department Code:  Commencement Date: Termination Date:  Match Amount: \$  *All Funding Source(s) required:	ards)
Document Type: Department Code:  Commencement Date: Termination Date:  Match Amount: \$  *All Funding Source(s) required:  *Match funding from General Fund? Yes No If Y  *Match funding from other sources? Yes No If Y  *Funding Source:	ards)
Document Type: Department Code:  Commencement Date: Termination Date:  Match Amount: \$  *All Funding Source(s) required:  *Match funding from General Fund? Yes No If Y  *Match funding from other sources? Yes No If Y  *Funding Source:  *If Federal funds are received, is funding coming directly from	ards)
Document Type: Department Code:  Commencement Date: Termination Date:  Match Amount: \$  *All Funding Source(s) required:  *Match funding from General Fund? Yes No If Y  *Match funding from other sources? Yes No If Y  *Funding Source:	ards)
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Document Type: Department Code:  Commencement Date: Termination Date:  Match Amount: \$  *All Funding Source(s) required:  *Match funding from General Fund? Yes No If Y  *Match funding from other sources? Yes No If Y  *Funding Source:  *If Federal funds are received, is funding coming directly from  Contact: Paige Knott  Department: Behavioral Health	ards)  Grant Number (i.e., 15-123):  Amendment Number:  Revenue Amount: \$  es \$  the Federal government or passed through other organization(s)?  Telephone: 724-7515

Pima County Department of Behavioral Health **Project: Renovations to Emergency Shelter** Subrecipient name and address: Tucson Centers for Women and Children, Inc. dba **Emerge! Center Against Domestic Abuse** 2545 E. Adams St. **Tucson AZ 85716** Amount: \$0.00 Contract No.: CT-BH-22\*208 Amendment No.: Two (02) Subrecipient Unique SBEVNN5NV1Q3 SAM expiration date (if 11/16/2024 Entity Identifier (UEI): applicable): Federal Award SLFRP0180 Federal award date 05/10/2021 **Identification Number** (FAIN) Subaward term/ 02/01/2022-Subaward budget 01/31/2024period of 01/30/2025 period start and end 1/30/2025 performance start date and end date Amount of federal funds obligated by this action by the pass-through \$0.00 entity to the subrecipient Total amount of federal funds obligated to the subrecipient by the \$1,000,000.00 pass-through entity including the current financial obligation Total amount of the federal award committed to the subrecipient by \$1,000,000.00 the pass-through entity Federal award project description Renovations to Emergency Shelter (descriptive project title) **Funding agency** U.S. Department of Treasury, American Rescue Plan Act-Coronavirus State & Local Fiscal Recovery Funds Tucson Centers for Women and Children, Inc. Pass-through entity (primary recipient) dba Emerge! Center Against Domestic Abuse Pass-through entity (secondary recipient, if N/A applicable) Assistance listing number and title (applies 21.027 to 100% of this sub-award, including all disbursements) Is this subaward for research and development? Yes No 🔀 Subrecipient indirect cost Negotiated Indirect De ■ No Indirect rate and methodology Cost Rate Agreement minimis rate

YES X NO

Required match

Match amount

\$0.00

## SUBAWARD AMENDMENT

## BACKGROUND AND PURPOSE.

- 1.1. <u>Background</u>. On February 1, 2022, Pima County ("County"), and Tucson Centers for Women and Children, Inc. dba Emerge! Center Against Domestic Abuse ("Subrecipient"), entered into the above-referenced Subrecipient Agreement ("Agreement") to support the renovation and expansion of the existing Emerge! emergency shelter. On August 10, 2021, County's Board of Supervisors approved a plan to allocate a portion of its CSLFRF funds to invest in capital improvements to address primary and secondary effects of the pandemic, including domestic violence (DV) response. On December 21, 2021, the County's Board of Supervisor's approved the Revised American Rescue Plan Act, Coronavirus Local Fiscal Recovery Funds (ARPA CLFRF) Spending Plan/Budget which includes an allocation of \$1,000,000.00 for Tucson Centers for Women and Children, Inc. dba Emerge! Center Against Domestic Abuse to expand capacity and accommodate non-congregate living in response to current and future pandemic emergencies.
- 1.2. <u>Purpose</u>. Construction work is ongoing. Underground utilities and sewage systems are progressing. Vertical construction is expected to begin in February 2024. Additional time is required to complete the project.
- 2. TERM. The County is exercising the second extension option to renew the contract for one additional year commencing on January 31, 2024 and terminating on January 30, 2025. 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.

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This agreement may be executed in counterparts, each of which, when taken together, will constitute one original agreement.

PIMA COUNTY	SUBRECIPIENT
	Ed Salian
Chair, Board of Supervisors	Authorized Officer Signature
PANNA AMBARANIA	Ed Salum, CTO
Date	Printed Name and Title
	$\frac{12/25/23}{\text{Date}}$
ATTEST	
Clerk of the Board	
Date	
Date	
APPROVED AS TO FORM	APPROVED AS TO CONTENT
Danlono Co-Xina	Paul Perena
Deputy County Attorney	Department Head
Darlene Cortina	12.15.2023
Print DCA Name	Date
12/18/2023	

Date