



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

Award  Contract  Grant

Requested Board Meeting Date: 04/07/2020

\* = *Mandatory, information must be provided*

or Procurement Director Award

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

Arizona Department of Housing

**\*Project Title/Description:**

Pima County Links Rapid Re-Housing

**\*Purpose:**

The Arizona Department of Housing (ADOH) awarded \$400,000 for Pima County Links, which is an employment and housing program administered by Pima County to assist people experiencing homelessness. The Pima County Board of Supervisors approved the ADOH Funding Agreement on August 6, 2019.

This amendment is to decrease the number of households served from 65 households to 45 households. The funding amount of \$400,000 remains the same. The reduction in households served is due to increase in rents, serving larger families, as well as the increase in program participants with multiple evictions and the costs associated with their housing plans.

Indirect cost does not apply.

Attachment: ADOH - Pima County Links Rapid Re-Housing Agreement 560-19 (Amendment 1)

**\*Procurement Method:**

Not applicable to grant awards.

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

The program provides homeless prevention assistance, short-term rapid rehousing rental assistance, and bridge housing to stabilize long-term homeless participants before moving into permanent housing.

**\*Public Benefit:**

The program provides a pathway for homeless individuals and families to obtain housing and employment and become self-sufficient.

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

ADOH requires client tracking and weekly performance reports in the Homeless Management Information System.

**\*Retroactive:**

No.

*GML Approval 3/23/20 DS*

Revised 9/2019

### 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 22-10.*

### Amendment / Revised Award Information

Document Type: \_\_\_\_\_ Department Code: \_\_\_\_\_ Contract Number (i.e., 15-123): \_\_\_\_\_

Amendment No.: \_\_\_\_\_ AMS Version No.: \_\_\_\_\_

Effective Date: \_\_\_\_\_ New Termination Date: \_\_\_\_\_

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): 20-30

Effective Date: 7/1/19 (no change) Termination Date: 6/30/20 (no change) Amendment Number: 1

Match Amount: \$ \_\_\_\_\_  Revenue Amount: \$ 0.00

**\*All Funding Source(s) required:** Arizona Department of Housing

**\*Match funding from General Fund?**  Yes  No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

**\*Match funding from other sources?**  Yes  No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

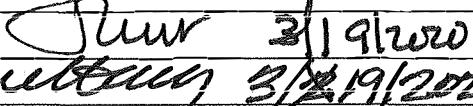
**\*Funding Source:** \_\_\_\_\_

**\*If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?** \_\_\_\_\_

Contact: Rise Hart

Department: Community Services  Telephone: 724-5723

Department Director Signature/Date: 

Deputy County Administrator Signature/Date:  3/19/2020

County Administrator Signature/Date:  3/21/2020  
(Required for Board Agenda/Addendum Items)

Contract No.: **560-19**  
Termination Date: **06/30/2020**  
Amendment No. **1**

**AMENDMENT TO A STATE HOUSING FUND AGREEMENT**  
**Between**  
**STATE OF ARIZONA DEPARTMENT OF HOUSING**  
**And**  
**PIMA COUNTY**

This **Agreement** is made and entered into by and between the **State of Arizona, Department of Housing (ADOH)**, and  
**Pima County (Recipient)**.

Whereas, **ADOH** and **Recipient** have entered into a Contract, stipulating to an award through the State Housing Trust Fund by **ADOH** to **Recipient** for the purpose as outlined in the above referenced **ADOH** Agreement; and  
Whereas, a revision to said Agreement is necessary, and;

Whereas, **ADOH** and **Recipient** agree that the revision is in the best interest of all parties, including beneficiary low-income households; **ADOH** and **Recipient** hereby agree to amend the subject agreement as follows:

Pima County Community Services Links RRH program is requesting to decrease the amount of planned units in the Scope of Work from 65 to 45. On average over the past three years, they have increased the amount of new units by 5 each year. They served 35 new households last year, an increase of 45 new households served is more accurate and attainable than the current plan of 65. All other performance outcomes will remain the same for this contract and not budget modification will be necessary.

Any and all portions of subject Agreement that are not herein specifically amended shall remain unchanged.

In Witness Whereof, **ADOH** and **Recipient** have executed this Amendment that shall become effective when signed by **ADOH**.

**THE STATE OF ARIZONA, DEPARTMENT OF HOUSING**

**PIMA COUNTY**  
**RECIPIENT**

BY: \_\_\_\_\_

Carol L. Ditmore

TITLE: Director

DATE: \_\_\_\_\_

BY: \_\_\_\_\_

Richard Elías

TITLE: Chairman, Board of Supervisors

DATE: \_\_\_\_\_

ATTEST:

Clerk of the Board

Date

APPROVED AS TO CONTENT

\_\_\_\_\_  
Director, Community Services

APPROVED AS TO FORM:

*Karen S. Friar*  
Karen S. Friar, Deputy County Attorney

Manager's Approval: \_\_\_\_\_  
Attorney General No. : KR02-0085