



BOARD OF SUPERVISORS AGENDA ITEM REPORT
AWARDS / CONTRACTS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 04/15/2025

* = Mandatory, information must be provided

or Procurement Director Award: ☐

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

YWCA of Southern Arizona

***Project Title/Description:**

Facility Rehab at House of Neighborly Services

***Purpose:**

The Project will enable Subrecipient to make the facility available as a community meeting space for agency programming and community use in the City of South Tucson Community Development target area. Subrecipient requires a no cost amendment to the term to complete project activity.

Attachment Contract Number PO-CT_24-189, Amendment 1

***Procurement Method:**

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

***Program Goals/Predicted Outcomes:**

The Project will provide a suitable community environment through improved and increased quality and access to neighborhood public facilities. Residents in the City of South Tucson and surrounding areas will have increased accessibility to the facility to conduct community meetings, special events and other programs promoting and supporting individual sustainability in the City of South Tucson.

***Public Benefit:**

Upon completion, the Project will meet the HUD CDBG National Objective to serve low- to moderate-income persons and provide programming and resources in the improved facility.

***Metrics Available to Measure Performance:**

One facility will be improved in the City of South Tucson Community Development Target Area.

***Retroactive:**

Yes, to March 1, 2025. Subrecipient experienced significant delays in receiving permit review/approval from respective jurisdiction. The permit issues resulted in contractor scheduling delays for the project. If amendment is not approved the facility improvements will not be completed for area residents.

TO: COB, 4-1-2025 (1)

Vers.: 1

PGS.: 3

GMI
approves
3/28/25
[Signature]

MAR31'25AM0903 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: PO Department Code: CWD Contract Number (i.e., 15-123): CT 24-189
 Amendment No.: 01 AMS Version No.: 02
 Commencement Date: 03/01/2025 New Termination Date: 02/28/2026
 Prior Contract No. (Synergen/CMS): _____

☒ 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 Housing and Urban Development (HUD), Community Development Block Grant (CDBG)

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: Joel Gastelum/Joel Viers

Department: CWD

Telephone: 724-6750/724-6767

Department Director Signature: _____

Date: 3/25/2025

Deputy County Administrator Signature: _____

Date: 3/28/2025

County Administrator Signature: _____

Date: 3/28/2025

Pima County Department of Community & Workforce Development Department**Project:** Facility Rehab at House of Neighborly Services**Subrecipient name and address:** YWCA of Southern Arizona
525 North Bonita Avenue
Tucson, Arizona 85745**Amount:** \$40,000.00**Contract No.:** PO-CT_24-189, formerly CT-CR-24-189**Amendment No.:** 01

Subrecipient Unique Entity Identifier (UEI):	FXK6U8JPNLJ8	SAM expiration date (if applicable):	10/07/2025
Federal Award Identification Number (FAIN)	B-23-UC-04-0502	Federal award date	08/10/2023
Subaward term/ period of performance start and end date	03/01/2024 - 02/28/2026	Subaward budget period start and end date	03/01/2024 - 02/28/2026
Amount of federal funds obligated by this action by the pass-through entity to the subrecipient (amount of this agreement or amendment)			\$ 0.00
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)			\$40,000.00
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)			\$40,000.00
Federal award project description (descriptive project title)		The program objective is to develop viable urban communities by providing decent housing, a suitable living environment, and expanding economic opportunities, principally for persons of low and moderate income: This agreement will fund a suitable community environment through improved and increased quality and access to neighborhood public facilities.	
Funding agency		US Department of Housing and Urban Development	
Pass-through entity (primary recipient)		Pima County	
Pass-through entity (secondary recipient, if applicable)		N/A	
Assistance listing number and title (applies to 100% of this sub-award, including all disbursements)		14.218 Community Development Block Grant/Entitlement Grants (CDBG)	
Is this subaward for research and development?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Subrecipient indirect cost rate and methodology		<input type="checkbox"/> Negotiated Indirect Cost Rate Agreement	<input type="checkbox"/> De minimis rate
Required match		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Match amount \$0.00

SUBAWARD AMENDMENT

1. BACKGROUND AND PURPOSE.

- 1.1. Background. On April 3, 2024, County and Subrecipient (collectively "Parties") entered into the above referenced agreement to fund facility improvements that increase capacity and provide additional resources and programming to the community.
- 1.2. Purpose. The County requires an amendment to extend the term to provide the subrecipient with additional time to complete the project activity due to delays in the procurement process.

2. **TERM.** The County is exercising the first extension option to renew the contract for one additional year commencing on 03/01/2025 and will terminate on 02/28/2026. 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.

THE REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK

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

PIMA COUNTY

Chair, Board of Supervisors

DATE: _____

ATTEST:

Clerk of the Board

APPROVED AS TO FORM

Kyle Johnson
Deputy County Attorney

Kyle Johnson
Print DCA Name

3/14/2025
Date

SUBRECIPIENT


Authorized Officer/Signature

Isabel Georgelos Deputy Director
Printed Name and Title

DATE: 3-20-25

APPROVED AS TO CONTENT


Department Head

3/25/2025
Date