



BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 09/05/2023

* = Mandatory, information must be provided

or Procurement Director Award: ☐

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

Arivaca Coordinating Council/Arivaca Human Resource Group Inc

***Project Title/Description:**

Arivaca Coordinating Council/Arivaca Human Resource Storage Facility

***Purpose:**

The project will provide increased storage space for perishable food items, improve the ability to distribute perishable foods and expand the ability to provide freshly prepared meals to persons and families who live in and around the Arivaca area of unincorporated Pima County. Subrecipient requires an amendment to the scope of work to include the purchase of a commercial walk-in refrigerator/freezer with remaining budget funds.

Attachment Contract Number CT-CR-22-197 Amendment 2

***Procurement Method:**

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

***Program Goals/Predicted Outcomes:**

Goal: Create suitable, safe and healthy living environments for low-to moderate-income individuals and households in Pima County.

Predicted Outcome: The project will increase food security promoting and supporting individual and family sustainability and better health.

***Public Benefit:**

Upon completion, the Project will meet the HUD CDBG National Objective to assist low- to moderate- income individuals and families residing in and around the Arivaca area of unincorporated Pima County by increasing food security through access to fresh produce and food distribution.

***Metrics Available to Measure Performance:**

At a minimum, one facility will be improved and subrecipient will provide food/prepared meals to 215 individuals per year at the Facility.

***Retroactive:**

No.

TO: COB 8-23-23 U

Vers.: 4

Pgs.: 3

GMI Approves
AF 8/17/23

AUG22*23PM0937P

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): 22-197

Amendment No.: 02 AMS Version No.: 04

Commencement Date: 01/01/23 New Termination Date: 12/31/2023

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: 8.15.23

Deputy County Administrator Signature:  Date: 8/15/2023

County Administrator Signature: _____ Date: 8/15/2023

Pima County Department of Community and Workforce Development**Project:** Arivaca Coordinating Council/Arivaca Human Resource Storage Facility**Subrecipient name and address:** Arivaca Coordinating Council/Arivaca Human Resource Group Inc
PO Box 93
Arivaca, Arizona 85601**Amount:** \$97,000.00**Contract No.:** CT-CR-22-197**Amendment No.:** 02

Subrecipient Unique Entity Identifier (UEI):	GLJ7FKJHWG52	SAM expiration date (if applicable):	06/28/2024
Federal Award Identification Number (FAIN)	B-20-UW-04-0502	Federal award date	07/06/2021
Subaward term/ period of performance start and end date	01/01/2022 – 12/31/2023	Subaward budget period start and end date	01/01/2022 – 12/31/2023
Amount of federal funds obligated by this action by the pass-through entity to the subrecipient (amount of this agreement or amendment)			\$ 0
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)			\$97,000.00
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)			\$97,000.00
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: the facility improvements will increase capacity and provide additional resources, and food assistance to individuals and families in and around the Arivaca Target area.	
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 July 6, 2021, County and Subrecipient entered into the above referenced agreement to provide original project services.
- 1.2. Purpose. Subrecipient requires an amendment to the scope of work and budget to include the purchase of a commercial walk-in refrigerator/freezer with remaining budget funds.

2. EXHIBIT A – SCOPE OF WORK.

- 2.1. **Budget; Adjustment.** The budget in Amendment 1, Section 7.1 is replaced in its entirety with the below amended budget. This budget will remain in effect throughout the term unless otherwise adjusted and formally agreed to.

BUDGET LINE ITEM	Demolition	Site Preparation	Prefabricated Storage Building	Electrical Improvements	Refrigerator/ Freezer	TOTAL	Adjusted Direct Cost	Indirect Cost (10% de minimis)
Other: Contractual - Construction	\$7,000.00	\$24,000.00	\$39,400.00	\$7,800.00	\$18,800.00	\$97,000.00	(excluded from MTDC)	(excluded from MTDC)
Total Direct Costs								\$97,000.00
Modified Total Direct Costs (MTDC)								\$0.00
Indirect Costs								\$0.00
TOTAL BUDGET (Total Direct Costs + Total Indirect Costs)								\$97,000.00

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All other provisions of the Agreement not specifically changed by this amendment remain in effect and are binding upon the parties.

PIMA COUNTY

Chair, Board of Supervisors

DATE: _____

ATTEST:

Clerk of the Board

SUBRECIPIENT

Eileen Vogel
Authorized Officer Signature

Eileen Vogel TREASURER
Printed Name and Title

DATE: 08/09/2023

APPROVED AS TO FORM

[Signature]

Deputy County Attorney

Kyle Johnson
Print DCA Name

08/08/2023
Date

APPROVED AS TO CONTENT

[Signature]

Department Head

8.15.23
Date