



BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: 10/15/2024

* = Mandatory, information must be provided

or Procurement Director Award: ☐

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

Connie Hillman Family Foundation

***Project Title/Description:**

Workforce Development for Veterans

***Purpose:**

The purpose of the funds is to provide support services to veterans in order to secure gainful employment.

Indirect rate cost: does not apply.

Attachment: Award Letter

***Procurement Method:**

The grant award did not require Pima County Attorney Office review or signature.

***Program Goals/Predicted Outcomes:**

The goal is to help unemployed veterans find employment.

***Public Benefit:**

This program supports Pima County's economic development by helping to develop a trained and productive labor force that meets employers' needs.

***Metrics Available to Measure Performance:**

Veterans receiving support services funds will obtain employment.

***Retroactive:**

No.

CMJ apprais
RUC 9/27/24

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: _____ Department Code: _____ Contract Number (i.e., 15-123): _____
Amendment No.: _____ AMS Version No.: _____
Commencement Date: _____ New Termination Date: _____
Prior Contract No. (Synergen/CMS): _____

☐ Expense ☐ 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: Grant Department Code: CWD Grant Number (i.e., 15-123): 74687
Commencement Date: 10/15/24 Termination Date: 10/14/25 Amendment Number: N/A
☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ 5,000.00

***All Funding Source(s) required:** Connie Hillman Family Foundation

*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)?

N/A

Contact: Rise Hart

Department: Community & Workforce Development

Telephone: 724-5723

Department Director Signature: [Signature] Date: 9/17/24

Deputy County Administrator Signature: [Signature] Date: 24 Sep 2024

County Administrator Signature: [Signature] Date: 9/30/2024

Connie Hillman Family Foundation

3430 East Sunrise Drive, Suite 200

Tucson, AZ 85718-3210

Telephone: (520) 792-1181

July 22, 2024

Arizona @ Work
David Balderrama, Veterans Coordinator
Joaquin Murrieta, Program Coordinator
Pima County Kino Veterans' Workforce Center
2801 E. Ajo Way
Tucson, AZ 85713

RE: Hillman Foundation - Awarding Grant Check

Dear David and Joaquin:

On behalf of an Anonymous Donor, the **Connie Hillman Family Foundation** is pleased to send you the enclosed \$5,000 check.

This grant is for *general program support* and to assist with the fine work that you do in our community.

For our tax records, please send a gift acknowledgement for this grant, which may be emailed to ladamson@duffieldlaw.com or mailed to my address on this letterhead. Please draft your acknowledgement letter/email with the necessary wording included below:

Arizona @ Work received on [Date] a check for \$5,000 from an Anonymous Donor, in recognition and in honor of The Connie Hillman Family Foundation. No goods or services were received by the Anonymous Donor or the Connie Hillman Family Foundation in exchange for this grant.

We would be pleased to receive any additional information about your organization for our files.

Yours very truly,
Connie Hillman Family Foundation

By: 
Larry R. Adamson, Director

LRA:kg
Enclosure (check)