



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):**

Habitat for Humanity Tucson Inc

***Project Title/Description:**

Connie Hillman Urban Construction Knowledge Center (CHUCK) Facility Improvements

***Purpose:**

The facility improvements will enable subrecipient to increase the capability and efficiency of program operations. This will enable subrecipient to address housing insecurity issues more effectively. This amendment will amend the scope to allow for the purchase of additional program related equipment for program operations. No additional funds are being added to the project.

Attachment: PO-CT_24-181, formerly CT-CR-24-181, Amendment 1

***Procurement Method:**

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

***Program Goals/Predicted Outcomes:**

Increased capacity and availability of programming for affordable housing that meets the needs of low- and moderate-income households. The forklift will enable Subrecipient to efficiently organize, store and distribute material for programming. The Program shall improve the safety, accessibility, and habitability of the participant's households.

***Public Benefit:**

Upon completion, the Program will meet the HUD CDBG National Objective to assist low- and moderate-income households.

***Metrics Available to Measure Performance:**

At minimum, one facility will be improved and 70 households will receive program services on an annual basis.

***Retroactive:**

No.

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): PO-CT 24-181

Amendment No.: 01 AMS Version No.: 02

Commencement Date: 10/15/2024 10/31/2024
11/01/2023

New Termination Date: 10/31/2024
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: 9/23/2024

Deputy County Administrator Signature: _____ Date: 27 Sep 2024

County Administrator Signature: _____ Date: 9/30/2024

| | |
|--|--------------------------|
| Pima County Department of Community and Workforce Development | |
| Project: CHUCK Center Facility Improvements | |
| Subrecipient name and address: Habitat for Humanity Tucson Inc 3501 North Mountain Avenue Tucson, Arizona 85719 | |
| Amount: \$100,000.00 | |
| Contract No.: PO-CT_24-181, formerly CT-CR-24-181 | Amendment No.: 01 |

| | | | |
|---|---|--|---|
| Subrecipient Unique Entity Identifier (UEI): | EQGRJJRTK8J6 | SAM expiration date (if applicable): | 12/02/2024 |
| 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 | 11/01/2023 - 10/31/2024 | Subaward budget period start and end date | 11/01/2023 - 10/31/2024 |
| 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) | | | \$100,000.00 |
| 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) | | | \$100,000.00 |
| 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 enable subrecipient to increase the capability and efficiency of program operations. | |
| 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 | <input checked="" type="checkbox"/> No Indirect |
| 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 November 1, 2023, County and Subrecipient (collectively "Parties") entered into the above referenced agreement to complete facility improvements that will increase the capability and efficiency of program operations.
- 1.2. Purpose. The County requires an amendment to the scope to utilize unspent funds to complete project activity.

2. EXHIBIT A, SCOPE OF SERVICES.

- 2.1. **PROJECT ACTIVITIES.** Section 3.6 is added to read:

3.6 Interior improvements to include the purchase and installation of a Cantilever Lumber Rack.

3. EXHIBIT B, COMPENSATION AND LIST OF UNALLOWABLE COSTS.

- 3.1. Budget Adjustment. The budget in Exhibit B 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 Items | Total |
|---|---------------------|
| One (1) forklift and incidental equipment | \$86,370.00 |
| Cantilever Lumber Rack | \$13,630.00 |
| Indirect Costs (0% per entity's election not to collect indirect costs) | \$0.00 |
| TOTAL BUDGET | \$100,000.00 |

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 IS 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

SUBRECIPIENT



Authorized Officer Signature

Charlie Buchanan

Printed Name and Title

DATE: 9/12/24

APPROVED AS TO FORM



Deputy County Attorney


Kyle Johnson

Print DCA Name

9/9/2024

Date

APPROVED AS TO CONTENT



w/ Department Head
9/23/24

Date