



BOARD OF SUPERVISORS AGENDA ITEM REPORT
AWARDS / CONTRACTS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 07/01/2025

* = Mandatory, information must be provided

or Procurement Director Award: ☐

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

Flowing Wells Neighborhood Association and Community Coalition

***Project Title/Description:**

Operating Funds and Technical Assistance

***Purpose:**

The program objective is to facilitate and carry out eligible neighborhood revitalization and economic development activities in the Flowing Wells area(s) in HUD's approved Neighborhood Revitalization Strategy Area ("FWNRSA") Plan of Pima County. The Subrecipient requires a no cost amendment to extend the term of the agreement to complete programmed services needed in the community.

Attachement Contract Number PO-CT_24-419, Amendment 1

***Procurement Method:**

This Subrecipient Agreement is a non-procurement contract and subject to Procurement rules.

***Program Goals/Predicted Outcomes:**

Goal: Expand opportunities to create a more suitable living environments for primarily low-to moderate-income residents of the FWNRSA.
Predicted outcome: The Program will increase the availability of public services, neighborhood revitalization projects and economic development programs for the Flowing Wells residents.

***Public Benefit:**

The Program will meet the HUD CDBG National Objective to provide increased social, health and economic benefits that qualify as area benefits to low-to moderate-income individuals in the FWNRSA.

***Metrics Available to Measure Performance:**

300 Individuals, will participate in neighborhood revitalization and economic development activities.

***Retroactive:**

Yes, to May 1, 2025. Delay in negotiations with Subrecipient, staff received the signed contract amendment on May 30, 2025.

TO: COB, 6-17-2025 (1)
Vers. 2 pgs. 1

Grill approves
6/13/2025
105000

JUN 18 '25 AM 11:05 PM

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? 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 24-419
 Amendment No.: 01 AMS Version No.: 2
 Commencement Date: 05/01/2025 New Termination Date: 04/30/2026
 Prior Contract No. (Synergen/CMS): CT-CR-24-419

☐ 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)**

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, Division Manager / Ana Basurto

Department: CWD

Telephone: 724-6750 or 724-5673

Department Director Signature: _____

Date: 4/2/2025

Deputy County Administrator Signature: _____

Date: 4/13/2025

County Administrator Signature: _____

Date: 6/14/2025

Pima County Department of Community & Workforce Development Department**Program:** Operating Funds and Technical Assistance**Contractor:** Flowing Wells Neighborhood Association and Community Coalition
PO Box 5141
Tucson, Arizona 85705419**Amount:** \$15,000.00**Contract No.:** PO-CT_24-419 formerly CT-CR-24-419**Amendment No.:** 01

| | | | |
|---|--|---|---|
| Subrecipient Unique Entity Identifier (UEI): | S5EEJGDKVFB5 | SAM expiration date (if applicable): | 03/02/2026 |
| Federal Award Identification Number (FAIN) | B-19-UC-04-0502 | Federal award date | 10/23/2019 |
| Subaward term/ period of performance start and end date | 05/01/2024-04/30/2026 | Subaward budget period start and end date | 05/01/2024-04/30/2026 |
| 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) | | | \$15,000.00 |
| 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) | | | \$15,000.00 |
| Federal award project description (descriptive project title) | | The program objective is to facilitate and carry out eligible neighborhood revitalization and economic development activities in the Flowing Wells area's in HUD's approved Neighborhood Revitalization Strategy Area Plan ("FWNRSA") of Pima County. | |
| 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 No <input checked="" type="checkbox"/> |
| Subrecipient indirect cost rate and methodology | Negotiated Indirect Cost Rate Agreement | <input type="checkbox"/> De minimis rate | <input checked="" type="checkbox"/> No Indirect |
| Required match | YES <input checked="" type="checkbox"/> NO | Match amount | \$0.00 |

SUBAWARD AMENDMENT

1. BACKGROUND AND PURPOSE.

1.1. Background. On May 7, 2019, the Pima County Board of Supervisors approved the Community Development Block Grant ("CDBG") Annual Action Plan ("AAP") and Resolution No. 2019-31 for CDBG projects and CDBG funding use. Pima County and Subrecipient entered into the above referenced agreement and on May 1, 2024 to facilitate and carry out eligible neighborhood revitalization and economic development activities in the Flowing Wells area in HUD's approved Neighborhood Revitalization Strategy Area Plan ("FWNRSA") of Pima County.

1.2. Purpose. Subrecipient has requested additional time and requires an amendment to the term of the agreement to complete project activities.

2. **TERM**. The County is exercising the first extension option to renew the contract for one additional year commencing on 05/01/2025 and terminating on 04/30/2026. 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 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

APPROVED AS TO FORM



Deputy County Attorney

Kyle Johnson

Print DCA Name

5/29/2025

Date

SUBRECIPIENT



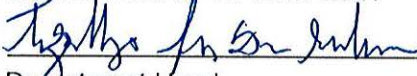
Authorized Officer Signature

Kevin Daily

Printed Name and Title

DATE: 5/30/2025

APPROVED AS TO CONTENT



Department Head
6/2/2025

Date