



BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 02/20/2024

* = Mandatory, information must be provided

or Procurement Director Award: ☐

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

Jewish Family and Childrens Services of Southern Arizona Inc

***Project Title/Description:**

Financial Wellness and Emergency Financial Assistance Program

***Purpose:**

The program will provide program training to address financial, educational, health, and other issues that impact families experiencing poverty. Subrecipient requires an amendment to the term to complete program activity.

Attachment Contract Number CT-CR-23-189, Amendment 1

***Procurement Method:**

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

***Program Goals/Predicted Outcomes:**

Goal: The program will provide case management, emergency financial assistance, and workshops to low-to moderate-income individuals.

Predicted Outcome: The program will meet the HUD CDBG National Objectives for public services by directly assisting low- to moderate-income persons with public services and programing to assist them in getting out of poverty.

***Public Benefit:**

The Program will meet the HUD CDBG National Objective to directly assist low- to moderate-income persons with public services and programing to assist them in getting out of poverty.

***Metrics Available to Measure Performance:**

At a minimum, Subrecipient will provide education workshops, emergency financial assistance to 60 low-to moderate-income persons.

***Retroactive:**

Yes to October 1, 2023. Staff received the signed amendment from subrecipient on December 28, 2023. CWD staff was advised there was a slight correction needed and staff resubmitted however, CWD was informed the deadline was not met and the next available BOS meeting is February 20, 2024. If amendment is not approved eligible households will not receive program training to address financial, educational, health, and other issues that impact families experiencing poverty

TO: COB, 2-7-2024
Vers.: 2
pgs.:

GM I approv's
(PCC) 2/1/24

FEB0724AM1013PD

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): 23-189

Amendment No.: 01 AMS Version No.: 02

Commencement Date: 10/01/22 New Termination Date: 09/30/2024

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: 1/26/2024

Deputy County Administrator Signature: _____ Date: 5/6/2024

County Administrator Signature: _____ Date: 2/16/2024

Pima County Department of Community and Workforce Development**Project:** Financial Wellness and Emergency Financial Assistance Program**Subrecipient:** Jewish Family and Children's Service of Southern Arizona Inc
4301 East 5th Street
Tucson, Arizona 85711**Amount:** \$35,000.00**Contract No.:** CT-CR-23-189**Amendment No.:** 01

| | | | |
|--|---|--|---|
| Subrecipient Unique Entity Identifier (UEI): | J6DZAGFL3NC7 | SAM expiration date (if applicable): | 04/02/2024 |
| Federal Award Identification Number (FAIN) | B-22-UC-04-0502 | Federal award date | 09/18/2022 |
| Subaward term/ period of performance start and end date | 10/01/2022-09/30/2024 | Subaward budget period start and end date | 10/01/2022-09/30/2024 |
| Amount of federal funds obligated by this action by the pass-through entity to the subrecipient (amount of this amendment) | | | \$0.00 |
| Total amount of federal funds obligated to the subrecipient by the pass-through entity including the current financial obligation (amount of original agreement, plus any prior amendments, including this amendment) | | | \$35,000.00 |
| Total amount of the federal award committed to the subrecipient by the pass-through entity (amount of original agreement, plus any prior amendments, plus any match, plus any future budget periods, if applicable) | | | \$35,000.00 |
| 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: Subrecipient will provide program training to address financial, educational, health, and other issues that impact families experiencing poverty. | |
| 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 | N/A |

SUBAWARD AMENDMENT

1. BACKGROUND AND PURPOSE.

1.1. Background. On June 7, 2022, Pima County ("County") and Jewish Family and Children's Service of Southern Arizona, Inc. ("Subrecipient") entered into the above-referenced agreement to provide program training to address financial, educational, health, and other issues that impact families experiencing poverty.

1.2. Purpose. Subrecipient requires an amendment to the term to complete program activity.

2. **TERM**. The County is exercising the first extension option to renew the contract for one additional year commencing on 10/01/2023 and terminating on 09/30/2024. 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

SUBRECIPIENT



Authorized Officer Signature

Carlos A. Hernández

Printed Name and Title

12.14.23

Date

ATTEST

Clerk of the Board

Date

APPROVED AS TO FORM



Deputy County Attorney

Kyle Johnson

Print DCA Name

12/11/2023

Date

APPROVED AS TO CONTENT



Department Head

1.8.24

Date