

## BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: 2/20/2024

\* = Mandatory, information must be provided

or Procurement Director Award: ☐

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

Arizona Department of Economic Security (ADES)

**\*Project Title/Description:**

Social Services Block Grant (SSBG) – Employment Services

**\*Purpose:**

Funding will be spent on providing employment services such as employment screening, assessment or testing; structure job skills and job seeking skills; specialized therapy (occupational speech, physical); special training and tutoring, including literacy training, GED preparation and pre-vocational training; provision of books, supplies and instructional material; counseling and case management that works to ensure graduation and job placement, transportation; and referral to community resource for unemployed adults. Services also include job training for programs that have a demand for skilled job opportunities. Services are intended for single head of households, unemployed adults, elderly, low-income adults, youth 18-28 years of age at risk of homelessness, families, and rural adults.

Attachment: DI23-002346 - Intergovernmental Agreement (IGA) Amendment 1 Arizona Department of Economic Security

Indirect-cost rate: 10%.

**\*Procurement Method:**

Not applicable to grant awards.

**\*Program Goals/Predicted Outcomes:**

The program goal is to provide employment services to ensure graduation and job placement for eligible Pima County residents.

**\*Public Benefit:**

The 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:**

Expenditure reports submitted to ADES.

**\*Retroactive:**

Yes. County received the IGA from the State on January 18, 2024. The next available Board of Supervisors' meeting is February 20, 2024. The negative impact of not approving this amendment is Pima County residents would not receive funding from ADES for employment services.

6 m/s. approved  
2/1/24

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: GTAM Department Code: CR Grant Number (i.e., 15-123): 24-049  
Commencement Date: 7/1/23 Termination Date: 6/30/24 Amendment Number: 1  
☐ Match Amount: \$ \_\_\_\_\_ ☒ Revenue Amount: \$ 41,708.00

**\*All Funding Source(s) required:** U.S. Department of Health & Human Services

**\*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)?**  
Funds are passed through AZ Department of Economic Security

Contact: Rise Hart

Department: Community & Workforce Development

Telephone: 724-5723

Department Director Signature: \_\_\_\_\_ Date: 1/30/2024  
Deputy County Administrator Signature: \_\_\_\_\_ Date: 5/6/24  
County Administrator Signature: \_\_\_\_\_ Date: 2/5/24

 <p>DEPARTMENT OF ECONOMIC SECURITY <i>Your Partner For A Stronger Arizona</i></p>	<h2>INTERGOVERNMENTAL AGREEMENT AMENDMENT</h2>	<p><b>ARIZONA DEPARTMENT OF ECONOMIC SECURITY</b></p> <p>1789 W. Jefferson Street, Mail Drop 1541, Phoenix, Arizona 85007 (602) 364-0170</p>
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CONTRACTOR (Name and Address):	Services Description:	<b>SSBG – Employment Services</b>
<b>Pima County Board of Supervisors</b> <b>2797 East Ajo Way</b> <b>Tucson, AZ 85713</b>	Agreement Number:	<b>DI23-002346</b>
	Amendment Number:	<b>One (1)</b>

**PURSUANT TO THE INTERGOVERNMENTAL AGREEMENT (IGA) SECTION 8.0 AMENDMENTS, THE PARTIES HEREBY AGREE TO AMEND THE AGREEMENT AS FOLLOWS:**


Section 9.0, MANNER OF FINANCING, Section 9.2. is added:

9.2 The Agreement reimbursement maximum, funded by the State of Arizona SSBG plan, for the State Fiscal Year 2024 (SFY24) shall not exceed \$41,708.

EXCEPT AS PROVIDED HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT SHALL REMAIN UNCHANGED AND IN FULL FORCE AND EFFECTS. THE AMENDMENT SHALL BECOME EFFECTIVE ON THE DATE OF LAST SIGNATURE UNLESS OTHERWISE SPECIFIED HEREIN. BY SIGNING THIS AMENDMENT ON BEHALF OF THE CONTRACTOR, THE SIGNATORY CERTIFIES HE/SHE HAS THE AUTHORITY TO BIND THE CONTRACTOR TO THIS CONTRACT.

AGENCY NAME <b>Arizona Department of Economic Security</b>	NAME OF CONTRACTOR <b>Pima County Board of Supervisors</b>
Authorized Signature	Authorized Signatory
Type Name	Type Name
Title	Title
Date	Date

**IN ACCORDANCE WITH ARS §11-952 THIS CONTRACT AMENDMENT HAS BEEN REVIEWED BY THE UNDERSIGNED WHO HAVE DETERMINED THAT THIS CONTRACT AMENDMENT IS IN APPROPRIATE FORM AND WITHIN THE POWERS AND AUTHORITY GRANTED TO EACH RESPECTIVE PUBLIC BODY.**

ARIZONA ATTORNEY GENERAL'S OFFICE ASSISTANT ATTORNEY GENERAL	PUBLIC AGENCY LEGAL COUNSEL 
Date	Date 1/23/2024
<div style="background-color: #cccccc; height: 77px;"></div>	CLERK OF THE BOARD
	Date