

Report ID: PC-FIN-GA-0012
 Run Date: 12/11/2014
 Run Time: 10:35:22 AM

Revised Addendum Grant Report 12/16/2014
 PIMA COUNTY
 Awarded But Not Yet Accepted

Cover Page

Parameters and Prompts

Date Range : 12/01/2014-12/11/2014

Report Description

The purpose of this report is to provide the Pima County Board of Supervisors with the information needed to support a decision to accept or refuse grants that have been awarded to Pima County. This report captures all notices of grant awards that were received within the date range listed above and that have not yet been formally accepted by the Board of Supervisors. Approval of the items on this report shall serve as the County's formal acceptance of the offer of a grant award and shall provide County Departments with permission to proceed with the acceptance and implementation of that award. Approval of the items on this report does not relieve Departments from the requirement to obtain BOS approval for other legal documents that may be required as an element of the acceptance of a grant award.

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Amendments to awards requiring BOS signature on Grantor documents for Acceptance

Department : HD, Health

Grant ID:	Name:	Award Amount:	Funding Agency	Awarding Agency	Req Match\$	Fund for Match:	Amend #	Description:	Term:	Contact:	Phone:	
HDADHS2014010 GTAW 15*033 2	Teen Pregnancy Prevention Program - Abstinence Plus	\$125,000.00	U.S. Department of Health and Human Services / Administration for Children and Families and AZ Lottery Funds	Arizona Department of Health Services			2	Amendment for year two of funding for program to reduce teen sexually transmitted diseases, teen pregnancies and teen births and the attendant individual and societal consequences of teen parenthood.	1/1/2014-12/31/2017	Sharon Grant	724-7842	
Subtotal of Department HD :		<u>\$125,000.00</u>										

Awards requiring BOS signature on Grantor documents for Acceptance

Department : CS, Community Services, Employment and Training

Grant ID:	Name:	Award Amount:	Funding Agency	Awarding Agency	Req Match\$	Fund for Match:	Amend #	Description:	Term:	Contact:	Phone:	
CSHUDCOT2014025 GTAW 15*052 3	Continuum of Care Program - Bridges Project	\$71,051.00	U.S. Department of Housing and Urban Development	City of Tucson	-\$35,549 \$17,763	1000		City of Tucson awarding Pima County CoC funds to reduce homelessness by promoting full-time employment leading to permanent unsubsidized housing	7/1/2014-6/30/2015	Rise Hart	724-5723	
Subtotal of Department CD :		<u>\$71,051.00</u>										
Grand Total:		<u>\$196,051.00</u>										

No Awards Requiring Acceptance via Form
 No Applications Requiring Resolutions
 No Applications Requiring Approval via Form

CONTINUUM OF CARE PROGRAM - BRIDGES PROJECT
INTERGOVERNMENTAL AGREEMENT

CONTRACT PARTIES: This Agreement is made and entered into by and between the **City of Tucson**, a municipal corporation of the State of Arizona, hereinafter referred to as "**the City**," and **Pima County**, a public body corporate of the State of Arizona, hereinafter referred to as "**the Subrecipient**" or "**the Agency**". Subrecipient enters into this Agreement on behalf of the **Pima County Community Resources Department's Sullivan Jackson Employment Center** located at **400 E 26th Street, Tucson Arizona 85713**.

WHEREAS, the City has received funding from the United States Department of Housing and Urban Development ~~2012~~-2013 allocation for the Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program; and

WHEREAS, the City has determined that the Sullivan Jackson Employment Center has the expertise to administer the **Continuum of Care Program, Bridges Project** and a primarily homeless clientele that will benefit from such program; and

NOW THEREFORE, in consideration of the mutual promises and considerations set forth below, the Parties agree to the following:

CONTRACT TERMS

SCOPE OF SERVICES: The Subrecipient shall provide the services and activities described in Exhibit A.

LENGTH OF AGREEMENT: The term of this Agreement shall run from **July 1, 2014 to June 30, 2015**.

CONTRACT AMOUNT: The City shall pay the Subrecipient the sum of **\$71,051** as follows:
Supportive Services \$68,257 Account #076-114-9629-268-962913
Administration \$ 2,794 Account #076-114-9629-ADMN-268-962913

CONTRACT NUMBER: 17965

SOURCE OF FUNDS: The United States Department of Housing and Urban Development Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program (Catalogue of Federal Domestic Assistance #14.267).

AGREEMENT DOCUMENTS: The following list constitutes the Contract Documents incorporated as a part of this Agreement:

- General Conditions of the Contract
- Exhibit A Scope of Services
- Exhibit B Project Budget
- Exhibit C
 1. Payment Request Form
 2. Monthly Financial Form
- Exhibit D Performance Measures Quarterly Report
- Exhibit E
 1. Eligibility by Program Component, Defining Homeless and Recordkeeping Requirements
 2. Homeless Certification Form
 3. Pima County HMIS Project Entry and Exit Forms
 4. Tenant Income Certification Form
 5. Income Limits
 6. Client Activity Monthly Report
- Exhibit F HMIS Memorandum of Understanding
- Exhibit G Continuum of Care Interim Rule

**CITY OF TUCSON
CONTINUUM OF CARE PROGRAM - BRIDGES PROJECT
BUDGET FY 2014-2015**

Agency/Contractor: Pima County Sullivan Jackson Employment Center

Contract Number: 17965

**SOURCES: CoC BUDGET inclusive of All Planned
Funding Sources and Amounts Contributed**

BUDGET CATEGORIES	CoC BUDGET	Pima County General Fund		TOTALS
PERSONNEL COSTS	\$ 58,953	\$ 26,074	\$17,763	\$ 85,074 \$76,716
DIRECT SERVICES	\$ 9,304	\$ 9,475	\$ -	\$ 18,732 \$9,304
ADMINISTRATIVE COSTS	\$ 2,794	\$ -	-	\$ 2,794
TOTAL SERVICE COSTS	\$ 71,051	\$ 35,549	\$17,763	\$ 106,600 \$88,814

*NOTE: Other fund sources listed will be considered MATCH.

All requests for budget changes are required to be submitted in writing and approved by Housing and Community Development Department. Changes will only be allowed as long as the total dollar amount contracted for remains the same and the costs are eligible.

_____ The above budget is correct as shown.

_____ The above budget is correct with the changes shown.

Agency Authorized Signature