BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

Requested Board Meeting Date: September 15, 2015
or Procurement Director Award ☐

Contractor/Vendor Name (DBA): U.S. Department of Housing and Urban Development

Project Title/Description:
Continuum of Care - CASA

Purpose:
Amendment to change the Program from Transitional Housing to Permanent Housing: Rapid Re-housing to be consist with language now being used by Housing and Urban Development.

Procurement Method:

Program Goals/Predicted Outcomes:
Housing stability and full-time employment opportunities for homeless people in Pima County.

Public Benefit:
Homeless population in Pima County will be reduced.

Metrics Available to Measure Performance:
Annual performance report generated through the Homeless Management Information System database.

Retroactive:

Original Information

Document Type: _____ Department Code: _____ Contract Number (i.e.,15-123): _____

Effective Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____

☐ Expense Amount: $ _____ ☐ Revenue Amount: $ _____

Funding Source(s):

_____

Cost to Pima County General Fund: _____

Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No ☐ Not Applicable to Grant Awards

Were insurance or indemnity clauses modified? ☐ Yes ☐ No ☐ Not Applicable to Grant Awards

Vendor is using a Social Security Number? ☐ Yes ☐ No ☐ Not Applicable to Grant Awards

If Yes, attach the required form per Administrative Procedure 22-73.

Amendment Information

Document Type: GTAM Department Code: CS Contract Number (i.e.,15-123): 16-19

Amendment No.: 1 AMS Version No.: _____

Effective Date: upon execution by all parties New Termination Date: _____

☐ Expense ☐ Revenue ☐ Increase ☐ Decrease Amount This Amendment: $ _____

Funding Source(s): U.S. Department of Housing and Urban Development

_____

Cost to Pima County General Fund: $0.00

Contact: Rise Hart

Department: Community Services, Employment and Training Telephone: 724-5723

Department Director Signature/Date: 9/1/15

Deputy County Administrator Signature/Date: 9/1/15

County Administrator Signature/Date: 9/2/15
(Required for Board Agenda/Addendum Items)

Tax ID #: 86-6000543
Project Location: Pima County, Arizona
Grant Number: AZ0027L9T011407
Effective Date: 1 July 2015
DUNS #: 033738662 - 4000

AMENDMENT TO THE CONTINUUM OF CARE GRANT AGREEMENT

This Amendment to Grant Agreement is made by and between the United States Department of Housing and Urban Development (HUD) and Pima County, (the Recipient), 2797 East Ajo Way, Tucson, Arizona 85713.

RECITALS

1. HUD and the Recipient entered into a Grant Agreement dated 26 June,2015, having Grant No.AZ0027L9T011407 (the Grant Agreement).

2. The parties are desirous of amending the Grant Agreement to change the program component from **Transitional Housing (TH)** to **Permanent Housing : Rapid Re-Housing (RRH).**
   The program has an existing project design that assists individuals and families with or without disabilities to move quickly from the streets or emergency shelters into permanent community-based housing;
   Currently makes supportive services available to meet the needs of program participants, but generally does not require participation in services outside of case management;
   Currently allows program participants to retain the unit when the rental assistance, or leasing, and supportive services end as a transition-in-place model.

AGREEMENTS

The Grant Agreement is hereby amended as follows:

To change the current program component from **TH** to **PH:RRH.**

This Amendment to Grant Agreement constitutes the entire agreement of the parties as to amendment of the Grant Agreement and will become effective only upon the execution hereof by all parties. The remaining terms of the Grant Agreement remain in full force and effect.

The parties, on the dates set forth below their respective signatures, hereby execute this Amendment to Grant Agreement, as follows:

UNITED STATES OF AMERICA
Department of Housing and Urban Development
By: The Secretary

By: _____
(Signature)

_____
(Title)

_____
(Date)

RECIPIENT

By:_____
(Authorized signatory)

_____
(Typed name of authorized signatory)

_____
(Date)

ATTEST

_____
Clerk, Board of Supervisors

APPROVED AS TO CONTENT

_____
Community Services, Employment
& Training Director

APPROVED AS TO FORM

TOBIN ROSEN
_____
for Karen S. Friar, Deputy County Attorney