

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~~ ^{GTAW} Department Code: GMI Grant Number (i.e., 15-123): 22*054 ⁰⁸⁷
 Commencement Date: 01/01/2021 Termination Date: 03/31/2025 Amendment Number: _____
☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ \$3,333,333.34

***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)?**
Federal funds from DHS passed through EFSP National Board.

Contact: Melissa Molina

Department: GMI

Telephone: x48562

Department Director Signature: _____ Date: 2/7/22

Deputy County Administrator Signature: _____ Date: _____

County Administrator Signature: Paul Date: 2/8/22

01/27/2022

0272-00 Pima County, AZ

LRO 056

Regina Kelly
Pima County Grants Management & Innovation (GMI)
130 West Congress, 3rd Floor
Tucson, AZ 85701

LRO ID: 027200-056

RE: Account Status for Phase ARPA LRO ID: 027200-056

The funds you are receiving are Federal funds as authorized under Public Law law 117-2. The CFDA number for the Emergency Food and Shelter Program is 97.024.

If your LRO is receiving funds for the first time from EFSP, a check will be issued. However, you will need to complete the Electronic Funds Transfer Form (EFT) and submit it to the National Board, along with a voided check from the account in which your agency wishes to have future funds deposited. EFSP will not issue any future payments to your agency via check. The form can be found on the website once you sign in using your log-in ID and password.

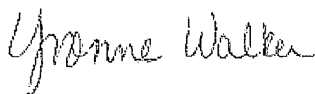
Your Local Board has been notified that a payment has been issued to your LRO.

As of today, our records indicate that your LRO has received the following awards under the Emergency Food and Shelter National Board Program:

To date, your LRO has received the following payment:

| | |
|--|----------------------|
| Full (EFT E458625) | \$2,126,370.72 |
| Bank Account ABA# 122101706 Acct# XXXXXXXXXXXX4156 | |
| Deposited: 04/20/2021 | |
| Full (EFT E476130) | \$2,500,000.00 |
| Bank Account ABA# 122101706 Acct# XXXXXXXXXXXX4156 | |
| Deposited: 11/08/2021 | |
| Full (EFT E477459) | \$3,333,333.34 |
| Bank Account ABA# 122101706 Acct# XXXXXXXXXXXX4156 | |
| Deposited: 02/04/2022 | |
| Payment Total | <hr/> \$7,959,704.06 |

Sincerely,

Yvonne Walker
Vice President