



BOARD OF SUPERVISORS AGENDA ITEM REPORT
AWARDS / CONTRACTS / GRANTS

☒ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: June 7, 2022

* = Mandatory, information must be provided

or Procurement Director Award: ☐

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

Pima County Amphitheater Schools dba Amphitheater Public Schools

***Project Title/Description:**

Pima Early Education Program

***Purpose:**

To decrease the overall funding, decrease the number of classes from three classes to the two classes located within the City of Tucson, and change the funding source from the Pima County General Funds to the City of Tucson PEEPs grant.

***Procurement Method:**

This IGA is a non-Procurement contract and not subject to Procurement rules.

***Program Goals/Predicted Outcomes:**

To increase the number of 3-5 year old children from income eligible families attending high quality preschools in Pima County. To increase the number and capacity of preschools recognized by the State as high quality.

***Public Benefit:**

A wealth of data shows that investing in high quality preschool, especially for economically disadvantaged, minority and dual language children, provides short-term and lasting benefits to children, families, schools, employers, taxpayers and the community.

***Metrics Available to Measure Performance:**

Number of children enrolled, demographics of children, quality rating of classes, and satisfaction surveys.

***Retroactive:**

Yes. The City of Tucson PEEPs grant covers funding from 8/1/21 – 5/31/22 due to changing the funding source from Pima County General Funds to the City of Tucson PEEPs grant. This change will improve accounting transparency from the City of Tucson PEEPs grant funded classes versus Pima County PEEPs funded classes.

MAY 09 09:22 PM 03:039 PC CLK OF BD

GMT approves
4/28/22
per

TO: COB 5-9-22
Vers: 1
pgs: 5

05-09 '22 PM03:16

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): 21-416

Amendment No.: 01 AMS Version No.: 7

Commencement Date: 8/01/21 New Termination Date: 5/31/2022

Prior Contract No. (Synergen/CMS): _____

☒ Expense ☐ Revenue ☐ Increase ☒ Decrease

Amount This Amendment: \$ (\$633,600.00)

Is there revenue included? ☐ Yes ☒ No If Yes \$ _____

*Funding Source(s) required: City of Tucson Grant

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: Nicole Scott

Department: Community and Workforce Development

Telephone: 520-724-2696

Department Director Signature: [Signature] Date: 4/29/2022

Deputy County Administrator Signature: [Signature] Date: 2 May 2022

County Administrator Signature: [Signature] Date: 5/3/2022

Pima County Community & Workforce Development Department

Program: Pima Early Education Program

IGA: Pima County Amphitheater Schools dba Amphitheater Public Schools

Amount: \$158,400.00

IGA No: CT-CR-21-416

Funding: City of Tucson

Contract Amendment No.: 01

Orig. Contract Term: 08/01/2021-05/31/2023
Termination Date Prior Amendment: N/A
Termination Date This Amendment: 05/31/2022

Orig. Amount:	\$792,000.00
Prior Amendment Amount:	\$0.00
This Amendment Amount:	(\$633,600.00)
Revised Total Amount:	\$158,400.00

AMENDMENT ONE

1. Background and Purpose.

1.1. Background. On May 18, 2021, Pima County ("County") and Amphitheater Public Schools ("District"), entered into the above-referenced Intergovernmental Agreement ("Agreement") to provide high quality preschool classes at a District site without cost to low-income families. County determined that funding preschool expansion for low-income families that wish to enroll their preschool-age children in high quality preschools will improve the economic health and welfare of those children, their parents, employers, and taxpayers.

1.2. Purpose. The Parties want to decrease the overall funding, decrease the number of classes from three classes to the two classes located within the City of Tucson, and change the funding source from the Pima County General Funds to the City of Tucson grant.

2. Term. The parties agree to change the termination date in Section 2.0 from May 31, 2023 to May 31, 2022.

3. Party Responsibilities.

3.1. Exhibit A Section 3, Program Locations, is replaced in its entirety with the following:

Program Locations: District shall provide the Program at the following locations:

3.1 Amphitheater High School, 125 W. Yavapai Rd., Tucson AZ 85705 – 1 new class

3.2 Holaway Elementary School, 3500 N. Cherry Ave., Tucson, AZ 85719 – 1 new class

4. Financing.

4.1. The maximum allocated amount in Section 7.1 is decreased by \$633,600.00. County's total payments to District under this Agreement will not exceed \$158,400.00.

4.2. Paragraph 7.6 is deleted in its entirety and replaced with the following:

7.6 Timing of Invoices.

7.6.1 District will submit invoices and performance reports to County on a monthly basis as set forth in **Exhibit B-1** (1 page). County must receive invoices no more than 30 days after the end of the billing period in which District delivered the invoiced services to County.

7.6.2 Content of Invoices and Performance Reports. Each monthly request for reimbursement must be completed on the form provided by County similar to the form in **Exhibit B-1**. It must include a unique invoice identifier and this Agreement number. The person(s) that prepared the invoice and an authorized manager, supervisor or executive of the District must approve and sign each invoice to insure proper internal financial controls. The invoice must include (1) number of new classes in operation under this Agreement multiplied by the per class base reimbursement rate for that age group and divided by 10, (2) the dollar amount of the other financial assistance received by the school district that month for the children in the class(es), (3) the dollar amount received by the school district that month for private-pay children in the class(es), and (4) the total reimbursable amount for that month. The performance report must include (1) the total number of children enrolled per class for that month as of the last day of the month, (2) number of children receiving other financial assistance that month to attend class(es), (3) number of children funded under private pay to attend class(es), and (4) report race/ethnicity per child quarterly. County may refuse to pay for any service for which District does not timely invoice the County.

7.6.2 District must provide the following documentation with each invoice:

7.6.2.1 Copies of timesheets that account for 100% of each employee's time and effort, that are signed by the employee and by a supervisor with direct knowledge of the employee's work effort for all personnel expenditures.

7.6.2.2 Copies of DES childcare subsidy billing forms, Quality First scholarship billing forms, or private pay billing forms, if applicable for that month.

7.6.2.3 Any other documentation requested by County.

4.3. Paragraph 7.7 is deleted in its entirety and replaced with the following:

7.7 Because of continuing impacts from the COVID-19 public health emergency, County will reimburse District at the per class base reimbursement rate regardless of

enrollment, less other financial assistance, and less private pay received for children in the class(es).

- 5. Counterparts.** This Amendment No. 01 may be executed in any number of counterparts, each counterpart is considered an original, and together the counterparts constitute one and the same instrument.

All other provisions of the IGA not specifically changed by this Amendment remain in effect and are binding upon the parties.

SIGNATURE PAGE TO FOLLOW

PIMA COUNTY:

DISTRICT:

Chair, Board of Supervisors

Superintendent, District

ATTEST

Clerk of the Board

ATTEST

Clerk, District

Approval

The foregoing Intergovernmental Agreement between County and District has been reviewed by the undersigned and is hereby approved as to content.

Jan Leshner, Pima County Administrator

Intergovernmental Agreement Determination

The foregoing Intergovernmental Agreement between County and the District has been reviewed by the undersigned, each of whom has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona to the party he or she represents.

PIMA COUNTY:

DISTRICT

April 27, 2022
Deputy County Attorney

Associate to the Superintendents and
General Council

EXHIBIT B-1 (1 page)

District will submit monthly financial reports for reimbursement using the following reporting template:

PLEASE SEND INVOICE TO THE ATTENTION AGENCY INVOICE INFORMATION

Community & Workforce Development
 Alvin M. Smith
 2737 E. Alvin Way
 Tucson, AZ 85713
 (520) 325-0000
 FAX: (520) 325-0001

School District Name
 Agency Address
 City, State, Zip Code

FEDERAL FUNDING INFORMATION

REPORT DATE: _____

PROGRAM NAME: PEP (Specialized) Expansion Grants

REPORT #: _____

CFDA #: _____

PLEASE MAKE SURE YOU ENTER THE REPORT IN SP-AGE LHO (Agency Report) properly, not in the wrong report!

APPROVED BUDGET & EXPENSE DETAILS (07/01/21 - 06/30/22)

EXPENSES	APPROVED BUDGET	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	YTD	REMAINING
Number of 18-24 Student Clinics = \$100,000													
Number of 25-34 Student Clinics = \$100,000													
Number of 35-44 Student Clinics = \$100,000													
Number of 45-54 Student Clinics = \$100,000													
Number of 55-64 Student Clinics = \$100,000													
Number of 65-74 Student Clinics = \$100,000													
Number of 75-84 Student Clinics = \$100,000													
Number of 85-94 Student Clinics = \$100,000													
Number of 95-104 Student Clinics = \$100,000													
Number of 105-114 Student Clinics = \$100,000													
Number of 115-124 Student Clinics = \$100,000													
Number of 125-134 Student Clinics = \$100,000													
Number of 135-144 Student Clinics = \$100,000													
Number of 145-154 Student Clinics = \$100,000													
Number of 155-164 Student Clinics = \$100,000													
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Number of 965-974 Student Clinics = \$100,000													
Number of 975-984 Student Clinics = \$100,000													
Number of 985-994 Student Clinics = \$100,000													
Number of 995-1004 Student Clinics = \$100,000													
Number of 1005-1014 Student Clinics = \$100,000													
Number of 1015-1024 Student Clinics = \$100,000													
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Number of 1035-1044 Student Clinics = \$100,000													
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