



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: August 15, 2022

* = Mandatory, information must be provided

or Procurement Director Award ☐

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

City of Tucson

***Project Title/Description:**

U.S. Department of Housing and Urban Development (HUD) Continuum of Care Program - Supportive Services- Coordinated Entry Project Intergovernmental Agreement (IGA) between the City of Tucson and Pima County.

***Purpose:**

Coordinated Entry is a City of Tucson project funded through the HUD Continuum of Care (CoC) grant program. The program reduces the number of individuals experiencing homelessness in Pima County. Funds will be used to provide outreach, job training, and employment activities for chronically homeless individuals. In this award, the City of Tucson is exercising its option to extend the terms of the original IGA. Pima County Community and Workforce Development has agreed to this extension. This amendment will provide additional funding for the period October 1, 2021 to September 30, 2022.

Indirect costs: 10% de minimis.

Attachment: FY21/22 IGA Contract No. 19039-1

***Procurement Method:**

Not applicable.

***Program Goals/Predicted Outcomes:**

The goal is to provide job training and employment opportunities for chronically homeless individuals to move into and retain stable housing.

***Public Benefit:**

The program reduces the number of individuals experiencing homelessness in Pima County.

***Metrics Available to Measure Performance:**

County will submit quarterly reports and performance measures reports to the City.

***Retroactive:**

Yes. County received the amendment from the City of Tucson on 6/30/22 and revised amendment on 7/18/22. If the amendment is not approved, several chronically homeless individuals will not receive HUD CoC funds for supportive services.

GMI ~~OK~~
AF 7/28/22

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 or ☐ 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): 22-074
 Commencement Date: 10/1/21 Termination Date: 9/30/22 Amendment Number: 1
☒ Match Amount: \$ 11,025.00 ☒ Revenue Amount: \$ 44,100.00

***All Funding Source(s) required:** US Department of Housing & Urban Development (HUD)

***Match funding from General Fund?** ☒ Yes ☐ No If Yes \$ 11,025.00 % 25

***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 government HUD funds are passed through from the City of Tucson

Contact: Jenifer Darland/Rise Hart

Department: Community & Workforce Development

Telephone: 724-7312/724-5723

Department Director Signature/Date: Dan P. [Signature] 7/25/22

Deputy County Administrator Signature/Date: _____

County Administrator Signature/Date: _____

(Required for Board Agenda/Addendum Items)

[Signature] 7/29/22

GRANT AGREEMENT AMENDMENT

CONTRACT NUMBER: 19039 AMENDMENT NUMBER: 19039-1
AGENCY: Pima County
PROJECT: Tucson/Pima Coordinated Entry Project

RECITALS

WHEREAS, the City of Tucson and Pima County entered into Intergovernmental Agreement #19039 for administration of the Tucson/Pima Coordinated Entry Project effective October 1, 2021, and

WHEREAS, the aforementioned Intergovernmental Agreement permits the City of Tucson and Pima County to extend the Intergovernmental Agreement subject to available funds and mutual agreement, and

WHEREAS, the City of Tucson entered into HUD Grant #AZ0210L9T012001 on April 15, 2021 through which the City was awarded \$372,595 in Fiscal Year 2020 Continuum of Care Program funds (CFDA 14.267) to continue the Tucson/Pima Coordinated Entry Project through September 30, 2022; and

WHEREAS, the City of Tucson and Pima County are desirous of extending Intergovernmental Agreement 19039 to maintain Pima County's participation as a project subrecipient through September 30, 2022;

NOW THEREFORE, the parties agree to the following:

TERMS AND CONDITIONS: All terms and conditions as stated and approved in the original grant agreement shall be applicable to this AMENDMENT except as follows:

1. Fiscal Year 2020 Continuum of Care Program funds are added to the subaward in the amount of \$44,100 and must be fully expended during the Fiscal Year 2020 performance period (October 1, 2021 - September 30, 2022). Unexpended prior year funds have been recaptured.
2. The performance period shall be extended until September 30, 2022.
3. The Fiscal Year 2020 project budget provided as Exhibit C1 here shall be added to the Agreement.
4. The Fiscal Year 2020 payment request form provided as Exhibit D1 here shall be added to the Agreement.
5. Funding for eligible and pre-approved costs defined in Exhibit C1 shall be reimbursable using funds awarded to the City of Tucson by the U.S. Department of Housing and Urban Development through Fiscal Year 2020 Continuum of Care Program Grant #AZ0210L9T012001 (CFDA #14.267).

This/these change(s) shall be effective as of October 1, 2021. All other provisions, terms, and conditions of the Agreement shall remain in full force and effective, as set forth.

CITY OF TUCSON HOUSING & COMMUNITY DEVELOPMENT DEPARTMENT

E-SIGNED by Liz Morales
on 2022-06-03 21:05:07 GMT

Liz Morales, Director and not Personally

June 03, 2022
Date

Attested by – City Clerk and not Personally

Date

PIMA COUNTY COMMUNITY AND WORKFORCE DEVELOPMENT DEPARTMENT

E-SIGNED by Daniel Sullivan
on 2022-06-28 18:54:11 GMT

Daniel Sullivan, Director and not Personally

June 28, 2022
Date

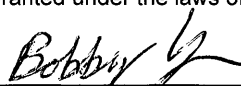
Attested by – Clerk of the Board and not Personally

Date

Pursuant to A.R.S. § 11-952 (D), the attorneys for the parties have determined that the foregoing Agreement is in proper form and is within the powers and authority granted under the laws of this State to the parties

E-SIGNED by Jennifer Bonham
on 2022-07-06 18:22:15 GMT

City Attorney, not personally


County Attorney, not personally

Chair, Board of Supervisors

EXHIBIT C1
CITY OF TUCSON HUMAN SERVICES - COC HOMELESS ASSISTANCE
FY 2020 PROJECT BUDGET
Funding Period: October 1, 2021 – September 30, 2022

Agency Name: Pima County	Contract Number: 19039-1
Project Name: FY20 Tucson/Pima Coordinated Entry	Award Amount: \$44,100
Account Number: 076-9276-268POR-0000-000000	Contract Period: October 1, 2021 – September 30, 2022

Budget Categories:

CoC
(funding source)

1.	Assessment of Service Needs	\$16,104
2.	Case Management	\$16,104
3.	Housing Counseling Services	\$8,052
4.	Transportation	\$1,740
5.	Admin	\$2,100
TOTAL (Line items must total contract amount):		\$44,100
6.	Match	\$11,025
TOTAL (Contract plus Match)		\$55,125

****A detailed line item breakdown must be provided below****

All requests for budget changes must be submitted in writing, and approved by the Housing and Community Development Department/Planning and Community Development Division prior to expenditure. Budget modifications may be limited and are subject to relevant City, TPCH, and/or HUD approval.

Item	Amount
PERSONNEL:	
Outreach Program Coordinator (80% of 1 FTE Salary + ERE) includes assessment of service needs, case management, and housing counseling services. (direct and indirect costs)	\$40,260.00
Transportation	\$1,740.00
Mileage reimbursement for staff travel (direct and indirect costs)	
ADMINISTRATIVE COSTS	\$2,100.00
Administrative personnel and occupancy costs (direct and indirect costs)	
MATCH – (20% of FTE Salary + ERE)	\$11,025.00
TOTAL	\$55,125.00

Send original signed request and
COPY OF GENERAL LEDGER TO:
Mayra Gamez, Project Coordinator
Mayra.Gamez@tucsonaz.gov
City of Tucson, HCDD/PCD
P.O. Box 27210, Tucson, AZ 85726-7210

NOTE: IF PAYMENT REQUEST INCLUDES
ANY CHARGES FOR PERSONNEL AND/OR
ERE THEN COPIES OF TIME WORKED
RECORDS ARE TO BE PROVIDED

EXHIBIT D1

CITY OF TUCSON HUMAN SERVICES FY20 PROJECT PAYMENT REQUEST

Contract Number: 19039-1

Total Contract Amount: \$44,100

Vendor Number: _____

Invoice Number: _____

Agency Name: Pima County

Project Name: Tucson/Pima County Coordinated Entry

Period for Reimbursement: _____
(MM/DD/YY TO MM/DD/YY)

A. Total Award Amount	\$ 44,100
B. Prior Expenditures	\$
C. Total Amount Requested for this Payment	\$
D. Total Expenditures Plus New Costs Incurred (B plus C)	\$
E. Balance After Requests (A minus D)	\$

All requests for budget changes are required to be submitted in writing and approved by City of Tucson HCDD/PCD. Changes will only be allowed as long as the total dollar amount contracted for remains the same, the costs are eligible, and the 20% administrative cap is not exceeded. Failure to submit timely quarterly performance measures reports, may delay the processing of payment requests.

Prepared by:	Name	Phone:
Authorized by:	Authorized Signature	Date:

FOR CITY OF TUCSON USE ONLY:

ACCOUNT #	AMOUNT APPROVED FOR PAYMENT
	\$
APPROVAL SIGNATURE:	DATE:

PAYMENT PROCESSTING INSTRUCTIONS: Subrecipient Billing Worksheet to be provided with Payment Request