



BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / 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):**

Arizona Department of Housing (ADOH)

***Project Title/Description:**

Weatherization Assistance Program (WAP)

***Purpose:**

United States Department of Health & Human Services Low-Income Home Energy Assistance Program (LIHEAP) funding from pass-through entity Arizona Department of Housing Weatherization Assistance Program (ADOH WAP), will allow Pima County to provide installation/repair of energy efficiency measures to dwellings occupied by low-income households in Pima County outside of the city limits of the City of Tucson. This amendment is extending the term of the contract three additional months to September 30, 2022.

Attachment: ADOH 217-21 Amendment No. 3

***Procurement Method:**

Not applicable to grant awards.

***Program Goals/Predicted Outcomes:**

The goal of this agreement is to provide financial assistance to low-income families in order to improve the health and safety of their home, as well as saving energy costs

***Public Benefit:**

Eligible program participants will be assisted with home energy-efficiency, and health & safety, installations or repairs that will lower utility costs and make their homes safe, decent, and affordable, which will improve the overall housing stock in Pima County.

***Metrics Available to Measure Performance:**

Monthly performance reports will be submitted to ADOH.

***Retroactive:**

N/A

AUG 01 22 AM 01:33 PM CLK/DFB

GMI OK
AF 7/29/22

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 Department Code: CR Grant Number (i.e., 15-123): 23-002
Commencement Date: 07/01/21 Termination Date: 09/30/2022 Amendment Number: 03

☐ Match Amount: \$ _____ ☐ Revenue Amount: \$ _____

***All Funding Source(s) required:** Low Income Home Energy Assistance Program (LIHEAP) passed-through Arizona Department of Housing (ADOH) Weatherization Assistance Program.

***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)?**
Arizona Department of Housing

Contact: Joel Gastelum/Joel Viers

Department: CWD

Telephone: 724-6750/724-6767

Department Director Signature:  Date: 7/30/22

Deputy County Administrator Signature:  Date: 29 July 2022

County Administrator Signature: _____ Date: 7/29/2022

Contract No.: 217-21
Termination Date: 9/30/2022
Amendment No.: 003

**AMENDMENT TO A
FUNDING AGREEMENT
Between
ARIZONA DEPARTMENT OF HOUSING
and
Pima County**

This **Agreement** is made and entered into by and between the **Arizona Department of Housing (ADOH)**, and **Pima County (Recipient)**.

RECITALS

- 1) **ADOH** and **Recipient** have entered into a Contract, stipulating to an award through the State Housing Fund Program or Community Development Block Grant Programs by **ADOH** to **Recipient** for the purpose as outlined in the above referenced Funding Agreement; and
- 2) A revision to said Agreement is necessary, and;
- 3) **ADOH** and **Recipient** agree that the revision is in the best interest of all parties, including beneficiary low-income households; **ADOH** and **Recipient** hereby agree to amend the subject agreement as follows:

AGREEMENT

Recipient is awarded an extension of time for the LIHEAP and LIHEAP ARP funding under this Agreement through the end of federal fiscal year 2021. Recipient may continue expending LIHEAP and LIHEAP ARP funding for jobs completed by September 30, 2022. The Scope of Work remains unchanged. Final request for reimbursement must be submitted to ADOH no later than October 31, 2022. DOE funding is not extended and all DOE jobs under this Agreement must be completed by June 30, 2022.

The agreement incorporates the Recital paragraphs set forth above.

The Following Attachments are amended and attached hereto:

- B** **Performance Report/Schedule of Completion**
- D.** **Request for Payment**

Any and all portions of subject Agreement that are not herein specifically amended shall remain unchanged.

Manager's Approval: 

In Witness Whereof, **ADOH** and **Recipient** have executed this Amendment that shall become effective when signed by ADOH.

**THE STATE OF ARIZONA,
DEPARTMENT OF HOUSING**

**PIMA COUNTY
RECIPIENT**

BY: _____
Thomas M. Simplot

TITLE: Director

DATE: _____

BY: _____
Sharon Bronson

TITLE: Chair, Board of Supervisors

DATE: _____

ATTEST:

Clerk of the Board

APPROVED AS TO CONTENT:



Director, Community and Workforce Dev.

APPROVED AS TO FORM:

 June 23, 2022

Deputy County Attorney



Arizona
Department
of Housing

WEATHERIZATION

2nd REVISED 6/24/2022

ATTACHMENT B

ADOH PERFORMANCE REPORT/SCHEDULE OF COMPLETION

Page 1 of 1

Recipient	Pima County	Date	
Contract No	217-21 Contract Period: from 7/1/2021 to 9/30/2022	Revision #	
Activity	Weatherization Assistance Program	Oct Jan April July	
Recipient Address	Comm. Dev. & Neigh. Cons.Dept - 2797 E. Ajo Way, 3rd Floor	City	Tucson
Contact Person	Jacqueline Andrade	Zip Code	85713
Phone	520-724-7802 Email: jacqueline.andrade@pima.gov	Fax	520-243-7997
Program Specialist	Gloria Castro Email: gloria.castro@azhousing.gov	County	Pima

Indicate adherence to contract or schedule changes. Due by the 30th of August, October, December, February (last day of), April, June

Contract Schedule	Contract Date	Complete Yes/No	Modification Date
Contract Execution	7/1/2021		
Completion of 7 DOE; 10 LIHEAP ARP and 8 LIHEAP Units	9/30/2021		
Completion of 14 DOE, 9 LIHEAP ARP and 5 LIHEAP Units (all numbers cumulative)	12/30/2021		
Completion of 21 DOE, 18 LIHEAP ARP and 11 LIHEAP Units (all numbers cumulative)	3/31/2022		
Completion of 29 DOE, 22 LIHEAP ARP and 13 LIHEAP Units (all numbers cumulative)	6/30/2022		
Completion of 27 LIHEAP ARP and 17 LIHEAP Units (all numbers cumulative)	9/30/2022		
Final Request for Reimbursement of LIHEAP/LIHEAP ARP	10/31/2022		
Project Complete-Contract Close Out	11/15/2022		
LIHEAP adjusted due to the \$20k ACPU adjustment approved and retroactive from 10.1.2021			

Please provide a brief description of activities performed this three month period. Include occurrences that caused variation from schedule changes to plans, unforeseen circumstances, etc. Please be specific. Finally, answer questions at narrative section A. through H.

A. # of DOE units 100% complete & QCI Passed?		G. # of ARP units out to bid?	
B. # of DOE units complete but need QCI?		H. # of LIHEAP units 100% complete?	
C. # of DOE units under construction?		I. # LIHEAP units under construction?	
D. # of DOE units out to bid?		J. # of LIHEAP units out to bid?	
E. # of ARP units 100% complete?			
F. # of ARP units under construction?			
Recipient Authorized Signature		Date	Title



Arizona
Department
of Housing
REVISED 6/24/2022

WEATHERIZATION

Attachment D

ARIZONA DEPARTMENT OF HOUSING REQUEST FOR PAYMENT SUMMARY SHEET PAGE 1 OF 2

Recipient	Pima County	Date	
Contract No	217-21 Extended Contract Period: from 7/1/2022 to 9/30/2022	Pay Req. No/Mo	
Activity	Weatherization Assistance Program	Direct Wire Dep	Yes No
Recipient Address	Comm. Dev. & Neigh. Cons.Dept - 2797 E. Ajo Way, 3rd Floor	City	Tucson
Contact Person	Jacqueline Andrade	ZIP	85713
Phone	520-724-7802	Email	jacqueline.andrade
Program Specialist	Gloria Castro	Fax	520-243-7997
		Email	gloria.castro@azhousing.gov
		County	Pima

Itemized Payment Statement (Sheet 2 of 2) must accompany this form. Include copies of invoices, cashed checks, and other back-up documentation. SIGNATURES are required for processing.

a	b	c	d	d	e	f	g	h
Budget Line Item or Activity No.	ASAP No.		LIHEAP FY2021	LIHEAP ARP FY2021	Total Amount Req. to Date	Balance in Account	Amount of this Request	New Balance
1. DOE Administration						\$ -		\$ -
2. DOE Training & TA						\$ -		\$ -
3. DOE Program Ops						\$ -		\$ -
4. DOE Health & Safety						\$ -		\$ -
5. DOE Financial Audit						\$ -		\$ -
6. DOE Liability Ins						\$ -		\$ -
7. DOE Total Draw							\$ -	\$ -
8. LIHEAP Admin.	N/A		\$ 11,646.00			\$ 11,646.00		\$ 11,646.00
9. LIHEAP Training/TA	N/A		\$ 2,826.00			\$ 2,826.00		\$ 2,826.00
10. LIHEAP Program Ops	N/A		\$ 265,122.00			\$ 265,122.00		\$ 265,122.00
11. LIHEAP Total Draw	N/A				\$ -	\$ 279,594.00	\$ -	\$ 279,594.00
12. LIHEAP ARP Admin.	N/A			\$ 46,667.00		\$ 46,667.00		\$ 46,667.00
13. LIHEAP ARP Prg Ops	N/A			\$ 536,673.00		\$ 536,673.00		\$ 536,673.00
14. LIHEAP ARP Total	N/A				\$ -	\$ 583,340.00	\$ -	\$ 583,340.00
Total		\$ -	\$ 279,594.00	\$ 583,340.00	\$ -	\$ 862,934.00	\$ -	\$ 862,934.00

Recipient Authorized Signature				Date	Title
Recipient Authorized Signatory certifies that all activities undertaken by the contractor with funds provided under this contract have been carried out in accordance with the contract. Attach wiring information if not previously submitted. Attach alternate mailing address if necessary.					
Performance Reports	Current <input type="checkbox"/>	Not Current <input type="checkbox"/>			
ADOH Program Specialist Approval			Date	For ADOH Use Only	ADOH Program Administrator Appr
					Date

REV. 1-2014