



BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: 1/10/2023

** = Mandatory, information must be provided*

or Procurement Director Award: ☐

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

U.S. Department of Treasury

***Project Title/Description:**

Emergency Rental Assistance 2

***Purpose:**

County will administer financial assistance for households to prevent eviction. May be used for (i) rent; (ii) rental arrears; (iii) utilities and home energy costs; (iv) utilities and home energy costs arrears; and (v) other expenses related to housing incurred due, directly or indirectly, to the COVID-19 outbreak. Emergency Rental Assistance 2 financial hardship during the pandemic no longer needs to be directly or indirectly caused by the COVID-19 outbreak. This amendment is to add funds.

Indirect costs: Not applicable.

***Procurement Method:**

Not applicable to grant awards.

***Program Goals/Predicted Outcomes:**

The goal is to provide financial assistance to individuals and families for emergency rental assistance.

***Public Benefit:**

Funds will prevent eviction for Pima County households at risk of eviction and homelessness.

***Metrics Available to Measure Performance:**

Reporting obligations required by the U.S. Department of Treasury.

***Retroactive:**

Yes. The wire transfer from the U.S. Department of Treasury was received 11/23/2022. The period of performance on this grant started March 26, 2021. There are no official grant amendments for this grant. The negative impact of not approving this extension is Pima County homeless or near homelessness impacted by COVID may not financial assistance to prevent eviction.

GMI OK
AF 12/15/22

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): 23-019

Commencement Date: 3/26/21 (no change) Termination Date: 9/30/25 (no change) Amendment Number: 1

☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ 15,000,000

***All Funding Source(s) required:** U.S. Department of Treasury

***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)?**

Directly from the Federal government

Contact: Jenifer Darland/Rise Hart

Department: Community & Workforce Development

Telephone: 724-7312/724-5723

Department Director Signature: [Signature]

Date: 12/7/2022

Deputy County Administrator Signature: [Signature]

Date: 20 Dec 2022

County Administrator Signature: [Signature]

Date: 12/21/22

Step 2: Request for Reallocated Funds

The undersigned entity (the "ERA2 Grantee") received its full allocation of funds for the delivery of emergency rental assistance ("ERA") in accordance with the American Rescue Plan Act of 2021 ("the Act").

Treasury has published guidance, available on its website, setting forth the procedures for the reallocation of ERA funds under the Act. In accordance with the guidance, the ERA Grantee hereby certifies that:

1. It has obligated at least 50% of its total initial ERA2 allocation under the Act (the "ERA2 Award")
2. Its jurisdiction has a demonstrated need for the ERA funds requested below and the capacity to use those funds pursuant to applicable requirements.

ERA Grantee Request Amount

The ERA Grantee hereby requests an additional:

Amount

15,000,000

of ERA funds from any amounts the U.S. Department of the Treasury ("Treasury") makes available for reallocation under the Act.

Save

Submitted

Project Information

Application Id
SLT-0225

Application Type
ERA2

Report Type
AR-0459 (SLT-0225)

Submission Date
2022-07-12

Approval Status

Unsubmit

Obligation Report

Consistent with Treasury's reallocation guidance, Recipient hereby represents and certifies to Treasury that as of

As of date

Jul 11, 2022

The ERA Grantee has obligated its ERA2 Award funds as follows:

Enter 15% of total ERA2 Award amount for administrative cost.

Amount

1,802,707

Enter total of all other amounts obligated by ERA Grantee as of the date hereof.

Amount

8,211,460

Total

10,014,167

Save

Monthly Projections

Data Column Definition

1. Month
2. Number of Unique Households That Will Be Assisted
3. Assistance Amount to Eligible Households Expended
4. Number of Applications Submitted

	Month	# Unique Households	Assistance Amount	# Applications Submitted	Edit
1	August	180	\$1,170,000.00	2,400	
2	September	220	\$1,430,000.00	2,600	
3	October	250	\$1,625,000.00	2,800	
4	November	260	\$1,690,000.00	2,850	

Voluntary Reallocations

As a condition to receiving voluntarily reallocated funds, the ERA Grantee certifies that it has complied with all ERA2 requirements under applicable law, the ERA2 guidance published by Treasury, and its ERA2 Award Terms. The ERA Grantee agrees that it will use its remaining ERA2 funds, including any additional funds received through reallocation, in compliance with all such authorities.

Voluntarily Funds

If known, please identify below any ERA2 grantee(s) who have recommended or are expected to recommend the voluntary reallocation of ERA2 funds to the ERA Grantee.

[Add Transferring Grantee\(s\)](#)

ERA Number	SLT Number	Transferring Grantee	Expected Amount	Edit
1	SLT-0165	Department of Economic Security	\$15,000,000.00	

[Next](#)

Step 6: Certification

The ERA Grantee acknowledges that ERA2 Award must be obligated by September 30th, 2025, and such funds not obligated or expended at that time must be returned to Treasury as part of the award closeout process pursuant to 2 C.F.R. 200.344(d).

Certification & Submission

I certify that the information provided is accurate and complete after reasonable inquiry of people, systems, and other information available to the ERA Recipient. The undersigned acknowledges that a materially false, fictitious, fraudulent statement or representation (or concealment or omission of a material fact) in this submission may be the subject of criminal prosecution under the False Statements Accountability Act of 1996, as amended, 18 U.S.C. § 1001, and also may subject me and the ERA Recipient to civil penalties, damages, and administrative remedies for false claims or otherwise (including under 31 U.S.C. §§ 3729 et seq.). I certify that I have authority to make certifications and representations on behalf of the ERA Recipient.

Name

MARJORIE CROWDES

Title

Division Manager

Date

2022-07-12

[Submit Form](#)

Submitted

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Approval Status

[Unsubmit](#)