

BOARD OF SUPERVISORS AGENDA ITEM REPORT CONTRACTS / AWARDS / GRANTS

Requested Board Meeting Date: May 19, 2015

or Procurement Director Award Contractor/Vendor Name (DBA): U. S. Department of Housing and Urban Development **Project Title/Description:** 2014 Continuum of Care Program- New Chance Provide transitional housing with supportive services to homeless people in Pima County's Continuum of Care Program. Procurement Method: N/A **Program Goals/Predicted Outcomes:** Housing stability and full-time employment opportunities for homeless people in Pima County. Public Benefit: Reduce the number of homeless people in Pima County. **Metrics Available to Measure Performance:** 63% of the participants will obtain permanent unsubsidized housing and gain full-time employment by the end of the operating year or program exist. Retroactive: No Original Information Department Code: CS Contract Number (i.e.,15-123): 15-70 Document Type: GTAW Termination Date: 6/30/2016 Prior Contract Number (Synergen/CMS): Effective Date: 7/1/2015 Revenue Amount: \$ 343,529 ☐ Expense Amount: \$ Funding Source(s): U. S. Department of Housing and Urban Development Cost to Pima County General Fund: Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No Not Applicable to Grant Awards ☐ Yes ☐ No Not Applicable to Grant Awards Were insurance or indemnity clauses modified? Vendor is using a Social Security Number? ☐ Yes ☐ No Not Applicable to Grant Awards If Yes, attach the required form per Administrative Procedure 22-73. Amendment Information Document Type: Department Code: Contract Number (i.e., 15-123): AMS Version No.: Amendment No.: New Termination Date: Effective Date: Amount This Amendment: \$ ☐ Expense ☐ Revenue ☐ Increase ☐ Decrease Funding Source(s):

Cost to Pima County General Fund:

Original Information						
Document Type: GTAW	Department Code: CS	Contra	ct Number (i.e.,15-123): 15-70			
Effective Date: 7/1/2015	Termination Date: 6/30/2016	_Prior Contract	Number (Synergen/CMS):			
Expense Amount: \$ _		⊠ Revenue A	mount: \$ 343,529.00			
Funding Source(s): L	. S. Department of Housing and	Urban Developn	nent			
_						
Cost to Pima County Ger	neral Fund:					
Contract is fully or partial	ly funded with Federal Funds?	☐ Yes ☐ No	Not Applicable to Grant Awards			
Were insurance or indem	nity clauses modified?	☐ Yes ☐. No	Not Applicable to Grant Awards			
Vendor is using a Social	Security Number?	☐ Yes ☐ No	Not Applicable to Grant Awards			
If Yes, attach the require	d form per Administrative Proced	ure 22-73.				
Amendment Informatio	<u>n</u>	•				
Document Type:	Department Code:					
Amendment No.:	Amendment No.: AMS Version No.:					
Effective Date:						
☐ Expense ☐ Revenu	e 🗌 Increase 🔲 Decrease	Amoun	t This Amendment: \$			
Funding Source(s):		,				
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Cost to Pima County General Fund:						
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Contact: Steven Nelson						
Department: Community	Services, Employment and Train	ing	Telephone: 724-7306			
Department Director Sign	nature/Date:	- 60	40m 4-30-15			
Deputy County Administrator Signature/Date: 5-1-15						
County Administrator Signature/Date: 2 Lule Bell 5/1/15						
(Required for Board Agenda/A	ddendum Items)		1 -1.			
		<u> </u>				

Tax ID Number: 86-6000543

Original CoC Grant Number: AZ0036L9T011205 CoC Program Grant Number: AZ0036L9T011407

DUNS Number: 033738662 - 4000

SCOPE OF WORK EXHIBIT for the FY 2014 CoC PROGRAM COMPETITION

- 1. This Agreement is governed by the Continuum of Care program Interim Rule attached hereto and made a part hereof as Exhibit 1a. Upon publication for effect of a Final Rule for the Continuum of Care program, the Final Rule will govern this Agreement instead of the Interim Rule. The project listed on this Exhibit at 5., below, is also subject to the terms of the FY 2014 Notice of Funds Availability.
- 2. This Exhibit, providing an additional award of funding, is added to the Continuum of Care Program Grant Agreement identified above by the Original CoC Program Grant Number, under the authority of the fifth paragraph of the Original CoC Program Grant Agreement. The funding provided through this Scope of Work will be referred to by the Renewal Award Number listed above.
- 3. The grant term applicable to funds shall be 1 year which shall run from 07-01-2015 to 06-30-2016
- 4. The Continuum that designated Recipient to apply for grant funds is not a high-performing community.
- 5. Recipient is not a Unified Funding Agency and was not the only Applicant the Continuum of Care designated to apply for and receive grant funds and is not the only Recipient for the Continuum of Care that designated it. HUD's total funding obligation for this grant is \$343529 for project number AZ0036L9T011407. In accordance with 24 CFR 578.105(b), Recipient is prohibited from moving more than 10% from one budget line item in a project's approved budget to another without a written amendment to this Agreement. The obligation for this project shall be allocated as follows:

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a.	CoC Planning cost	\$ 0
b.	Acquisition	\$ 0
c.	New construction	\$ 0
d.	Rehabilitation	\$ 0
e.	Leasing	\$ 112366
f.	Rental assistance	\$ 0
	i. Tenant-based rental assistance	\$
	ii. Project-based rental assistance	\$
	iii. Sponsor-based rental assistance	\$
g.	Supportive services	\$ 196562
h.	Operating costs	\$ 12329
i.	HMIS	\$ 0
j.	Administration	\$ 22272

- 6. No funds for new projects may be drawn down by Recipient until HUD has approved site control pursuant to §578.21 and §578.25 and no funds for renewal projects may be drawn down by Recipient before the end date of the project's final operating year under the grant that has been renewed.
- 7. Nothing in this grant agreement shall be construed as creating or justifying any claim against the federal government or the grantee by any third party.

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This agreement is hereby executed on behalf of the parties as follows:

UNITED STATES OF AMERICA, Secretary of Housing and Urban Development

By:	
(Signature)	
Maria Cremer, Director	
(Typed Name and Title)	
(Date)	
RECIPIENT	
Pima County	
(Name of Organization)	
Ву:	
(Signature of Authorized Official) Sharon Bronson, Chair, Pima County Board of Supervise (Typed Name and Title of Authorized Official)	- ors
(Date)	
APPROVED AS TO CONTENT:	
Art Eckstrom, Director Community Services, Employment and Training	
Community Services, Employment and Training	
APPROVED AS TO FORM:	
Karen S. Friar, Deputy County Attorney	