

## BOARD OF SUPERVISORS AGENDA ITEM REPORT CONTRACTS / AWARDS / GRANTS

⊖Award ⊖Contract ●Grant

Requested Board Meeting Date: Nov. 21, 2017

\* = Mandatory, information must be provided

or Procurement Director Award 🗔

\*Contractor/Vendor Name/Grantor (DBA): Arizona Department of Housing (ADOH)

## \*Project Title/Description:

Funding Intergovernmental Agreement (IGA); Weatherization Asssistance Program (WAP)

## \*Purpose:

Attachments; ADOH IGA 2 copies

The purpose of this amendment is to add and remove funding passed-through the State of Arizona that leverages and supports the Pima County Home Repair & Weatherization Program administered by Community Development & Neighborhood Conservation Department. This amendment adds funding in the amount of \$41,153.00 from US Health and Human Services, Low income Home Energy Assistance Program (LIHEAP). This amendment also removes funding provided by Southwest Gas which will be its own stand alone contract passed-through ADOH to Pima County to accommodate an annual term (January to December) as recently approved by the Arizona Cooperation Commission. Finally, this amendment term with ADOH will remain fiscal (July through June) and will continue to include both LIHEAP and US Department of Energy (DOE) funds totaling \$166,006.00 as follows: \$36,080.00; DOE \$129,926; LIHEAP

\*Procurement Method:

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

## \*Program Goals/Predicted Outcomes:

Installation of energy efficient measures for homes of income eligible households including elderly; persons with disabilities; and, families with children in unincorporated Pima County, Marana, Oro Valley and Sahuarita.

### \*Public Benefit:

Improved housing stock by providing eligible households with energy efficient home repair and weatherization services.

### \*Metrics Available to Measure Performance:

Number of completed jobs and funds expended as required by funder.

\*Retroactive:

No

| · · · · · · · · · · · · · · · · · · ·  | Department Code:  | Contract Number (i.e.,15-123):   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|
|  |   | Prior Contract Number (Synergen/CMS):  |  |  |  |  |  |  |
|  |   | Revenue Amount: \$   |  |  |  |  |  |  |
|  |   | es, Low Income Home Home Energy Assistant Program (LIHEAP)   |  |  |  |  |  |  |
| Funding from General Fund  | ? OYes ONo If Yes   | \$%  |  |  |  |  |  |  |
| Contract is fully or partially f <b>*Is the Contract to a vende</b>  | iunded with Federal Funds? or or subrecipient?  |  |  |  |  |  |  |  |
| Were insurance or indemnit   | y clauses modified?   | 🗌 Yes 📋 No   |  |  |  |  |  |  |
| If Yes, attach Risk's appro  | oval  |  |  |  |  |  |  |  |
| Vendor is using a Social Se  | curity Number?  | 🗌 Yes 🔲 No   |  |  |  |  |  |  |
| If Yes, attach the required f  | form per Administrative Procedure   | ə 22-73.   |  |  |  |  |  |  |
| Amendment / Revised Aw   | ard Information   |  |  |  |  |  |  |  |
| Document Type:   | Department Code:  | Contract Number (i.e.,15-123):   |  |  |  |  |  |  |
|  |   | AMS Version No.:   |  |  |  |  |  |  |
| -  |   |  |  |  |  |  |  |  |
|  |   | Prior Contract No. (Synergen/CMS):   |  |  |  |  |  |  |
| O Expense or O Revenue   | Oincrease ODecrease   | Amount This Amendment: \$  |  |  |  |  |  |  |
| Is there revenue included?   | OYes ONo II   | f Yes \$   |  |  |  |  |  |  |
| *Funding Source(s) requir  |   |  |  |  |  |  |  |  |
| Funding from General Fund  | ? ()Yes ()No [1   |  |  |  |  |  |  |  |
| . and ing tront concrait and   |   | fYes\$%  |  |  |  |  |  |  |
| -  | ation (for grants acceptance and  |  |  |  |  |  |  |  |
| -  | ation (for grants acceptance an   |  |  |  |  |  |  |  |
| Grant/Amendment Informa<br>Document Type: <u>GTAM</u>  | ation (for grants acceptance an<br>Department Code: <u>CD</u>   | d awards) O Award O Amendment<br>Grant Number (i.e.,15-123): <u>18-020</u>   |  |  |  |  |  |  |
| Grant/Amendment Informa<br>Document Type: <u>GTAM</u><br>Effective Date: <u>11/21/2017</u>   | ation (for grants acceptance an   | d awards)  |  |  |  |  |  |  |
| Grant/Amendment Informa<br>Document Type: <u>GTAM</u><br>Effective Date: <u>11/21/2017</u><br>Match Amount: \$ <u>N/A</u>  | ation (for grants acceptance an<br>Department Code: <u>CD</u><br>Termination Date: <u>06/3</u>  | d awards) O Award O Amendment<br>Grant Number (i.e.,15-123): <u>18-020</u>   |  |  |  |  |  |  |
| Grant/Amendment Informa<br>Document Type: <u>GTAM</u><br>Effective Date: <u>11/21/2017</u><br>Match Amount: \$ <u>N/A</u>  | ation (for grants acceptance and<br>Department Code: <u>CD</u><br>Termination Date: <u>06/3</u><br>quired: U.S. Health and Human Se   | d awards)  |  |  |  |  |  |  |
| Grant/Amendment Informa<br>Document Type: <u>GTAM</u><br>Effective Date: <u>11/21/2017</u><br>Match Amount: \$ <u>N/A</u><br>*All Funding Source(s) rec  | ation (for grants acceptance and<br>Department Code: <u>CD</u><br>Termination Date: <u>06/3</u><br>quired: U.S. Health and Human Se<br>eral Fund? OYes  No If   | d awards) O Award O Amendment   Grant Number (i.e., 15-123): 18-020   30/2018 Amendment Number:   1 and 2 combined   Image: Solution of the state of the st |  |  |  |  |  |  |
| Grant/Amendment Informa<br>Document Type: <u>GTAM</u><br>Effective Date: <u>11/21/2017</u><br>Match Amount: \$ <u>N/A</u><br>*All Funding Source(s) rec<br>*Match funding from Gene<br>*Match funding from other<br>*Funding Source: <u>N/</u>   | ation (for grants acceptance and<br>Department Code: <u>CD</u><br>Termination Date: <u>06/3</u><br>quired: U.S. Health and Human Se<br>eral Fund? OYes  No If   | d awards) Award Amendment   Grant Number (i.e., 15-123): 18-020   30/2018 Amendment Number:   1 and 2 combined   30/2018   Amendment Number:   1 and 2 combined   Services, Low Income Home Energy Assistance Program (LIHEAP)   I Yes \$   Yes \$   %  |  |  |  |  |  |  |
| Grant/Amendment Informa<br>Document Type: GTAM<br>Effective Date: 11/21/2017<br>☐ Match Amount: \$ N/A<br>*All Funding Source(s) rec<br>*Match funding from Gene<br>*Match funding from other<br>*Funding Source: N/<br>*If Federal funds are receiv<br>Federal government or par  | ation (for grants acceptance and<br>Department Code: <u>CD</u><br>Termination Date: <u>06/3</u><br>quired: U.S. Health and Human Se<br>eral Fund? OYes ONo If<br>r sources? OYes ONo If<br>/A   | d awards) O Award O Amendment   Grant Number (i.e., 15-123): 18-020   30/2018 Amendment Number:   1 and 2 combined   30/2018   Amendment Number:   1 and 2 combined   Services, Low Income Home Energy Assistance Program (LIHEAP)   I Yes \$   Yes \$   %   If Yes \$    If Yes \$   %   If Yes \$    Funding is passed through the Arizona Department of Housing (ADOH)   |  |  |  |  |  |  |
| Grant/Amendment Informa<br>Document Type: GTAM<br>Effective Date: 11/21/2017<br>Match Amount: \$ N/A<br>*All Funding Source(s) rec<br>*Match funding from Gene<br>*Match funding from other<br>*Funding Source: N/<br>*If Federal funds are receiv<br>Federal government or par<br>Contact: Jesus Duran,Hou                            | ation (for grants acceptance and<br>Department Code: <u>CD</u><br>Termination Date: <u>06/3</u><br>quired: U.S. Health and Human Se<br>eral Fund? OYes ONo If<br>r sources? OYes ONo If<br>/A   | d awards)  |  |  |  |  |  |  |
| Grant/Amendment Informa<br>Document Type: GTAM<br>Effective Date: 11/21/2017<br>Match Amount: \$ N/A<br>*All Funding Source(s) rec<br>*Match funding from Gene<br>*Match funding from other<br>*Funding Source: N/<br>*If Federal funds are receiv<br>Federal government or pas<br>Contact: Jesus Duran,Hou<br>Department: Community D | ation (for grants acceptance and<br>Department Code: <u>CD</u><br>Termination Date: <u>06/3</u><br>quired: U.S. Health and Human Se<br>eral Fund? OYes No If<br>r sources? OYes No If<br>/A<br>ved, is funding coming direct<br>ssed through other organizat<br>sing Rehabilitation Specialist S<br>evelopment& Neighborhood C                              | d awards)  |  |  |  |  |  |  |
| Grant/Amendment Informa<br>Document Type: GTAM<br>Effective Date: 11/21/2017<br>Match Amount: \$ N/A<br>*All Funding Source(s) rec<br>*Match funding from Gene<br>*Match funding from other<br>*Funding Source: N/<br>*If Federal funds are receiv<br>Federal government or pas<br>Contact: Jesus Duran,Hou<br>Department: Community D | ation (for grants acceptance and<br>Department Code: <u>CD</u><br>Termination Date: <u>06/3</u><br>quired: U.S. Health and Human Se<br>eral Fund? OYes ONO If<br>r sources? OYes ONO If<br>ved, is funding coming direct<br>ssed through other organizat<br>sing Rehabilitation Specialist S<br>Development& Neighborhood Co<br>ature/Date: <u>Mayues</u> M | d awards)  |  |  |  |  |  |  |

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Contract No.: 203-17 Termination Date: June 30, 2018 Amendment No.: 001/002 combined

## 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

Amendment 001 removes Southwest Gas funding, which now has its own contract #201-18. Amendment 002 Increases LIHEAP award by \$41,153 for a total LIHEAP award of \$129,926. Contract expiration remains the same. The additional LIHEAP funding will increase the unit scope of work for LIHEAP by one (1) unit for seventeen (17) total LIHEAP units.

The agreement incorporates the Recital paragraphs set forth above.

### The Following Attachments are amended and attached hereto:

| A Scope of Work   |
|---|
| B Amended Performance Report/Schedule of Completion   |
|   |
| C. Budget   |
| D. Request for Payment  |
| inconstruction and the second s |

All portions of subject Agreement that are not herein specifically amended shall remain unchanged.

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

| THE AR<br>DEPART | IZONA,<br>IMENT OF HOUSING | PIMA COUNTY SIGNATURES<br>RECIPIENT ON FOLLOWING PAGE |     |  |  |  |  |  |
|------------------|----------------------------|---|-----|--|--|--|--|--|
| BY:              |                            | BY:   |     |  |  |  |  |  |
|                  | Carol Ditmore              |   |     |  |  |  |  |  |
| TITLE:           | Director                   | TITLE: Chairman Board of Supervisors                  |     |  |  |  |  |  |
| DATE:            |                            | DATE:   |     |  |  |  |  |  |
|                  |                            | Manager's Approval: 🗡                                 | Ib_ |  |  |  |  |  |

Funding Agreement

Contract No.: 203-17 Amendment No.: 001/002 combined

## **PIMA COUNTY (RECIPIENT) SIGNATURES**

BY:

Chair, Board of Supervisors TITLE:

DATE:

ATTEST:

Clerk of the Board

Date

**REVIEWED BY:** 

rayare the Kue 11/01/2017 Date

Margaret Kish, CDNC Director

APPROVED AS TO FORM:

en S. Friar, Deputy County Attorney

## ATTACHMENT A SCOPE OF WORK REVISED

The Arizona Department of Housing Weatherization Assistance Program (ADOH WAP) award will be comprised of Department of Energy (DOE), and Low Income Home Energy Assistance Program (LIHEAP) funds. Funding will allow Pima County (**recipient**) to provide installation/repair of energy efficiency measures to dwellings occupied by low-income households in Pima County Arizona outside of the City of Tucson.

### This contract award is contingent upon:

- A. Assistance is reserved for the following incomes:
  - a. DOE funds: 200% of Federal Poverty Guidelines as published annually; and
  - b. LIHEAP funds: 200% of Federal Poverty Guidelines as published annually.
- B. The program will prioritize services to the following populations:
  - a. Elderly;
  - b. Handicapped; and
  - c. Families with children under the age of five (5).
- C. DOE and LIHEAP WAP funding requires adherence to the Arizona Weatherization Assistance Program State Plan (State Plan), Health and Safety Plan (HSD Plan); Arizona Weatherization Policies and Procedures Handbook, Arizona Weatherization Assistance Program Field Guide; Standard Work Specifications; and WAP Memorandum 15-10 Quality Management Plan.
- D. Maximum investment per unit is as follows:
  - a. DOE: Average per unit investment over Program Year 2017 (July 1, 2017 to June 30, 2018) is \$7,212; and
  - b. LIHEAP: Average per unit investment over Program Year 2017 (July 1, 2017 to June 30, 2018) is \$7,212.
- E. Satisfactory SHPO requirements if applicable must be completed prior to any construction activity or any expenditure of funds.
- F. Pima County will be expected to fully expend awarded funds and complete the following number of units for each funding source:
  - a. DOE: 5 completed units passing Quality Control Inspection and ADOH WAP monitoring;
  - b. LIHEAP: 17 completed units passing final inspection and ADOH WAP monitoring; and



<u>e</u>.

| WEATHERIZATION  | REVISED                 | ATTACHMENT             | В                                     |
|---|-------------------------|------------------------|---------------------------------------|
| <b>ADOH PERFORMANCE REPORT/SCHEDULE OF COMPLETIO</b>                              | N                       |                        | Page 1 of 1                           |
| Recipient Pima County   |                         | Date                   |                                       |
| Contract No 203-17 Contract Period: from 7/1/2017 to 6/30/2018                    |                         | Revision #             | · · · · · · · · · · · · · · · · · · · |
| Activity Weatherization Assistance Program  |                         | Oct Jan                | April July                            |
| Recipient Address Comm. Dev. & Neigh. Cons.Dept - 2797 E. Ajo Way, 3rd            | Floor                   | *                      | Tucson                                |
| Contact Person Francie Rech   |                         | Zip Code               |                                       |
| Phone 520-724-7951 Email Franc  | ie.rech@pima.gov        | -                      | 520-243-7997                          |
|   | .ekenberg@azhousing.gov | County                 |                                       |
| Indicate adherence to contract or schedule changes. Due by the 30th of August     | , October, December, F  | ebruary (last day of), | April, June                           |
| Contract Schedule   | Contract Date           | Complete Yes/No        |                                       |
| Contract Execution  | 7/1/2017                |                        |                                       |
| Completion of 1 DOE ; and 4 LIHEAP Units  | 9/30/2017               |                        |                                       |
| Completion of 2 DOE; and 8 LIHEAP Units (all numbers cumulative)                  | 12/30/2017              |                        |                                       |
| Completion of 4 DOE; and 11 LIHEAP Units (all numbers cumulative)                 | 3/31/2018               |                        |                                       |
| Completion of 5 DOE; and 17 LIHEAP Units (all numbers cumulative)                 | 6/30/2018               |                        |                                       |
| Project Complete-Contract Close Out   | 7/31/2018               |                        | ·                                     |
|   |                         |                        |                                       |
|   |                         |                        |                                       |
|   | *                       |                        | · · · · · · · · · · · · · · · · · · · |
|   |                         |                        | ·                                     |
|   |                         |                        |                                       |
|   |                         |                        |                                       |
| Please provide a brief description of activities performed this three month peri  | od. Include occurrence  | s that caused variatio | n from schedule                       |
| changes to plans, unforeseen circumstances, etc. Please be specific. Finally, ans | wer questions at narrat | ive section A. throug  | h H.                                  |
|   |                         | 0                      |                                       |
| · ·   |                         |                        |                                       |
|   |                         |                        |                                       |
|   |                         |                        |                                       |
| A. # of DOE units 100% complete & QCI Passed? E. # c                              | of LIHEAP units under o | construction?          | <u> </u>                              |
|   | of units (DOE,LIHEAP)   |                        |                                       |
| C. # of DOE units under construction?   |                         | out to piu.            |                                       |
| D. # of LIHEAP units 100% complete?   |                         |                        |                                       |
|   |                         |                        |                                       |
|   |                         |                        |                                       |
| Recipient Authorized Signature Date Title   | <u> </u>                |                        |                                       |

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# WEATHERIZATION

# REVISED

## Attachment C

| Budget                          |                     |  |                 |                | ······           |                                       |  |  |
|---------------------------------|---------------------|--|-----------------|----------------|------------------|---------------------------------------|--|--|
| Recipient Pima Co               | ounty               |  | -               |                | Date             | · · · · · · · · · · · · · · · · · · · |  |  |
| Contract No./File No. 203-17    | <u> </u>            | Revision No.   |                 |                |                  |                                       |  |  |
| Activity Weather                |                     |  |                 |                |                  |                                       |  |  |
| Recipient Address Comm.         | City                | Tucson   |                 |                |                  |                                       |  |  |
| Contact Person Francie          | Zip Code 85713      |  |                 |                |                  |                                       |  |  |
| Phone 520-724-                  | 7774                | Email  | Francie.Rech@   | pima.gov       | Fax 520-243-7997 |                                       |  |  |
| Program Specialist Trisha E     | kenberg             | Email  | trisha.ekenberg | @azhousing.gov | County Pima      |                                       |  |  |
|                                 | 1                   |  |                 |                |                  |                                       |  |  |
| a                               | C DOD               | d  | e               | t              | g                | h                                     |  |  |
| Budget Line Item or             | DOE                 | LIHEAP<br>FY2017   | Source          | Source         | Source           | GRAND TOTAL                           |  |  |
|                                 | Activity No. FY2017 |  | Program Year    | Program Year   | Program Year     | ALL SOURCES                           |  |  |
| Administration Costs            | \$ 3,310.00         |  |                 |                |                  |                                       |  |  |
| Training & Technical Assistance | \$ 7,219.00         |  |                 |                |                  |                                       |  |  |
| Program Operations              | \$ 21,261.00        |  |                 |                |                  |                                       |  |  |
| Health and Safety               | \$ 4,290.00         | ) and the second s |                 |                |                  |                                       |  |  |
| Financial Audit                 | \$ -                |  |                 |                |                  |                                       |  |  |
| Liability Insurance             | \$ -                |  |                 |                |                  | · · · · · · · · · · · · · · · · · · · |  |  |
| LIHEAP Administration           |                     | \$ 4,157.00  |                 |                |                  |                                       |  |  |
| LIHEAP Training/TA              |                     | \$ 1,337.00  |                 |                |                  |                                       |  |  |
| LIHEAP Program Operations       |                     | \$ 124,432.00  |                 |                |                  |                                       |  |  |
|                                 |                     |  |                 |                |                  |                                       |  |  |
|                                 |                     |  |                 |                |                  |                                       |  |  |
|                                 |                     |  |                 |                |                  |                                       |  |  |
| Total                           | \$36,080.0          | 0 \$129,926.00   | \$0.00          |                |                  | \$166,006.00                          |  |  |

REV. 5-2016



WEATHERIZATION

REVISED

## Attachment D

| ARIZONA DEPART   | MENT (   | OF F         | HOUSING                           | R    | EQUEST F                              | OR PAYMEN         | <b>T SUMMARY</b>    | SHEET PAG                             | E 1 OF 2  |        |            |
|--|--|--------------|-----------------------------------|------|---------------------------------------|-------------------|---------------------|---------------------------------------|---|--------|------------|
| Recipient  |  |              |                                   |      | Date                                  | <u> </u>          |                     |                                       |   |        |            |
| Contract No  | <b>203-17</b> Contract Period: from 7/1/2017 to 6/30/2018  |              |                                   |      |                                       |                   |                     |                                       |   | 1      |            |
| Activity   | Weatheri   | n Assistance | Pay Req. No/Mo<br>Direct Wire Dep |      | es No                                 |                   |                     |                                       |   |        |            |
| Recipient Address  | Comm. Dev. & Neigh. Cons.Dept - 2797 E. Ajo Way, 3rd Floor |              |                                   |      |                                       |                   |                     |                                       | . · ·   | Tucso  |            |
| Contact Person   |  |              |                                   |      |                                       |                   |                     |                                       |   | 85713  |            |
|  | 520-724-7951 Email Francie.rech@pima.gov                   |              |                                   |      |                                       |                   |                     |                                       | the second se | ,      | 43-7997    |
| Program Specialist Trisha Ekenberg Email trisha.ekenberg@azhousing.gov |  |              |                                   |      |                                       |                   |                     |                                       | County Pima   |        |            |
| Itemized Payment Staten  | nent (She  | et 2 o       | of 2) must ac                     | com  | pany this for                         | m. Include copi   | es of invoices, cas | shed checks, and                      | other   | L      |            |
| back-up documentation.   | SIGNAT   | URES         | 5 are require                     | d fe | or processing                         | -                 |                     |                                       |   |        |            |
| a  | b  |              | С                                 |      | d                                     | d                 | e                   | f                                     | g   | [      | h          |
| Budget Line Item or  | ASAP   |              | DOE                               |      | LIHEAP                                | Source            | Total Amount        | Balance in                            | Amount of this  |        | New        |
| Activity No.   | No.  |              | FY2017                            |      | FY2017                                | Program Year      | Req. to Date        | Account                               | Request   |        | Balance    |
| 1. DOE Administration  |  | \$           | 3,310.00                          |      |                                       |                   |                     | \$ 3,310.00                           | ,   | \$     | 3,310.00   |
| 2. DOE Training & TA   |  | \$           | 7,219.00                          |      |                                       |                   |                     | \$ 7,219.00                           | · · · · ·   | \$     | 7,219.00   |
| 3. DOE Program Ops   |  | \$           | 21,261.00                         |      |                                       | · ·               |                     | \$ 21,261.00                          |   | \$     | 21,261.00  |
| 4. DOE Health & Safety   |  | \$           | 4,290.00                          |      | · · · · · · · · · · · · · · · · · · · |                   |                     | \$ 4,290.00                           |   | \$     | 4,290.00   |
| 5. DOE Financial Audit   |  | \$           | -                                 |      |                                       |                   |                     | \$ -                                  |   | \$     | -          |
| 6. DOE Liability Ins   |  | \$           | -                                 |      |                                       |                   |                     | \$ -                                  |   | \$     | -          |
| 7. DOE Total Draw  |  |              | 1 . T                             |      |                                       |                   |                     |                                       | 0.00  |        |            |
| 8. LIHEAP Admin.   | N/A  | 1 a.c.       |                                   | \$   | 4,157.00                              |                   |                     | \$ 4,157.00                           |   | \$     | 4,157.00   |
| 9. LIHEAP Training/TA  | N/A  |              |                                   | \$   | 1,337.00                              |                   |                     | \$ 1,337.00                           |   | \$     | 1,337.00   |
| 10. LIHEAP Program Ops   | N/A  |              |                                   | \$   | 124,432.00                            |                   |                     | \$ 124,432.00                         |   | \$     | 124,432.00 |
| 11. LIHEAP Total Draw  | N/A  | 2<br>        |                                   |      |                                       |                   |                     |                                       | 0.00  |        |            |
|  |  |              |                                   | •    |                                       |                   |                     |                                       |   |        | 1          |
|  |  |              |                                   |      |                                       |                   |                     |                                       | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1  |        |            |
|  |  |              |                                   |      |                                       |                   |                     |                                       | · .   |        |            |
|  |  |              |                                   |      |                                       |                   |                     |                                       | n<br>Antonio  |        |            |
| Total  |  | \$           | 36,080.00                         | \$   | 129,926.00                            | \$ -              | <del>\$</del> -     | \$ 166,006.00                         | \$ -  | \$     | 166,006.00 |
|  |  |              |                                   |      | ··· ·                                 |                   | · · · · · ·         | · · · · · · · · · · · · · · · · · · · |   |        |            |
|  |  |              |                                   |      |                                       |                   |                     |                                       |   |        |            |
| Recipient Authorized Sigr  | nature   | -            |                                   |      |                                       | Date              | Title               |                                       | •   |        |            |
| <b>Recipient Authorized Sig</b>  | gnatory ce   | rtifie       | s that all ac                     | ivi  | ies undertak                          | en by the contrac | tor with funds p    | rovided under th                      | is contract have  | been o | arried     |
| out in accordance with th  | e contrac  | t. At        | tach wiring i                     | info | ormation if no                        | ot previously sub | mitted. Attach al   | ternate mailing a                     | address if necess   | ary.   |            |
| Performance Reports  |  | Curi         | rent                              |      |                                       | Not Current       |                     |                                       | · ·   |        |            |
|  |  |              |                                   |      |                                       | -                 | For ADOH Use        |                                       |   |        |            |
|  |  |              |                                   |      |                                       | Only              |                     |                                       |   |        |            |
| ADOH Program Specialist Approval Date                                  |  |              |                                   |      |                                       | ·                 | ADOH Program A      | dministrator Appr                     | Date  |        |            |
|  |  |              |                                   |      |                                       |                   |                     | ×                                     |   | REV. 1 | -2014      |