

## 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 Document Type: <u>GTAM</u>	ation (for grants acceptance an Department Code: <u>CD</u>	d awards) O Award O Amendment Grant Number (i.e.,15-123): <u>18-020</u>						
Grant/Amendment Informa Document Type: <u>GTAM</u> Effective Date: <u>11/21/2017</u>	ation (for grants acceptance an	d awards)						
Grant/Amendment Informa Document Type: <u>GTAM</u> Effective Date: <u>11/21/2017</u> Match Amount: \$ <u>N/A</u>	ation (for grants acceptance an Department Code: <u>CD</u> Termination Date: <u>06/3</u>	d awards) O Award O Amendment Grant Number (i.e.,15-123): <u>18-020</u>						
Grant/Amendment Informa Document Type: <u>GTAM</u> Effective Date: <u>11/21/2017</u> Match Amount: \$ <u>N/A</u>	ation (for grants acceptance and Department Code: <u>CD</u> Termination Date: <u>06/3</u> quired: U.S. Health and Human Se	d awards)						
Grant/Amendment Informa Document Type: <u>GTAM</u> Effective Date: <u>11/21/2017</u> Match Amount: \$ <u>N/A</u> *All Funding Source(s) rec	ation (for grants acceptance and Department Code: <u>CD</u> Termination Date: <u>06/3</u> quired: U.S. Health and Human Se 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 Document Type: <u>GTAM</u> Effective Date: <u>11/21/2017</u> Match Amount: \$ <u>N/A</u> *All Funding Source(s) rec *Match funding from Gene *Match funding from other *Funding Source: <u>N/</u>	ation (for grants acceptance and Department Code: <u>CD</u> Termination Date: <u>06/3</u> quired: U.S. Health and Human Se 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 Document Type: GTAM Effective Date: 11/21/2017 ☐ Match Amount: \$ N/A *All Funding Source(s) rec *Match funding from Gene *Match funding from other *Funding Source: N/ *If Federal funds are receiv Federal government or par	ation (for grants acceptance and Department Code: <u>CD</u> Termination Date: <u>06/3</u> quired: U.S. Health and Human Se eral Fund? OYes ONo If r sources? OYes ONo If /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 Document Type: GTAM Effective Date: 11/21/2017 Match Amount: \$ N/A *All Funding Source(s) rec *Match funding from Gene *Match funding from other *Funding Source: N/ *If Federal funds are receiv Federal government or par Contact: Jesus Duran,Hou	ation (for grants acceptance and Department Code: <u>CD</u> Termination Date: <u>06/3</u> quired: U.S. Health and Human Se eral Fund? OYes ONo If r sources? OYes ONo If /A	d awards)						
Grant/Amendment Informa Document Type: GTAM Effective Date: 11/21/2017 Match Amount: \$ N/A *All Funding Source(s) rec *Match funding from Gene *Match funding from other *Funding Source: N/ *If Federal funds are receiv Federal government or pas Contact: Jesus Duran,Hou Department: Community D	ation (for grants acceptance and Department Code: <u>CD</u> Termination Date: <u>06/3</u> quired: U.S. Health and Human Se eral Fund? OYes No If r sources? OYes No If /A ved, is funding coming direct ssed through other organizat sing Rehabilitation Specialist S evelopment& Neighborhood C	d awards)						
Grant/Amendment Informa Document Type: GTAM Effective Date: 11/21/2017 Match Amount: \$ N/A *All Funding Source(s) rec *Match funding from Gene *Match funding from other *Funding Source: N/ *If Federal funds are receiv Federal government or pas Contact: Jesus Duran,Hou Department: Community D	ation (for grants acceptance and Department Code: <u>CD</u> Termination Date: <u>06/3</u> quired: U.S. Health and Human Se eral Fund? OYes ONO If r sources? OYes ONO If ved, is funding coming direct ssed through other organizat sing Rehabilitation Specialist S Development& Neighborhood Co ature/Date: <u>Mayues</u> M	d awards)						

:

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 DEPART	IZONA, IMENT OF HOUSING	PIMA COUNTY SIGNATURES 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>		

.



# 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 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 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 							0.00		
				•							1
									1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
									· .		
									n 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