

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

Award	○ Contract	Grant
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Requested Board Meeting Date: June 19, 2018

\* = Mandatory, information must be provided

or Procurement Director Award

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

Arizona Department of Economic Security (ADES)

#### \*Project Title/Description:

Social Services Block Grant (SSBG)

#### \*Purpose:

This is revenue to the county to provide employment services to eligible Pima County residents. Services include job training for programs that have a demand for skilled job opportunities, GED preparation and pre-vocational training, and case management to ensure graduation and job placement. Services are intended for single head of households, unemployed adults, elderly, low-income adults, youth 18-28 years of age at risk of homelessness, families and rural adults. This amendment is to provide revenue funding of \$39,906.00. The original contract began July 1, 2017 and the term was extended to 6/30/2022 by amendment number 1.

Amendment: DI18-002139 (Amendment 2) - Intergovernmental Agreement (IGA) Arizona Department of Economic Security

#### \*Procurement Method:

Not applicable to grant awards.

#### \*Program Goals/Predicted Outcomes:

The program goal is to provide employment services to ensure graduation and job placement for eligible Pima County residents.

#### \*Public Benefit:

The amendment supports Pima County's economic development by helping to develop a trained and productive labor force that meets employers needs.

#### \*Metrics Available to Measure Performance:

Expenditure reports summited to ADES.

#### \*Retroactive:

No.

Contract / Award Informat	ion		
Document Type:	Department Code:	Contract Number (i.e.,15-123):	
Effective Date:	Termination Date:	Prior Contract Number (Synergen/CMS):	
Expense Amount: \$*		Revenue Amount: \$	
*Funding Source(s) requir	ed:		
Funding from General Fund	? CYes C No If Yes	\$%	
Contract is fully or partially f If Yes, is the Contract to a		☐ Yes ☐ No	
Were insurance or indemnit	y clauses modified?	☐ Yes ☐ No	
If Yes, attach Risk's appro	oval.	e e	
Vendor is using a Social Security Number?		☐ Yes ☐ No	
If Yes, attach the required t	orm per Administrative Procedur	e 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):	
C Expense or C Revenue	CIncrease C Decrease	Amount This Amendment: \$	
Is there revenue included?		fYes\$	
*Funding Source(s) requir	red:		
Funding from General Fund	? CYes CNo I	f Yes \$ %	
Grant/Amendment Informa	ation (for grants acceptance ar	nd awards) C Award	
Document Type: GTAM	Department Code: CS	Grant Number (i.e.,15-123): GTAM 18-46	
Effective Date: 7/1/18	Termination Date: 6/3	0/22 Amendment Number: 2	
☐ Match Amount: \$ ☐ Revenue Amount: \$ 39,906.00			
	quired: U.S. Department of Health		
*Match funding from Gene			
*Match funding from othe *Funding Source:		f Yes \$ %	
	ved, is funding coming direc ssed through other organiza		
Contact: Rise Hart		*	
Department: Community S	Services	Telephone: 724-5723	
Department Director Signa	ature/Date:	6/13/18	
Deputy County Administra	tor Signature/Date:	Shew 6/13/18	
County Administrator Sign (Required for Board Agenda/Addend	ature/Date:	Krilletten 6/13/18	



## Intergovernmental Agreement

### **CONTRACT AMENDMENT**

CONTRACTOR (Name and address)	2. CONTRACT ID NUMBER		
Pima County	DI40 000400		
Pima County 2797 East Ajo Way	DI18-002139		
Tucson, Arizona 85713	3. AMENDMENT NUMBER		
radon, razona dor ro	2		
4. THE PARTIES AGREE TO THE FOLLOWING AMENDMENT			
Pursuant to Section 9.0 Manner of Financing, section 9	9.2 is added as follows:		
The contract reimbursement maximum, funded by the State of Arizona SSBG plan, for the State Fiscal Year 2019			
(SFY2019) shall not exceed Thirty nine thousand, Nine hundred and Six dollars and no cents (\$39,906.00)			
(3F12019) shall not exceed Thirty hine thousand, Nine hundred and Six dollars and no cents (\$39,906.00)			
EVOCAT AS DOOL (DED LIEDELIN ALL ENDING AND CONTINUES)			
<ol> <li>EXCEPT AS PROVIDED HEREIN, ALL TERMS AND CONDITIONS ( AMENDED REMAIN UNCHANGED AND IN FULL FORCE AND FEEL</li> </ol>	OF THE ORIGINAL CONTRACT AS HERETOFORE CHANGED AND/OR ECT. THE AMENDMENT SHALL BECOME EFFECTIVE ON THE DATE		
OF LAST SIGNATURE UNLESS OTHERWISE SPECIFIED HEREIN.	BY SIGNING THIS FORM ON BEHALF OF THE CONTRACTOR, THE		
SIGNATORY CERTIFIES HE/SHE HAS THE AUTHORITY TO BIND 6.	THE CONTRACTOR TO THIS CONTRACT.  7. NAME OF CONTRACTOR		
ARIZONA DEPARTMENT OF ECONOMIC SECURITY	PIMA COUNTY		
SIGNATURE OF AUTHORIZED INDIVIDUAL	SIGNATURE OF AUTHORIZED INDIVIDUAL		
	SISTEMATICAL OF NOTHISTALES INDIVIDUAL		
TYPED NAME	TYPED NAME		
TITLE	TITLE		
DATE	DATE		
DATE	DATE		
IN ACCORDANCE WITH ARS §11-952 THIS CONTRACT AMENDMENT HAS BEEN REVIEWED BY THE UNDERSIGNED WHO HAVE DETERMINED THAT THIS CONTRACT AMENDMENT IS IN APPROPRIATE FORM AND WITHIN THE POWERS AND AUTHORITY GRANTED TO EACH RESPECTIVE PUBLIC BODY.			
ARIZONA ATTORNEY GENERAL'S OFFICE			
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DV.	- 1/Op. 1 (/p) /(//		
BY:	BY: // Clearly		
ASSISTANT ATTORNEY GENERAL	PUBLIC AGENCY LEGAL COUNSEL DI		
DATE	DATE: COLIZIA		
DATE:	DATE. (0115118		