

BOARD OF SUPERVISORS AGENDA ITEM REPORT CONTRACTS / AWARDS / GRANTS

| _ | _ | |
|---------|-----------|---------|
| ○ Award | Contract | _ Grant |
| . Awalu | (Contact | Colani |

Requested Board Meeting Date: June 19, 2018

* = Mandatory, information must be provided

or Procurement Director Award \Box

*Contractor/Vendor Name/Grantor (DBA):

El Rio Santa Cruz Neighborhood dba El Rio Community Health Center, Inc.

*Project Title/Description:

Community Services Block Grant (CSBG) - Emergency Needs. Provide emergency health and medical care to eligible low-income households. The original contract may be found under CT-18*052. Search for contract number 18%052 in eContracts.

*Purpose:

CSBG funds will be used to provide social services to eligible individuals and families to assist in alleviating poverty, revitalizing communities and empowering low-income families to becoming self-sufficient. This amendment will provide additional funding for the period July 1, 2018 to June 30, 2019.

Attachment: Contract Number CT-CS-18-052 (Amendment 1)

*Procurement Method:

RFP No. CAA-CSBG-2017-05 per Pima County Board of Supervisors Policy D29.6 - Selection and Contracting of Professional Services.

*Program Goals/Predicted Outcomes:

El Rio Community Health Center, Inc. will provide emergency medical prescriptions to 200 individuals.

*Public Benefit:

The benefit of the program is it helps support the safety and well-being of low-income families.

*Metrics Available to Measure Performance:

All activities and information sources in the management, fiscal, and service system of Awardee and any subcontracted parties, relating to performance of duties and obligations under this Contract are monitored. Quarterly reports on the National Results Oriented Management Accountability (ROMA)/National Performance Indicators and progress reports on each household and individual served.

*Retroactive:

No.

MASSICATED

To: COB 6-14-18 () Vers.: 2 pss.: 4

| Contract / Award Informa | <u>ıtion</u> | · |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 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) requ | ired: | |
| Funding from General Fun | d? CYes ONo 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 indemn | ity clauses modified? | ☐ Yes ☐ No |
| If Yes, attach Risk's app | roval. | |
| Vendor is using a Social S | ecurity Number? | ☐ Yes ☐ No |
| | form per Administrative Procedure | |
| in tee, attach the regards | The state of the s | |
| Amendment / Revised Av | ward Information | |
| Document Type: CT | Department Code: CS | Contract Number (i.e.,15-123): 18-052 |
| Amendment No.: 1 | | AMS Version No.: 2 |
| Effective Date: 7/1/18 | | New Termination Date: 6/30/19 |
| | | Prior Contract No. (Synergen/CMS): |
| | e • Increase C Decrease | Amount This Amendment: \$ 24,321.00 |
| Is there revenue included? | CYes No If | f Yes \$ |
| *Funding Source(s) requ | ired: Community Services Block Gra | ant |
| Funding from General Fun | nd? CYes • No If | f Yes \$ % |
| Grant/Amendment Inforr | mation (for grants acceptance and | d awards) C Award C Amendment |
| Document Type: | Department Code: | Grant Number (i.e.,15-123): |
| Effective Date: | Termination Date: | Amendment Number: |
| | | Revenue Amount: \$ |
| *All Funding Source(s) r | | |
| *Match funding from Gei | neral Fund? CYes CNo If | f Yes \$ % |
| *Match funding from oth | | f Yes \$% |
| *Funding Source: | | |
| | eived, is funding coming direct passed through other organizat | |
| Contact: Rise Hart | | |
| Department: Community | Services // | Telephone: 724-5723 |
| Department Director Sign | nature/Date: | les Car 6/13/18 |
| Deputy County Administr | rator Signature/Date: | Jus 16/4/18 |
| County Administrator Sig (Required for Board Agenda/Adde | | JU 6/14/18 |

PIMA COUNTY COMMUNITY SERVICES, EMPLOYMENT AND TRAINING DEPARTMENT COMMUNITY ACTION AGENCY PROGRAM PROFESSIONAL SERVICES CONTRACT

Program Name:

Community Services Block Grant (CSBG) -

CONTRACT

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Emergency Needs

Awardee:

El Rio Santa Cruz Neighborhood dba EL Rio

Community Health Center, Inc.

839 W. Congress Tucson, AZ 85745

DUNS:

077519122

SAM Registration Date: 1/2/18

Contract No:

CT-CS-18-052

Amendment No:

01

Funding:

CSBG

Awardee is a X_ Subrecipient __ Contractor

Match NO

Indirect Costs NO

ADES Contract No. 15-089143

Award Date: 2018

| CFDA | Program Description | National Funding | Pima County Award |
|--------|---------------------|------------------|-------------------|
| 93.569 | CSBG | \$674,000,000.00 | \$795,288.00 |
| | | | |

| Original Contract Term: | 07/01/17 - 06/30/18 | Orig. Contract Amount: | \$24,321.00 |
|-------------------------|---------------------|--------------------------|-------------|
| Term This Amendment | 6/30/19 | Amount This Amendment: | \$24,321.00 |
| | | Revised Contract Amount: | \$48,642.00 |

Pima County ("County"), a body politic and corporate of the State of Arizona, and El Rio Santa Cruz Neighborhood Health Center, Inc. ("Awardee"), a non-profit corporation registered to do business in the State of Arizona, have entered into the above-referenced Agreement to provide community services to eligible low-income households.

AMENDMENT ONE

- A. Pursuant to the Community Services Block Grant Act ("CSBG"), 42 U.S.C. §9901 *et seq.*, the U.S. Department of Health and Human Services ("HHS") makes funds available for local programs to combat poverty and provide services for low income individuals.
- B. County has been awarded CSBG funds from the Arizona Department of Economic Security, Division of Aging and Adults Services for services in FY2018-2019.
- C. The Pima County Board of Supervisors finds that extending this Agreement to provide health care services is in the best interests of the residents of Pima County.
- D. County has reviewed Awardee's performance of the services and finds it satisfactory.
- E. Parties agree to extend the Contract for the provision of services from July 1, 2018 through June 30, 2019. NOW, THEREFORE, County and Awardee agree to amend the Agreement as follows:

1. SECTION 3.0 – COMPENSATION AND PAYMENT, Paragraph 3.1 is amended to increase "the Maximum Allocated Amount":

FROM: \$24,321.00

TO: \$48,642.00

2. SECTION 25.0 – COORDINATION is amended to add the following:

Awardee's contact in this regard will be:

Manira Cervantes

520-724-5710

Manira.Cervantes@pima.gov

- 3. **EXHIBIT A SCOPE OF WORK** is amended as follows:
- 3.1. SECTION 5 OUTCOMES AWARDEE
 - 3.1.1. Paragraph 5.1 (ROMA Goal 1) is deleted in its entirety and replaced with the following:

| NPI | Employment Support | Agency Specific Goals (Individuals served) |
|-------|----------------------|-----------------------------------------------|
| 1.2.G | Health care services | 200 |

3.1.2. Paragraph 5.2 (ROMA Goal 2) is deleted in its entirety and replaced with the following:

| NPI | Community Improvement and Revitalization | Agency Specific Goals (Individuals served) |
|-------|-----------------------------------------------------|-----------------------------------------------|
| 2.1.E | Safe and affordable health care services/facilities | 5 |

3.1.3. Paragraph 5.5.1 (ROMA Goal 6) is deleted in its entirety and replaced with the following:

| NPI | Emergency Assistance | Agency Specific Goals (Individuals served) |
|-------|------------------------|--------------------------------------------|
| 6.2.F | Emergency Medical Care | 200 |

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

3.3. **SECTION 6 – BUDGET** for the period of 7/1/17 - 6/30/18 is deleted in its entirety and replaced with the following Budget for 7/1/18 - 6/30/19:

| Description | | Amount |
|-------------------------------|--------------|-------------|
| Vouchers (ESN Entry Required) | | \$24,321.00 |
| | Total Budget | \$24,321.00 |

3.4. **Exhibit A-1** is replaced with the attached 2018-2019 Federal Poverty Income Guidelines.

IN WITNESS WHEREOF, the parties do hereby affix their signatures and do hereby agree to carry out the terms of this Amendment and of the original Contract cited herein:

| PIMA COUNTY: | | AWARDEE: | |
|-------------------------------------------------------|---------------|------------------------------------------|--|
| Chairman, Pima County Board or | f Cuparvisors | Authorized Signature | |
| Chamman, Fillia County Board of | Supervisors | Authorized Signature | |
| Date: | | Lisa Commings, C Printed Name & Title | |
| ATTEST: | | Date: <u>6-13-18</u> | |
| Clerk of the Board | Date | | |
| APPROVED AS TO CONTEN | Γ: | | |
| Director, Employment & Training APPROVED AS TO FORM: | ng | | |

Karen S. Friar, Deputy County Attorney



COMMUNITY ACTION AGENCY 2019 FEDERAL POVERTY INCOME GUIDELINES Gross Monthly Income

To be used to determine eligibility for Community Services Block Grant Funds (CSBG) Effective July 1, 2018 – June 30, 2019

| Family Size | 125% | 150% 60 & Older or Disabled in Household |
|-------------|---------|------------------------------------------|
| 1 | \$1,264 | \$1,517 |
| 2 | \$1,714 | \$2,057 |
| 3 | \$2,164 | \$2,597 |
| 4 | \$2,614 | \$3,137 |
| 5 | \$3,064 | \$3,677 |
| 6 | \$3,514 | \$4,217 |
| 7 | \$3,964 | \$4,757 |
| 8 | \$4,414 | \$5,297 |
| 9 | \$4,864 | \$5,837 |
| 10 | \$5,314 | \$6,377 |
| 11 | \$5,764 | \$6,917 |
| 12 | \$6,214 | \$7,457 |

For each additional Household Member Add:

\$450

\$540

Figures derived from information dated March 28, 2018 from Arizona Department of Economic Security, Division of Aging & Adult Services Community Services Unit.

| I, | , declare that I meet the above income guidelines under |
|-------------------|-----------------------------------------------------------------------|
| Household Size _ | I am also aware of the Agency's Grievance Procedures, Confidentiality |
| Policy, and Relea | se of Information Policy. |
| | |
| | |

Signature & Date

COMMUNITY SERVICES, EMPLOYMENT AND TRAINING DEPARTMENT

2797 E. Ajo Way Tucson, AZ 85713 (520) 724-7700 • Fax (520) 724-6796

