



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: February 5, 2019

* = Mandatory, information must be provided

or Procurement Director Award ☐

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

Portable Practical Educational Preparation, Inc.

***Project Title/Description:**

AZ Dept. of Economic Security Community Action Agency - Emergency Services Network (ESN). The original contract may be found under CT-18*371. Search for contract number 18%371 in eContracts.

***Purpose:**

Portable Practical Educational Preparation, Inc., a subrecipient, assists households with emergency utility and rental/mortgage financial assistance through case management services including eligibility determination for several funding sources, as well as referral and advocacy services to eligible, low-income households experiencing a temporary financial crisis in order to prevent homelessness and utility disconnection.

County received a \$575,000 grant from the Arizona Department of Housing (ADOH) for the Housing Trust Fund (HTF) - Eviction Prevention Program. Eviction Prevention funding will target households that reside in high eviction areas within Justice Precincts 6, 8 and 9 who meet eligibility guidelines. These households must also be able to demonstrate sustainability for 90 days while leveraging other resources to ensure household is stable and avoids homelessness. County Board of Supervisors approved the grant on December 18, 2018. The amendment is to add ADOH funds in order for Portable Practical Educational Preparation, Inc. to assist with the HTF Eviction Prevention Program.

Attachment: Contract Number CT-CS-18-371 (Amendment 1)

***Procurement Method:**

RFP No. CAA-ESN-2018-06 per Pima County Board of Supervisors Policy D29.6 - Selection and Contracting of Professional Services.

***Program Goals/Predicted Outcomes:**

Portable Practical Educational Preparation, Inc. will provide eviction prevention assistance to 30 eligible low-income households who are able to demonstrate sustainability and are experiencing a temporary financial crisis in order to prevent homelessness.

***Public Benefit:**

The benefit of the program is that it will help in alleviating poverty and promoting self-sufficiency.

***Metrics Available to Measure Performance:**

Monthly performance reports.

***Retroactive:**

Yes. The amendment had several language changes causing delays in processing the amendment. If the amendment is not approved, eligible low-income households will not received financial assistance for the HTF Eviction Program.

To: COB- 1-28-19
GJS - 17
(1) Addendum

Contract / Award Information

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) required:**Funding from General Fund? ☐ Yes ☐ No 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 indemnity clauses modified? ☐ Yes ☐ No*If Yes, attach Risk's approval.*Vendor is using a Social Security Number? ☐ Yes ☐ No*If Yes, attach the required form per Administrative Procedure 22-73.***Amendment / Revised Award Information**Document Type: CT Department Code: CS Contract Number (i.e., 15-123): 18-371Amendment No.: 1 AMS Version No.: 3Effective Date: 2/1/19 New Termination Date: _____

Prior Contract No. (Synergen/CMS): _____

☒ Expense or ☐ Revenue ☒ Increase ☐ Decrease Amount This Amendment: \$ 37,915.00Is there revenue included? ☐ Yes ☒ No If Yes \$ _____***Funding Source(s) required:** Amendment 1 funding source increase is from the AZ Dept of Housing-Housing Trust FundFunding from General Fund? ☐ Yes ☒ No If Yes \$ _____ % _____**Grant/Amendment Information** (for grants acceptance and awards) ☐ Award ☐ Amendment

Document Type: _____ Department Code: _____ Grant Number (i.e., 15-123): _____

Effective Date: _____ Termination Date: _____ Amendment Number: _____

☐ Match Amount: \$ _____ ☐ Revenue Amount: \$ _____***All Funding Source(s) required:*****Match funding from General Fund?** ☐ Yes ☐ No If Yes \$ _____ % _____***Match funding from other sources?** ☐ Yes ☐ No If Yes \$ _____ % _____***Funding Source:** _____***If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?** _____Contact: Rise HartDepartment: Community Services Telephone: 724-5723Department Director Signature/Date: _____ 1-24-19Deputy County Administrator Signature/Date: _____ 1/25/2019County Administrator Signature/Date: _____ C. Deibelberg 1/25/19
(Required for Board Agenda/Addendum Items)

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

Program Name: Emergency Services Network (ESN)

Awardee: Portable Practical Educational Preparation, Inc.
802 E 46th Street
Tucson, AZ 85713

DUNS: 092671866

SAM Registration Date: 11/5/2018

Contract No: CT-CS-18-371

Amendment No: 01

Funding: Short Term Crisis Services/Temporary Assistance To Needy Families (STCS/TANF); Community Services Block Grant (CSBG); Low Income Home Energy Assistance Program (LIHEAP); Pima County General Funds Emergency Eviction Intervention Program (EEIP); and Arizona Department of Housing – Housing Trust Fund (ADOH HTF)

| | |
|--|--|
| CONTRACT | |
| NO. <u>CT-CS-18-371</u> | |
| AMENDMENT NO. <u>01</u> | |
| This number must appear on all invoices, correspondence and documents pertaining to this contract. | |

Is this a research and development contract? NO

Awardee is a X Subrecipient _____ Contractor

Match NO Indirect Costs NO

| Grant ID/Contract Number | Award Date | CFDA | Program Description | National or State Funding | Pima County Award |
|--------------------------|------------|--------|---------------------|---------------------------|-------------------|
| 15-089143 | 2018 | 93.558 | STCS/TANF | \$13,122,810.00 | \$540,565.00 |
| 15-089143 | 2018 | 93.569 | CSBG | \$674,000,000.00 | \$795,288.00 |
| 15-089143 | 2018 | 93.568 | LIHEAP | \$3,255,435,546.00 | \$2,611,466.00 |
| 521-19 | 2019 | N/A | HTF | \$2,000,000.00 | \$575,000.00 |

| | | | |
|-------------------------|---------------------|--------------------------|--------------|
| Original Contract Term: | 07/01/18 – 06/30/19 | Orig. Contract Amount: | \$113,910.00 |
| Term Prior Amendment: | N/A | Prior Amended Amount: | -0- |
| Term This Amendment | 06/30/19 | Amount This Amendment: | \$37,915.00 |
| | | Revised Contract Amount: | \$151,825.00 |

Pima County (“County”), a body politic and corporate of the State of Arizona, and Portable Practical Educational Preparation, Inc. (“Awardee”), a non-profit corporation registered to do business in the State of Arizona, have entered into the above-referenced Agreement to provide emergency assistance and eviction prevention services to eligible low-income households.

AMENDMENT ONE (1)

RECITALS

A. County through its Community Action Agency, as Grantee, is the recipient of State and Federal Grants for operating a local ESN to provide emergency financial assistance for qualified households to prevent homelessness or utility disconnection.

- B. ADOH asked County to participate in a pilot program, the Eviction Prevention Program, designed to reduce or prevent evictions in certain areas of Pima County with high eviction rates.
- C. ADOH determined that of the more than 13,000 evictions in Pima County in a one year period, approximately 2,787 occurred within the boundaries of Justice Precincts 6, 8 and 9.
- D. ADOH has offered funding in the amount of \$575,000.00 to provide eviction prevention assistance to eligible households within the three Justice Precincts identified by ADOH.
- E. The Pima County Board of Supervisors finds that using the ADOH funds to provide eviction prevention services is in the best interests of the residents of Pima County.
- F. County has reviewed Awardee's performance, finds it satisfactory and finds the Awardee has the capacity to provide eviction prevention program services.

NOW, THEREFORE, County and Awardee agree to amend the Agreement as follows:

1. The **GLOSSARY** is amended to add the following:

ADOH Arizona Department of Housing

HTF Housing Trust Fund

HTF EPP Housing Trust Fund Eviction Prevention Program, a pilot program of the Arizona Department of Housing

2. **SECTION 3.0 – COMPENSATION AND PAYMENT**, is amended as follows:

- 2.1. **Paragraph 3.1** is amended to increase "the Maximum Allocated Amount":

FROM: \$113,910.00

TO: \$151,825.00

- 2.2. **Paragraph 3.2** is amended to delete the table of allocation amounts and replace with the following:

| FUNDING AGENCY | AMOUNT ALLOCATED |
|---|-----------------------------|
| STCS/TANF (pursuant to A.R.S. § 46-241 <i>et seq.</i>) | \$59,010.00 |
| CSBG (from HHS/OCS through ADES/DAAS) | \$20,000.00 |
| LIHEAP (from HHS/OCS through ADES/DAAS) | \$28,000.00 |
| EEIP | \$6,900.00 |
| HTF | \$37,915.00 |

3. **SECTION 33.0 – ISRAEL BOYCOTT CERTIFICATION** is deleted in its entirety and the remaining Section *is renumbered to conform.*

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4. **EXHIBIT A – SCOPE OF WORK** is deleted in its entirety and replaced with **Exhibit A1**.

All other provisions of the Contract not expressly modified in this Amendment, including Exhibits, will remain in effect and be binding on the parties.

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:

Chairman, Pima County Board of Supervisors


Date: _____

ATTEST:

Clerk of the Board

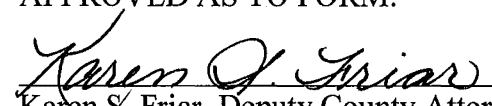
Date

APPROVED AS TO CONTENT:



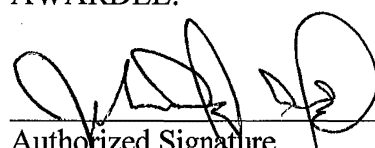
Director, Employment & Training

APPROVED AS TO FORM:

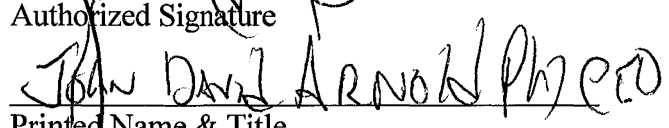


Karen S. Friar, Deputy County Attorney

AWARDEE:



Authorized Signature



Printed Name & Title

Date: 1/23/19

SCOPE OF WORK**GENERAL PROVISIONS****1.0 SECTION 1.0 -- PROGRAM OVERVIEW****1.1 Awardee will provide:**

- 1.1.1 Emergency financial assistance to eligible low-income households experiencing a temporary financial crisis that is likely to result in homelessness or utility disconnection;
- 1.1.2 Case management, referral and advocacy services for households receiving such assistance and qualified under ADES Guidelines; and
- 1.1.3 Eviction prevention services to eligible low-income households living in Justice Precincts 6, 8 and 9 (*see* Attachment 1 to this Exhibit A1).

1.2 The Program will be comprised of the following two programs, the details of which are set forth in the separate work statements as follows:

| Work Statement | Program Title | Allocated Amount |
|-----------------------|----------------------|-------------------------|
| 1 | Emergency Services | \$113,910.00 |
| 2 | Eviction Prevention | \$37,915.00 |

1.3 Unless otherwise specified herein, participation in programs and activities financially assisted in whole or in part by this Contract must be open to citizens of the United States, lawfully admitted permanent resident aliens, lawfully admitted refugees and parolees, and other individuals authorized by the U.S. Attorney General to work in the United States.**2.0 PROGRAM ACTIVITIES – GENERAL****2.1 Office operations. Awardee will:**

- 2.1.1 Establish regular and reasonable service hours for individuals to apply for eligibility and assistance determination;
- 2.1.2 Provide services in one or more Americans with Disabilities Act (ADA) accessible office locations;
- 2.1.3 Provide home visits to medically homebound individuals;
- 2.1.4 Maintain a computer system with a minimum of Window 8, patched with current antivirus, adequate system security, a broadband connection to the internet, and valid user name and password. The workstations need at least 5MB of free disk space; and
- 2.1.5 Maintain confidentiality of all applicant and client files, records and documentation. All documentation and records must be kept in a locked cabinet or, if not subject to retention, shredded.

2.2 Staffing. Awardee will:

- 2.2.1 Maintain sufficient staff to provide all services;
- 2.2.2 Ensure that all staff providing services pursuant this Contract are trained and knowledgeable in STCS/TANF, LIHEAP, CSBG, EEIP, and HTF eligibility requirements and services;
- 2.2.3 Ensure that all staff proving services are this Agreement attend training, meetings, or workshops regarding ESN and HTF policies and procedures; and
- 2.2.4 Ensure that staff is instructed in and maintains the confidentiality of applicant records.

2.3 Applications for services. Awardee will:

- 2.3.1 Interview each applicant and complete the EN-005 application form per STCS/TANF, LIHEAP, CSBG, EEIP and HTF requirements;
- 2.3.2 Determine preliminary eligibility for STCS/TANF, LIHEAP, CSBG, EEIP and HTF;
- 2.3.3 Document and maintain information obtained during the interview and eligibility information;
- 2.3.4 Review ESN computer database to determine what assistance, if any, the applicant has received to prevent assistance duplication;
- 2.3.5 For eligible applicants, determine level of assistance needed and authorized as per program guidelines;
- 2.3.6 Enter applications directly into ESN computer database within **three** (3) working days of eligibility determination; and
- 2.3.7 Use County authorized electronic system to transfer applications files to the File Transfer Protocol Database.

2.4 Policies and Procedures. Awardee will:

- 2.4.1 Not impose any fees or charges of any kind upon recipients of contract services, unless specifically set forth herein and allowed by the funding source. Awardee must ensure that any subcontractors or other entities action on Awardee's behalf adhere to this requirement.
- 2.4.2 Have and follow a written grievance process that will provide all applicants and participants with the opportunity for a fair hearing for grievances, a Confidentiality Policy.
- 2.4.3 Advise all applicants and participants of the right to present to the County and/or to the State any grievances arising from the delivery of contracted services, including but not limited to, ineligibility determination, service reduction, suspension and/or termination from program participation, or quality of service.
- 2.4.4 **No payments will be made to Awardee under this Agreement unless and until Awardee has provided the Pima County Community Action Agency with copies of the following:**
 - 2.4.4.1 Client Grievance Procedures;
 - 2.4.4.2 Confidentiality Policy; and
 - 2.4.4.3 Non-Discrimination Policy.

3.0 MONITORING & EVALUATION

- 3.1 County, State and Federal agencies may monitor all activities of and information sources in Awardee's and any subcontractor's management, fiscal, and service system relating to performance of duties and obligations under this Contract. Awardee must ensure that all subcontractors are made aware of this provision and agree to such monitoring. Reviews will be conducted to ensure that Awardee is:
 - 3.1.1 Making adequate and acceptable progress;
 - 3.1.2 Maintaining adequate and acceptable systems, facilities, and fiscal practices;
 - 3.1.3 Using funds effectively and efficiently to accomplish the purposes for which funds were provided; and
 - 3.1.4 For any other purpose determined by the County or funding agencies to be necessary.
- 3.2 Awardee will cooperate with the monitoring entity.

4.0 IDENTIFICATION OF FUNDING

- 4.1 All advertisements, real property, publications, printed and other materials, which are produced by the Awardee and refer to services funded under this Contract must clearly and conspicuously state:

Funded by: Arizona Department of Economic Security
Arizona Department of Housing
U.S. Department of Health and Human Services/
Office of Community Services
Pima County Board of Supervisors

- 4.2 Reference to Pima County must be at least as prominent as other credited funding sources.

5.0 SERVICE SUMMARY

| CLIENT FUNDING SOURCE | ESN Code | NUMBER OF HOUSEHOLDS |
|----------------------------------|-----------------|---------------------------------|
| STCS/TANF | 49 | 44 |
| CSBG | 97 | 22 |
| EEIP | 66 | 7 |
| LIHEAP | 77 | 670 |
| HTF EPP | 46 | 30 |
| TOTAL | | 773 |

END OF GENERAL PROVISIONS

WORK STATEMENT NO. 1

EMERGENCY SERVICES PROGRAM

1.0 PROGRAM ACTIVITIES.

- 1.1 **Client assistance.** In addition to the requirements of paragraph 2.3 of the **GENERAL PROVISIONS**, Awardee will provide the following for each applicant qualified for the Emergency Services Program, Awardee will:
- 1.1.1 Prepare payment vouchers for the issuance of direct assistance checks to landlords, mortgagers, and utility companies on behalf of clients determined eligible under STCS/TANF, LIHEAP, CSBG, EEIP or HTF;
 - 1.1.2 Maintain complete and accurate records of all financial transactions in full compliance with State of Arizona and federal accounting and fiscal management requirements;
 - 1.1.3 Identify applicants who need case management assistance and provide case management assistance pursuant to the current matrix of Self-Sufficiency Standards;
 - 1.1.4 Accept referrals from the Pima County Community Action Agency for individuals County has determined need of case management services;
 - 1.1.5 As appropriate, refer clients to other resources within the community;
 - 1.1.6 Document the outcome of any referrals in client files; and
 - 1.1.7 Sixty (60) days from the date of application follow-up with each client household to determine if the funding provided has helped the household to return to self-sufficiency. Document results in client's file.
- 1.2 **Records.** Awardee will maintain accurate applicant, client and case management records in a secure environment to ensure complete confidentiality.
- 1.3 **Funding.** In addition to carrying out the duties and responsibilities set forth above, Awardee will adhere to the Specific Fund Source Requirements set forth in **Exhibit B**.

2.0 CLIENT INCOME GUIDELINES.

To be eligible for services under this Agreement, household income must not exceed the applicable income caps established by HHS for ADES/DAAS and ADOH. Income requirements in effect on the effective date of this Agreement are attached as **Exhibits B-1 through B-4**. Income guidelines may be changed during the term of this Contract by the awarding agency. County will endeavor to provide Awardee with written notice of such changes, but Awardee is responsible for insuring that the guidelines in effect at any point in time are used for eligibility determinations.

3.0 REPORTING REQUIREMENTS. Awardee will:

- 3.1 Provide County with case management, monthly financial and program reports for the previous months activities, no later than the 15th of each month.
- 3.2 Assist County in providing reports and other required information to ADES/DAAS and ADOH relating to the performance and impact of this program.
- 3.3 Provide an annual audit of agency finances as required in **Section 20.0 – AUDIT REQUIREMENTS** of the Agreement.

4.0 BUDGET

For services provided **July 1, 2018 through June 30, 2019**, Awardee will be paid in accordance to the following table:

| Budget Line Item | Projected STCS/TANF | Projected CSBG | Projected EEIP | Projected LIHEAP | TOTAL |
|-------------------------------------|----------------------------|-----------------------|-----------------------|-------------------------|---------------------|
| Salaries/Fringe Benefits | \$17,109.00 | -0- | -0- | \$25,200.00 | \$42,309.00 |
| Rent/Utilities | -0- | -0- | -0- | -0- | -0- |
| Travel | -0- | -0- | -0- | -0- | -0- |
| Materials & Supplies | -0- | -0- | -0- | -0- | -0- |
| Operating Services | -0- | -0- | -0- | -0- | -0- |
| Administrative Expenses (10% limit) | \$1,901.00 | -0- | -0- | \$2,800 | \$4,701.00 |
| Total Operating Budget | \$19,010.00 | -0- | -0- | \$28,000.00 | \$47,010.00 |
| Client Vouchers* | \$40,000.00 | \$20,000.00 | \$6,900.00 | -0- | \$66,900.00 |
| TOTAL BUDGET | \$59,010.00 | \$20,000.00 | \$6,900.00 | \$28,000.00 | \$113,910.00 |

*STCS/TANF funds will be used to administer client vouchers.

END OF WORK STATEMENT NO. 1

WORK STATEMENT NO. 2
EVICTION PREVENTION PROGRAM

1.0 PROGRAM ACTIVITIES.

1.1 Applications for services. Awardee will:

- 1.1.1 Contact each applicant within forty-eight (48) hours of the initial request for HTF EPP assistance. During that contact, Awardee will use the Eviction Prevention Assessment Form (Attachment 2 to this Exhibit A1), prescreen the applicant to determine whether:
 - 1.1.1.1 Residence is located in the eligible service area;
 - 1.1.1.2 Household size and estimated gross income fall within the ADOH Eviction Prevention Policy Guideline; and
 - 1.1.1.3 Household has potential resources to retain housing for a minimum of three (3) months beyond the last month in which assistance was provided (“the Sustainability Period”).
- 1.1.2 For applicants meeting all three (3) of the prescreen requirements described above:
 - 1.1.2.1 Schedule an interview to complete a comprehensive eligibility assessment which must include the:
 - 1.1.2.1.1 Application requirements set forth in paragraph 2.3 of the GENERAL PROVISIONS; and
 - 1.1.2.1.2 Household Budget Worksheet.
 - 1.1.2.2 Review the application and Household Budget worksheet to determine if all of the following HTF EPP eligibility requirements are met:
 - 1.1.2.2.1 Household income is equal to or less than 60% of the Area Median Income established by HUD (Attachment 3 to this Exhibit A1);
 - 1.1.2.2.2 Proof that household has the potential resources to cover expenses for, at a minimum, the Sustainability Period;
 - 1.1.2.2.3 Proof that the household has the ability to cover any rent delinquency in excess of the maximum available benefit;
 - 1.1.2.2.4 Applicant has received the 5-day notice of eviction; and
 - 1.1.2.2.5 Applicant agrees to participate in follow-up discussions to evaluate the success of the program.
 - 1.1.2.3 If applicant fails to meet the HTF EPP eligibility requirements set forth in paragraph 1.1.2.2 above, determine what services available in the community may help applicant meet immediate and, possibly, more long-term needs; and help applicant schedule and confirm appointments with providers of the needed services.

1.2 Records. Awardee will maintain accurate records of applications taken and assistance provided in a secure environment to ensure complete confidentiality.

1.3 Client assistance.

- 1.3.1 Maximum assistance available. HTF EPP assistance to any eligible household is limited to a maximum of \$1,000.00. If rental delinquency exceeds this amount, household will be required to cover the remaining delinquency, unless other arrangements are agreed to by the landlord.

- 1.3.2 Communication and advocacy with landlord. For each eligible household, Awardee will contact the applicant's landlord to:
 - 1.3.2.1 Explain the HTF EPP;
 - 1.3.2.2 Discuss options available to the household regarding the pending eviction under the lease;
 - 1.3.2.3 Confirm the total amount of rent delinquency;
 - 1.3.2.4 Determine whether landlord will withdraw the eviction notice and:
 - 1.3.2.4.1 Accept HTF EPP voucher(s) to cover delinquency up to \$1,000.00; and
 - 1.3.2.4.2 Establish a feasible payment plan to allow the household to repay the delinquency balance over time (while remaining in the housing unit).
- 1.3.3 Rental Payment. If landlord agrees to terms established pursuant to paragraph 1.3.2.4 above, issue a voucher in the appropriate eviction prevention contribution amount directly to landlord. Eviction prevention payments may not be made to the participant or any member of the participant's household.
- 1.3.4 Additional Services. For each HTF EPP recipient, Awardee will:
 - 1.3.4.1 Discuss available options regarding the pending eviction under the lease and, when appropriate, refer to Legal Aid to enforce tenant's rights;
 - 1.3.4.2 If necessary, help identify other housing options that are sustainable given the household budget;
 - 1.3.4.3 Discuss other appropriate actions, which may include:
 - 1.3.4.3.1 Time frames for vacating the unit;
 - 1.3.4.3.2 Resolving unpaid rent; and
 - 1.3.4.3.3 Other available assistance rental assistance programs.
 - 1.3.4.4 Determine other immediate and long-term household needs, refer to available programs and help schedule and confirm appointments for needed services.
 - 1.3.4.5 Offer enrollment in Financial Literacy course to help achieve long-term financial stability.
- 1.4 Follow-up activities. Awardee will:
 - 1.4.1 Contact each household assisted at least once within the sustainability period to determine if household continues to remain stable;
 - 1.4.2 Determine if any additional support or services are needed; and
 - 1.4.3 Refer to available programs to meet needs, as appropriate.

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2.0 PERFORMANCE MEASURES.

| Number served | Category | Activity |
|---------------|---|---|
| 100% | Persons seeking services | Timely contacted and prescreened for eligibility |
| 100% | Applicants meeting prescreen eligibility requirements | Scheduled for a comprehensive eligibility assessment |
| 75% | Households receiving eviction prevention assistance | Remain housed three (3) months after the last month in which assistance was provided |
| 10% | | Attend financial literacy classes or obtain legal aid services for tenant rights enforcement. |

3.0 REPORTING REQUIREMENTS. Along with the monthly Request for Payment, Awardee must submit a monthly report in the form set forth in Attachment 4 to this Exhibit A1. The report must include:

- 3.1 Total number of eviction prevention assessments administered including those denied;
- 3.2 Total number of households receiving HTF EPP voucher assistance;
- 3.3 Total dollar amount per household;
- 3.4 Zip Code for the Justice precinct;
- 3.5 Number of households referred for legal assistance;
- 3.6 Number of households attending Financial Literacy classes; and
- 3.7 Total positive and non-positive outcomes determined pursuant to paragraph 1.4.1 above.

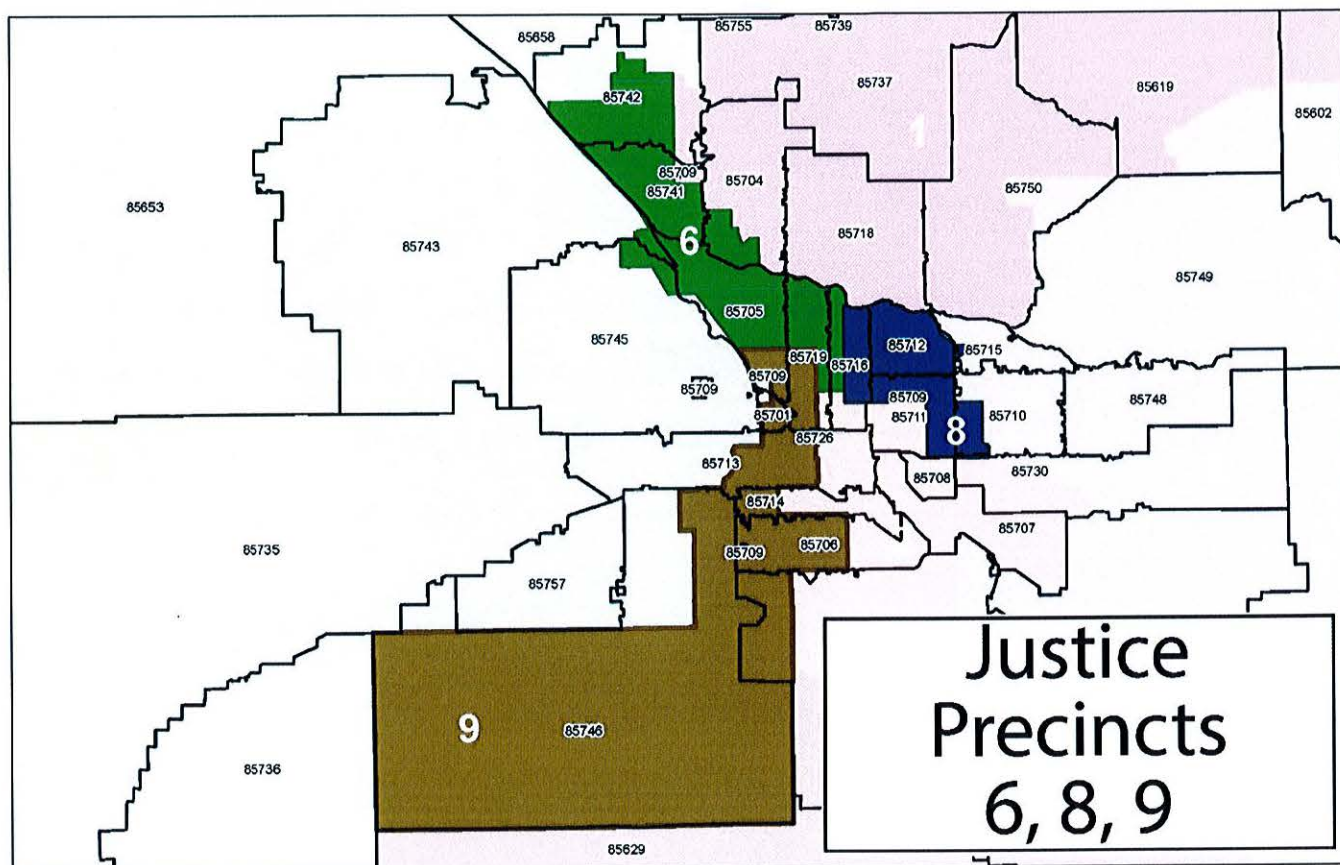
4.0 BUDGET.

For services provided **February 1, 2019 through June 30, 2019**, Awardee will be paid in accordance to the following table:

| BUDGET LINE ITEM | TOTAL |
|-------------------------------|--------------------|
| Salaries/Fringe Benefits | \$7,915.00 |
| Rent/Utilities | -0- |
| Travel | -0- |
| Materials & Supplies | -0- |
| Operating Services | -0- |
| Administrative Expenses | -0- |
| Total Operating Budget | \$7,915.00 |
| Client Vouchers | \$30,000.00 |
| TOTAL BUDGET | \$37,915.00 |

END OF WORK STATEMENT NO. 2

END OF EXHIBIT A1





Arizona Department of Housing

Eviction Prevention Assessment Form

Household Information (Include all persons living with you- use additional sheets as necessary):

| Full Name | Phone | SS # | DOB | Ethnicity | Gender | Marital Status | Education |
|-----------|-------|------|-----|-----------|--------|----------------|-----------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Address of Eviction:

Financial Assistance Assessment Questions:

- 1) What type of housing do you live in (house, apt, mobile home)? _____
 a) If mobile, is it skirted? ☐ Y ☐ N
- 2) Do you have a current lease agreement? ☐ Y ☐ N
- 3) What is the current monthly contracted rental amount? \$ _____
- 4) Is rent more than 50% of your income? ☐ Y ☐ N
 a) If yes, how long has rent been more than 50 % of income? _____
 b) If yes, how long have you lived at that address? _____
 c) If yes, have any other programs assisted you before now? _____
- 5) What caused you to seek assistance? _____
- 6) Are you experiencing a crisis situation? ☐ Y ☐ N
- 7) Have you received a Five Day Notice from your landlord? ☐ Y ☐ N
- 8) Have you been given an eviction notice from your landlord? ☐ Y ☐ N
- 9) How long have you lived at your current address? _____
- 10) How many times in the last 12 months have you been late in payment of rent? (among all addresses in previous 12 months) _____
- 11) If late, what resources did you have/use to pay rent? (i.e. savings, friends, family, church)? _____



Arizona Department of Housing

- 1) If provided with financial assistance, can your current leasing obligations be maintained for the next 90 days? (If not, proceed to mitigation assistance questions). ☐ Y ☐ N

| Income Information | | | | | |
|---------------------------------|---------------|---------------------|------------------|----------------------|--------|
| Income By Household Member Name | Income Source | Income Verification | Income Frequency | Total Monthly Income | Assets |
| | | | | | |
| | | | | | |
| | | | | | |

Budgeting/Financial Management Education Assessment questions

- 2) Please explain to how you manage the income received by your household:

- a) What gets paid first, second, third etc.? _____
- b) When crisis occur how do you generally work thru them? _____

- 3) Are there any outside factors that are impacting your monthly budget? (i.e. debt, fines, medical, etc.): _____
- 4) Have you ever applied for or used additional services to supplement your income? (i.e. food banks or programs, utility assistance, etc.?) _____
- 5) Do you need information on resources that are available in your community? ☐ Y ☐ N
- 6) Are you interested in learning more about managing a monthly budget? ☐ Y ☐ N

Mitigation Assistance Assessment Questions:

- 7) What is the term of your current lease? _____
- 8) Has your household income changed within the term of your lease? ☐ Y ☐ N
Explain: _____
- 9) Have you ever discussed re-negotiating the term of the lease with your landlord? ☐ Y ☐ N
Explain: _____
- 10) Is there anything else that has changed which has potential to impact your portion of the leasing obligations? _____



Arizona Department of Housing

- 11) Are there any unpaid or outstanding late fees that are owed to your landlord? ☐ Y ☐ N
If yes, how much? _____
- 12) Are there other affordable housing options that you have identified? _____
- 13) Are there any special considerations which will impact the finding of a new affordable unit, such as proximity to work, transportation limitations, proximity to family members, etc.? _____

Legal Assistance Assessment Questions:

- 1) Is the five day notice for the correct amount? _____
- 2) If you own your mobile home and rent a space, were you given a 7-day notice? _____
- 3) Are there late fees on the notice and if so, does the lease state there can be late fees? _____
- 4) Do you have problems with your apartment (heat, water, air conditioning) and have you told your landlord about it? _____
- 5) Did you try to pay any part of your rent and did your landlord accept it? ☐ Y ☐ N
- 6) Are you in subsidized housing? _____
- 7) Did a third party or agency pay any part of your rent? _____

Head of Household _____ Date _____

Program Staff _____ Date _____

2018 ARIZONA INCOME LIMITS

ARIZONA COUNTIES
Effective 6/1/2018

State of Arizona -- State Housing Fund and CDBG Programs
HOME, State HTF, NSP and CDBG Program Income Limits

| | | 1 PERSON | 2 PERSON | 3 PERSON | 4 PERSON | 5 PERSON | 6 PERSON | 7 PERSON | 8 PERSON+ |
|------------------------|-----------------------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Tucson, AZ Pima County | 30% | 12750 | 14600 | 16400 | 18200 | 19700 | 21150 | 22600 | 24050 |
| MEDIAN HOUSEHOLD | 50% (Very Low Income) | 21250 | 24250 | 27300 | 30300 | 32750 | 35150 | 37600 | 40000 |
| | 60% | 25500 | 29100 | 32760 | 36360 | 39300 | 42180 | 45120 | 48000 |
| | 80% (Low Income) | 33950 | 38800 | 43650 | 48500 | 52400 | 56300 | 60150 | 64050 |

Effective June 1, 2018
FY2018 Arizona Income Limits

NAME OF AGENCY:

Arizona Department of Housing Contract #:

Reporting Period:[illegible]

Y = Yes

N = No