



## **BOARD OF SUPERVISORS AGENDA ITEM REPORT**

### **CONTRACTS / AWARDS / GRANTS**

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: February 19, 2019

*\* = Mandatory, information must be provided*

or Procurement Director Award ☐

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

The Arizona Community Action Association dba Wildfire

**\*Project Title/Description:**

Utility Assistance Program - 2018-19 TRICO Electric Cooperative

**\*Purpose:**

This is a revenue agreement awarded to the county to administer energy program funding to eligible low-income Trico Cooperative members residing in Pima County for utility assistance, rent, mortgage, food, medical bills, utility repair/replacement, and emergency services. This amendment adds TRICO Emergency Assistance funds of \$3,780.77 and changes the vendor name.

Attachment: 2018-19 TRICO Electric Cooperative Contract No. 07012018-19

**\*Procurement Method:**

Not applicable to grant award.

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

The program provides emergency financial assistance to eligible low-income households experiencing a temporary financial crisis in order to prevent utility disconnection, eviction/mortgage foreclosure and/or repair replacement of utility related appliance and/or apparatus.

**\*Public Benefit:**

The program will provide emergency assistance funds to eligible Pima County residents. The assistance will result in prevention of homelessness, continuation or restoration of utility services and/or maintain or replace utility-related apparatus to ensure the safety and health of Pima County residents experience hardships and/or crisis.

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

Performance reports provided via the Emergency Services Network database insures appropriate delivery of services.

**\*Retroactive:**

No.

**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: \_\_\_\_\_ Department Code: \_\_\_\_\_ Contract Number (i.e., 15-123): \_\_\_\_\_

Amendment No.: \_\_\_\_\_ AMS Version No.: \_\_\_\_\_

Effective Date: \_\_\_\_\_ New Termination Date: \_\_\_\_\_

Prior Contract No. (Synergen/CMS): \_\_\_\_\_

☐ Expense or ☐ Revenue ☐ Increase ☐ Decrease Amount This Amendment: \$ \_\_\_\_\_Is there revenue included? ☐ Yes ☐ No If Yes \$ \_\_\_\_\_**\*Funding Source(s) required:**Funding from General Fund? ☐ Yes ☐ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_**Grant/Amendment Information** (for grants acceptance and awards) ☐ Award ☒ AmendmentDocument Type: GTAM Department Code: CS Grant Number (i.e., 15-123): 19-39Effective Date: 2/19/19 Termination Date: \_\_\_\_\_ Amendment Number: \_\_\_\_\_☐ Match Amount: \$ \_\_\_\_\_ ☒ Revenue Amount: \$ 3,780.77**\*All Funding Source(s) required:** Trico Electric Cooperative**\*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: [Signature] 2-11-19Deputy County Administrator Signature/Date: [Signature] 2-12-2019County Administrator Signature/Date: [Signature] 2/12/19  
(Required for Board Agenda/Addendum Items)



**Amendment No. One (1) to the  
2018-2019 Independent Contractor Agreement  
Contract No. 07012018-19**

The Independent Contractor Agreement dated July 1, 2018, between The Arizona Community Action Association, Inc. *dba* Wildfire (“ACAA”) and **Pima County, on behalf of the Pima County Community Action Agency** (“Contractor”) to conduct application intake and eligibility determination for utility bill assistance and deposits is hereby amended as follows:

**1. Purpose of the Amendment:**

- 1.1. To acknowledge that The Arizona Community Action Association, Inc. has amended its Articles of Incorporation on file with the Arizona Corporation Commission and is, as of the date of this Amendment No. One, doing business as Wildfire.
- 1.2. To provide **\$3,780.77** to Contractor for the administration of TRICO Emergency Assistance Funds. Funds must be utilized as outlined in Exhibit A, attached below.

**2. Amendments:**

- 2.1. Section 1. **Services and Programs** – paragraph 1.2 **Fund Sources** is amended to add TRICO Emergency Assistance Funds as follows:

<b>Fund Source(s)</b>	<b>Direct Service Amount (A)</b>	<b>Program Delivery (B)</b>	<b>Total Allocation (A+B)</b>	<b>Allocable Activities</b>	<b>Additional Information</b>
<b>TRICO Emergency Assistance Funds</b>	<b>\$3,780.77</b>	<b>\$ 0.00</b>	<b>\$3,780.77</b>	Utility bills, rent, mortgage, food, medical bills and other emergency needs for TRICO customers in Pima, Pinal and Santa Cruz Counties	<b>Refer to Amendment No. One, Exhibit A: TRICO Emergency Assistance Funds</b> ***** Agency makes guarantees and payments to utility company, landlords or other providers. Service costs are reimbursed based on activity reports.
<b>Totals (all sources)</b>	<b>\$253,149.07</b>	<b>\$21,286.36</b>	<b>\$274,435.43</b>		

2.2. **Exhibit A -- ACAA TRICO EMERGENCY ASSISTANCE** attached to this Amendment No. One is added.

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

## **THIS AMENDMENT TO THE INDEPENDENT CONTRACT AGREEMENT MAY BE SIGNED IN COUNTERPARTS.**

IN WITNESS WHEREOF, the undersigned have executed this Amendment No. One (1), effective March 1, 2019.

**CONTRACTOR:**

Pima County Board of Supervisors

\_\_\_\_\_  
Richard Elias, Chairman, Board of Supervisors

Date: \_\_\_\_\_

ATTEST:

\_\_\_\_\_  
Julie Castenada, Clerk of the Board

Date: \_\_\_\_\_

APPROVED AS TO FORM:

\_\_\_\_\_  
*Karen S. Friar*  
Karen S. Friar, Deputy County Attorney

APPROVED AS TO CONTENT:

Pima County Employment & Training Dept.

\_\_\_\_\_  
*Arnold Palacios*  
Arnold Palacios, Director

Date: 2-11-19

Address:

2797 Ajo Way, 3<sup>rd</sup> Floor

Tucson, Arizona 85713

E-mail: Manira.Cervantes@pima.gov

Wildfire, an Arizona nonprofit corporation

By: \_\_\_\_\_

Name: Cynthia Zwick

Title: Executive Director

Date: \_\_\_\_\_

Address:

340 E Palm Lane, Suite 315

Phoenix, Arizona 85004

Fax No.: 602-604-0644

E-mail: czwick@wildfireaz.org



## **Exhibit A**

### **ACAA TRICO EMERGENCY ASSISTANCE**

#### **PROGRAM SUMMARY**

**CAN PAY:** Utility bills, rent, mortgage, food, medical bills and other emergency needs at the discretion of the Participating Agency. Replacement of appliances only in cases where repair cost would exceed replacement cost. For repair/replacement, the applicant must be the owner of the appliance or home, as applicable.

**MAXIMUM GRANT AMOUNT:** \$800.00

**ELIGIBILITY CRITERIA:** Household income must be at or below 200% of the federal poverty guidelines. Households must be in Trico service area (Trico member in the household) in Pima, Pinal and Santa Cruz Counties.

**EMERGENCY:** An acceptable emergency must be documented on the intake form/application.

**INCOME VERIFICATION:** All sources of household income received during the past 30 days, including the date of application must be accounted for and verified.

**SERVICE PERIOD:** A household may be assisted only once in a 12-month period.

**SUBSTITUTE SSN (if necessary):** Zip code + Birthday (for example: if zip code is 85203 and birthday is May 1, 1980 then the substitute SSN will be 852-03-0501)

#### **ACCEPTABLE EMERGENCIES (examples):**

1. Loss or reduction of income or public assistance benefits,
2. Unexpected and/or unplanned expense that caused a lack of resources.
3. A condition that endangers the health and safety of the household.

#### **CLIENT FILES MUST CONTAIN:**

1. Intake sheet with client information and name of caseworker
2. Verification document for ID of client
3. Copies of bills / receipts
4. Income verification
5. Emergency documentation
6. Client affidavit form (if utilized)
7. Statement of truth/release of info, signed by the client
8. Copy of the rental agreement or a note from the landlord for utility costs included in rent

END OF EXHIBIT A TO AMENDMENT NO. ONE