



BOARD OF SUPERVISORS AGENDA ITEM REPORT

CONTRACTS / AWARDS / GRANTS

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: March 5, 2019

** = Mandatory, information must be provided*

or Procurement Director Award ☐

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

U.S. Department of Housing and Urban Development

***Project Title/Description:**

Continuum of Care - Homeless Management Information System (HMIS)

***Purpose:**

HMIS is a requirement by U.S. Department of Housing and Urban Development (HUD) for the Continuum of Care (CoC) program for homeless individuals. Client-level data and data on the provision of housing and services to homeless individuals, families, and persons at risk of homelessness in Pima County will be collected.

Attachment: AZ0039L9T011810 HMIS Scope of Work and Resolution for the Approval of HUD CoC 2019 Renewal Grant Agreement

***Procurement Method:**

Not applicable to grant awards.

***Program Goals/Predicted Outcomes:**

The collection of data and report preparation as required by HUD for the CoC Program.

***Public Benefit:**

The benefit of the program is it supports the community by receiving federal funding for homeless assistance.

***Metrics Available to Measure Performance:**

HUD required reports submitted accurately and in a timely manner.

***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 ☐ Amendment

Document Type: GTAW Department Code: CS Grant Number (i.e.,15-123): 19-085

Effective Date: 4/1/19 Termination Date: 3/31/20 Amendment Number: _____

☒ Match Amount: \$ 55,373.00 ☒ Revenue Amount: \$ 221,492.00***All Funding Source(s) required:** U.S. Department of Housing and Urban Development***Match funding from General Fund?** ☒ Yes ☐ No If Yes \$ _____ % 100***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 Hart

Department: Community Services Telephone: 724-5723

Department Director Signature/Date:  2-20-19Deputy County Administrator Signature/Date:  2/20/19County Administrator Signature/Date:  2/20/19
(Required for Board Agenda/Addendum Items)

RESOLUTION 2019 - ____

**RESOLUTION OF THE BOARD OF SUPERVISORS OF PIMA COUNTY, ARIZONA
AUTHORIZING THE APPROVAL OF THE CONTINUUM OF CARE "SCOPE OF WORK
FOR FISCAL YEAR 2019 RENEWAL GRANT AGREEMENT" FROM THE U.S.
DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**

The Board of Supervisors of Pima County, Arizona finds:

1. Pima County ("County"), through its Department of Community Services, Employment and Training ("CSET"), administers several federal and local grant programs to benefit people experiencing homelessness in Pima County.
2. The local Continuum of Care ("CoC"), which is the HUD mandate community-based coalition tasked with developing strategies to end homelessness in Pima County.
3. County has acted as the lead agency administering the CoC's Homeless Management Information System ("HMIS") for years and has renewed it annually through HUD's competitive Continuum of Care Notice of Funding Availability process.
4. The CoC has determined that it is the best interests of the homeless community and service providers for County to continue to act as the lead agency for the HMIS system.
5. On August 16, 2018, County submitted a renewal application to the U.S. Department of Housing and Urban Development ("HUD") for funds to operate HMIS.
6. On February 13, 2019, HUD issued the "CONTINUUM OF CARE SCOPE OF WORK" awarding County, as Grantee, \$221,492 for FY 2019-2020 to operate the local HMIS system. (Federal Grant No. **AZ0039L9T011810**).
7. In order to receive the FY 2019-2020 HMIS Renewal Grant Funds on behalf of the CoC, County must execute the "CONTINUUM OF CARE SCOPE OF WORK" attached to this Resolution as **Exhibit A**. This is the only document that HUD will issue related to the provision of these HMIS grant funds.
8. The Board of Supervisors finds that it is in the best interests of the residents of Pima County, to accept the FY 2019-2020 HMIS Renewal Grant Funds.

NOW, THEREFORE, BE IT RESOLVED as set forth on the following page:

- A. The Chairman of the Pima County Board of Supervisors is authorized to sign the "CONTINUUM OF CARE SCOPE OF WORK" for FY 2019-2020 (Federal Grant No. AZ0039L9T011810) ("the CoC Renewal Grant").
- B. CSET is authorized and directed to, on behalf of the Pima County Board of Supervisors, electronically enter acceptance of the CoC Renewal Grant as directed by HUD.
- C. The Chairman is authorized to execute, as necessary, all applicable federal documents associated with the CoC Renewal Grant, including but not limited to, required HUD budget forms and descriptive grant narratives.
- D. CSET is authorized and directed to submit any such documents to HUD, including completing any electronic approvals and submissions required by HUD.

Passed and adopted, this _____ day of _____, 2019.

Chairman, Pima County Board of Supervisors

ATTEST:

APPROVED AS TO FORM

Clerk of the Board


Karen S. Friar, Deputy County Attorney

Recipient Name: Pima County
Grant Number: AZ0039L9T011810
Tax ID Number: 86-6000543
DUNS Number: 033738662

SCOPE OF WORK
for FY 2018 COMPETITION
(funding 1 project in CoCs with multiple recipients)

1. The project listed on this Scope of Work is governed by the Act and Rule, as they may be amended from time to time. The project is also subject to the terms of the Notice of Funds Availability for the fiscal year competition in which the funds were awarded and to the applicable annual appropriations act.
2. HUD designations of Continuums of Care as High-performing Communities (HPCS) are published in the HUD Exchange in the appropriate Fiscal Years' CoC Program Competition Funding Availability page. Notwithstanding anything to the contrary in the Application or this Grant Agreement, Recipient may only use grant funds for HPC Homelessness Prevention Activities if the Continuum that designated the Recipient to apply for this grant was designated an HPC for the applicable fiscal year.
3. Recipient is not a Unified Funding Agency and was not the only Applicant the Continuum of Care designated to apply for and receive grant funds and is not the only Recipient for the Continuum of Care that designated it. HUD's total funding obligation for this grant is **\$221,492** for project number **AZ0039L9T011810**. If the project is a renewal to which expansion funds have been added during this competition, the Renewal Expansion Data Report, including the Summary Budget therein, in e-snaps is incorporated herein by reference and made a part hereof. In accordance with 24 CFR 578.105(b), Recipient is prohibited from moving more than 10% from one budget line item in a project's approved budget to another without a written amendment to this Agreement. The obligation for this project shall be allocated as follows:

a. Continuum of Care planning activities	\$ _____
b. Acquisition	\$ _____
c. Rehabilitation	\$ _____
d. New construction	\$ _____
e. Leasing	\$ _____
f. Rental assistance	\$ _____
g. Supportive services	\$ _____
h. Operating costs	\$ _____
i. Homeless Management Information System	\$207,572
j. Administrative costs	\$13,920
k. Relocation costs	\$ _____
l. HPC homelessness prevention activities:	
Housing relocation and stabilization services	\$ _____
Short-term and medium-term rental assistance	\$ _____

4. Grant Term **12 Months**. The performance period for the project begins **April 1, 2019 and ends March 31, 2020**. No funds for new projects may be drawn down by Recipient until HUD has approved site control pursuant to §578.21 and §578.25 and no funds for renewal projects may be drawn down by Recipient before the end date of the project's final operating year under the grant that has been renewed.
5. If grant funds will be used for payment of indirect costs, the Recipient is authorized to insert the Recipient's and Subrecipients' federally recognized indirect cost rates on the attached Federally Recognized Indirect Cost Rates Schedule, which Schedule shall be incorporated herein and made a part of the Agreement. No indirect costs may be charged to the grant by the Recipient if their federally recognized cost rate is not listed on the Schedule. If no federally recognized indirect cost rate is listed on the Schedule for a project funded under this Agreement, no indirect costs may be charged to the project by the subrecipient carrying out that project.
6. The project **has not** been awarded project-based rental assistance for a term of fifteen (15) years. Additional funding is subject to the availability of annual appropriations.

**UNITED STATES OF AMERICA,
Secretary of Housing and Urban Development**

BY: _____
(Signature)

(Typed Name and Title)

(Date)

RECIPIENT

Pima County, Arizona

BY: _____
Richard, Elias, Chairman, Pima County Board of Supervisors

(Date)

ATTEST: _____
Clerk, Pima County Board of Supervisors Date

REQUIRED RECIPIENT SIGNATURES CONTINUED ON NEXT PAGE

APPROVED AS TO CONTENT

A handwritten signature in blue ink, appearing to be "B. P. H.", written over a horizontal line.

Community Services, Employment
& Training Director

APPROVED AS TO FORM

A handwritten signature in blue ink, appearing to be "Karen S. Friar", written over a horizontal line.

Karen S. Friar, Deputy County Attorney

FEDERALLY RECOGNIZED INDIRECT COST RATE SCHEDULE

<u>Grant No.</u>	<u>Recipient Name</u>	<u>Indirect cost rate</u>	<u>Cost Base</u>
<u> </u>	<u> </u>	<u> </u> %	<u> </u>