



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

☐ Award ☐ Contract ☒ Grant

**Requested Board Meeting Date:** June 4, 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:**

U.S. Department of Housing and Urban Development (HUD) Continuum of Care Program - Project Advent

**\*Purpose:**

HUD awarded \$418,241.00 for Pima County Project Advent Rapid Re-Housing, which is one of four HUD Continuum of Care housing programs administered by Pima County. The grant targets families and individuals experiencing homelessness in Pima County. The Pima County Sullivan Jackson Employment Center takes a holistic approach to ending homelessness by providing housing and skills necessary to find and maintain employment and become self sufficient.

NOTE: Because of limitations imposed on indirect cost recovery through the Continuum of Care program by HUD, indirect costs will be applied toward the match commitment for the grant award.

Attachments: GTAW-CS-19-104 and Resolution

**\*Procurement Method:**

Not applicable to grant awards.

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

Housing stability and full-time employment opportunities for people experiencing homelessness in Pima County.

**\*Public Benefit:**

The program reduces the number of families and individuals experiencing homelessness in Pima County.

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

The program produces an annual performance report in the Homeless Management Information System.

**\*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: GTAW Department Code: CS Grant Number (i.e., 15-123): 19-104Effective Date: 7/1/19 Termination Date: 6/30/20 Amendment Number: \_\_\_\_\_☒ Match Amount: \$ \$104,560.25 ☒ Revenue Amount: \$ 418,241.00**\*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 HartDepartment: Community ServicesTelephone: 724-5723

Department Director Signature/Date: \_\_\_\_\_

Deputy County Administrator Signature/Date: \_\_\_\_\_

County Administrator Signature/Date: \_\_\_\_\_

*(Required for Board Agenda/Addendum Items)*

## GRANT APPLICATION APPROVAL REQUEST

**Instructions:** Fill out the top section of this form completely. Contact the program Grants Management & Innovation (GMI) Lead if you require assistance (724-2240). Email your completed request to: [GMI@pima.gov](mailto:GMI@pima.gov). Your request will be forwarded to County Administration for review. Notification of approval requests should be submitted at least 15 business days prior to the application's submission deadline (AP 5-1 Procedure).

Requesting department or entity:	CSET	Date: 5/28/19
Contact information:	Name: Rise Hart	Telephone: 724-5723
Funding opportunity title:	U.S. Department of HUD Continuum of Care Program - Project Advent	
Link to opportunity:	<a href="https://www.hudexchange.info/programs/coc/">https://www.hudexchange.info/programs/coc/</a>	
Funding agency:	U.S. Department of Housing and Urban Development	
Amount to be requested:	\$ 418,241.00	
Due date and time:	PM	
What are you going to spend the money on?	<p>HUD awarded \$418,241.00 for Pima County Project Advent Rapid Re-Housing FY2019-2020, which is one of four HUD Continuum of Care housing programs administered by Pima County. The grant targets families and individuals experiencing homelessness in Pima County. The Pima County Sullivan Jackson Employment Center takes a holistic approach to ending homelessness by providing housing and skills necessary to find and maintain employment and become self sufficient.</p> <p>NOTE: Because of limitations imposed on indirect cost recovery through the Continuum of Care program by HUD, indirect costs will be applied toward the match commitment for the grant award. They are included in the \$104,560.25 match.</p> <p>Attachments: GTAW-CS-19-104 and Resolution</p>	
What will be the benefit to Pima County?	<p>This program provides housing stability and full-time employment opportunities for people experiencing homelessness in Pima County.</p>	
Indirect costs – check one:	<p><input checked="" type="checkbox"/> I will be requesting indirect costs. Indirect-cost rate to be requested: _____ %</p> <p><input checked="" type="checkbox"/> I have attached a request for waiver of indirect costs (GMI Intranet) <i>as match (i.e.) indirect foregone - RR</i></p> <p><input type="checkbox"/> I need help understanding Indirect costs</p>	
By: <u><i>Sean M. Lopez</i></u>		Date: <u><i>5/28/19</i></u>
Department Director or Designee		

# GRANT COST/BENEFIT ANALYSIS

To be completed by GMI staff

CFDA No.

Competitive Criteria:

Not applicable. This grant provides for FY2019-2020 funds for an existing program.

Other Factors:

A 20% match of \$104,560.25 includes indirect costs.

Number of Awards:

n/a

Total amount to be awarded: \$ 418,241.00

Match Required:



Yes



No

If required what is the amount/percent: 20% (indirect foregone)

Terms Notes (e.g. unusual restrictions, reporting burdens, etc.):

This grant award approval request is to approve the FY2019-2020 award for this program. No additional restrictions or requirements other than those in the existing program apply.

Will this project require additional office/project space?



Yes



No

Will this project require staff time that cannot be paid for by the grant?



Yes



No

Will your project require any equipment items over \$5,000 per item?



Yes



No

Does the proposal use a fixed price contract?



Yes



No

Is this project subject to Human Subjects compliance?



Yes



No

Does this project involve subrecipients?



Yes



No

Is there a Statutory Funding Preference from the funding agency?



Yes



No

Allowable Indirect Rate:

0%

If Indirect is not allowed, attach documentation.

List any other proposal or funder specific requirements:

See notes on page 1 regarding HUD/COC current stance against indirect - except to use as match (i.e., indirect foregone) - which C&ET will do.

GMI notes & recommendations:

GMI recommends approval of the FY2019-2020 award for the U.S. Department of Housing and Urban Development (HUD) Continuum of Care Program - Project Advent.

By:

GMI Director

Date:

5/29/19

## County Administrator Approval Request

Approved:

Not Approved:

Subject to Further Review:



Yes



No

If your project is subject to further review, please contact your GMI Lead to discuss necessary revisions prior to resubmission of the Grant Application Request.

By:

County Administrator or Designee

Date:

5/30/2019

**RESOLUTION 2019 - \_\_\_\_\_**

**RESOLUTION OF THE BOARD OF SUPERVISORS OF PIMA COUNTY, ARIZONA TO  
APPROVE 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. On August 9, 2018 Pima County submitted a renewal application to the U.S. Department of Housing and Urban Development (“HUD”) for Continuum of Care (“CoC”) funds for fiscal years (FY) 2019 – 2020 to assist homeless Families.
3. CSET has administered the Project Advent Grant since 2004 and has renewed it annually through HUD’s competitive Continuum of Care Notice of Funding Availability process.
4. On April 25, 2019 HUD issued the “CONTINUUM OF CARE SCOPE OF WORK” awarding County, as Grantee, \$418,241.00 for FY2019 – 2020 (Federal Grant No. AZ0042L9T011811).
5. Prior to accepting the CoC funds, County must execute the “CONTINUUM OF CARE SCOPE OF WORK.” This Form is attached to this Resolution as **Exhibit A**. This is the only document that HUD will issue related to the provision of the Project Advent grant funds.

**NOW, THEREFORE, BE IT RESOLVED:**

- A. The Chairman of the Pima County Board of Supervisors is authorized to sign the “CONTINUUM OF CARE SCOPE OF WORK” (Federal Grant No. AZ0042L9T011811) to accept the FY2019 – 2020 Project Advent grant funds.
- B. On behalf of the Pima County Board of Supervisors, CSET is authorized and directed to electronically enter acceptance of the CoC Renewal Grant as required by HUD.

**REMAINDER OF PAGE INTENTIONALLY LEFT BLANK**

- C. The Chairman is authorized to execute, as necessary, and CSET will submit all applicable federal documents associated with this CoC 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: AZ0042L9T011811**  
**Tax ID Number: 86-6000543**  
**DUNS Number: 033738662 - 4000**

SCOPE OF WORK for  
 FY2018 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 \$ 418241 for project number AZ0042L9T011811. 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	\$ 0
b. Acquisition	\$ 0
c. Rehabilitation	\$ 0
d. New construction	\$ 0
e. Leasing	\$ 0
f. Rental assistance	\$ 193176
g. Supportive services	\$ 198590
h. Operating costs	\$ 0
i. Homeless Management Information System	\$ 0
j. Administrative costs	\$ 26475
k. Relocation Costs	\$ 0

1. HPC homelessness prevention activities:

Housing relocation and stabilization services	\$ 0
Short-term and medium-term rental assistance	\$ 0

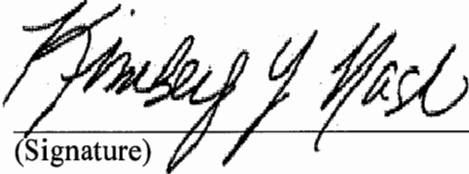
4. Performance Period in number of months: 12. The performance period for the project begins 07-01-2019 and ends 06-30-2020. No funds for new projects may be drawn down by Recipient until HUD has approved site control pursuant to §578.21 and §578.25 and no funds for renewal projects may be drawn down 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.



This agreement is hereby executed on behalf of the parties as follows:

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

By:



(Signature)

Kimberly Y Nash, Director

(Typed Name and Title)

April 8, 2019

(Date)

**RECIPIENT**

Pima County

(Name of Organization)

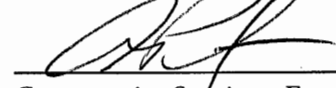
By:

(Signature of Authorized Official)

(Typed Name and Title of Authorized Official)

(Date)

APPROVED AS TO CONTENT



Community Services, Employment  
& Training Director

APPROVED AS TO FORM



Karen S. Friar, Deputy County Attorney

**Tax ID No.: 86-6000543**  
**CoC Program Grant Number: AZ0042L9T011811**  
**Effective Date: 4/8/2019**  
**DUNS No.: 033738662 - 4000**

**FEDERALLY RECOGNIZED INDIRECT COST RATE SCHEDULE**

<b><u>Grant No.</u></b>	<b><u>Recipient Name</u></b>	<b><u>Indirect cost rate</u></b>	<b><u>Cost Base</u></b>
AZ0042L9T011811	Pima County -- Community Services Employment and Training	10.00	\$41,824.10
	Salvation Army	23.20	\$32,547.05
	CODAC Health, Recovery & Wellness, Inc.	25.33	\$36,019.77