



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 - La Casita

***Purpose:**

HUD awarded \$200,199.00 for Pima County La Casita Transitional Housing Program, which is one of four HUD Continuum of Care housing programs administered by Pima County. The La Casita program provides transitional housing and employment assistance with supportive services to move youth, ages 18-24, who are experiencing homelessness toward self sufficiency.

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-19-103 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.: _____

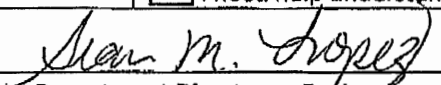
Effective Date: _____ New Termination Date: _____

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): 19-103Effective Date: 7/1/19 Termination Date: 6/30/20 Amendment Number: _____☒ Match Amount: \$ 50,049.75 ☒ Revenue Amount: \$ 200,199.00***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 Services Telephone: 724-5723Department Director Signature/Date: [Signature] 5-23-19Deputy County Administrator Signature/Date: [Signature] 5/30/19County Administrator Signature/Date: [Signature] 5/30/19
(Required for Board Agenda/Addendum Items)

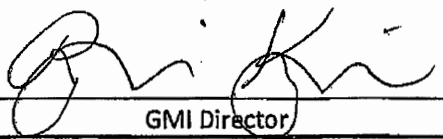
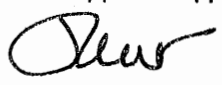
GRANT APPLICATION APPROVAL REQUEST

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. 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 - La Casita	
Link to opportunity:	https://www.hudexchange.info/programs/coc/	
Funding agency:	U.S. Department of Housing and Urban Development	
Amount to be requested:	\$ 200,199.00	
Due date and time:	PM	
What are you going to spend the money on?	<p>HUD awarded \$200,199.00 for costs incurred in FY2019-2020 in the Pima County La Casita Transitional Housing Program, which is one of four HUD Continuum of Care housing programs administered by Pima County. The La Casita program provides transitional housing and employment assistance with supportive services to move youth, ages 18-24, who are experiencing homelessness toward self sufficiency.</p> <p><u>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 of \$50,049.75.</u></p> <p>Attachments: GTAW-CS-19-103 and Resolution</p>	
What will be the benefit to Pima County?	<p>The La Casita program provides transitional housing and employment assistance with supportive services to move youth, ages 18-24, who are experiencing homelessness toward self sufficiency.</p> <p style="text-align: right;"><i>as match</i></p>	
Indirect costs – check one:	<input checked="" type="checkbox"/> I will be requesting indirect costs. Indirect-cost rate to be requested: <u>1</u> % <input checked="" type="checkbox"/> I have attached a request for waiver of indirect costs (GMI Intranet) <i>PK</i> <input type="checkbox"/> I need help understanding indirect costs	
By:	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  Department Director or Designee </div> <div style="text-align: center;"> Date: <u>5/28/19</u> </div> </div>	

GRANT COST/BENEFIT ANALYSIS

To be completed by GMI staff

CFDA No.			
Competitive Criteria:	Not applicable.		
Other Factors:	Grant requires a match of 25% of the amount awarded, or 20% of the total program cost.		
Number of Awards:	n/a	Total amount to be awarded: \$ 200,199.00	
Match Required:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If required what is the amount/percent: 20% (indirect foregone)		
Terms Notes (e.g. unusual restrictions, reporting burdens, etc.):	This award approval request is for a funding award for FY2019-2020 for an existing program. No additional restrictions or requirements other than those in the existing program apply. Indirect costs are included in the match amount of \$50,049.75.		
Will this project require additional office/project space?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Will this project require staff time that cannot be paid for by the grant?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Will your project require any equipment items over \$5,000 per item?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the proposal use a fixed price contract?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this project subject to Human Subjects compliance?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does this project involve subrecipients?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is there a Statutory Funding Preference from the funding agency?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Allowable Indirect Rate: no match If Indirect is not allowed, attach documentation.			
List any other proposal or funder specific requirements:			
GMI notes & recommendations: Indirect is only allowed to be applied as match. GMI recommends approval of the FY2019-2020 grant award for the U.S. Department of HUD Continuum of Care Program - La Casita program. Indirect costs are included in the required match amount of \$50,049.75.			
By: 		Date: 5/29/19	
GMI Director			
County Administrator Approval Request			
Approved: <input checked="" type="checkbox"/>		Not Approved: <input type="checkbox"/> Subject to Further Review: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If your project is subject to further review, please contact your GMI Lead to discuss necessary revisions prior to resubmission of the Grant Approval Application Request.			
By: 		Date: 5/30/2019	
County Administrator or Designee			

RESOLUTION 2019 - ____

**RESOLUTION OF THE BOARD OF SUPERVISORS OF PIMA COUNTY, ARIZONA
TO ACCEPT 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 Youth.
3. CSET has administered the La Casita grant since 2000 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, \$200,199.00 for FY 2019-2020. (Federal Grant No. **AZ0032L9T011811**).
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 La Casita 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” (Federal Grant No. **AZ0032L9T011811**) to accept the FY2019 – 2020 La Casita grant funds (“the CoC Renewal Grant”).
- 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.

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- 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: AZ0032L9T011811
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 \$ 200199_ for project number __AZ0032L9T011811__. 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	\$ 71424
g. Supportive services	\$ 116009
h. Operating costs	\$ 0
i. Homeless Management Information System	\$ 0
j. Administrative costs	\$ 12766
k. Relocation Costs	\$ 0

1. HPC homelessness prevention activities:

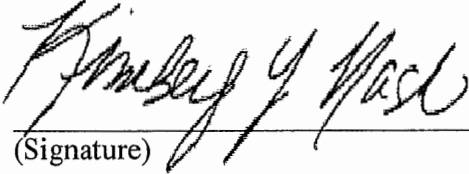
Housing relocation and stabilization services	\$ 0
Short-term and medium-term rental assistance	\$ 0

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)

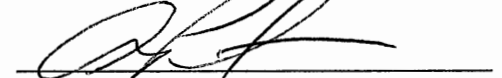
(Typed Name and Title of Authorized Official)

(Date)

ATTEST:

Clerk, Pima County Board of Supervisors

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: AZ0032L9T011811
Effective Date: 4/8/2019
DUNS No.: 033738662 - 4000

FEDERALLY RECOGNIZED INDIRECT COST RATE SCHEDULE

<u>Grant No.</u>	<u>Recipient Name</u>	<u>Indirect cost rate</u>	<u>Cost Base</u>
AZ0032L9T011811	Pima County -- Community Services Employment and Training	10.00	\$20,019.90