

BOARD OF SUPERVISORS AGENDA ITEM REPORT CONTRACTS / AWARDS / GRANTS

C Award ← Contract ← Grant

Requested Board Meeting Date: July2, 2019

* = Mandatory, information must be provided

or Procurement Director Award \Box

*Contractor/Vendor Name/Grantor (DBA):

Arizona Department of Economic Security (ADES)

*Project Title/Description:

Social Services Block Grant (SSBG)

*Purpose:

This is revenue to the county to provide employment services to eligible Pima County residents. Services include job training for programs that have a demand for skilled job opportunities, GED preparation and pre-vocational training, and case management to ensure graduation and job placement. Services are intended for single head of households, unemployed adults, elderly, low-income adults, youth 18-28 years of age at risk of homelessness, families and rural adults. This amendment is to provide revenue funding of \$40,424.00. The original contract began July 1, 2017 and the term was extended to 6/30/2022 by amendment number 1.

Amendment: DI18-002139 (Amendment 3) - Intergovernmental Agreement (IGA) Arizona Department of Economic Security

Indirect cost does not apply.

*Procurement Method:

Not applicable to grant awards.

*Program Goals/Predicted Outcomes:

The program goal is to provide employment services to ensure graduation and job placement for eligible Pima County residents.

*Public Benefit:

The amendment supports Pima County's economic development by helping to develop a trained and productive labor force that meets employers needs.

*Metrics Available to Measure Performance:

Expenditure reports summited to ADES.

*Retroactive:

Yes. County received the amendment from State on June 10, 2019. The negative impact if this amendment is not approved would be Pima County residents would not receive funding for FY20 employment services.

Contract / Award Information	<u>on</u>				
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) require	d:				
Funding from General Fund?	CYes CNo If Yes \$	%			
Contract is fully or partially full If Yes, is the Contract to a v		☐ Yes ☐ No			
Were insurance or indemnity	clauses modified?	☐ Yes ☐ No			
If Yes, attach Risk's approve	al.				
Vendor is using a Social Secu	urity Number?	☐ Yes ☐ No			
If Yes, attach the required for	rm per Administrative Procedure	22-73.			
Amendment / Revised Awar	rd Information				
		Contract Number (i.e.,15-123):			
		AMS Version No.:			
		New Termination Date:			
		Prior Contract No. (Synergen/CMS):			
○ Expense or ○ Revenue	○ Increase ○ Decrease	Amount This Amendment: \$			
Is there revenue included?		'es\$			
*Funding Source(s) required					
Funding from General Fund?	CYes ∩ No If Y	'es\$ %			
Grant/Amendment Informati	ion (for grants acceptance and				
Document Type: GTAM	Department Code: CS	Grant Number (i.e.,15-123): 19-64			
Effective Date: 7/1/19	Termination Date:	Amendment Number: 3			
☐ Match Amount: \$		Revenue Amount: \$ 40,424.00			
*All Funding Source(s) required: U.S. Department of Health & Human Services					
*Match funding from Genera	al Fund? (Yes • No If Y	'es\$ %			
*Match funding from other s *Funding Source:	ources? Yes • No If Y	'es\$%			
	ed, is funding coming directly sed through other organizatio	· · · · · · · · · · · · · · · · · · ·			
Federal government or pass	sed through other organizatio				
Federal government or pass Contact: Rise Hart	rvices	n(s)? Department of Economic Security			
Federal government or pass Contact: Rise Hart Department: Community Ser	rvices	n(s)? Department of Economic Security			

GRANT APPLICATION APPROVAL REQUEST

<u>instructions</u>: 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: <u>GMI@pima.gov</u>. 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).

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Requesting department or entity:	CSET	Date: 6/11/19		
Contact Information:	Name: Rise Hart	Telephone: 724-5723		
Funding opportunity title:	Social Services Block Grant	(SSBG)		
Link to opportunity:	https://des.az.gov/			
Funding agency:	Arizona Department of Econ	omic Security		
Amount to be requested:	\$ 40,424.00			
Due date and time:	6/14/2019	AM		
What are you going to spend the money on?	structure job skill and job set training and tutoring, includir provision of books, supplies works to ensure graduation	s such as employment screening, assessment or testing; sking akilis; specialized OT, PT, and speech therapies; special gliteracy training, GED preparation and pre-vocational training; and instructional material; counseling/ case management that and job placement, transportation; and referral to community alts. Services also include job training, for programs that have a funities.		
1	adults, youth 18-28 years of	gle head of households, unemployed adults, elderly, low-income age at risk of homelessness, families and rural adults in efforts of these individuals while becoming productive members of the		
What will be the benefit to Pima County?		s		
	, F 1			
Indirect costs – check one:		rect costs. Indirect-cost rate to be requested: 0 % est for walver of indirect costs (GMI Intranet) lng indirect costs		
By: Date: 6-21-19				

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GRANT COST/BENEFIT ANALYSIS To be completed by GMI staff				
CFDA No. 93.667				
Competitive Criteria:	n/a			
Other Factors:				
Number of Awards:	Total amount to be awarded: \$ 40,424.00			
Match Required: Ye	es 🗸 No If required what is the amount/percent:			
Terms Notes (e.g. unusual restrictions, reporting burdens, etc.):	Amendment to IGA before the 10% indirect instituted. No match with SSBG as they are not reporting on outcomes. Reporting requirements are: # of individuals receiving case management and employment services. They are not required to report on how many individuals got jobs.			
Will this project require additional office/project space? Will this project require staff time that cannot be paid for by the grant? Will your project require any equipment items over \$5,000 per item? Does the proposal use a fixed price contract? Is this project subject to Human Subjects compliance? Does this project involve subreciplents? Is there a Statutory Funding Preference from the funding agency? Yes No Yes No Yes No				
Allowable Indirect Rate	The state of the s			
List any other proposal or funder specific requirements:				
GMI notes & recomme				
By: Date:				
County Administrator Approval Request				
Approved: Not Approved: Subject to Further Review:YesNo				
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: County Administrator or Designee				



Intergovernmental Agreement

CONTRACT AMENDMENT

4					
CONTRACTOR (Name and address)	2. CONTRACT ID NUMBER				
Pima County	DI18-002139				
2797 East Ajo Way					
Tucson, Arizona 85713		3. AMENDMENT NUMBER			
1 ucson, Anzona 057 15		3			
		3			
4. THE PARTIES AGREE TO THE FOLLOWING AMENDMENT Pursuant to Section 9.0 Manner of Financing, section 9.2 is added as follows: The contract reimbursement maximum, funded by the State of Arizona SSBG plan, for the State Fiscal Year 2020 (SFY2020) shall not exceed Forty thousand, four hundred and twenty four dollars (\$40,424.00)					
 5. EXCEPT AS PROVIDED HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AS HERETOFORE CHANGED AND/OR AMENDED REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT. THE AMENDMENT SHALL BECOME EFFECTIVE ON THE DATE OF LAST SIGNATURE UNLESS OTHERWISE SPECIFIED HEREIN. BY SIGNING THIS FORM ON BEHALF OF THE CONTRACTOR, THE SIGNATORY CERTIFIES HE/SHE HAS THE AUTHORITY TO BIND THE CONTRACTOR TO THIS CONTRACT. 6. 7. NAME OF CONTRACTOR 					
ARIZONA DEPARTMENT OF ECONOMIC SECURITY	PIMA COUNTY				
SIGNATURE OF AUTHORIZED INDIVIDUAL	SIGNATURE OF AUTHORIZED INDIVIDUAL				
TYPED NAME	TYPED NAME Richard Elias				
TITLE	TITLE Chairman, Board of Supervisors				
DATE	DATE				
IN ACCORDANCE WITH ARS §11-952 THIS CONTRACT AMENDMENT HAS BEEN REVIEWED BY THE UNDERSIGNED WHO HAVE DETERMINED THAT THIS CONTRACT AMENDMENT IS IN APPROPRIATE FORM AND WITHIN THE POWERS AND AUTHORITY GRANTED TO EACH RESPECTIVE PUBLIC BODY.					
ARIZONA ATTORNEY GENERAL'S OFFICE	_				
	Haren J. F.				
DV·	DV. Marin J. S.	nav			
BY:	BY:				
ASSISTANT ATTORNEY GENERAL	Karen S. Friar, Deputy County Atto	orney			
DATE:	DATE: 6-18-19				
	ATTEST:				
	Clerk, Board of Supervisors,	Pima County			
	Date:				