

BOARD OF SUPERVISORS AGENDA ITEM REPORT CONTRACTS / AWARDS / GRANTS

Requested Board Meeting Date: March 17, 2020

* = Mandatory, information must be provided

or Procurement Director Award \Box

*Contractor/Vendor Name/Grantor (DBA):

Chicanos Por La Causa

*Project Title/Description:

Emergency Services Network (ESN). The contract and amendments can be found in OnBase by searching Contracts 18*404 in Doc_ID_AMS.

*Purpose:

Chicanos Por La Causa, a subrecipient, assists eligible households with case management and client vouchers for the Eviction Prevention Program funded by the Arizona Department of Housing (ADOH) Housing Trust Fund (HTF) ADOH HTF funding is used to prevent homelessness and ensure households become and remain self-sufficient.

Arizona Department of Housing (ADOH) issued an amendment to extend the agreement term for an eighteen-month period from February 1, 2019 to June 30, 2020. Therefore, this amendment is to extend the current termination date of April 30, 2020 to June 30, 2020.

Attachment: Contract Number CT-CS-18-404 (Amendment 4)

*Procurement Method:

Pursuant to Pima County Procurement Code 11.12.020, Competitive sealed proposals, RFP No. RFP-CSET-CAA-ESN-2018-06 was conducted with delegated authority.

*Program Goals/Predicted Outcomes:

Eviction Prevention Program - 64 eligible low-income households.

*Public Benefit:

The benefit of the program is that it will help in alleviating poverty, prevent homelessness, prevent utility shutoffs while promoting self-sufficiency to Pima County residents.

*Metrics Available to Measure Performance:

Monthly case management and service reports,

*Retroactive:

No.

Procure Jiept 03/05/20 PMV3/24

10: CoB- 3-10:20 12r. - 15

Page 1 of

Procure Dept 03/09/20 PMOI :25

Document Type:					
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	ed:				
Funding from General Fund?	? CYes CNo If Yes \$	8 %			
Contract is fully or partially full full full full full full full f		☐ Yes ☐ No			
Were insurance or indemnity If Yes, attach Risk's approx		☐ Yes ☐ No			
Vendor is using a Social Sec If Yes, attach the required for	eurity Number? Form per Administrative Procedure	☐ Yes ☐ No 22-10.			
Amendment / Revised Awa	rd Information	·			
Document Type: CT	Department Code: CS	Contract Number (i.e.,15-123): 18-404			
Amendment No.: 4		AMS Version No.: 15			
Effective Date: 04/01/2020		New Termination Date: 06/30/2020			
		Prior Contract No. (Synergen/CMS):			
	C Increase	Amount This Amendment: \$ 0.00			
Is there revenue included?	CYes © No If	Yes\$			
*Funding Source(s) require	ed: Amendment 4 funding source is	from is from the AZ Department of Housing - Housing Trust Fund			
*Funding Source(s) require Funding from General Fund?					
Funding from General Fund?	CYes ♠ No If	Yes \$ %			
Funding from General Fund?		Yes \$			
Funding from General Fund? Grant/Amendment Informat Document Type:	Tyes ● No If tion (for grants acceptance and Department Code:	Yes \$			
Funding from General Fund? Grant/Amendment Information Document Type: Effective Date:	Yes ♠ No If tion (for grants acceptance and	Yes \$ % I awards)			
Funding from General Fund? Grant/Amendment Informat Document Type:	Yes No If tion (for grants acceptance and Department Code: Termination Date:	Yes \$			
Funding from General Fund? Grant/Amendment Informat Document Type: Effective Date: Match Amount: \$	Termination Date:	From is from the AZ Department of Housing - Housing Trust Fund Yes \$			
Funding from General Fund? Grant/Amendment Information Document Type: Effective Date: Match Amount: \$ *All Funding Source(s) requires	Yes No If tion (for grants acceptance and Department Code: Termination Date: uired:	room is from the AZ Department of Housing - Housing Trust Fund Yes \$			
Grant/Amendment Information Document Type: Effective Date: Match Amount: \$ *All Funding Source(s) requirement Type of the second sec	Yes No If tion (for grants acceptance and Department Code: Termination Date: uired:	from is from the AZ Department of Housing - Housing Trust Fund Yes \$			
Grant/Amendment Information Document Type: Effective Date: Match Amount: \$ *All Funding Source(s) requirement *Match funding from Generical Source: *If Federal funds are received.	Termination Date: al Fund? Yes No If Yes No If Termination Date: Termination Date: Termination Date: Termination Date: Yes No If Sources? Yes No If	from is from the AZ Department of Housing - Housing Trust Fund Yes \$			
Grant/Amendment Information Document Type: Effective Date: Match Amount: \$ *All Funding Source(s) requirement from Generic *Match funding from other structure *Funding Source: *If Federal funds are received Federal government or passive structure *Information from Source *Information from Source: *If Federal funds are received Federal government or passive structure *Information from Source *Information from Sourc	Yes No If tion (for grants acceptance and Department Code: Termination Date: uired: al Fund? Yes No If sources? Yes No If ed, is funding coming directly sed through other organization	from is from the AZ Department of Housing - Housing Trust Fund Yes \$			
Grant/Amendment Information Document Type: Effective Date: Match Amount: \$ *All Funding Source(s) requirement funding from Generical *Funding Source: *If Federal funds are received Federal government or passion of the second secon	Yes No If tion (for grants acceptance and Department Code: Termination Date: uired: al Fund? Yes No If sources? Yes No If ed, is funding coming directly sed through other organization	refrom is from the AZ Department of Housing - Housing Trust Fund Yes \$			
Grant/Amendment Informate Document Type: Effective Date: Match Amount: \$ *All Funding Source(s) reque *Match funding from Gener *Match funding from other series *Funding Source: *If Federal funds are received Federal government or passes Contact: Rise Hart Department: Community Series	Yes No If tion (for grants acceptance and Department Code: Termination Date: uired: al Fund? Yes No If sources? Yes No If ed, is funding coming directly sed through other organization ervices ure/Date:	refrom is from the AZ Department of Housing - Housing Trust Fund Yes \$			

Fima County Department of Community Services, Employment and Training Department
Community Action Agency Program

Project: Emergency Services Network (ESN)

Awardee: Chicanos Por La Causa
1525 N. Oracle Road
Tucson, AZ 85705

Contract No.: CT-CS-18*404

Contract Amendment No.: 04

Original Contract Term:	07/01/18 - 06/30/19	Orig. Contract Amount:	\$125,910.00
Termination Date Prior Amendment:	06/30/20	Prior Amendments Amount:	\$226,743.00
Termination Date This Amendment:	06/30/20	This Amendment Amount:	-0-
		Revised Total Amount:	\$352,653.00

DUNS No.: 136249609	SAM Re	SAM Registration Date: 10/14/19				
Research or Development:	Yes	⊠ No				
Federal or State Contract No.:	ADES15-0 521-19	89143	Awa	rd Date:	2019	
Required Match: Yes	⊠ No	Match Amoun	t:			
Indirect Cost Rate:		☐ NICR		de mi	nimis	None None
Status of Contractor:	Subr	ecipient		Contra	ctor	

CFDA	Grant Program	National Funding	Pima County Award
93.558	Arizona Department of Economic Security (ADES)/U.S. Department of Health and Human Services (USHHS) Short Term Crisis Services/Temporary Assistance to Needy Families (STCS/TANF)	\$13,122,810.00	\$540,565.00
93.569	ADES/USHHS Community Services Block Grant (CSBG)	\$674,000,000.00	\$789,659.00
93.568	ADES/USHHS Low Income Home Energy Assistance Program (LIHEAP)	\$3,255,435,546.00	\$3,561,229.00
N/A	Arizona Department of Housing (ADOH) Housing Trust Fund (HTF)	\$2,000,000.00	\$575,000.00

AMENDMENT FOUR

1. BACKGROUND AND PURPOSE.

1.1 Background.

- 1.1.1. Pima County ("County") and Chicanos Por La Causa ("Awardee"), entered into the above-referenced Contract to provide supportive services and rental assistance to the homeless in Pima County.
- 1.1.2. On December 3, 2019, this Contract was amended to use the remaining balance of \$20,002.32 of HTF funds for Eviction Prevention Program ("EPP") Services.
- 1.1.3. Arizona Department of Housing ("ADOH") issued an amendment to extend the agreement term for an eighteen-month period from February 1, 2019 to June 30, 2020.
- 1.1.4. Awardee has the capacity to provide the EPP services set forth herein.

homes. EXHIBIT A1 – SCOPE OF WORK, WORK STATEMENT NO. 2 -- EVICTION PREVENTION 2. PROGRAM, BUDGET, SECTION 4.0, is amended to clarify that the amounts set forth in the budget table will cover program services provided July 1, 2019 through June 30, 2020. The effective date of this Amendment is April 1, 2020. All other provisions of this Agreement, not specifically changed by this amendment, will remain in effect and be binding upon the parties. IN WITNESS WHEREOF, the parties do hereby affix their signatures and do hereby agree to carry out the terms of this Amendment and of the original Contract cited herein: PIMA COUNTY: Chairman, Pima County Board of Supervisors Auth6 Date: ATTEST: Clerk of the Board Date APPROVED AS TO CONTENT: Director, Employment & Training APPROVED AS TO FORM: Kalen S. Friar, Deputy County Attorney

<u>Purpose</u>. Expand the EPP pilot program in Pima County through June 30, 2020 to ensure eligible Pima County residents in the areas designated by ADOH are able to stay in their