



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

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: 04/07/2020

* = Mandatory, information must be provided

or Procurement Director Award ☐

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

Arizona Department of Housing (ADOH)

***Project Title/Description:**

Housing Trust Fund (HTF) - Eviction Prevention Program

***Purpose:**

County administers eviction prevention assistance for approximately 407 households. Assistance includes: financial aid, communication and advocacy with landlords on the behalf of eligible households, making appropriate referrals, providing budgeting education and financial management materials. The Pima County Board of Supervisors approved the ADOH Funding Agreement 521-19 on December 18, 2018. This amendment is to extend the term date to June 30, 2020.

Indirect cost does not apply.

Attachment: ADOH Agreement 521-19 (Amendment 1)

***Procurement Method:**

Not applicable to grant awards.

***Program Goals/Predicted Outcomes:**

The goal is to increase access to informative and efficient eviction prevention services to eligible Pima County residents to avoid eviction.

***Public Benefit:**

Provide financial assistance for Pima County residents in high eviction areas to remain in their home and avoid homelessness.

***Metrics Available to Measure Performance:**

Monthly performance reports will be submitted to ADOH.

***Retroactive:**

Yes. County received the amendment on January 29, 2020 to changed the term date.

GMI Approval 3/23/20 JLS

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 22-10.

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: GTAM Department Code: CS Grant Number (i.e., 15-123): 20-31
Effective Date: 2/1/19 Termination Date: 6/30/20 Amendment Number: 1
☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ 0.00

***All Funding Source(s) required:** Arizona Department of Housing

*Match funding from General Fund? ☐ Yes ☒ No If Yes \$ _____ % _____

*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: _____

Deputy County Administrator Signature/Date: _____

County Administrator Signature/Date: _____

(Required for Board Agenda/Addendum Items)

Contract No.: 521-19
Termination Date: 4/30/2020
Amendment No. 1

AMENDMENT TO A STATE HOUSING FUND AGREEMENT
Between
STATE OF ARIZONA DEPARTMENT OF HOUSING
And
PIMA COUNTY

This **Agreement** is made and entered into by and between the **State of Arizona, Department of Housing (HOUSING)**, and **Pima County (Recipient)**.

Whereas, **HOUSING** and **Recipient** have entered into a Contract, stipulating to an award through the Eviction Prevention Program by **HOUSING** to **Recipient** for the purpose as outlined in the above referenced **HOUSING** Agreement; and

Whereas, a revision to said Agreement is necessary, and;

Whereas, **HOUSING** and **Recipient** agree that the revision is in the best interest of all parties, including beneficiary low-income households; **HOUSING** and **Recipient** hereby agree to amend the Agreement as listed below:

1) **Attachment A – Scope of Work, replace the Term of Agreement Section with the following:**

This agreement is herein executed for an eighteen (18) month period from February 1, 2019 to June 30, 2020.

Additional one (1) year renewals may be available at the discretion of ADOH based upon project performance and availability of funding. Renewals may involve a new Scope of Work, Performance Timeline, and/or Grant amount to be negotiated with the entity selected for contracting.

The following Attachments are amended and attached hereto:

A. Scope of Work, C. Budget, and D. Request for Payment.

Any and all portions of subject Agreement that are not herein specifically amended shall remain unchanged.

In Witness Whereof, **HOUSING** and **Recipient** have executed this Amendment that shall become effective when signed by **HOUSING**.

THE STATE OF ARIZONA, DEPARTMENT OF HOUSING

**PIMA COUNTY
RECIPIENT**

BY: _____
Carol L. Ditmore

BY: _____
Richard Elías

TITLE: Director

TITLE: Chairman, Board of Supervisors

DATE: _____

DATE: _____

ATTEST:

Clerk of the Board Date

APPROVED AS TO CONTENT

Director, Community Services

APPROVED AS TO FORM:

Karen S. Friar, Deputy County Attorney

Manager's Approval: _____
Attorney General No. : KR02-0085

ATTACHMENT A

PIMA COUNTY

#521-19

SCOPE OF WORK

SUMMARY:

The Arizona Department of Housing (ADOH) has determined that eviction prevention services may be needed to address the high numbers of evictions happening in the state. The goal of this pilot program is to increase access to informative and efficient eviction prevention services in particular courts in the state of Arizona. This involves providing funding, collecting and analyzing data, developing strategies for efficiency, and strengthening best practices around eviction issues. Services include a comprehensive eligibility assessment, financial assistance, information and referral, and other non-financial case management services including housing assistance, crisis management services, referrals to legal aid, budgeting and financial management education materials.

Pima County, Recipient shall administer eviction prevention assistance, in the following zip codes in Pima County; 85701, 85704, 85705, 85706, 85710, 85711, 85712, 85713, 85714, 85716, 85719, 85741, 85742, 85745, 85746, 85756, targeting Justice Precincts 6, 8, and 9 for approximately 407 households. Households eligible to receive assistance must have received a formal, five day non-payment of rent notice from the property manager/landlord and have a total household income at/or below sixty percent (60%) of Area Median Income (AMI). **Recipient** will screen and evaluate households for financial assistance based on a comprehensive assessment (Exhibit 1) and will provide eligible households with eviction prevention financial assistance as specified by the ADOH Eviction Prevention Policy guideline. (Attachment E)

By the signing of this contract, **Recipient** is certifying that the agency is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal or state debarment agency.

TERM OF AGREEMENT:

This agreement is herein executed for an eighteen (18) month period from February 1, 2019 to June 30, 2020. Additional one (1) year renewals may be available at the discretion of ADOH based upon project performance and availability of funding. Renewals may involve a new Scope of Work, Performance Timeline, and/or Grant amount to be negotiated with the entity selected for contracting.

EXPENDITURE RATE:

Recipient shall submit Request for Payments (Attachment D) within 30 days of the end of each month for expenditures actually incurred, with supporting documentation for all funds to be reimbursed.

KEY DUTIES INCLUDE:

A. Conducting a comprehensive eligibility assessment

- 1) Schedule an initial eligibility interview within 48 hours of initial contact with the household. (Prescreening can be started over the phone for eligibility)
- 2) Ensure that the household meets all eligibility criteria as specified on the ADOH Eviction Prevention Policy Guideline.
- 3) Administer Eligibility Assessment to determine level of need and sustainability of the leasing contract. If leasing obligations are not financially sustainable make referrals for other resources as appropriate.
- 4) Communicate and discuss all eligible services with household, determine desired services and action steps. (Financial, program referral, budgeting education)

B. Determining level of financial assistance needed

- 1) Gather all household income verification documents including any assets that are currently being held by household members. Verification documents may include pay stubs, bank statements, disability letters, etc.

- 2) Utilize household budgeting worksheet to determine and demonstrate a 90 day sustainability window of the monthly leasing obligations. If a 90 day sustainability window is not present, advise the household that financial assistance is not warranted.
- 3) Initiate contact with landlord and issue payment voucher if and when financial assistance is appropriate. Provide approximate time frame to both the landlord and household of when to expect the financial assistance voucher.

C. Providing communication and advocacy with landlords on behalf of eligible households

- 1) Initiate contact with landlord or managing entity to discuss the Eviction Prevention Program assistance relating to the household.
- 2) Discuss options that are available to the household regarding the pending eviction under the lease.
- 3) Assist household, if necessary, in the identification of other housing options which demonstrate sustainability based on household budget.
- 4) Discuss options with the household, which may include time frames for vacating the unit, resolving unpaid rent and/or other fees with program assistance or which are critical to the household maintaining housing.

D. Making appropriate referrals for Assistance

- 1) Determine household referral needs based on the initial assessment.
- 2) Make referrals to the appropriate legal entity.
- 3) Facilitate any additional services for households, up to and including rental financial assistance if deemed appropriate.

E. Making appropriate referrals for non-eligible applicants

- 1) Determine what alternative services are needed and what services for which the household is eligible.
- 2) Coordinate with other service providers for referral up to and including a referral for shelter and or to the homeless coordinated entry system.
- 3) Assist households in scheduling and confirming appointments with other providers who can best meet the household's needs.

F. Providing education, budgeting, and financial management materials to reinforce sustainability

- 1) Assist household in creating a sustainable budget which correlates with the monthly household income. Budgeting worksheets may be agency specific but should include at minimum the following: rent, utilities, food, and transportation.
- 2) Provide resources and options that households can utilize to supplement their monthly income including utility assistance programs, food assistance programs (SNAP), and or employment enhancement services.
- 3) Offer additional financial management and education classes, where applicable, to households who would benefit from additional support in creating and adhering to a monthly budget. Education classes may be agency specific and may fluctuate in availability depending on staffing and capacity.

G. Provide a follow up in 90 days to verify that homeless prevention was effective

- 1) Initiate a minimum of one follow up contact within 90 days of service provision with households who have received financial assistance.
- 2) Assess and verify household status, i.e. the household continues to remain stable in housing.
- 3) Determine if any additional support or services are needed

- 4) Document and submit the result of the contact as a positive outcome or a non-positive outcome within the monthly report.

PERFORMANCE MEASURES:

- 1) One hundred percent (100%) of households will be assessed for housing options.
- 2) Seventy-five percent (75%) of households will remain housed three months after being financially assisted.
- 3) Ten percent (10%) of households will engage with other options, ie financial literacy.

REPORTING REQUIREMENTS:

Recipient shall submit a monthly report attached to the monthly Request for Payment which will include:

- 1) Total number of eviction prevention assessments administered (Including those denied)
- 2) Total number of households receiving financial assistance
- 3) Total dollar amount per household
- 4) Zip Code for the Justice precinct
- 5) Number of households referred for legal assistance
- 6) Total positive and non-positive outcomes within 90 follow up window



Attachment C Page 33

REV. 8-2013



Arizona Department of Housing

HTF Eviction Prevention- Pima County

Attachment D- Page 34

ARIZONA DEPARTMENT OF HOUSING REQUEST FOR PAYMENT SUMMARY SHEET PAGE 1 OF 2

Recipient	Pima County	Date	
Contract No	521-19	Contract Period: from 02/01/2019 to 06/30/2020	Pay Req. No/Mo
Activity	HTF: Administration, Support Services, Prevention Assistance		Direct Wire Dep Yes X No
Recipient Address	2797 E. Ajo Way	City	Tucson
Contact Person	Manira Cervantes	ZIP	85713
Phone	520-724-5710	Email	Manira.Cervantes@pima.gov
Program Specialist	Chavon Woods	Email	Chavon.Woods@azhousing.gov
		County	Pima

Itemized Payment Statement (Sheet 2 of 2) must accompany this form. Include copies of timesheets and other backup documentation. ORIGINAL SIGNATURES are required for processing.

a	b	c	d	e	f	g	h
Budget Line Item or Activity No.	IDIS Act No.	HTF 2019	HUD-COC	Total Amount Req. to Date	Balance in Account	Amount of this Request	New Balance
Act. 1 Administration		\$33,778.00			\$33,778.00		\$ 33,778.00
Act. 2 Support Services		\$134,222.00			\$134,222.00		\$ 134,222.00
Act. 3 Prevention Assistance		\$407,000.00			\$407,000.00		\$ 407,000.00
					\$ -		\$ -
					\$ -		\$ -
					\$ -		\$ -
					\$ -		\$ -
					\$ -		\$ -
Total		\$ 575,000.00	\$ -	\$ -	\$ 575,000.00	\$ -	\$ 575,000.00

Recipient Authorized Signature	Date	Title
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Recipient Authorized Signatory certifies that all activities undertaken by the contractor with funds provided under this contract have been carried out in accordance with the contract. Attach wiring information if not previously submitted. Attach alternate mailing address if necessary.

Performance Reports	<input type="checkbox"/> Current <input type="checkbox"/> Not Current	For ADOH Use Only
ADOH Program Specialist Approval	Date	
ADOH Program Administrator Appr		Date