



**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: OS CT HL Department Code: CS Contract Number (i.e., 15-123): 16-268Amendment No.: 5 AMS Version No.: 29Effective Date: 4/1/20 New Termination Date: 4/30/20 (no change)

Prior Contract No. (Synergen/CMS): \_\_\_\_\_

☒ Expense or ☐ Revenue ☒ Increase ☐ Decrease Amount This Amendment: \$ 2,000.00Is there revenue included? ☐ Yes ☒ No If Yes \$ \_\_\_\_\_**\*Funding Source(s) required:** United States Housing and Urban Development (USHUD)-Continuum of Care (CoC) ProgramFunding from General Fund? ☐ Yes ☒ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_**Grant/Amendment Information** (for grants acceptance and awards) ☐ Award ☐ Amendment

Document Type: \_\_\_\_\_ Department Code: \_\_\_\_\_ Grant Number (i.e., 15-123): \_\_\_\_\_

Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Amendment Number: \_\_\_\_\_

☐ Match Amount: \$ \_\_\_\_\_ ☐ Revenue Amount: \$ \_\_\_\_\_**\*All Funding Source(s) required:****\*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 HartDepartment: Community Services Telephone: 724-5723Department Director Signature/Date: \_\_\_\_\_ 2-30-20Deputy County Administrator Signature/Date: \_\_\_\_\_ 30 Mar 2020County Administrator Signature/Date: \_\_\_\_\_ 3/31/2020*(Required for Board Agenda/Addendum Items)*

**Pima County Department of Community Services, Employment and Training Department -  
SULLIVAN JACKSON EMPLOYMENT CENTER (SJEC)**

**Project:** United States Housing and Urban Development Continuum of Care Program – Coalition  
Assisting Self-Sufficiency Attainment (“CASA”)

**Awardee:** Compass Affordable Housing, Inc.  
48 North Tucson Blvd. Suite 102  
Tucson, AZ 85716

**Contract No.:** CT-CS-16\*268

**Contract Amendment No.:** Five (5)

Original Contract Term:	05/01/16 – 04/30/17	Orig. Contract Amount:	\$189,349.00
Termination Date Prior Amendment:	04/30/20	Prior Amendments Amount:	\$608,390.62
Termination Date This Amendment:	04/30/20	This Amendment Amount:	\$2,000.00
		Revised Total Amount:	\$799,739.62

<b>DUNS No.:</b> 830239427		<b>SAM Registration Date:</b> 2/10/20	
<b>Research or Development:</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Federal Contract No.:</b>		<b>Award Date:</b>	2020
<b>Required Match:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Match Amount:</b>	25%
<b>Indirect Cost Rate:</b>	<input type="checkbox"/>	<input type="checkbox"/> NICR	<input checked="" type="checkbox"/> de minimis <input type="checkbox"/> None
<b>Status of Contractor:</b>		<input checked="" type="checkbox"/> Subrecipient	<input type="checkbox"/> Contractor

CFDA	Grant Program	National Funding	Pima County Award
14.267	Continuum of Care Homeless Program (“CoC”) – CASA	\$1,890,000,000.00	\$443,961.00

**GRANT FUNDING AGREEMENT – AMENDMENT FIVE (5)**

**1. BACKGROUND AND PURPOSE.**

**1.1 Background.**

- 1.1.1. On April 19, 2016, Pima County (“County”) and Compass Affordable Housing, Inc. (“Awardee”), entered into the above-referenced Agreement to provide supportive services and rental assistance to the homeless in Pima County.
- 1.1.2. County, as Grantee, receives Continuum of Care (“CoC”) Program funds from the United States Housing and Urban Development to provide services for the Pima County homeless population.

**1.2 Purpose.**

- 1.2.1. Given the current COVID-19 Coronavirus health crisis, the size of families being housed is increasing.
- 1.2.2. Because the households being served are larger, the rents being paid pursuant to the CoC Program has increased.
- 1.2.3. County has unused CoC funds available to meet, as best as possible, the rental assistance needs being provided pursuant to this Agreement.
- 1.2.4. County finds that paying increased rent costs it is an appropriate use of the CoC funds.

2. **COMPENSATION AND PAYMENT, SECTION 3.0**, is amended as follows:

2.1 **Paragraph 3.1**, the table is deleted in its entirety and replaced with the following:

<b>Funding Source</b>	<b>Dates of Services</b>	<b>Amount allocated</b>
CASA I – RRH	May 1, 2016 – June 30, 2017	\$189,349.00
	May 1, 2017 – April 30, 2018	\$189,349.00
	May 1, 2018 – April 30, 2019	\$190,332.04
	May 1, 2019 – April 30, 2020	\$192,332.04
CASA II – SHP	November 22, 2016 – June 30, 2017	\$ 38,377.54
	<b>Maximum Allocated Amount</b>	<b>\$799,739.62</b>

2.2 **Paragraph 3.13** is amended to decrease the allowable transfer of funds between budget line items:

FROM: 15%

TO: 10%

2.3 **Paragraph 3.16.1** is deleted in its entirety and replaced with the following:

Pursuant to 2 CFR §2400.101, unless excepted under 24 CFR chapters I through IX, the cost principles set forth in 2 CFR part 200, Subpart E, as may be modified by amendments and additions, will be used to determine whether an incurred cost will be reimbursed under this Agreement.

3. **COORDINATION, SECTION 27.0** is amended to change Awardee's contact:

FROM: Steven Nelson, 520-724-7306, Steven.Nelson@pima.gov

TO: Jenifer Darland, 520-724-7312, Jenifer.Darland@pima.gov

4. **ISRAEL BOYCOTT CERTIFICATION, SECTION 33.0** is added to read:

Pursuant to A.R.S. § 35-393.01, if Awardee engages in for-profit activity and has 10 or more employees, and if this Agreement has a value of \$100,000.00 or more, Awardee certifies it is not currently engaged in, and agrees for the duration of this Agreement to not engage in, a boycott of goods or services from Israel. This certification does not apply to a boycott prohibited by 50 U.S.C. § 4842 or a regulation issued pursuant to 50 U.S.C. § 4842.

**REMAINDER OF PAGE INTENTIONALLY LEFT BLANK**

5. **EXHIBIT A – SCOPE OF WORK, BUDGET, SECTION 6**, paragraph 6.1, the table is deleted in its entirety and replaced with the following:

BUDGET LINE ITEM	AMOUNT
Case Management	\$65,000.00
Rental Assistance	\$101,099.04
Transportation	\$2,880.00
Moving costs	\$5,952.00
Food	\$2,880.00
Utility Deposits	\$5,504.00
Administrative Costs (5%)	\$9,017.00
<b>Total Program Budget</b>	<b>\$192,332.04</b>

The effective date of this Amendment is April 1, 2020.

All other provisions of the Contract not expressly modified in this Amendment will remain in effect and be binding on 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:

AWARDEE:

\_\_\_\_\_  
Chairman, Pima County Board of Supervisors

Date: \_\_\_\_\_

  
\_\_\_\_\_  
Authorized Signature

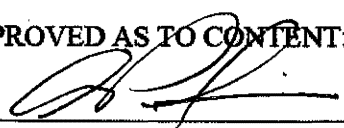
MARYANN Beeching, CEO  
\_\_\_\_\_  
Printed Name & Title

Date: 3-25-20

ATTEST:

\_\_\_\_\_  
Clerk of the Board                      Date

APPROVED AS TO CONTENT:

  
\_\_\_\_\_  
Director, Employment & Training

APPROVED AS TO FORM:

  
\_\_\_\_\_  
Karen S. Friar, Deputy County Attorney