



## **BOARD OF SUPERVISORS AGENDA ITEM REPORT**

### **CONTRACTS / AWARDS / GRANTS**

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: April 7, 2020

\* = Mandatory, information must be provided

or Procurement Director Award ☐

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

Arizona Department of Economic Security

**\*Project Title/Description:**

Housing Support Services grant funds from the Arizona Department of Economic Security (ADES)

**\*Purpose:**

Pima County Community Services, Employment and Training Department provides homeless prevention assistance, short-term rapid rehousing rental assistance, and bridge housing for long-term homeless participants to stabilize before moving into permanent housing.

Program participants are placed in an emergency shelter to stabilize and then are placed into permanent housing within thirty days of entering the program. Throughout the course of the program, case managers work with participants to overcome barriers to self-sufficiency, including substance abuse treatment and finding work. After clients find work, they begin to contribute toward their rent with the goal of becoming self-sufficient within six months and not returning to homelessness.

This amendment is to revised the Participant Satisfaction Survey.

Indirect cost does not apply for Pima County.

Attachments: ADES18-206221 Amendment Two

**\*Procurement Method:**

Not applicable to grant awards.

**\*Program Goals/Predicted Outcomes:**

The goal remains the same: Provide temporary emergency shelter (bridge housing) for 50 households, rapid rehousing for 50 individuals/households, and eviction prevention for 25 households.

**\*Public Benefit:**

This program aims to end or prevent homelessness, primarily through employment. After completing the program, participants will become self-reliant, which will reduce costs on emergency and medical systems.

**\*Metrics Available to Measure Performance:**

The grant requires program participant information and services provided be entered in the Homeless Management Information System (HMIS).

**\*Retroactive:**

Yes, due to delays in processing the amendment.

6M1 Approval 4/2/20 HSE

Revised 9/2019

**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 ☒ AmendmentDocument Type: GTAM Department Code: CS Grant Number (i.e., 15-123): 20-32Effective Date: 2/20/20 Termination Date: 6/30/20 (no change) Amendment Number: 2☐ Match Amount: \$ \_\_\_\_\_ ☐ Revenue Amount: \$ 0.00**\*All Funding Source(s) required:** Arizona Department of Economic Security**\*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: [Signature] 4-3-20Deputy County Administrator Signature/Date: [Signature] 12 April 2020County Administrator Signature/Date: [Signature] 4/12/2020  
(Required for Board Agenda/Addendum Items)

 <p>DEPARTMENT OF ECONOMIC SECURITY</p> <p><i>Your Partner For A Stronger Arizona</i></p>	<b>CONTRACT AMENDMENT</b>		Arizona Department of Economic Security 1789 W Jefferson Street, Mail Drop 1222, Phoenix, AZ 85007
	Contract No.: ADES18-206221		
	Amendment No.: 2	Date: 2/20/2020	

**THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:**

The purpose of this Amendment is to revise the Scope of Work and revise Exhibit J – Participant Satisfaction Survey.

Pursuant to the Uniform Terms and Conditions, Section 5 Contract Changes, The Scope of Work is revised to add a new section 6.16 as follows:

6.16 Rental assistance payments can only be made to an owner with whom the recipient or sub-recipient has entered into a rental assistance agreement.

See <https://files.hudexchange.info/resources/documents/SNAPS-Shots-ESG-Rental-Assistance-and-Lease-Agreements.pdf>.

Pursuant to the Uniform Terms and Conditions, Section 5 Contract Changes, Exhibit J – Participant Satisfaction Survey is revised and attached.

**ALL OTHER REQUIREMENTS, SPECIFICATIONS, AND TERMS AND CONDITIONS REMAIN UNCHANGED**

**ACKNOWLEDGEMENT AND AUTHORIZATION**

This Amendment shall be fully executed by means of electronic approval in APP.

## Exhibit J- Participant Satisfaction Survey

Solicitation No.:

Description: Housing Support Services – Maricopa and Pima Counties



DEPARTMENT OF  
ECONOMIC SECURITY

*Your Partner For A Stronger Arizona*

### Participant Satisfaction Survey

Agency: \_\_\_\_\_ Contract #: \_\_\_\_\_

Participant HMIS ID: \_\_\_\_\_ Date Completed: \_\_\_\_\_

I received services in the following county:

- |                                   |                                   |                                   |                                 |                                     |
|-----------------------------------|-----------------------------------|-----------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Apache   | <input type="checkbox"/> Gila     | <input type="checkbox"/> La Paz   | <input type="checkbox"/> Navajo | <input type="checkbox"/> Santa Cruz |
| <input type="checkbox"/> Cochise  | <input type="checkbox"/> Graham   | <input type="checkbox"/> Maricopa | <input type="checkbox"/> Pima   | <input type="checkbox"/> Yavapai    |
| <input type="checkbox"/> Coconino | <input type="checkbox"/> Greenlee | <input type="checkbox"/> Mohave   | <input type="checkbox"/> Pinal  | <input type="checkbox"/> Yuma       |

What type of service(s) did you receive? *(check all that apply)*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Street Outreach     | <input type="checkbox"/> Emergency Shelter            | <input type="checkbox"/> Rapid Re-housing |
| <input type="checkbox"/> Eviction Prevention | <input type="checkbox"/> Permanent Supportive Housing |   |

If Permanent Supportive Housing, I have received a rental subsidy for:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> One (1) year  | <input type="checkbox"/> Three (3) or four (4) years | <input type="checkbox"/> Six (6) to ten (10) years |
| <input type="checkbox"/> Two (2) years | <input type="checkbox"/> Five (5) or six (6) years   | <input type="checkbox"/> More than ten (10) years  |

Do you think program staff has been sensitive to your cultural and ethnic background?

- ☐ Yes ☐ No

Were you treated with respect and dignity? ☐ Yes ☐ No

Did you receive assistance and/or resources to manage or overcome your barriers?

- ☐ Yes ☐ No

My rental unit is safe, decent and adequate to my housing needs. ☐ Agree ☐ Disagree

Comments: \_\_\_\_\_

*Thank you for your time.*