



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

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: June 23, 2020

* = Mandatory, information must be provided

or Procurement Director Award ☐

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

Arizona Department of Economic Security (AZDES)

***Project Title/Description:**

AZDES - Employment and Training Program Workforce Innovation and Opportunity Act (WIOA)

***Purpose:**

These additional funds are used to provide WIOA Dislocated Workers who are seeking employment or job skills training that can lead to employment. Services include case management, training and support services to assist dislocated worker job seekers in finding employment. WIOA also provides business services to employers who are facing business closures or downsizing. Business services include layoff aversion activities and cooperative rapid response services for on-site client activities. The amendment is to increase funds for Dislocated Workers Fiscal Year (FY)2020 as allocated by the State.

Attachment: Contract Number DI19-002205 Amendment No. 3 - Intergovernmental Agreement (IGA) AZDES

Indirect costs: 10%

***Procurement Method:**

Not applicable to grant awards.

***Program Goals/Predicted Outcomes:**

Dislocated workers will attain full-time employment status.

***Public Benefit:**

Fewer unemployed individuals in Pima County mean decreased reliance on public benefits and a more self-sufficient population.

***Metrics Available to Measure Performance:**

Monthly and quarterly reports to the Grantor.

***Retroactive:**

No.

Bill Approved 6-17-2020 JS

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____
Commencement 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.: _____
Commencement 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

☐ Award ☒ Amendment

awards) Document Type: GTAM Department Code: CS Grant Number (i.e., 15-123): 20-53

Commencement Date: 7/1/19 Termination Date: 6/30/21 (no change) Amendment Number: 3

☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ 10,430.00

***All Funding Source(s) required:** U.S. Department of Labor under the WIOA

*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)?** Funds are passed through AZDES

Contact: Rise Hart

Department: Community Services

Telephone: 724-5723

Department Director Signature/Date: _____ 6-8-20

Deputy County Administrator Signature/Date: _____ 16 June 2020

County Administrator Signature/Date: _____ 6/17/20

(Required for Board Agenda/Addendum Items)



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Intergovernmental Agreement

CONTRACT AMENDMENT

1. CONTRACTOR (Name and address)

Pima County Board of Supervisors
2797 E. Ajo Way
Tucson, Arizona 85713

2. CONTRACT ID NUMBER

DI19-002205

3. AMENDMENT NUMBER

3

4. THE PARTIES AGREE TO THE FOLLOWING AMENDMENT

Pursuant to Section 9.0 Manner of Financing, Paragraph 9.2 the purpose of this amendment is to increase fund balances for the following Program Year (PY) and Fiscal Year (FY):

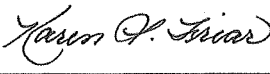
PY19/FY20 Additional Allocation- TEGL 16-18 Ch 1			
PY	2019	AD Admin	
PY	2019	YT Admin	
PY	2019	DW Admin	
FY	2020	AD Admin	
FY	2020	DW Admin	\$1,043
PY	2019	Youth	
PY	2019	Adult	
FY	2020	Adult	
PY	2019	DW	
FY	2020	DW	\$9,387
PY	2019	RR	
FY	2020	RR	

This is an increase of \$10,430

The reimbursement ceiling is increased from \$17,073,918 to \$17,084,348

Attachment B. Allocation by Program and Fiscal Year, updated 5/29/2020 is revised and attached and reflects all current totals by Program and Fiscal Year.

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. ARIZONA DEPARTMENT OF ECONOMIC SECURITY	7. NAME OF CONTRACTOR PIMA COUNTY BOARD OF SUPERVISORS
SIGNATURE OF AUTHORIZED INDIVIDUAL	SIGNATURE OF AUTHORIZED INDIVIDUAL
TYPED NAME	TYPED NAME Ramón Valadez
TITLE	TITLE Chairman
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	
BY:	BY: 
ASSISTANT ATTORNEY GENERAL	PUBLIC AGENCY LEGAL COUNSEL
DATE:	DATE: June 2, 2020

DI19-002205 A3