



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

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: August 17, 2020

* = Mandatory, information must be provided

or Procurement Director Award ☐

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

El Rio Santa Cruz Neighborhood Health Center, Inc.

***Project Title/Description:**

Community Services Block Grant (CSBG) - Emergency Needs. Provide health care services to eligible low-income individuals. The contract and amendment can be found in OnBase by searching Contracts CR-21*007 (formerly CS-19*477) in Doc_ID_AMS.

***Purpose:**

CSBG funds will be used to provide social services to eligible individuals and families, promote good health and to assist in alleviating poverty, revitalizing communities and empowering low-income families to becoming self-sufficient.

This amendment will provide additional funding of \$30,000.00 for the period July 1, 2020 to June 30, 2021.

Attachment: Contract Number CT-CR-21-007 (Amendment 01)

***Procurement Method:**

Pursuant to Pima County Procurement Code 11.12.020, Competitive sealed proposals, RFP No. CAA-CSBG-2018-09 was conducted with delegated authority.

***Program Goals/Predicted Outcomes:**

El Rio Santa Cruz Neighborhood Health Center, Inc. will provide health care services to 316 individuals.

***Public Benefit:**

The benefit of the program is it helps support the safety and well-being of low-income families.

***Metrics Available to Measure Performance:**

All activities and information sources in the management, fiscal, and service system of Awardee and any subcontracted parties, relating to performance of duties and obligations under this Contract are monitored. Quarterly reports on the National Results Oriented Management Accountability (ROMA)/National Performance Indicators and progress reports on each household and individual served.

***Retroactive:**

Yes. Due to budgets for subrecipients could not be written until the County received the funding agreement from the State which was 06/19/20. The negative impact of not approving this amendment is low-income families will not receive emergency health and medical care services for an additional year.

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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: CT Department Code: CR Contract Number (i.e., 15-123): 21-007
Amendment No.: 1 AMS Version No.: 1
Commencement Date: 07/01/20 New Termination Date: 06/30/21
Prior Contract No. (Synergen/CMS): CT-CS-19-477
☒ Expense or ☐ Revenue ☒ Increase ☐ Decrease Amount This Amendment: \$ 30,000.00

Is there revenue included? ☐ Yes ☒ No If Yes \$ _____

***Funding Source(s) required:** Department of Health and Human Services / Arizona Department of Economic Security

Funding 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): _____
Commencement 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 Hart

Department: Community & Workforce Development Telephone: 724-5723

Department Director Signature/Date:  8-3-20

Deputy County Administrator Signature/Date:  8-5-20

County Administrator Signature/Date:  8/5/20
(Required for Board Agenda/Addendum Items)

**Pima County Community & Workforce Development Department
Community Action Agency Program**

Project: Community Services Block Grant (CSBG) – Emergency Needs

Awardee: El Rio Santa Cruz Neighborhood Health Center, Inc. (formerly known as El Rio Santa Cruz Neighborhood *dba* El Rio Health Center, Inc.)
839 W. Congress Street
Tucson, AZ 85745

Amount: \$30,000.00

Contract No.: CT-CS-19*477 (CT-CR-21-007 and after July 1, 2020)

Contract Amendment No.: One (1)

Original Contract Term:	07/01/19 – 06/30/20	Orig. Contract Amount:	\$30,000.00
Termination Date Prior Amendment:	N/A	Prior Amendments Amount:	N/A
Termination Date This Amendment:	06/30/21	This Amendment Amount:	\$30,000.00
		Revised Total Amount:	\$60,000.00

DUNS No.: 077519122		SAM Registration Date: 5/21/20	
Research or Development:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Federal or State Contract No.: D120-002265		Award Date:	2020
Required Match:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Match Amount:	
Indirect Cost Rate: <input type="checkbox"/>	<input type="checkbox"/> NICR	<input type="checkbox"/> de minimis	<input checked="" type="checkbox"/> None
Status of Contractor:		<input checked="" type="checkbox"/> Subrecipient	<input type="checkbox"/> Contractor

CFDA	Grant Program	National Funding	Pima County Award
93.569	CSBG	\$740,000,000.00	\$815,464.00

GRANT FUNDED AGREEMENT – AMENDMENT ONE (1)

1. BACKGROUND AND PURPOSE.

1.1. Background.

1.1.1. On June 18, 2019, Pima County (“County”) and El Rio Santa Cruz Neighborhood Health Center, Inc., formerly known as El Rio Santa Cruz Neighborhood *dba* El Rio Health Center, Inc. (“Awardee”), entered into the above-referenced contract to provide supportive services to low-income families in Pima County.

1.1.2. County, as Grantee, receives CSBG Program funds from the Arizona Department of Economic Security to provide social services for eligible families.

1.2. County Organization. Effective July 1, 2020:

1.2.1. Pima County Community Services, Employment and Training Department and Pima County Community Development and Neighborhood Conservation Department are restructured to form the Community & Workforce Development Department.

1.2.2. Agreement will be renumbered to CT-CR-21-007, but all terms and conditions, except as amended herein, remain unchanged.

- 1.2.3. Any reference in the Agreement to Community Services; Community Services, Employment and Training Department; or CSET, will mean Community & Workforce Development Department ("CWD").

1.3. Purpose.

- 1.3.1. The United States Department of Health and Human Services ("HHS") funds this Agreement and has, pursuant to County's Comprehensive Plan, awarded CSBG Program to County for an additional year of CSBG social services to low-income families.
- 1.3.2. County finds that it is in the best interests of the Pima County residents to continue to provide CSBG services to the residents of Pima County.
- 1.3.3. Pursuant to HHS guidelines, Awardee is a "Subrecipient" of these CSBG Program funds and will conduct all activities under this Agreement accordingly.

2. **TERM AND EXTENSIONS, SECTION 2.** Pursuant to **paragraph 2.2**, County exercises the one available Extension Option. This contract terminates on **June 30, 2021**.
3. **SCOPE OF SERVICES, SECTION 3.** The Commencement Date for the provisions set forth in this Amendment No. 1 is **July 1, 2020**.
4. **COMPENSATION AND PAYMENT, SECTION 4, paragraph 4.1** is amended to increase "the Maximum Allocated Amount":

FROM: \$30,000.00

TO: \$60,000.00

5. **ISRAEL BOYCOTT CERTIFICATION, SECTION 36** 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.

6. **EXHIBIT A – SCOPE OF WORK** is amended as follows:

- 6.1. **OUTCOMES – AWARDEE, SECTION 6**, the table is deleted in there entirety and replaced with the following:

FNPI	Health and Social/Behavioral Development	Agency Specific Goals (Individuals served)	
		2019-2020	2020-2021
5z.1	Emergency Medical Care	316	316
5b	The number of individuals who demonstrated improved physical health and well being	316	316

NPI	Community Improvement and Revitalization	Agency Specific Goals (Individuals served)	
		2019-2020	2020-2021
2.1.E	Safe and affordable health care services	5	5

6.2. **BUDGET**, SECTION 7, the table is deleted in its entirety and replaced with the following:

Description	Amount	
	2019-2020	2020-2021
Vouchers (ESN Entry Required)	\$30,000.00	\$30,000.00
Total Budget	\$30,000.00	\$30,000.00

7. **EXHIBIT A-1, COMMUNITY ACTION AGENCY – 2021 FEDERAL POVERTY INCOME GUIDELINES**, is attached to this Amendment 1 and is incorporated into and made a part of this Agreement.

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, Board of Supervisors

Date: _____

ATTEST:

Clerk of the Board

APPROVED AS TO CONTENT:



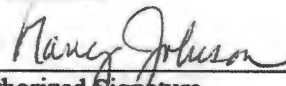
Director, Community & Workforce Development

APPROVED AS TO FORM:



Karen S. Friar, Deputy County Attorney

AWARDEE



Authorized Signature



Printed Name and Title

Date: 7/17/20

**COMMUNITY ACTION AGENCY**

2021 Federal Poverty Income Guidelines

Gross Monthly Income

To be used to determine eligibility for Community Services Block Grant Funds (CSBG)

Effective July 1, 2020 through June 30, 2021

Household Size**30 Day Gross Income Limit**

1	\$2,127
2	\$2,873
3	\$3,620
4	\$4,367
5	\$5,113
6	\$5,860
7	\$6,607
8	\$7,353
9	\$8,100
10	\$8,847
11	\$9,593
12	\$10,340

For each additional household member, add \$746

Figures derived from Information dated May 14, 2020 from Arizona Department of Economic Security, Division of Aging & Adult Services Community Services Unit.

I, _____, declare that I meet the above income guidelines under Household Size _____. I am also aware of the Agency's Grievance Procedures, Confidentiality Policy, and Release of Information Policy.

Signature & Date



COMMUNITY SERVICES, EMPLOYMENT AND TRAINING DEPARTMENT
2797 E. Ajo Way
Tucson, AZ 85713
(520) 724-7700 • Fax (520) 724-6799

