



**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):**

Arizona Department of Housing (ADOH)

**\*Project Title/Description:**

Housing Trust Fund (HTF) - Rental/Eviction Prevention Assistance

**\*Purpose:**

County will administer financial assistance for households to prevent eviction.

**\*Procurement Method:**

Not applicable to grant awards.

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

The goal of this Amendment is to provide funding for the immediate hire of three temporary workers to process applications for the Eviction Program relating solely to COVID-19.

Indirect cost does not apply.

Attachment: ADOH #535-20 Amendment 1

**\*Public Benefit:**

Provide financial assistance for Pima County residents to remain in their home and avoid homelessness. Eviction Prevention Assistance may be needed to address the economic impact and hardship to Arizona households as a result of the COVID-19 outbreak.

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

Monthly performance reports will be submitted to ADOH.

**\*Retroactive:**

Yes. County received the Amendment from ADOH on July 27, 2020. If Amendment is not approved, the County will not be able to hire three temporary workers to process applications more quickly for the Eviction Program relating solely to COVID-19.

GMI Approved 8/11/2020 *LS*  
Revised 5/2020

**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 awards)☐ Award ☒ AmendmentDocument Type: GTAM Department Code: CR Grant Number (i.e.,15-123): 21-14Commencement Date: 8/1/20 Termination Date: 12/31/20 Amendment Number: 1☐ Match Amount: \$ \_\_\_\_\_ ☒ Revenue Amount: \$ 65,000.00**\*All Funding Source(s) required:** Arizona Department of Housing - State Housing Trust Fund**\*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: Manira Cervantes/Rise HartDepartment: Community & Workforce Development Telephone: 724-5710Department Director Signature/Date: Daniel Tyndall for Arnold Palacios 8/10/2020Deputy County Administrator Signature/Date: C. R. Palacios 10 Aug 2020County Administrator Signature/Date: \_\_\_\_\_  
(Required for Board Agenda/Addendum Items)

Contract No.: 535-20  
Termination Date: 12-31-2020  
Amendment No. #1

**AMENDMENT TO  
FUNDING AGREEMENT  
Between  
STATE OF ARIZONA  
DEPARTMENT OF HOUSING  
and  
PIMA COUNTY, ARIZONA**

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

Whereas **Housing** administers the Housing Trust Fund ("HTF") pursuant to A.R.S. § 41-3955; through such administration, **Housing** implemented the Rental/Eviction Prevention Funding Program ("Eviction Program").

Whereas, **HOUSING** and **Recipient** have entered into a Funding Agreement ("Contract") for an award from the Eviction Program relating solely to the COVID-19 ("COVID-19 Eviction Assistance") to **Recipient** for the purpose outlined in the Scope of Work attached as Attachment II ("SOW") to the Contract; the terms defined in the Contract shall apply to this Amendment unless otherwise defined herein; and

Whereas, a revision to said Contract is necessary to provide for certain increase(s) in the amount of the award to **Recipient**, upon the terms and conditions set forth herein, and;

Whereas, **HOUSING** and **Recipient** agree that the revision is in the best interest of all parties, including beneficiary low-income households;

**WHEREFORE**, in consideration of the agreements and covenants set forth in the Contract and other good and valuable consideration, the receipt of which is hereby acknowledged, **HOUSING** and **Recipient** hereby agree to amend the Contract as follows:

Contract is hereby amended to provide funding in the amount of \$65,000 for the immediate hire of (3) temporary workers, not currently part of your agency workforce. Workers should be hired immediately and paid by the hour for the specific purpose of processing applications more rapidly. This is a temporary assignment from now through December 31st. It should be noted, that the additional \$65,000 should be allocated, \$60,000 for temporary staffing and \$5,000 for equipment, supplies and miscellaneous. Other funding under this contract will be allocated in accordance as originally stated.

Any and all portions of subject Contract that are not herein specifically amended shall remain unchanged and in full force and effect.

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, ARIZONA  
RECIPIENT

BY: \_\_\_\_\_  
Carol L. Ditmore

TITLE: Director

DATE: \_\_\_\_\_

BY: \_\_\_\_\_

TITLE: Chairman, Pima County Board of  
Supervisors

DATE: \_\_\_\_\_

ATTEST:

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

\_\_\_\_\_  
Date

APPROVED AS TO CONTENT:

*Arnold Palacios for*  
ARNOLD PALACIOS 8/10/2020

Arnold Palacios, Director      Date  
Community & Workforce Development

APPROVED AS TO FORM:

*Karen S. Friar*

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

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