



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: September 1, 2020

* = Mandatory, information must be provided

or Procurement Director Award ☐

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

Connie Hillman Family Foundation

***Project Title/Description:**

Workforce Development for Veterans

***Purpose:**

The purpose of the funds is to provide support services to veterans in order to secure gainful employment.

Indirect rate cost: does not apply.

Attachment: Award Letter

***Procurement Method:**

Not applicable to grant awards.

***Program Goals/Predicted Outcomes:**

The goal is to help unemployed veterans find employment.

***Public Benefit:**

This program supports Pima County's economic development by helping to develop a trained and productive labor force that meets employers' needs.

***Metrics Available to Measure Performance:**

Veterans receiving support services funds will obtain employment.

***Retroactive:**

Yes, due to receiving the Award Letter on July 29, 2020. If the funds are not approved, Pima County veterans would not receive support services for employment.

G.M. Approved 8/24/2020 JLS

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 ☐ Amendment

Document Type: GTAW Department Code: CR Grant Number (i.e.,15-123): 21-27

Commencement Date: 7/1/20 Termination Date: 6/30/21 Amendment Number: _____

☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ 10,000.00

***All Funding Source(s) required:** Connie Hillman Family Foundation

***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: _____ 8-20-20

Deputy County Administrator Signature/Date: _____ 24 Aug 2020

County Administrator Signature/Date: _____ 8/24/20
(Required for Board Agenda/Addendum Items)

Connie Hillman Family Foundation

3430 East Sunrise Drive, Suite 200

Tucson, AZ 85718-3210

Telephone: (520) 792-1181

June 29, 2020

Arizona @ Work
Pima County Kino Veterans' Workforce Center
2801 E. Ajo Way
Tucson, AZ 85713

Re: Awarding Foundation Grant

Ladies and Gentlemen:

The Connie Hillman Family Foundation is pleased to award a grant and enclose a check herewith as follows:

Charity Name: Arizona at Work
Amount of grant: \$ 10,000
Purpose of grant: Workforce Development

For the Foundation records, please acknowledge this gift:

If by email to: ladamson@duffieldlaw.com
noting the "Hillman Foundation" in the subject line.

If by mail to the address on the letterhead with the Attn: Larry R. Adamson

Your acknowledgment should include:

- (a) The amount of the grant
- (b) The date the grant was received
- (c) A statement that "no goods or services were received in exchange for this charitable grant."

If you desire, you may add any additional information that would be pertinent to us regarding your organization and this grant.

Yours very truly,
Connie Hillman Family Foundation

By: 
Larry R. Adamson, Director

LRA:kg
Enclosure (check)

MISSION MANAGEMENT & TRUST CO.
LA PALOMA CORPORATE CENTER
3567 EAST SUNRISE DRIVE, SUITE 235
TUCSON, ARIZONA 85718

ACCOUNT #/NAME:

52 00 3618 0 03
HILLMAN FAMILY FDN

DESCRIPTION:

CHARITABLE DISTRIBUTION

PAYEE:

ARIZONA AT WORK

CHECK #: 0039472
DATE: Jun 24, 2020
AMOUNT: \$10,000.00

THIS DOCUMENT HAS A MULTI-COLORED FACE THAT CHANGES COLOR GRADUALLY. SEE LIST OF SECURITY FEATURES ON THE BACK. DO NOT CASH UNLESS ALL ARE PRESENT.

MISSION MANAGEMENT & TRUST CO.
LA PALOMA CORPORATE CENTER
3567 EAST SUNRISE DRIVE, SUITE 235
TUCSON, ARIZONA 85718

ACCOUNT #/NAME:
52 00 3618 0 03 HILLMAN FAMILY FDN

PAY
Ten thousand and 00/100

AMOUNT
***\$10,000.00

VOID AFTER 180 DAYS

TO THE ARIZONA AT WORK
ORDER
OF

TWO SIGNATURES REQUIRED OVER \$10,000.00

0039472 121000248 4159 521863