

BOARD OF SUPERVISORS AGENDA ITEM REPORT CONTRACTS / AWARDS / GRANTS

$\subset P$	ward	\subset	Contract	•	Grant
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Requested Board Meeting Date: September 1, 2020

* = Mandatory, information must be provided

or Procurement Director Award \Box

*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.

AMI Suproved 8/24/2020 S/S

Revised 5/2020

Page 1 of 2

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? If Yes, is the Contract to a vendor or subrecipient?	☐ Yes ☐ No
Were insurance or indemnity clauses modified? If Yes, attach Risk's approval.	☐ Yes ☐ No
Vendor is using a Social Security Number? If Yes, attach the required form per Administrative Procedure.	☐ Yes ☐ No
in res, 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):
C Expense or C Revenue C Increase C Decrease	Amount This Amendment: \$
Is there revenue included? Yes No If Y	/es\$
*Funding Source(s) required:	
Funding from General Fund? Yes No If Y	/es\$%
Grant/Amendment Information (for grants acceptance and	awards)
Document Type: GTAW Department Code: CR	
Commencement Date: 7/1/20 Termination Date: 6	
☐ Match Amount: \$	Revenue Amount: \$ 10,000.00
*All Funding Source(s) required: Connie Hillman Family Found	dation
*Match funding from General Fund? Yes No If Y	/es\$%
*Match funding from other sources?	
'If Federal funds are received, is funding coming directly Federal government or passed through other organizatio	
Contact: Rise Hart	
Department: Community & Workforce Development	Telephone: 724-5723
Department Director Signature/Date:	8-20-20
Deputy County Administrator Signature/Date:	2 24 Aur DOED
County Administrator Signature/Date:	reluterin 8/2/120
(Required for Board Agenda/Addendum Items)	1 2/ - 1/

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

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LRA:kg
Enclosure (check)

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

ACCOUNT #/NAME:

DESCRIPTION:

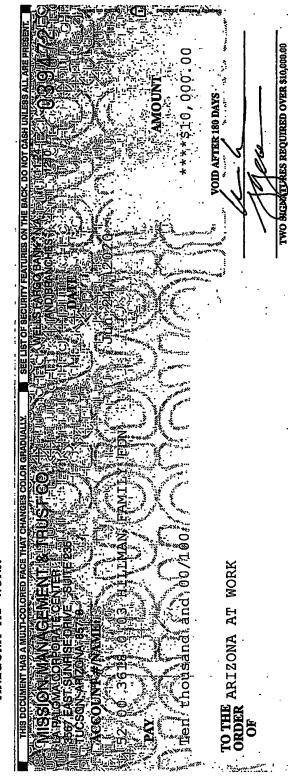
CHARITÁBLE DISTRIBUTION

CHECK #: DATE: AMOUNT:

0039472 Jun 24, 2020 \$10,000.00

PAYEE:

ARIZONA AT WORK



"O394772" #121000248# 4159 521863" ;

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