



MEMORANDUM

Date: August 24, 2020

To: The Honorable Chairman and Members
Pima County Board of Supervisors

From: C.H. Huckelberry *CHH*
County Administrator

Re: **COVID-19 Pandemic Update**

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Introduction

The COVID-19 pandemic actively began with our first case on March 9, 2020. Five months later on August 9, 2020, we recorded 17,880 COVID-19 cases and 489 deaths in Pima County. The daily case count remains relatively high and somewhat sporadic in reporting. Today, August 24, 2020, Pima County has recorded 20,535 COVID-19 cases and 551 deaths related to COVID-19.

The primary responding agency has been the Pima County Health Department that has jurisdiction throughout the County. Early in the pandemic, late January, I documented the County's implementation of our Emergency Operations Center primarily staffed with Health Department employees. This occurred even before our first case. We have provided daily and weekly briefings on the state of the COVID-19 pandemic and mobilized our response on a number of fronts that will be highlighted in this memorandum.

Status of the Virus

The Coronavirus pandemic has resulted in significant disease, death and resource consumption of our medical resources as well as significant disruption to the economy. Attachment 1 shows the COVID-19 infections and deaths by MMWR week. The following table shows the number of infections and deaths by month:

| Month | Number of Cases | Deaths |
|----------------------------------|--------------------|--------|
| March | 153 | 8 |
| April | 1,024 | 72 |
| May | 1,101 | 106 |
| June | 5,622 | 88 |
| July | 7,780 | 186 |
| August (through August 24, 2020) | 4,060 | 92 |

In looking at the long view over the months since the pandemic started, we are not yet seeing any significant, sustainable decline in infections or deaths. This data, as reported by the Arizona Department of Health Services, will and has varied significantly from day to day.

This daily fluctuation should not and cannot be interpreted as a trend.

Guiding our public health response is a team of medical public health professionals; each uniquely qualified to provide public health guidance.

- Francisco Garcia, MD, MPH – Deputy County Administrator & Chief Medical Officer– Since January 26, he provides the executive and policy leadership in his stewardship of the Pima County's pandemic response. Dr. Garcia has 24 years of public health experience including as a tenured distinguished outreach professor of public health and obstetrics and gynecology. He has served in various national and international public health and health policy leadership including the U.S. Preventive Services Task

Force, National Academies of Science, Engineering & Medicine, Committee on Evidence-Based Practices for Public Health Emergency Preparedness and Response, and the World Health Organization Technical Consultation Groups on Cervical Cancer and Sexually Transmitted Disease.

- Theresa Cullen, MD, MS – Pima County Health Department Director - Dr. Theresa Cullen – Pima County Health Department Director - responsible for overseeing public health department divisions as well as ongoing operations of the Emergency Operation Response to the SARS-CoV2 epidemic previously Deputy Director, Global Health Informatics, Regenstrief Institute, Indianapolis, Indiana; Chief Medical Information Officer, Veterans Health Administration, Rear Admiral US Public Health Service (retired) and US Assistant Surgeon General.
- Bob England, MD, MPH – Former Public Health Director and Current Public Health Consultant – Dr. England has a storied more than 30-year history of public health including leading the public health department of the 6th largest metropolitan area in the county. His experience and expertise in the management of prior pandemic responses has been invaluable to the people of Pima County. We continue to benefit from his technical guidance and expertise.
- Carlos Perez-Velez, MD – Deputy Chief Medical Officer. Infectious diseases specialist with expertise in respiratory infections, has been providing guidance to the director of public health and to the Deputy County Administrator for Health & Community Services and Chief Medical Officer, on the medical aspects of COVID-19 to inform public health policy recommendations.

In addition, the entire Health Department, of nearly 300 full-time equivalent employees, as well as staff from other County agencies and departments are participating in COVID-19 pandemic mitigation.

Keys to COVID-19 Control and Management

There are a number of measures that need to be in place and functioning well to control the spread of COVID-19. These have been discussed many times but for purposes of clarity, they are reemphasized below:

Testing

- PCR Testing – (either nasal or saliva) used to identify active positive case infection
- Antigen Testing – now beginning to emerge as a rapid and more economical means of identifying infection and will be discussed later
- Antibody or Serology Testing - a post infection test to determine the population that has been through a Coronavirus infection with or without symptoms

In the early stages of the pandemic, testing was very difficult to obtain and was used sparingly only on vulnerable populations and individuals with known symptoms. Today, testing is much more widespread. The County has the capacity to conduct nearly 1,500

Coronavirus PCR tests per day at our three testing locations (Kino Event Center, Udall Recreation Center and Ellie Towne Flowing Wells Community Center).

In addition, a number of mobile drive thru testing locations are now being implemented throughout Pima County and will continue for the next two weeks. Once this testing has been completed and we have had a chance to determine the volume of testing at our permanent sites and the percent positive of all tests administered at each site, we will then be able to determine if our testing locations or strategy should be altered. County supported testing efforts are additive to the numerous community health care organizations providing a robust range of testing related services throughout Pima County. (Attachment 2)

To date, we have conducted 13,486 tests at the Kino Event Center, 1,131 tests at Udall Recreation Center and 2,184 tests at Ellie Towne Flowing Wells Community Center. Given the amount of testing occurring today versus early in the pandemic, I would conclude we have adequate testing for the community; however, this testing may need to be repositioned in response to hotspot infection outbreaks when detected.

The ongoing mobile testing has been completed at the following locations with the following number of tests conducted:

| Date | Location | Number of COVID-19 Tests Performed |
|-------------------|---|------------------------------------|
| August 11, 2020 | Ajo High School | 60 |
| August 12, 2020 | Robles Junction Community Center | 70 |
| August 13, 2020 | Wheeler Taft Public Library | 184 |
| August 14, 2020 | Green Valley Desert Hills Recreation Center | 627 |
| August 15, 2020 | Pima County Fairgrounds | 107 |
| August 16, 2020 | Coronado K-8 School | 436 |
| August 17, 2020 | Rillito Racetrack | 333 |
| August 18, 2020 | Sunnyside High School | 205 |
| August 19, 2020 | Tucson Rodeo Grounds | 220 |
| Various dates (5) | Faith-based Organizations | 304 |

Mobile Testing for Vulnerable Populations

The Health Department continues to develop mobile service approaches to bring testing services to vulnerable individuals not reached through current efforts. ADHS recently awarded the Health Department a grant to create an outreach model that combines mobile testing, using the Health Department mobile assets, with wrap-around services (e.g., transportation, food, housing assistance). Our approach will continue to build on partnerships with community-based organizations and faith communities to test hard-to-reach low-income, minority, unhoused individuals while assessing their other social service needs. At full implementation, we anticipate testing another 2,000 hard-to-reach Pima County residents and connecting them with appropriate social support services.

Test Results

The next most important factor is obtaining test results in a timely manner. While we may have a significant volume of tests, the fact is we are still not receiving test results in a timely manner. Many of the timeframes in which results are being returned, particularly from larger laboratories are completely unacceptable and essentially useless in the public health strategy of containing infectious outbreak with timely case investigation, isolation and contact tracing.

Historically, the best timely test results have come from the County's primary contractor, Paradigm Laboratories who has been able to provide COVID-19 test results mostly within 48 hours. Other test results from Sonora Quest Laboratories or LabCorp occur five to 12 days after a COVID-19 test. We need to be much better at obtaining test results in a timely manner if we are to adequately manage the communitywide spread of COVID-19.

Paradigm Laboratories has committed to improve their test result turnaround time. They are our major contractor for long-term care facilities, rehabilitation centers, nursing homes and other similar facilities. In addition, they are also our contractor associated with the Kino Event Center and Udall Recreation Center testing.

While some COVID-19 tests have required 48 or more hours to determine a positive or negative, the average turnaround time for tests results has recently improved with a current two-week average of 33.78 hours. Additional testing instrumentation has been acquired by Paradigm, which will increase testing throughput and reduce turnaround times. They have also made other process modifications regarding operational efficiency. Paradigm Laboratories has a diverse supply chain, making shortages less likely, added technically trained staff, added testing shifts and now have two molecular testing labs, one located in Tucson and the other in Phoenix.

Additionally, Paradigm launched a new scheduling and patient result portal that provides 24/7 support to any patient seeking scheduling or needing to view their test results. The portal will be used to schedule multiple site locations offered by the County, allowing patient choice associated with their testing site. The current goal is to bring results to tested patients within 24 hours. This goal fits perfectly with the stated benefits of contact tracing and the ability to significantly reduce the infection rate of person-to-person infection transfers.

Rapid Testing and Response for Essential Workers

On August 11, 2020, I received a letter from the Pima County Fire Chief's Association requesting a process by which first responders who may be exposed to COVID-19 in the course of their duties be provided with rapid COVID-19 testing. The concern was that if a member of the organization such as an emergency medical technician was exposed to COVID-19, they could not return to service until tested with a negative test result. Unfortunately, they have been experiencing long delays in receiving COVID-19 test results

sometimes up to 12 days or more. This means a first responder is out of service until a negative test result is received. To reduce this timeframe, a request was made by the Pima County Fire Chief's Association to develop a unique protocol for essential workers who may have been exposed to a person with COVID-19. This subject was discussed with our contractor, Paradigm Laboratories, and they have established an essential worker COVID-19 test site at 6009 E. Grant Road. This site will provide rapid COVID-19 testing and turnaround times for results for essential workers, including first responders, healthcare workers, teachers, Pima County employees and others.

Case Investigation and Contact Tracing

Another critical element of infection control is contact tracing, that being to identify the individuals to whom an infected person has had close contact and could have spread the disease by this contact. Our epidemiology unit in the Health Department has been significantly strengthened to increase contact tracing capacity. This includes an additional 17 case investigators who conduct the initial investigation with a case and identify the contacts of the case. Contacts are then referred to the approximately 120 contact tracers who reach out to contacts and provide support and monitoring over the 14 days of their recommended quarantine.

As previously stated, the primary goal of contact tracing is to identify individuals who may have been exposed to COVID-19, support their quarantine, identify and support appropriate COVID-19 testing and if positive, isolate during the infectious period. A secondary benefit of contact tracing is to determine or narrow down how the person became infected and possibly, where they became infected. If these factors can be determined then it is also possible to gauge how effective infection prevention measures have been and whether they need to be modified. For example, if a large number of infections can be traced to a specific activity such as recreational tennis, then we can examine the infection prevention measures required of that activity to determine if they need to be modified.

The Pima County Health Department is also using contact tracing as an opportunity to assess additional individual or family needs, such as housing or food. Contacts are screened for these additional needs; the individual identified is referred to a case manager who helps facilitate appropriate resources in conjunction with the Health Department and community partners.

Therefore, contact tracing has multiple purposes including identifying individuals who may have been exposed or may contract COVID-19, supporting their isolation or quarantine, providing medical assistance, social support to those individuals, identifying, evaluating and potentially mitigating activities, functions or locations where COVID-19 infections are spread.

Surveillance Testing

The final key to decreasing the infection rate and being able to actively respond to any increase in infections rests in what is known as surveillance testing. This type of testing involves retesting individuals who have reasonable belief that they are more susceptible or have been potentially exposed to individuals with COVID-19. These include essential workers, first responders, restaurant workers and others who have contact with large segments of the public. Surveillance testing is simply repetitive COVID-19 testing on the same individuals at predetermined intervals to ensure the person who may have higher probability of being exposed is receiving frequent testing. This ensures that if an individual has contracted COVID-19 they are quickly isolated from the workforce and provided appropriate medical attention. Such an activity reduces the number of individuals the infected person may expose to COVID-19.

This type of surveillance can be performed with antigen testing, which is less costly and provides rapid results. This is the type of testing now being deployed by the federal government to federally licensed long-term care facilities. Previously, antigen testing has been limited due to high demand. The Department of Health and Human Services has essentially contracted all of the known antigen devices and testing media for the next six to eight weeks. We have worked cooperatively with the University of Arizona to determine their capability of antigen testing through their contract and/or contractor. We are actively discussing how to significantly increase the number of antigen tests that can be used for surveillance testing with their contractor who is also a supplier to one or more local laboratories, one of which the County already contracts with. We are actively pursuing how to establish significant capacity for antigen testing as a surveillance tool for COVID-19 infections, particularly among those who have a higher probability of exposure due to their activities and/or job responsibilities.

In addition, the Yale School of Public Health recently announced that they had received an emergency use authorization from the Food and Drug Administration for a Saliva Direct test for rapid detection (one to two hours) and is even less costly than the antigen test. Pima County will be working to identify potential ways to integrate this test into our testing options.

Health 2.0

The COVID-19 pandemic has refocused local governments and in particular counties in their legal responsibilities for helping create, maintain and maximize public health. In Arizona, the primary local public health agency responsible for public health-related issues, including a pandemic is the county Health Department. Their existence has largely been taken for granted and they unfortunately do not share the same popularity as various units of the criminal justice system such as police or law enforcement agencies, the County Attorney and prosecutor agencies.

The COVID-19 pandemic has changed this perception and catapulted public health agencies into the forefront of the response. It is a unique opportunity to either succeed or fail. It is also the opportunity to focus on the organization, structure and funding of public health

agencies as well as their primary responsibilities, such as to eliminate community health disparities. These disparities are glaringly evident in the morbidity and mortality associated with COVID-19. Our minority populations that are economically disadvantaged have higher infection rates and are hospitalized more often, but fortunately have seen to date, less mortality than is generally reflective of the Pima County population in at least ethnicity. Significant additional analysis is needed to determine how education, income and quality of housing factors into infection morbidity and mortality. As our data illustrates, age is a key indicator of mortality risk; co-morbidity and other underlying health conditions are also significant predictors of adverse outcomes and are also reflective of the socio-economic status of the individual, associated with less access to healthcare, lower incomes and poorer housing.

The COVID-19 pandemic provides us with a unique opportunity to refocus our County health agency and mission to significantly strengthen its ability to eliminate community health disparities, respond to new challenges, and improve our ability to respond quickly and efficiently to epidemiological threats. I have asked our management team to focus on reinventing and reinvigorating our Health Department to meet these challenges. Without the COVID-19 pandemic, it is likely these actions would never have been initiated.

This effort will require significant refocusing of our budget priorities. No longer can we afford to focus most of our increased available funding on our criminal justice system. It must now be focused on a new public health mission - one that is aligned with the federal Health People 2030 goals, inclusive of community, and driven by data based decision-making.

Medical Treatment Capacity

In any pandemic, the capacity of the medical system to treat infected individuals is of concern. Medical treatment capacity has two components; the number of medical professionals available to provide medical services to the impacted population as well as the physical facilities necessary for treatment. This includes staffed hospital beds, particularly medical/surgical beds, emergency department beds, intensive care unit (ICU) beds and in the case of COVID-19, ventilators.

In the early months of the COVID-19 pandemic, the largest concern was providing enough personal protective equipment (PPE) to medical professionals treating infected individuals. During the latter part of this pandemic, particularly in July, treatment capacity meant the number of available beds and the most critical element being ICU beds. There were days when the number of ICU beds fell below a handful within the region.

In general, within the regional hospital system there are more than 1,550 medical/surgical beds available, 380 emergency department beds, 340 ICU beds and 210 ventilators. Based on the most recent data of available beds in all categories, hospital bed capacity has somewhat improved, but is not at a safe level. Generally, the most critical element is ICU beds and a daily capacity of vacant beds of at least 10 to 20 percent is desirable.

Back to School

Early in the COVID-19 pandemic, the County formed a Back to Business Task Force, which was charged with guiding the overall recovery from COVID-19, including establishing some sort of pre-pandemic normalcy to community activities. When the pandemic started in mid-March most schools closed for the remainder of the academic year, desiring to wait out the summer to determine the direction of the pandemic before beginning the fall instruction period. In May, it was believed that it would probably be safe to return to school. By August, that turned out to not be the case.

In mid-July, I received calls from public school superintendents requesting the assistance of our County public health agency in determining how and when to return to in-person learning. By Governor Executive Order, schools were set to possibly return to instruction on August 17, 2020. Given the peak of infections during the pandemic in July, that date seemed unachievable. At an early meeting with public school superintendents and the County Superintendent of Schools, on Friday, July 24, 2020, it was determined that the County would form a Back to School Committee consisting of public school superintendents, charter school representatives and private or religious-based school representatives.

This Back to School Committee has met on two occasions and the public health agency has provided more detailed guidelines on school reopening and in particular, how to do so in a safe manner. Examining all of the public health guidance associated with reopening schools for in-person instruction, it has been determined that these parameters are not being met on August 17th and will likely not be met for several more weeks.

However, school districts are mandated to provide school services to at-risk youth, which simply means a portion of the enrolled students would return to the school setting on August 17, not for in-person instruction, but for remote learning.

The largest problem associated with Executive Order guidance from the State regarding at-risk students returning to school grounds is that the guidance fails to acknowledge that some school districts have a large percent of their student population classified as at-risk. During our discussion with school superintendents, it became clear that public health agency has one definition for an at-risk student and school districts use another definition. The public health at-risk definition relates to medical risk while the school superintendent definition is defined by factors such as program enrollment in free and reduced food programs, disabled students, English learning students, homeless student, etc. The public health agency is now clarifying our definition of at-risk students to ensure medically at-risk students do not return to a school setting.

In practice, the guidance regarding at-risk students should take into account the physical capabilities and staffing of school facilities to accommodate students while maintaining appropriate physical distancing and other public health requirements to minimize the spread of COVID-19. With students at the highest risk prioritized for services within the limitations of the public school district facility capacity.

Unfortunately, these simple steps were not included in the guidance causing a great deal of confusion.

Perhaps the most important element to come out of the back to school discussion with our superintendents is the establishment of a public health agency rapid response team where school leaders have a clear understanding of who and when to contact public health officials should they be confronted with a COVID-19 infected student or teacher. The public health Rapid Response Team will provide the direct hands on public health guidance should a school require this assistance. Given what has already occurred throughout the country regarding school reopening, it is only a matter of time until one or more school districts experience a COVID-19 outbreak in a school setting.

Public Awareness Campaign

The best infection prevention actions are to stay home if you are sick, do not touch your face, wash your hands frequently, physically distance yourself from others and wear a mask. These are all actions that require individual responsibility. Hence, a process to make all individuals clearly aware of these standards to reduce the spread of COVID-19 was needed. Such is a massive public education campaign. The campaign goals were to reach as many people as possible in all areas of the community in English and Spanish, with a primary goal of altering behavior to conform with those public health standards known to reduce the spread of infectious disease.

The first phase of the campaign began on June 29 and will run through the end of August and stresses that:

- This community is a safe place to do business together;
- We take our health and well-being seriously by following science-based practices to stop the spread of COVID-19;
- Pima County is the voice of authority and central place to go to for latest information and regulations; and
- Pima County is open for business in a safe and phased manner.

The campaign distributes educational messages via broadcast and cable television, local and satellite radio, billboards, newspapers, magazines, in addition to a host of digital formats including online displays, newsletters, social media and video. The message and duration of the campaign may be adjusted in response to the public health environment related to the pandemic. Should there be a need to message to the public to assist local businesses, the paid campaign may be modified and/or continued.

Back to Business

The Pima County Back to Business Task Force (PCB2B) was implemented to obtain information and feedback from various business interests regarding public health standards that would be implemented to reduce the spread of COVID-19. This was an iterative process resulting in new regulations and guidelines promulgated by the County public health agency for restaurants, bars, gyms, public pools and similar facilities.

The Board of Supervisors declared a state of emergency and adopted a public health Proclamation on March 19, 2020 implementing these new rules and standards designed to mitigate the risk of infection in the community. This Proclamation was revised on July 15 to concur with the Governor's Executive Order and State guidance related to these business-related activities. The State has recently revised and released additional and/or new guidelines for gyms and other facilities based on Court rulings regarding closure associated with the Governor's Executive Order.

We will be examining our Proclamation rules and standards to ensure they conform to the latest State-issued requirements. The Back to Business Task Force and its various subcommittees will continue to be used to guide the County's response to the COVID-19 pandemic.

On June 19, 2020, the County adopted a mask Resolution after the Governor on June 17, 2020 indicated that local governments could promulgate rules regarding wearing a mask in public or accessing businesses and/or other public spaces. The wearing of masks are an effective and economical way to reduce the spread of COVID-19. Moreover, in Pima County, the significant leveling off and decline of new cases of infection especially among 20 to 45 year olds is the result of this policy intervention. Unfortunately, some have chosen to politicize this basic public health strategy. Science has proven the basic wearing of a mask reduces the probability of contracting COVID-19; hence, the need to perhaps strengthen through increased penalties failure to comply. It may be appropriate for the Board to consider how the Proclamation and Resolution can be strengthened, specifically to meet the needs of schools and educational institutions, inclusive of consideration of the appropriate types of public disclosures that should be made regarding these facilities.

Compliance with County Mask Resolution and Regulation/Proclamation Related to Restaurants, Bars, Gyms and Public Pools

Adoption of public health regulations and guidelines was accompanied with certain penalties associated with noncompliance. These penalties vary widely from simply posting an establishment's name on a "bad boy" list in an attempt to inform the public that if they visit a particular establishment, they run a higher risk of contracting COVID-19. These regulations continue to be refined in response to the level of infection in the community and actions of the Governor and the Arizona Department of Health Services.

By statute, the County public health authority has broad discretionary authority to take appropriate actions when the public health official deems the actions and/or establishment to be an imminent public health threat – simply meaning that if in the opinion of the public health official an establishment or action is a significant threat to public health the establishment or action can be closed.

After adoption of the Proclamation and mask Resolution, the County indicated on our webpage the ability to receive public complaints regarding noncompliance and to take appropriate actions including investigating and acting on publically submitted complaints. Each week a report is posted at www.pima.gov/facecoverings with the number of complaints received by the Health Department, the number of establishments that required a site visit

due to multiple complaints, and the number of establishments posted to the webpage because they were deemed to non-compliant during a site visit.

So far, 696 total mask complaints have been received, 76 have resulted in site visits and 7 establishments have been posted to the webpage because they were determined to be non-compliant. Establishments deemed non-compliant have the opportunity to request an unscheduled visit to determine compliance and be removed from the list. Regarding Proclamation complaints, there have been 316 in total, 61 of which required an onsite visit, and none of which have resulted in subsequent violations.

Consumer Health and Food Safety (CHFS)

The Health Department enforcement function is housed in the Consumer Health and Food Safety program. In general, complaints are received through the county's COVID-19 website [COVID-19 Safety Standards Business and Community Reporting](#).

CHFS Business Liaisons receive the complaint forms, sort them by category and respond to the complainant. Actionable complaints are assigned to Environmental Health staff for investigation. Per the Proclamation and Resolution, the first complaints are managed as an opportunity to provide operators with education about COVID-19 prevention measures that are appropriate for their setting. This interaction is usually via phone call to the operator and a standard template email containing Proclamation and Resolution. This educational information is provided even when the complaint is not been substantiated. When subsequent complaints are received and validated every effort is made to bring the operator into compliance. If that is not achieved, public notification is made in accordance the relevant Board of Supervisors Proclamation or Resolution.

It should be noted that the majority of Proclamation and Resolution assessments are NOT complaint driven but are being built into the routine food and pool safety inspections. This assists with providing businesses with the information about the Pima County's COVID-19 safety measures, in a timely manner.

County Actions of Direct Support to Adversely Affected Business

The County has undertaken a significant number of actions to minimize the adverse economic impacts associated with the COVID-19 pandemic. Some of these actions are listed below:

Food Security

Since the onset of COVID-19, the County, and area food security partners, have identified significant need to address food security, and distribution of critical food support and emergency resources throughout the community. It is estimated that the economic impact of COVID-19 has affected thousands of County residents and their families, and to address food insecurity, economic hardship, unemployment and rapid rehousing needs, the County has made significant funding available to community food supply activities to ensure food security and additional pertinent resources are available for County residents.

Since March, due to effects of COVID-19 and economic hardship, area food pantries have met the community demand by augmenting their service provision to address the increasing food scarcity, raising food prices, economic hardship, and available and accessible food pantry and distribution networks to individuals and families throughout the County and rural/non-urban areas. The County is working with ten local-area partners to support emergency food relief by distributing an allocation of CRF dollars for activities such as, but not limited to: food pantry services, such as purchasing, collecting, sorting and distribution of food resources; provision and distribution of food boxes, including fresh produce, dried and canned goods; and coordinating resources with other area non-profits that provide timely supplies to individuals and families across the County.

To date, approximately \$1.92 million has been allocated to assure a comprehensive network of food, and additional emergency supplies remain accessible for the community. Many of the local agencies the County has collaborated with are a safe-haven for area residents, including area non-profits, the Community Food Bank, and school districts. While the primary focus of this allocation is to support the ongoing food scarcity across the County, many of these partners are meeting the needs for emergency resource distribution, such as small medical supplies, clothing, hygiene products, and like supplies. The area-partners identified for this critical allocation are working with individuals and families that potentially are at risk of eviction, homelessness, malnutrition, or individuals and families who have never utilized these resources prior. These area partners have created a 'no wrong door' approach to provide services throughout the County and assure greater access to food security, and meet additional, and significant increases to food demands, for all County residents.

The County will continue to prioritize funding for food security activities as these needs arise based on our communication with the nonprofit food supply partners.

Downtown Tucson Partnership

The County entered into a pilot program with the Downtown Tucson Partnership (DTP) for reestablishing restaurants and other business activities, including concept of significantly expanding outdoor seating capacity to offset those reductions imposed by the Governor's Executive Order regarding restaurant occupancy. Almost all of the DTP small businesses are restaurants or other vendors who cater to the daytime downtown population. Given the closure of many of the large employers in the downtown area from the perspective of administrative functions such as Tucson Electric Power, some of the commercial banks and the City of Tucson, the employee population in the downtown area has been dramatically reduced during the pandemic.

Therefore, it was appropriate to enter into a pilot funding program with the DTP to assist these small businesses who largely rely on daytime employer traffic. A total of \$303,500 was made available to DTP to facilitate the safe and successful reopening of businesses. Working in collaboration with an association that represents a wide variety of organizations - arts and theater venues, residential and commercial establishments, bars and restaurants, bus and street car transportation hubs, parks, schools and fitness facilities - enables the County to efficiently expand its ability to enhance economic welfare and public health and provides critical information necessary for evaluation and future training.

The first Phase of the DTP PCB2B effort was recently completed and focused on the conduct of a needs assessment and identification of eligible program components. In addition, during Phase One, DTP launched two grant programs for eligible businesses in the Business Improvement District.

Downtown Outdoor Café Grant Program

In an effort to help businesses make up for the lost seating and revenue resulting from the COVID-19 pandemic, the Downtown Outdoor Café Grant Program was developed to help businesses build, expand or enhance their outdoor café areas.

The program provides a reimbursement for eligible projects costs up to \$5,000. A total of 15 Outdoor Café Grant applications were received during Phase One.

Downtown Rebound Grant Program

The Downtown Rebound Grant Program helps businesses overcome the financial, marketing and operational challenges during this difficult time.

The program, which has received grant applications from 17 businesses during Phase One, offers grants of up to \$2,000 to off-set costs associated with COVID-19 related expenses.

During Phase One, DTP also:

- Distributed Personal Protective Equipment to 37 downtown businesses;
- Developed a COVID-19 Resources page, sharing health and safety resources with businesses, their employees and the public;
- Began development of DTP specific graphics and signage in conjunction with Pima County's "Ready for You" Campaign;
- Distributed Pima County's "Make the Pledge" business applications and reopening rules;
- Designated a Chief Sanitation Officer who personally visited downtown businesses to assist with reopening efforts;
- Sent weekly press releases highlighting the work of DTP and Pima County; and
- Ordered eight touchless/solar powered street trash compactors for installation throughout downtown Tucson.

In a very short period of time, the DTP PCB2B effort has established itself as a success and a model for future educational efforts throughout Pima County.

Rental Assistance, Eviction Reduction and Utility Assistance

There are a large number of federal programs targeted to assist in eviction reduction and provide rental assistance. In the County, these programs total \$14.2 million. The County has also earmarked \$7.25 million of its Coronavirus Relief Funds for this purpose, which is

included in the total of \$14.2 million. The City of Tucson, with certain housing and urban development funding or block grants larger than the County's, is committing \$4.6 million in eviction reduction/rental assistance and rehousing directed toward homeless individuals. The City also directed \$4 million of their Coronavirus Relief Funds for this purpose. It is likely more funding will need to be directed to this effort.

Presently, we have convened a task force to examine all actions and activities of the eviction process from the Courts to intergovernmental cooperation. Eviction and the potential evictions that may come from the ending of Coronavirus Executive Orders postponing is significant. Governor Ducey postponed the enforcement of evictions through October 31, 2020. Once the moratorium expires, the number of evictions are expected to surge to historical levels. Recently, the *Arizona Daily Star* reported that an analysis by the consulting firm Stout Risius estimated that 74,000 renters in Pima County might face eviction within the next four months.

Efforts are underway by various participants in our community to address this crisis, but many of the governmental entities and community agencies are siloed from one another. Resolving this ever-looming crisis will take a coordinated effort to develop a more targeted policy response to evictions. Since the moratorium is likely to end October 31, 2020, the Task Force should develop an initial series of recommendations by mid-October.

Small Business Assistance

The County has earmarked at least \$2 million for small business assistance with a primary initial focus being on assisting daycare and childcare businesses to ensure they are able to re-open and remain operational during the COVID-19 pandemic to support childcare needs of workers. Childcare businesses are being prioritized first because safe and reliable childcare is essential to the sustainability of other businesses. The County will reimburse up to \$10,000 of business expenses since March 1 for licensed or certified childcare providers with 30 employees or less located outside of the City of Tucson. The application period opened on August 14 and will close on August 28. After most of the applications have been processed, we will initiate a general small business grant program.

COVID-19 Testing for Businesses as well as Schools at one of our Three Testing Centers

We presently operate three testing centers (Kino Event Center, Udall Recreation Center and Ellie Towne Flowing Wells Community Center). The continuation of these testing centers will be evaluated over time as testing demand decreases or if there is a significant difference in the infection rate between the centers, which means there is a different infection rate for the populations attracted to these testing centers; hence, a geographic distribution of infection intensity.

The County will retain the Kino testing center throughout the duration of the pandemic as a free testing center to anyone who desires a COVID-19 test and will prioritize testing for businesses and their employees. Immediate testing capacity will be provided for any concentrated or localized infection outbreak of COVID-19. This center will also be available

for schools for any concentrated outbreak of COVID-19 and will provide testing for classroom and school populations as necessary.

It is important that at least one testing site be open and available for large-scale population testing upon identification of a concentrated outbreak of COVID-19 infections. Having the Kino Event Center remain open for the duration of the pandemic will assure this capacity.

Provision of Personal Protective Equipment (PPE) for Schools and Businesses

The County will continue to purchase PPE, primarily cloth masks, disinfectants and hand sanitizers, for distribution to business, schools and others who may have some difficulty in obtaining these items.

Coronavirus Federal and State Grant Awards

To date, Pima County has been awarded a total of \$102,237,594 to address the first- and second-order effects of the COVID-19 crisis. The Federal, State, and Private funding portions of this total are:

- Federal: \$101,105,518
 - State: \$659,886
 - Private: \$472,190
- To-Date Total: \$102,237,594

Please note that the State is the pass-through entity for \$6,869,307 of the Federal portion. Accordingly, Pima County is directly funded by Federal agencies through grants and financial assistance for the remaining balance of the Federal total – i.e., \$94,236,211. Please see Attachment 3, which provides award-level details including the County departments implementing each award, grant purpose, and award amounts.

Pima County Employees and COVID-19 Prevention, Mitigation and Management Measures

To date, just over 1 percent of our employees are known to have tested positive for COVID-19. This is a remarkable low rate of infection. This low rate can be attributed to, in part, the following measures the Board, County Administration and departments have put in place over the span of this pandemic.

1. Implementing temperature screenings in County facilities with more than 50 people - Since May, over 388,000 screenings of County employees and others entering county facilities have taken place, and 107 people have been denied access to County facilities as a result of a high temperature (only 5 were County employees).
2. Requiring mask wearing in common areas – County employees are required to wear face coverings in public places where physical distancing of 6 feet cannot be maintained, consistent with the Board's resolution. Face coverings have been provided to employees who needed them, and are available to others who enter County facilities without them.

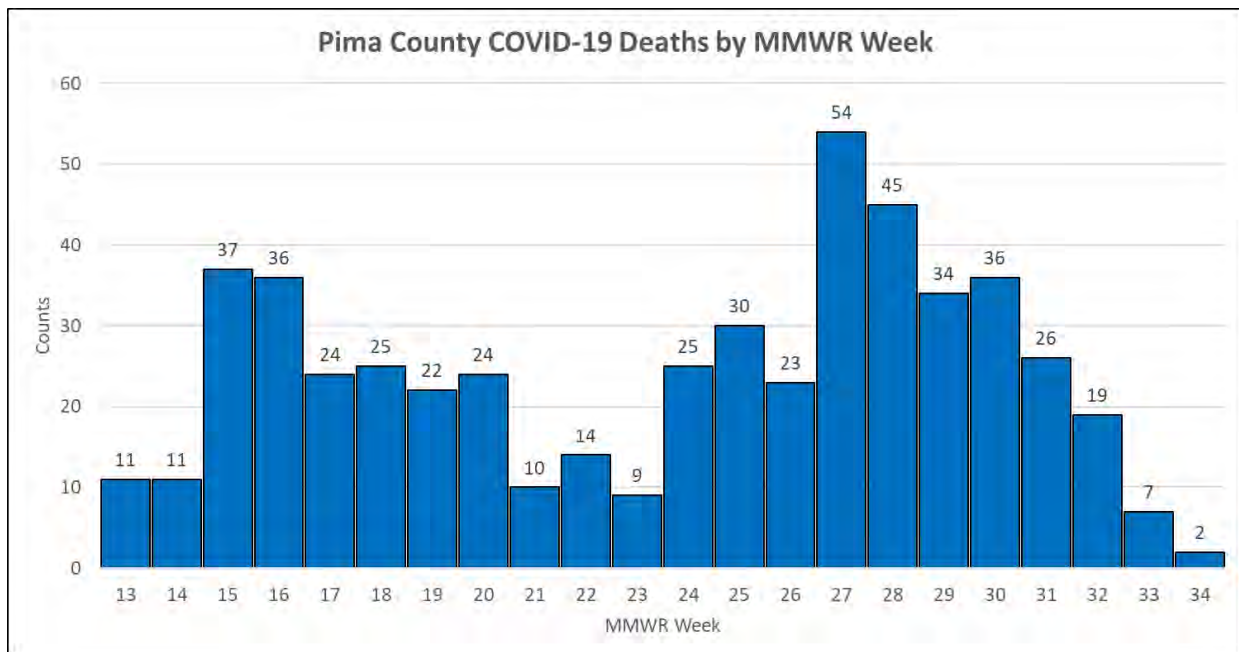
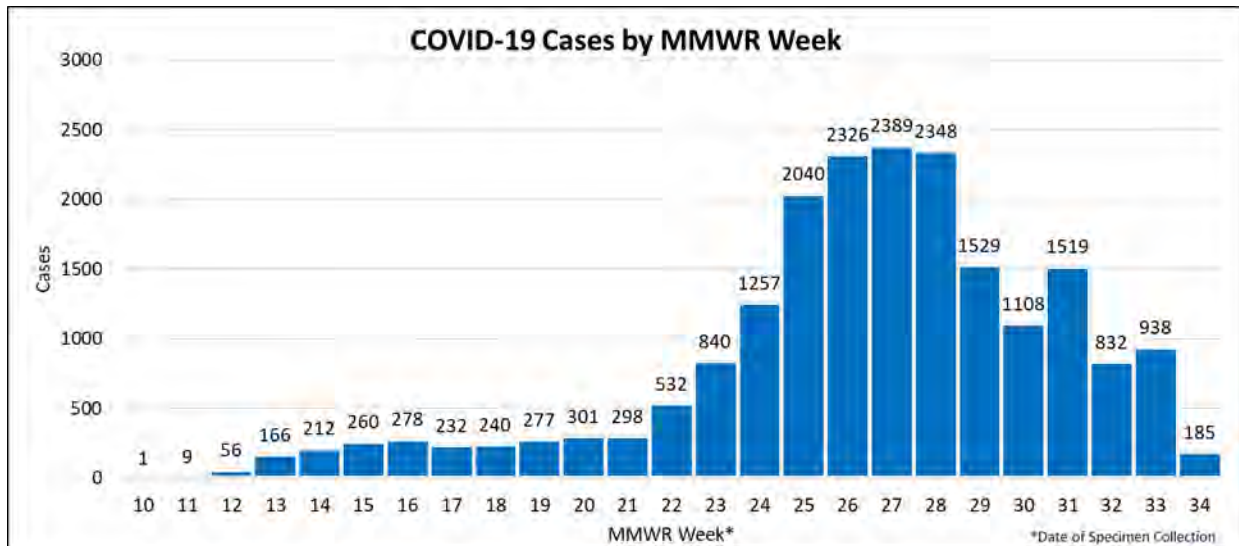
3. Encouraging use of remote (Microsoft Teams) meetings vs in-person meetings
4. Implementing procedures when an employee tests positive – This includes the availability of an HR Nurse and Occupational Medical Manager, required quarantine period, contact tracing, near miss reporting, and deep cleanings.
5. Offering free testing at multiple locations – Employees who are experiencing symptoms, may have been in close contact with someone who tested positive, or are otherwise interested in getting a test, are encouraged to make an appointment at one of the County's free PCR testing sites. Employees can use up to 1 hour of regular work hours to get tested.
6. Improving ventilation and air quality in county facilities where possible – Facilities Management is changing HVAC filters more frequently, using a higher Minimum Efficiency Reporting Value (MERV) rated filter whenever possible, and increasing outside air input where possible and appropriate to the system, taking both the outside temperature and humidity into account when making HVAC system adjustments.
7. Offering a variety of alternative schedules, telecommuting, E-FMLA, and leave options depending on job type and need
8. Maintaining an up to date employee resource web-page - <http://intranettest.pima.gov/covid-19-employee-resources/>
9. Parent Child Care Checklist – Pima County's Health Department Child Care Liaison worked with parents, childcare providers and Childcare Resource and Referral to develop a checklist for parents who are seeking safe childcare options during this pandemic. This information will be provided to employees in e-scoop, and will be communicated to families throughout the community via a comprehensive marketing effort that will begin shortly.

CHH/anc

Attachments

- c: Jan Leshner, Chief Deputy County Administrator
Francisco García, MD, MPH, Deputy County Administrator & Chief Medical Officer,
Health and Community Services
Carmine DeBonis, Jr., Deputy County Administrator for Public Works
Terry Cullen, MD, MS, Public Health Director, Pima County Health Department

ATTACHMENT 1



Week 10: 3/1/20-3/7/20 — **Week 11:** 3/8/20-3/14/20 — **Week 12:** 3/15/20-3/21/20 — **Week 13:** 3/22/20-3/28/20 — **Week 14* (Stay at Home Order):** 3/29/20-4/4/20 — **Week 15:** 4/5/20-4/11/20 — **Week 16:** 4/12/20-4/17/20 — **Week 17:** 4/19/20-4/25/20 — **Week 18:** 4/26/20-5/2/20 — **Week 19:** 5/3/20-5/9/20 — **Week 20* (Stay at Home Order Lifted):** 5/10/20-5/16/20 — **Week 21:** 5/17/20-5/23/20 — **Week 22 (Memorial Day):** 5/24/20-5/30/20 — **Week 23:** 5/31/20-6/6/20 — **Week 24:** 6/7/20-6/13/20 — **Week 25* (Mandatory masks):** 6/14/20-6/20/20 — **Week 26:** 6/21/20-6/27/20 — **Week 27:** 6/28/20-7/4/20 — **Week 28:** 7/5/20 —

ATTACHMENT 2

| | Provider Name | Address | Area of Town | Zip Code |
|----|--|------------------------------|-----------------------|-----------------|
| 1 | ARCpoint Labs of Tucson | 6401 S. Country Club Rd. | South | 85706 |
| 2 | Arizona Liver Health | 1601 N. Swan Rd. | North East | 85712 |
| | Banner | | | |
| 3 | Broadway/Craycroft | 5545 E. Broadway Blvd | Central | 85711 |
| 4 | Golf Links/Kolb | 7066 Golf Links Rd | East/South East | 85730 |
| 5 | Prince/Campbell | 3611 N. Campbell Rd | North | 85719 |
| 6 | Thornydale/Ina | 7089 N. Thornydale Rd | West | 85741 |
| | CVS Minute Clinic | | | |
| 7 | Grant/Rosemont | 5100 E. Grant Rd | Central | 85716 |
| 8 | Alvernon/5th | 615 N. Alvernon | Central | 85711 |
| 9 | Broadway/Wilmot | 6310 E. Broadway Blvd | Central | 85710 |
| 10 | Speedway/Alvernon | 3832 E. Speedway Blvd | Central | 85716 |
| 11 | Cortaro/Silverbell Rd. | 7740 N. Cortaro Rd. | North West | 85743 |
| 12 | Valencia/Oak Tree Dr. | 1900 W. Valencia Rd. | South West | 85746 |
| 13 | Oracle/1st Ave. | 10650 N. Oracle Rd. | North | 85737 |
| 14 | Oracle/Orange Grove Rd. | 6488 N. Oracle Rd. | North | 85704 |
| 15 | Speedway/Keesal Ave. | 8705 E. Speedway Blvd. | North East | 85710 |
| 16 | Campbell Ave./Skyline Dr. | 6370 N. Campbell Ave., #120 | North | 85718 |
| 17 | Tanque Verde/Bear Canyon | 8920 E. Tanque Verde Rd | North East | 85749 |
| | Desert Senita | | | |
| 18 | Ajo, AZ | 410 N. Malacate Street, Ajo | Ajo, AZ | 85321 |
| | El Rio Health | | | |
| 19 | Congress (Drive-thur) | 839 W. Congress St | West | 85745 |
| 20 | *Irvington/6th Ave. | 101 W. Irvington | South | 85714 |
| 21 | *Golf Links/Kolb Rd. | 6950 E. Golf Links Rd. | East | 85730 |
| | Escalera | | | |
| 22 | Craycroft Rd./Grant | 2224 N. Craycroft Rd | Central | 85712 |
| | Fast Med | | | |
| 23 | 22nd/Craycroft | 5594 E. 22nd St | Central | 85711 |
| 24 | Broadway | 2510 E. Broadway Blvd | Central | 85716 |
| 25 | Swan/Grant | 2460 N. Swan Rd | Central | 85712 |
| 26 | Valencia | 1895 W. Valencia Rd | South West | 85746 |
| 27 | Silverbell/Cortaro Rd. | 7850 N. Silverbell Rd. | West | 85743 |
| | MHC | | | |
| 28 | Park/Ajo | 3690 S. Park Ave. | South | 85713 |
| 29 | Dove Mountain (Tangerine/Dove Mountain | 5224 W. Dove Centre Rd. | North | 85658 |
| 30 | Flowing Wells (Prince/Flowing Wells) | 1323 W Prince Rd | Northwest | 85705 |
| 31 | Marana Main (Marana) | 13395 N. Marana Main St | Northwest | 85653 |
| 32 | Wyatt/Grant Rd. | 2355 N. Wyatt Dr., Ste. 101 | East | 85712 |
| 33 | Wilmot Family Health Ctr (Wilmot/Rosewood) | 899 N. Wilmot Rd. | East | 85711 |
| 34 | Wyatt/El Dorado Pl | 2325 N. Wyatt Dr. | East | 85712 |
| | NextCare Urgent Care | | | |
| 35 | Pima/Wilmot | 6238 E. Pima St | North East | 85712 |
| 36 | Old Spanish/Harrison | 9525 E. Old Spanish Trl | East | 85748 |
| 37 | Oracle/Wetmore | 4280 N. Oracle Rd | Central | 85705 |
| 38 | Tucson Spectrum | 5369 S. Calle Santa Cruz | South West | 85706 |
| 39 | Tucson Market Place/Kino Area | 1570 E. Tucson Market Place | South | 85713 |
| 40 | Nod Specialists | Mobile Site Comes to Patient | Statewide | |
| 41 | NorthWest Urgent Care | 3870 W. River Rd | Northwest | 85741 |
| | Pima County Fixed Sites | | | |
| 42 | PCHD/ASU - Ellie Towne | 1660 W. Ruthrauff Rd. | Northwest | 85718 |
| 43 | PCHD/Paradigm Lab. - Kino Event Ctr | 2805 E. Ajo Way | South East | 85713 |
| 44 | PCHD/ Morris K. Udall Center | 7200 E. Tanque Verde Rd. | Northeast | |
| | Pima County Mobile Sites - Faith | Address | Area of Town | Zip Code |
| 45 | St. John's Evangelist Catholic Church | 602 W. Ajo Way | South | 85713 |
| 46 | Our Mother of Sorrows Catholic Church | 1800 S. Kolb Rd. | East | 85710 |
| 47 | Our Lady of Fatima Parish | 1950 Irvington Pl. | Southwest | 85746 |
| 48 | Sacred Heart Church | 601 E. Fort Lowell Rd. | North | 85705 |
| 49 | St. Margaret Mary Alacoque Catholic Church | 801 N. Grande Ave. | West | 85745 |
| 50 | St. Cyril/St. Mark Presbyterian Church | | | |
| | Pima County Mobile Sites - DEMA | Address | Area of Town | Zip Code |
| 51 | Ajo High School | 111 N. Well Rd. | Ajo/Sells | 85321 |
| 52 | Robles Junction Community Ctr. | 16150 W. Ajo Hwy. | Three Points | 85735 |
| 53 | Wheeler Traft Public Library | 7800 N. Schisler Dr. | Marana/Avra Valley | 85743 |
| 54 | Green Valley Rec. Desert Hills Ctr. | 2980 S. Camino Del Sol | Green Valley | 85622 |
| 55 | Pima County Fair Grounds | 11300 S. Houghton Rd. | Vail/Corona De Tucson | 85747 |
| 56 | Coronado K-8 School | 3401 E. Wilds Rd. | Catalina/Oro Valley | 85739 |
| 57 | Rillito Racetrack | 4502 N. 1st Ave. | North West | 85718 |
| 58 | Sunnyside High School | 1725 E. Bilby Rd. | Tucson - South | 85706 |
| 59 | Tucson Rodeo Grounds | 4823 S. 6th Ave. | Tucson - South | 85714 |

| Provider Name | | Address | Area of Town | Zip Code |
|---|---|-----------------------------|--------------|----------|
| Rescue Me Wellness <i>Children under 18</i> | | | | |
| 60 | Dodge Blvd./Grant Rd. | 2502 N. Dodge Blvd. | Central | 85716 |
| 61 | 5th Street/Swan | 4601 E. 5th Street | Central | 85711 |
| SIPMD (Pre-Registration Required) <i>Children under 18</i> | | | | |
| 62 | Hartman Lane/N. Interstate 10 EB Frontage Rd. | 7920 N. Hartman Ln., #164 | North | 85743 |
| 63 | Pascua Pubelo Yaqui Reservation | 7777 S. Camino Huivism | Southwest | 85757 |
| 64 | Near Casino Del Sol | 5655 W. Valencia Rd. | Southwest | 85757 |
| Sonora Quest | | | | |
| 65 | St. Joe's Hospital Carondelet/Wilmot | 6565 E. Carondelet Dr. #255 | East | 85710 |
| 66 | Valencia/Midvale Park | 1440 W. Valencia #130 | South West | 85746 |
| 67 | St. Mary's/Silverbell | 1773 W. St. Mary's Rd. | West | 85745 |
| 68 | Alvernon/5th Street | 630 N. Alvernon Way | Central | 85711 |
| 69 | La Canada/Continental Rd. | 1151 S. La Canada Dr. | North | 85614 |
| 70 | Innovation Park (Tangerine/Innovation Pk Dr.) | 1848 E. Innovation Park Dr. | North | 85755 |
| 71 | Orange Grove/La Cholla Blvd. | 1925 W. Orange Grove Rd. | North West | 85704 |
| 72 | Wilmot/5th | 603 N. Wilmot Rd. #141 | East | 85711 |
| Southern Arizona Urgent Care | | | | |
| 73 | Broadway/Wilmot | 6303 E. Broadway Blvd | Central | 85710 |
| 74 | Campbell/6th | 446 N. Campbell Ave | Central | 85719 |
| 75 | Grant/Tanque Verde | 6572 E. Grant Rd | Central | 85715 |
| 76 | Harrison/Old Spanish Trail | 1040 S. Harrison Rd | East | 85748 |
| 77 | Ina/Thornydale | 3662 W. Ina Rd | North West | 85741 |
| 78 | Irvington/Calle Santa Cruz (Spectrum) | 1218 W. Irvington Rd | West | 85714 |
| 79 | Oracle/Magee | 7725 N. Oracle Rd | North West | 85704 |
| 80 | River/Oracle | 90 W. River Rd | North West | 85704 |
| 81 | Tangerine/Innovation Park Dr. | 1880 E. Tangerine Rd | North West | 85755 |
| 82 | Tucson Medical Center Urgent Care | 2424 N. Wyatt Dr | Central | 85712 |
| 83 | United Community Health Center | 2875 E. Sahuarita Rd. | Southern AZ | 85629 |
| Walgreens | | | | |
| 84 | Broadway/Houghton | 10315 E. Broadway Blvd | East | 85748 |
| 85 | 1st/Grant | 730 E. Grant Rd. | Central | 85719 |
| Updated: 08/21/20 | | | | |

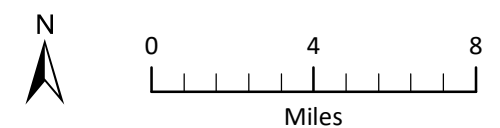
Pima County COVID-19 Testing Sites

- + Pima County Fixed Sites
- + Pima County Mobile Site
- + Other

Indian Nations

Board of Supervisors

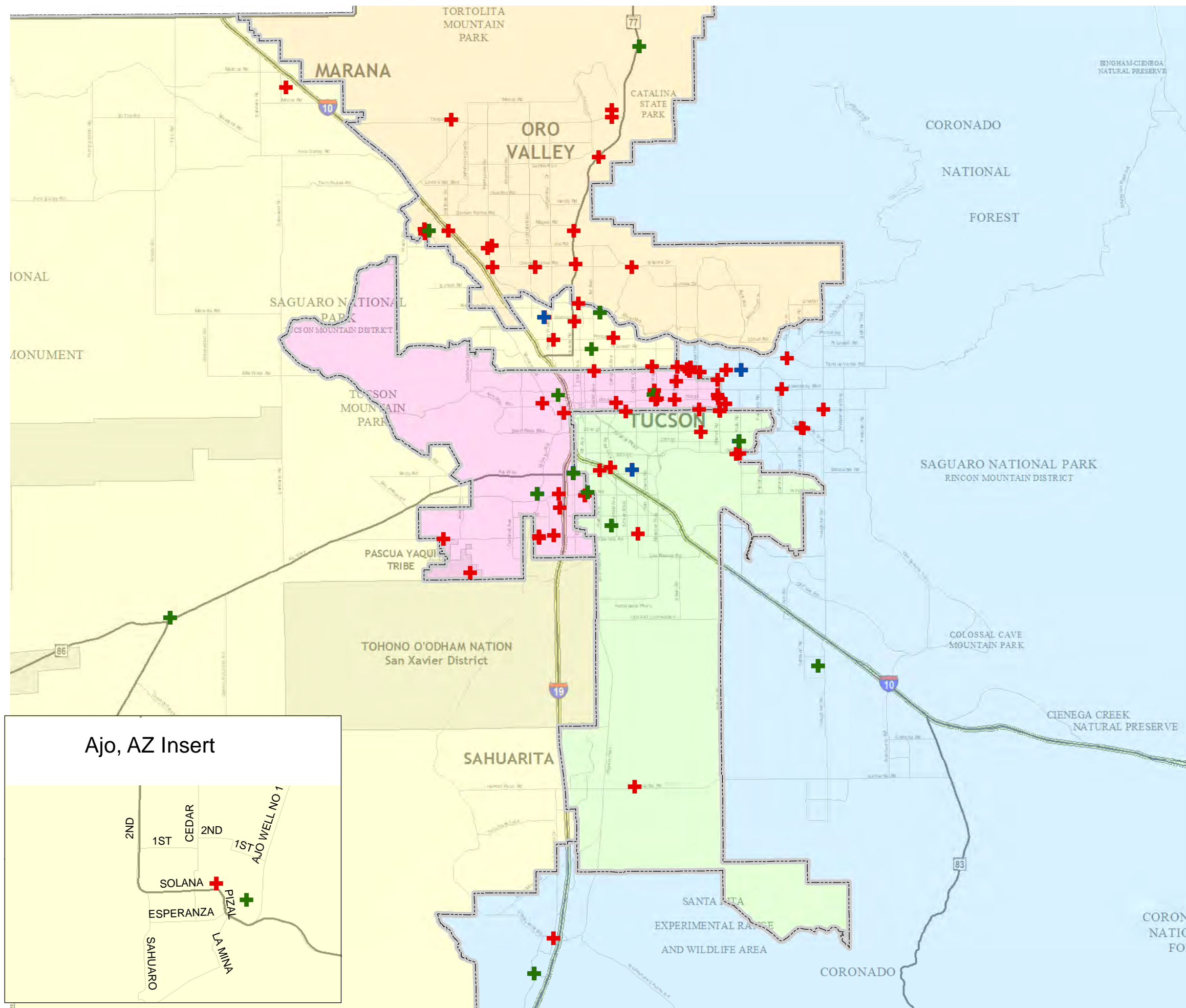
- District 1
- District 2
- District 3
- District 4
- District 5



GEOGRAPHIC INFORMATION SYSTEMS

Pima County Info. Tech. Dept.
33 N. Stone Ave., 15th Floor
Tucson, AZ 85701-1207
phone: (520)740-6670
fax: (520)798-3429

8/21/2020



Ajo, AZ Insert



ATTACHMENT 3



| COVID-19 Award Name | Funding Source | Pass through entity | Authorization | Pima County Dept. | Award Amount to Pima County | Allowable uses/ types of spending |
|---|---|---|---------------|-------------------|-----------------------------|--|
| General | | | | | | |
| Coronavirus Relief Funds | US Department of Treasury | | CARES Act | CA | 87,107,597 | Primary and secondary costs of pandemic response. May not be used to replace lost revenue. |
| AZVote Safe | US Department of Treasury | AZ Governor's Office | CARES Act | GMI | 617,551 | Support elections agencies to prevent, prepare for, and respond to COVID-19 for 2020 election cycle. |
| Public Safety | | | | | | |
| FEMA – Public Assistance | US Department of Homeland Security - FEMA | AZ DEMA reviews application but is requiring large jurisdictions to apply directly to FEMA for reimbursement. | CARES Act | GMI | 7,250 | CV-015 Emergency protective measures including EOC operations, facility disinfection, PPE, shelter costs. So far GMI has identified approximately \$4.5M in expenditures to bill. Now DEMA is telling us certain costs may no longer be eligible, e.g. facility disinfection and food aid. |
| Coronavirus Emergency Supplemental Funding (CESF) - Local law enforcement and other response activities | US Department of Justice - OJP | | CARES Act | PCAO, PDS, CJRU | 147,988 | Public safety personnel and overtime, PPE and supplies. Funding is not limited to criminal justice purposes, however funds must be used to prevent, prepare for, and respond to COVID-19. |

| COVID-19 Award Name | Funding Source | Pass through entity | Authorization | Pima County Dept. | Award Amount to Pima County | Allowable uses/ types of spending |
|--|---|---------------------------------------|----------------------------------|-------------------|-----------------------------|--|
| CESF - State pass-through awards | US Department of Justice - OJP | Arizona Criminal Justice Commission | CARES Act | SD | 587,630 | Same as above. States will be required to subaward some of the funding received. |
| CESF - State pass-through awards | US Department of Justice - OJP | Arizona Criminal Justice Commission | CARES Act | PCAO | 248,339 | Same as above. States will be required to subaward some of the funding received. |
| Court Security Improvement Grant Program | Arizona Administrative Office of the Courts | | Arizona CSI program (court fees) | SC-JC | 29,386 | Installation of protective physical barriers and shields. |
| Court Security Improvement Grant Program | Arizona Administrative Office of the Courts | | Arizona CSI program (court fees) | GVJC | 500 | Desktop shields for public-facing personnel at the Green Valley Justice Court. |
| Public Health | | | | | | |
| CDC – Public Health Emergency | US Department of Health and Human Services | | CARES Act | HD | 655,986 | Public health emergency preparedness and response. |
| CDC – Public Health Emergency | US Department of Health and Human Services | Arizona Department of Health Services | CARES Act | HD | 170,397 | Public health emergency preparedness and response. |
| Epidemiology & Laboratory Capacity (ELC) Enhancing Detection - Mitigating the Impact of COVID-19 in Communities of Color | US Department of Health and Human Services | Arizona Department of Health Services | PPPHCE Act | HD | 936,483 | Outreach, education, testing, care coordination, contact tracing in partnership with International Rescue Committee. |
| Epidemiology & Laboratory Capacity (ELC) Enhancing Detection - Integrated COVID-19 Local Surveillance System | US Department of Health and Human Services | Arizona Department of Health Services | PPPHCE Act | HD | 944,471 | Data platform and system development. |

| COVID-19 Award Name | Funding Source | Pass through entity | Authorization | Pima County Dept. | Award Amount to Pima County | Allowable uses/ types of spending |
|---|--|--|---------------|-------------------|-----------------------------|---|
| Building Local Operational Capacity for COVID-19 | Centers for Disease Control, Healthcare Quality and Promotion | National Association of County and City Health Officials | unknown | HD | 100,000 | Long Term Care infection control methods, toolkit, training, support for other regional LHDs. |
| Testing Blitz IGA | State of Arizona (per state Procurement office, requesting written confirmation) | Arizona Department of Health Services | unknown | HD | 30,000 | Conduct up to six COVID-19 testing blitz events. |
| Housing and Humanitarian Aid | | | | | | |
| FEMA/United Way – EFSP | US Department of Homeland Security - FEMA | United Way Worldwide | CARES Act | CS | 164,156 | Local Board recommended award to Community Action Agency for rent and mortgage assistance. |
| FEMA/United Way – EFSP | US Department of Homeland Security - FEMA | UWW/State Set-aside organization | CARES Act | CS | 49,302 | Local Board recommended award to Community Action Agency for rent and mortgage assistance. |
| Community Development - Special CDBG | US Department of Housing and Urban Development | | CARES Act | | 1,748,099 | Emergency shelter and homelessness prevention; subawards to nonprofits to address first and second order effects. |
| Homeless Assistance – Special Emergency Solutions Grant | US Department of Housing and Urban Development | | CARES Act | CD | 892,476 | Emergency shelter and homelessness prevention |
| Homeless Assistance – Special Emergency Solutions Grant | US Department of Housing and Urban Development | | CARES Act | CD | 2,284,682 | Emergency shelter and homelessness prevention |
| HOPWA – Housing Persons with AIDS | US Department of Housing and Urban Development | | CARES Act | CD | 150,925 | COVID-19 supplemental. |

| COVID-19 Award Name | Funding Source | Pass through entity | Authorization | Pima County Dept. | Award Amount to Pima County | Allowable uses/ types of spending |
|---|--|---|---------------------------------------|-------------------|-----------------------------|---|
| CDBG regular PY20 allocation | US Department of Housing and Urban Development | | Housing and Community Development Act | CD | 315,000 | Community development, housing/home repair, public facilities, and public services. |
| Arizona Eviction Prevention | State of Arizona Housing Trust Fund | | SB1690S 535-20 | CS | 600,000 | Rental Assistance |
| HPOG extension - Health workforce development | US Department of Health and Human Services | Pima Community College | CARES Act | CS | 600,000 | healthcare education grant |
| Wildfire Utility Assistance – Trico | Private - Trico Electric Cooperative | Arizona Community Action Association | | CS | 105,690 | Utilities assistance |
| Wildfire Utility Assistance - TEP | Private – Tucson Electric Power | Arizona Community Action Association | | CS | 78,000 | Utilities assistance |
| Administration for Children and Families (ACF) - CSBG | CARES CSBG SFY2020 | Arizona Department of Economic Security | CARES Act | CS | 297,116 | Eviction prevention; utilities assistance |
| Administration for Children and Families (ACF) - CSBG | CARES CSBG SFY2021 | Arizona Department of Economic Security | CARES Act | CS | 891,348 | Eviction prevention; utilities assistance |
| Administration for Children and Families (ACF) - LIHEAP | Federal-CARES Act SFY2020 | Arizona Department of Economic Security | CARES Act | CS | 541,181 | Eviction prevention; utilities assistance |
| Administration for Children and Families (ACF) - LIHEAP | Federal-CARES Act SFY2021 | Arizona Department of Economic Security | CARES Act | CS | 1,623,541 | Eviction prevention; utilities assistance |

| COVID-19 Award Name | Funding Source | Pass through entity | Authorization | Pima County Dept. | Award Amount to Pima County | Allowable uses/ types of spending |
|--|--|---------------------------|----------------|-------------------|-----------------------------|--|
| Education, Employment, Economic Development and Infrastructure | | | | | | |
| Airport Improvement Program | US Department of Transportation - FAA | | CARES Act | | 20,000 | Electrical upgrades at Eric Marcus Airport |
| Arizona Complete Health | Corporate charitable giving | | | SS | 10,000 | Production equipment to create videos to promote distance learning about science, technology, engineering and math |
| Library Hotspots for Education | Institute of Museum and Library Services | Arizona State Library | CARES Act | PL | 4,000 | Hot spots for students in grades 6-12. |
| Animal Welfare | | | | | | |
| Banfield Foundation | Banfield Foundation | | private entity | PACC | 10,000 | Provide non-emergent medical care to community pets |
| Petco Foundation | Petco Foundation | | private entity | PACC | 25,000 | Any lifesaving support for animals during COVID |
| Rachel Ray Foundation | Rachel Ray Foundation | | private entity | PACC | 5,000 | keeping families together during COVID |
| Better Citites for Pets COVID-19 Animal Care Grant | Mars Petcare | Humane Society of the US- | private entity | PACC | 10,000 | emergency vet care to keep families together during COVID crisis |
| PetSmart COVID-19 Grant | PetSmart Foundation | direct | private entity | PACC | 30,000 | services and coordination to rehome stray or abandoned pets |
| Greater Good cash and in-kind | GreaterGood.org | Friends of PACC | private entity | PACC | 31,000 | keeping families together during COVID; emergent medical care for owned animals |
| ACF | AZ Community Foundation | Friends of PACC | private entity | PACC | 5,000 | keeping families together during Covid |
| Spring Point | Spring Point Foundation | Friends of PACC | private entity | PACC | 150,000 | Transitioning PACC into community resource center model |
| South Fork | South Fork Foundation | Friends of PACC | private entity | PACC | 5,000 | keeping families together |
| CFSA | Community FDN of SoAZ | Friends of PACC | private entity | PACC | 7,500 | emergency pet housing |