



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

☐ Award ☐ Contract ☒ Grant

**Requested Board Meeting Date:** September 15, 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 Amendment 2 is to provide funding for the Eviction Prevention Program relating to COVID-19 assistance.

Administrative costs allocated at 10%.

Attachment: ADOH #535-20 Amendment 2

**\*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 2 from ADOH on August 21, 2020. If Amendment is not approved, the County will not be able to provide Eviction Prevention Program relating solely to COVID-19.

*G.M. Approved 9.10.2020 LLS*

**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: GTAM Department Code: CR Grant Number (i.e., 15-123): 21-22  
Commencement Date: 3/27/20 Termination Date: 12/31/20 Amendment Number: 2  
☐ Match Amount: \$ \_\_\_\_\_ ☒ Revenue Amount: \$ 600,000.00

**\*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 Hart

Department: Community & Workforce Development

Telephone: 724-5710

Department Director Signature/Date: \_\_\_\_\_

Deputy County Administrator Signature/Date: \_\_\_\_\_

County Administrator Signature/Date: \_\_\_\_\_

(Required for Board Agenda/Addendum Items)

Contract No.: 535-20  
Termination Date: 12-31-2020  
Amendment No. #2

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

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

**Section 1. FUNDS PROVIDED**

Recipient is granted an additional \$600,000 (\$480,000 allocated for Rental Assistance, \$60,000 allocated for Support Services, and \$60,000 allocated for admin) for expenditure by Recipient for the purpose set forth in the Scope of Work based upon funding available to Housing under the Eviction Prevention Program related to COVID-19 Assistance.

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.

Manager's Approval: _____ Attorney General No. : KR02-0085
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THE STATE OF ARIZONA,  
DEPARTMENT OF HOUSING

PIMA COUNTY  
RECIPIENT

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

Carol L. Ditmore

TITLE: Director

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

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

Ramón Valadez

TITLE: Chairman, Pima County Board of Supervisors

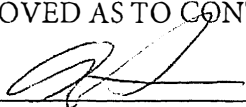
DATE: \_\_\_\_\_

ATTEST:

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

\_\_\_\_\_  
Date

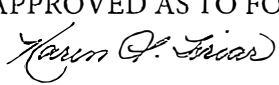
APPROVED AS TO CONTENT:

  
\_\_\_\_\_  
Arnold Palacios, Director

Community & Workforce Development

9-10-20  
Date

APPROVED AS TO FORM:

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

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