



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: February 2, 2021

* = 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. Amendment 4 is to add funds for the Eviction Prevention Program relating to COVID-19 assistance.

Attachment: ADOH #535-20 Amendment 4

***Procurement Method:**

Not applicable to grant awards.

***Program Goals/Predicted Outcomes:**

The goal of this Agreement is to provide financial assistance to individuals and families affected by COVID-19 that are unable to pay 100% of their rent. Eligible households will be required to pay 30% of their gross household income for the month directly to their landlord/property owner, with program paying the remaining balance up to \$2,000 directly to the property owner.

***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 final version of Amendment 4 from ADOH on January 15, 2021. If Amendment is not approved, the County will not be able to provide Eviction Prevention relating solely to COVID-19.

Emil Approved 1/28/21 JLS
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 ☒ Amendment

Document Type: GTAM Department Code: CR Grant Number (i.e., 15-123): 21-71
Commencement Date: 3/27/20 Termination Date: 3/31/21 Amendment Number: 4
☐ Match Amount: \$ _____ ☒ Revenue Amount: \$ 424,339.00

***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: [Signature] 01/22/2021

Deputy County Administrator Signature/Date: [Signature] 26 Jan 2021

County Administrator Signature/Date: [Signature] 1/27/21
(Required for Board Agenda/Addendum Items)

Contract No.: 535-20
Termination Date: 03-31-2021
Amendment No. #4

**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:

Section 1. FUNDS PROVIDED

Recipient is granted an additional \$424,339 for Eviction Prevention Assistance 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 Eviction Prevention Assistance.

Total contract budget is increased to \$2,049,339.00 separated by line item as outlined below –

Eviction Prevention Assistance – \$1,684,339.00
Support Services – \$150,000.00
Administration – \$150,000.00
Temporary Staff – \$65,000.00

Section 9. BUDGET

A revised *Budget* attached as **Attachment C** reflects the increased allocation.

Section 13. COMPENSATION AND METHOD OF PAYMENT

A revised *Request for Payment* attached as **Attachment D** reflects the increased allocation.

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: _____

BY: _____

Carol L. Ditmore

TITLE: Director

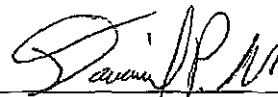
TITLE: Chair, Pima County Board of Supervisors

DATE: _____

DATE: _____

ATTEST:

Clerk of the Board



Daniel Sullivan, Director
Community & Workforce Development



Stacey Roseberry, Deputy County Attorney