



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

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: February 16, 2021

\* = Mandatory, information must be provided

or Procurement Director Award ☐

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

U.S. Department of Housing and Urban Development

**\*Project Title/Description:**

Continuum of Care - Homeless Management Information System (HMIS)

**\*Purpose:**

HMIS is a requirement by U.S. Department of Housing and Urban Development (HUD) for the Continuum of Care (CoC) program for homeless individuals. Client-level data and data on the provision of housing and services to homeless individuals, families, and persons at risk of homelessness in Pima County will be collected.

This amendment is to extend the performance period of the grant through June 30, 2021 by adjusting the initial term of the grant from 12 to 15 months. The funding amount remains the same.

Indirect cost: 10% de minimis.

Attachments: AZ0039L9T011911 Amendment and Grant Application Approval Request

**\*Procurement Method:**

Not applicable to grant awards.

**\*Program Goals/Predicted Outcomes:**

The collection of data and report preparation as required by HUD for the CoC Program.

**\*Public Benefit:**

The benefit of the program is it supports the community by receiving federal funding for homeless assistance.

**\*Metrics Available to Measure Performance:**

HUD required reports submitted accurately and in a timely manner.

**\*Retroactive:**

Yes, received Grant Amendment from HUD on December 30, 2020. The negative impact of not approving this amendment is the County would not receive funds for the HMIS program. HUD requires each community to collect client-level data and data on the provision of housing and services to homeless individuals, families, and persons at risk of homelessness.

GM1 Approved 2/10/2021 AS  
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 ☒ AmendmentDocument Type: GTAM Department Code: CR Grant Number (i.e., 15-123): 21-068Commencement Date: 4/1/20 Termination Date: 6/30/21 Amendment Number: 1☐ Match Amount: \$ \_\_\_\_\_ ☒ Revenue Amount: \$ 0.00**\*All Funding Source(s) required:** U.S. Department of Housing and Urban Development**\*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: Pamela Moseley/Rise HartDepartment: Community & Workforce Development Telephone: 724-3776 or 724-5723Department Director Signature/Date: [Signature] 2/3/21Deputy County Administrator Signature/Date: [Signature] 2/9/21County Administrator Signature/Date: [Signature] 2/9/21

(Required for Board Agenda/Addendum Items)

**AMENDMENT EXTENDING THE TERM OF THE  
CONTINUUM OF CARE PROGRAM  
GRANT AGREEMENT**

This Amendment is made by and between the United States Department of Housing and Urban Development (HUD) and Pima County, (the Recipient), whose business address is 2797 E. Ajo Way, Tucson, AZ 85713 and whose Tax ID number is 86-6000543, for CoC Program Project Number AZ0039L9T011911, located at 2797 E. Ajo Way, Tucson, AZ 85713.

**RECITALS**

1. HUD and the Recipient entered into a CoC Program Grant Agreement dated June 19, 2020, Grant No. AZ0039L9T011911, which expires March 31, 2021 (the Grant Agreement).
2. HUD and the Recipient are desirous of extending the performance period of the grant through June 30, 2021 by adjusting the initial term of the grant from 12 months to 15 months, as determined during the consolidated process.
3. The need for the assistance provided by the project continues to exist within the jurisdiction where the project is located.

**AGREEMENTS**

The Grant Agreement is hereby amended as follows:

1. The performance period of the Grant Agreement is extended through June 30, 2021.

This Amendment to Grant Agreement constitutes the entire agreement of the parties as to amendment of the Grant Agreement and will become effective only upon the execution hereof by all parties. The remaining terms of the Grant Agreement remain in full force and effect.

The parties, on the dates set forth below their respective signatures, hereby execute this Amendment to Grant Agreement, as follows:

UNITED STATES OF AMERICA  
Department of Housing and Urban Development

By: The Secretary

ABIGAIL FORD

Digitally signed by ABIGAIL FORD  
DN: cn = ABIGAIL FORD C = US O = U.S.  
Government OJ = Department of Housing and  
Urban Development, Office of Community Planning  
and Development  
Date: 2020.12.30 13:04:12 -0500

By: \_\_\_\_\_

(Signature)

FOR

Kimberly Y. Nash, Director

(Title)

12/30/2020

(Date)

GRANTEE

By: \_\_\_\_\_

(Authorized signatory)

Sharon Bronson, Chair, Pima County Board of Supervisors

(Type in name of authorized signatory)

\_\_\_\_\_  
(Date)

ATTEST:

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

\_\_\_\_\_  
Date

APPROVED AS TO CONTENT:

Daniel P. Sullivan

Daniel Sullivan, Director

Community & Workforce Development

2/3/21

Date

APPROVED AS TO FORM:

Stacey Roseberry

\_\_\_\_\_  
Stacey Roseberry, Deputy County Attorney