



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

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: September 7, 2021

**\* = Mandatory, information must be provided**

or Procurement Director Award ☐

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

Arizona Department of Housing

**\*Project Title/Description:**

Pima County Links Rapid Re-Housing

**\*Purpose:**

The Arizona Department of Housing (ADOH) awarded \$400,000 for Pima County Links, which is an employment and housing program administered by Pima County to assist people experiencing homelessness. The Pima County Board of Supervisors (BOS) approved the ADOH Funding Agreement on August 6, 2019. BOS approved the increased funding amount of \$166,800 for 6/30/21 to 6/30/22 on June 22, 2021.

This is a no-cost amendment to reallocate funds.

There is no indirect cost due to ADOH Housing Program Fund (HPF) regulations.

Attachment: ADOH - Pima County Links Rapid Re-Housing Agreement 560-19 (Amendment 5)

**\*Procurement Method:**

Not applicable to grant awards.

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

The program provides homeless short-term rapid rehousing rental assistance to stabilize long-term homeless participants before moving into permanent housing.

**\*Public Benefit:**

The program provides a pathway for homeless individuals and families to obtain housing and employment and become self-sufficient.

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

ADOH requires client tracking and weekly performance reports in the Homeless Management Information System.

**\*Retroactive:**

Yes. County received the amendment from ADOH on July 27, 2021. The negative impact of this amendment not being approved is Pima County homeless residents would not receive resources for employment and housing.

*G.M. Approved 8/25/21 [Signature]*

**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): 22-008  
Commencement Date: 7/1/21 Termination Date: 6/30/22 Amendment Number: 5  
☐ Match Amount: \$ \_\_\_\_\_ ☒ Revenue Amount: \$ 0.00

**\*All Funding Source(s) required:** Arizona Department of Housing

\*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: Rise Hart/Jenifer Darland

Department: Community & Workforce Development

Telephone: 724-5723/724-7312

Department Director Signature/Date: [Signature] 8/23/21

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

County Administrator Signature/Date: [Signature] 8/25/21  
(Required for Board Agenda/Addendum Items)

Contract No.: 560-19  
Termination Date: 06/30/2022  
Amendment No. 5

AMENDMENT TO A  
STATE HOUSING FUND AGREEMENT  
Between  
STATE OF ARIZONA  
DEPARTMENT OF HOUSING  
and  
PIMA COUNTY COMMUNITY SERVICES

This Agreement is made and entered into by and between the State of Arizona, Department of Housing (HOUSING), and Pima County Community Services (Recipient).

Whereas, HOUSING and Recipient have entered into a Contract, stipulating to an award through the State Housing Trust Fund by HOUSING to Recipient for the purpose as outlined in the above referenced HOUSING Agreement; and

Whereas, a revision to said Agreement is necessary, and;

Whereas, HOUSING and Recipient agree that the revision is in the best interest of all parties, including beneficiary low-income households; HOUSING and Recipient hereby agree to amend the subject agreement as follows:

Attachment C – Budget revised with the following increases to each line item–

- Rapid Rehousing line item decrease by \$35,000.00 for a total of \$550,087.00 allocated
- Support Services line item increased by \$35,000.00 for a total of \$279,881.00 allocated

The total contract budget remains at \$901,800.00.

Any and all portions of subject Agreement that are not herein specifically amended shall remain unchanged.

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 COMMUNITY SERVICES  
RECIPIENT

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

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

TITLE: Thomas M. Simplot  
Director

TITLE: Chair, Board of Supervisors

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

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

**AMENDMENT No. 5  
STATE HOUSING FUND AGREEMENT  
Between  
STATE OF ARIZONA  
DEPARTMENT OF HOUSING  
and  
PIMA COUNTY COMMUNITY SERVICES**

SIGNATURES continued

**APPROVED AS TO CONTENT**

A handwritten signature in black ink, appearing to read "Daniel Sullivan", written over a horizontal line.

Daniel Sullivan, Director  
Community & Workforce Development

**APPROVED AS TO FORM**

A handwritten signature in black ink, appearing to read "Stacey Roseberry", written over a horizontal line.

Stacey Roseberry, Deputy County Attorney



# Arizona Department of Housing

HPF Pima County Links RRH

Attachment C Page 33

Budget						
Recipient	Pima County Community Services				Date	
Contract No./File No.	560-19	Contract Period: from 7/01/2019 to 6/30/2022			Revision No.	
Activity	HPF Admin, Rapid Re-Housing, Prevention, Supportive Services					
Recipient Address	2797 E. Ajo Way				City	Tucson
Contact Person	Dan Sullivan				Fax	520-724-2799
Phone	520-724-7309	Email	<a href="mailto:daniel.sullivan@pima.gov">daniel.sullivan@pima.gov</a>		Zip Code	85713
Program Specialist	Chavon Woods	Email	<a href="mailto:Chavon.Woods@azhousing.gov">Chavon.Woods@azhousing.gov</a>		County	Pima
a	c	d	e	f	g	h
Budget Line Item or Activity No.	HPF 2019	HPF 2020	HPF 2021	Source Program Year	Source Program Year	Source Program Year
Administration	\$ 30,156.00	\$ 30,000.00	\$ 11,676.00			
Rapid Re-Housing	\$ 244,663.00	\$ 227,000.00	\$ 78,424.00			
Prevention						
Supportive Services	\$ 125,181.00	\$78,000.00	\$76,700.00			
Total	\$ 400,000.00	\$ 335,000.00	\$ 166,800.00			



Arizona  
Department  
of Housing

HPF Pima County Links RRH

Attachment D Page 34

ARIZONA DEPARTMENT OF HOUSING REQUEST FOR PAYMENT SUMMARY SHEET PAGE 1 OF 2

Recipient	Pima County Community Services	Date	
Contract No	560-19 Contract Period: from 7/01/2019 to 6/30/2022	Pay Req. No/Mo	
Activity	HPF Administration, Rapid Re-Housing, Prevention, Support Services	Direct Wire Dep	Yes No
Recipient Address	2797 E. Ajo Way	City	Tucson
Contact Person	Dan Sullivan	ZIP	85713
Phone	520-724-7309 Email: <a href="mailto:daniel.sullivan@pima.gov">daniel.sullivan@pima.gov</a>	Fax	520-724-2799
Program Specialist	Chavon Woods Email: <a href="mailto:Chavon.Woods@azhousing.gov">Chavon.Woods@azhousing.gov</a>	County	Pima

Itemized Payment Statement (Sheet 2 of 2) must accompany this form. Include copies of invoices, cashed checks, and other backup documentation. ORIGINAL SIGNATURES are required for processing.

a	b	c	d	e	f	g	h	i	j
Budget Line Item or Activity No.	IDIS Act No.	HPF 2019	HPF 2020	HPF 2021	Total Award	Total Amount Req. to Date	Balance in Account	Amount of this Request	New Balance
Administration		\$ 30,156.00	\$ 30,000.00	\$ 11,676.00	\$ 71,832.00		\$ 71,832.00		\$ 71,832.00
Rapid Re-Housing		\$ 244,663.00	\$ 227,000.00	\$ 78,424.00	\$ 550,087.00		\$ 550,087.00		\$ 550,087.00
Prevention					\$ -		\$ -		\$ -
Support Services		\$ 125,181.00	\$ 78,000.00	\$ 76,700.00	\$ 279,881.00		\$ 279,881.00		\$ 279,881.00
							\$ -		\$ -
							\$ -		\$ -
							\$ -		\$ -
							\$ -		\$ -
							\$ -		\$ -
							\$ -		\$ -
							\$ -		\$ -
Total		\$ 400,000.00	\$ 335,000.00	\$ 166,800.00	\$ 901,800.00	\$ -	\$ 901,800.00	\$ -	\$ 901,800.00

Recipient Authorized Signature

Date

Title

Recipient Authorized Signatory certifies that all activities undertaken by the contractor with funds provided under this contract have been carried out in accordance with the contract. Attach wiring information if not previously submitted. Attach alternate mailing address if necessary.

Performance Reports Current ☐ Not Current ☐

ADOH Program Specialist Approval

Date

ADOH Program Administrator Approval

Date



Arizona  
Department  
of Housing

HPF Pima County Links RRH

ARIZONA DEPARTMENT OF HOUSING REQUEST FOR PAYMENT -ITEMIZED PAYMENT STATEMENT PAGE 2 OF 2

Recipient	Pima County Community Services				Date		
Contract No	560-19	Contract Period: from 7/01/2019 to 6/30/2022			Pay Req. No		
Budget Line Item or Activity No	Description of Expense (List in according to funding source)	Paid (or Payable) to	Date Paid	Check # Invoice PO	Invoice Amount Charged to COC/HTF	Balance paid by other source	Name of other source
Totals							