

BOARD OF SUPERVISORS AGENDA ITEM REPORT CONTRACTS / AWARDS / GRANTS

CAward Contract @ Grant

Requested Board Meeting Date: November 16, 2021

* = Mandatory, information must be provided

or Procurement Director Award

*Contractor/Vendor Name/Grantor (DBA):

Connie Hillman Family Foundation

*Project Title/Description:

Workforce Development for Veterans

*Purpose:

The purpose of the funds is to provide support services to veterans in order to secure gainful employment.

Indirect rate cost: does not apply.

Attachment: Award Letter

*Procurement Method:

Not applicable to grant awards.

*Program Goals/Predicted Outcomes:

The goal is to help unemployed veterans find employment.

*Public Benefit:

This program supports Pima County's economic development by helping to develop a trained and productive labor force that meets employers' needs.

*Metrics Available to Measure Performance:

Veterans receiving support services funds will obtain employment.

*Retroactive:

Yes, due to receiving the Award Letter on September 20, 2021. If the funds are not approved, Pima County veterans would not receive support services for employment.

GMI Approved

11-10-2 Jom

Contract / Award Information		
Document Type:	_ Department Code:	
Commencement Date:	Termination Date:	Prior Contract Number (Synergen/CMS):
Expense Amount: \$*		Revenue Amount: \$
*Funding Source(s) required:		
Funding from General Fund?	CYes CNo If Yes \$	%
Contract is fully or partially funder If Yes, is the Contract to a vender		☐ Yes ☐ No
Were insurance or indemnity clau	uses modified?	☐ Yes ☐ No
If Yes, attach Risk's approval.		
Vendor is using a Social Security	Number?	☐ Yes ☐ No
If Yes, attach the required form p	er Administrative Procedure	22-10.
Amendment / Revised Award In	nformation	
		Contract Number (i.e.,15-123):
Commencement Date:		New Termination Date:
		Prior Contract No. (Synergen/CMS):
C Expense or C Revenue	C Increase C Decrease	Amount This Amendment: \$
Is there revenue included?	CYes CNo If Y	es \$
*Funding Source(s) required:		
Funding from General Fund?	CYes CNo If Y	'es\$ %
Grant/Amendment Information	(for grants acceptance and	awards)
Document Type: GTAW	. •	•
Commencement Date: 9/20/21 Termination Date: 9/19/31 Amendment Number:		
☐ Match Amount: \$ ☐ Revenue Amount: \$ 10,000.00		
*All Funding Source(s) required	A. Cappia Hillman Family Foun	
An Funding Source(s) required	Conne miman ramily Foun	
*Match funding from General F	und? (Yes No If Y	'es\$ %
*Match funding from other soul *Funding Source:	rces? (Yes • No If Y	es\$ %
*If Federal funds are received, i Federal government or passed		
Contact: Rise Hart		
Department: Community & Wor	kforce Development,	Telephone: 724-5723
Department Director Signature/I	Date:	11/9/2021
Deputy County Administrator Signature	gnature/Date:	<u>).</u>
County Administrator Signature/ (Required for Board Agenda/Addendum Iter		hur 11 9 ary

Larry R. Adamson

3430 E. Sunrise Drive, Suite 200
Tucson, AZ 85718
520/792-1181 (main)
520/202-2185 (direct)
ladamson@duffieldlaw.com

September 20, 2021

Arizona @ Work Sean M. Lopez, Admin. Services Manager Pima County Kino Veterans' Workforce Center 2801 E. Ajo Way Tucson, AZ 85713

Dear Sean:

The tax law for 2020 and 2021 has permitted an Anonymous Donor to make larger annual grants over the last two years in recognition of and to honor the Connie Hillman Family Foundation.

We are pleased to send to you this 2021 special one-time grant of \$10,000.

Please send your gift acknowledgement of this grant, via email to <u>ladamson@duffieldlaw.com</u> or to:

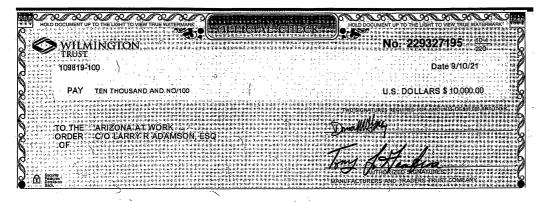
Larry R. Adamson c/o Connie Hillman Family Foundation 3430 E. Sunrise Dr., Suite 200 Tucson, AZ 85718

Include in your gift acknowledgment; (1) the amount, (2) the date the grant was received, and (3) that "no goods or services were received" in exchange for this grant by the Anonymous Donor or by Connie Hillman Family Foundation.

Yours very truly,

On behalf of Anonymous Donor

LRA/kg
Enclosure (check)



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