City of Scottsdale FY 2027/28
Funding Applicant Orientation Packet
Opioid Settlement Funds

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27/28 Funding Process Calendar Opioid Settlement Funds	
November 18, 2026	Applicant Orientation
December 18, 2026	Deadline for submission in Neighborly portal.
January 8, 2027	Human Services Staff Evaluations, if applicable
February 25, 2027	**Human Services Commission meeting** Informal proposal reviews and discussion
March 11, 2027	**Human Services Commission meeting** Formal funding recommendations
April 2027** Council dates not available	City Council votes on approval of Opioid Settlement Funds
July 1, 2027	Funding Year begins

YOUTH AND FAMILY SERVICES

4201 N. Hayden Rd.
Scottsdale, AZ 85251

Phone 480-312-7922

Web ScottsdaleAZ.gov

CITY OF SCOTTSDALE
PUBLIC NOTICE
NOTICE OF FUNDING AVAILABILITY (NOFA)
FISCAL YEAR 2027/2028
OPIOID SETTLEMENT FUND

The city of Scottsdale, in partnership with the Scottsdale Youth Substance Abuse Coalition (SYSAC), Parks and Recreation and Human Services, announces the availability of funds to support coordinated substance misuse/use treatment, stigma reduction, expanded access to proven treatment modalities, and community education efforts. Funding will expand outreach, strengthen cross-agency coordination and enhance data informed prevention programming across youth, families, adults and seniors.

The city seeks qualified providers to expand the geographic, financial and practical accessibility of substance use treatment; enhance treatment environments; strengthen medical provider engagement; and improve post overdose engagement and coordination of care through streamlined, data informed, person centered strategies.

Applicant Orientation
Youth and Family Services will be presenting an Applicant Orientation on Wednesday November 18, 2026, from 10:00 AM - 12:00 PM **in-person** at the Paiute Neighborhood Center. The Applicant Orientation will also be available virtually, via Microsoft Teams. Attendees may join online at the link below or call in using the phone number listed below.

Applicant Orientation location:

Paiute Neighborhood Center
6535 E. Osborn Rd, Room 9
Scottsdale, AZ 85257

Join virtually:

https://teams.microsoft.com/meet/2933373757514787?p=wos8ZRtwSPfdlP1V5C
Meeting ID: 293 337 375 751 478 7
Passcode: Td66Q8NS

Need help? | System reference
Dial in by phone
+1 480-378-2354,,954960901# United States, Tempe
Find a local number
Phone conference ID: 954 960 901#

A PowerPoint presentation will be available to view afterwards, including information that is typically reviewed at the orientation. For agencies interested in applying for and learning more about the funding process, please visit the Funding information webpage at:

https://www.scottsdaleaz.gov/housing/scottsdale-housing-and-community-assistance-public-notices-and-plans

It is the policy of the City of Scottsdale not to discriminate against any person on the basis of race, color, religion, age, sex, handicap, familial circumstance, or national origin. Persons using a TTY device may communicate with the Community Assistance Office by calling the TTY line at (480) 312-7411. Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting the Community Assistance Secretary, at (480) 312-7156. Requests should be made as early as possible to allow time to arrange the accommodation.

BACKGROUND
The city's Human Services Department, Scottsdale Youth Substance Abuse Coalition (SYSAC) and Parks and Recreation provide a wide range of prevention education, outreach, youth engagement and data informed programming. Staff interact regularly with youth, families, caregivers, seniors and community members to promote substance safety and connect individuals to supportive resources.

Despite ongoing efforts, several barriers limit the effectiveness of current treatment pathways, including accuracy challenges in treatment mapping tools, financial access limitations, facility improvement delays, inconsistent medical provider engagement, constrained referral pathways, peer support sustainability issues and hospital resource constraints. These issues hinder the city's ability to maintain a fully responsive, coordinated, person centered treatment network.

PURPOSE OF FUNDING
Funding will support the enhancement and expansion of comprehensive treatment access and engagement services, including but not limited to:

Primary Prevention (Goals 1–5)
Funding will support initiatives that:

- Leverage Drug-Free Communities resources and the Scottsdale Youth Substance Abuse Coalition to distribute stigma-reduction and opioid safety materials.
- Expand citywide Prevention Awareness Week, unify messaging across schools, workplaces and senior centers, and strengthen ongoing community awareness.
- Increase social worker/counselor capacity; share key data indicators; deliver data-informed briefings; and track school-based incidents using defined metrics.
- Equip parents with conversation tools, support family activities, embed prevention content in youth and senior programs and tailor outreach to middle and high school audiences.
- Implement evidence-based life skills, deliver mini-modules through trusted leaders, hold cross-agency convenings and coordinate SRO-counselor-caseworker efforts through shared protocols, awareness kits, and updated referral guides.
- Provide peer support and mentoring
- Increase treatment access navigation for at-risk youth, families, and seniors

Treatment and Recovery (Goals 6–9)
Funding will support projects that:

- Map treatment providers by location, insurance acceptance and services; improve facility environments; and provide financial gap support to uninsured and underinsured residents.
- Increase provider engagement in OUD treatment perspectives and support participation in coalition and community treatment efforts.
- Expand treatment access within programs serving at-risk populations (justice-involved youth, seniors, day relief centers) and create partnerships between treatment providers and trusted organizations.

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- Establish and fund peer navigator programs, embed peer support in emergency settings and develop standardized post-overdose peer support models aligned with best practices.

Programs in this category may also incorporate the following treatment-enhancement activities:

- Intensive Outpatient Programs (IOP)
- Transportation support
- Nutrition and meal assistance
- Gym access, fitness programs and equine therapy
- Employment readiness services
- Cell phones to support treatment coordination
- Medical provider training and collaboration

Connections to Care (Goals 10–12)
Funding will support efforts to:

- Increase outreach staffing citywide, especially in high-need neighborhoods identified through overdose or emergency call data.
- Build standardized communication and tracking systems for outreach and care handoffs.
- Expand crisis response capacity through Mobile Health Unit services and 24/7 behavioral health navigation teams.
- Coordinate quarterly cross-agency meetings, build partnerships across behavioral health, substance misuse and social media harm prevention, and incentivize collaborative multi-agency projects through joint funding opportunities.

ELIGIBLE APPLICANTS
Eligible applicants include qualified treatment providers, medical partners, nonprofit organizations, behavioral health agencies and collaborative entities capable of delivering coordinated substance use treatment, engagement and support services.

PROVIDER RESPONSIBILITIES
Selected provider(s) will deliver services that result in:

- Easier navigation of treatment options for individuals seeking care for OUD/SUD
- Expanded access to treatment, especially for uninsured and underinsured residents
- Access to IOP, transportation, nutrition supports, meals, gym services, equine therapy, employment services, cell phones and mentoring
- Welcoming, stigma-reducing treatment environments
- Increased awareness and adoption of evidence-based OUD treatment (i.e., methadone, suboxone, buprenorphine, etc.) approaches among medical providers
- Strengthened medical involvement in the community's opioid response
- Improved warm handoffs and referrals for high-risk populations
- Seamless coordination and referral processes across partner agencies

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- Enhanced post-overdose engagement, follow-up support and continuity of care
- Development and piloting adaptable treatment modalities to meet individual needs

COMMUNICATION & COLLABORATION REQUIREMENTS

Selected provider(s) must maintain timely communication with City Human Services staff, medical partners and collaborating organizations. Providers must:

- Share regular updates on program activities, treatment access improvements, peer support operations and provider mapping enhancements
- Participate in scheduled coordination meetings, case reviews and cross-agency planning sessions
- Deliver consistent and accurate information to stakeholders
- Submit timely reports on performance metrics

REVIEW PROCESS

Applications will be evaluated based on:

- Capacity to successfully deliver the listed services
- Alignment with City priorities and abatement strategies from the One Arizona Agreement
- Demonstrated experience in treatment engagement, coordination and program completion
- Strength of partner collaboration and evidence-based/data-informed strategies
- Budget feasibility and sustainability

INTERESTED APPLICANTS

All interested applicants shall use the City of Scottsdale Neighborly Participant portal.
All proposals must be submitted via the Scottsdale Neighborly Participant portal.

Proposals for Fiscal Year 2027/2028 **OPIOID SETTLEMENT** Funding will be available beginning at **8 AM, Tuesday, November 10, 2026,** at the Scottsdale Neighborly Participant Portal: http://portal.neighborlysoftware.com/SCOTTSDALEAZ/Participant

The deadline for submission of all OPIOID SETTLEMENT FUNDS proposals is 4:00 PM, Friday, December 18, 2026.

For information regarding Opioid Settlement Funds, please contact Dr. Stefanie Nader, Human Services Operations Supervisor, at (480) 312-0106 or Snader@scottsdaleaz.gov

The City reserves the right to retain funds for City-specific activities and funding is contingent based on FY 27/28 approved budget.

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2027/2028 Agency Proposal
Evaluation and Scoring Tool
OPIOID SETTLEMENT FUNDS

Organization Name: «Agency_Name»

Program/Project Name: «Program_Name»

Reviewed By: _____

A: Program Description (10 POINTS POSSIBLE)	**Score**

The proposal has met the following criteria:
• **The service has been clearly defined.**
  ○ *Determine if proposal clearly defines the service(s).*
  ○ Program Related Information #1 and #2
• **The proposal identifies the desired benefits for the participants.**
  ○ *Determine if the proposal clearly identifies the desired benefits of the target population.*
  ○ *Program Related Information, #1, #2, #5*
• **The location of the service is close to the people being served.**
  ○ *Determine if the proposal identifies the location where people will be served.*
  ○ *Funding Program #3 and Program Related Information #4, #5, #7 and #8*
• **The program clearly substantiates partnerships or collaborations.**
  ○ *Determine if the proposal clearly identifies partnerships or collaborations.*
  ○ *Program Related Information #9, #10, #11 and #12, Funding Program #14*
	0-10

TOTAL SCORE (A: Program Description)	

B: Community Need (10 POINTS POSSIBLE)	**Score**

• **The proposal clearly describes why these services are needed and cites data or research in support of the documented need.**
  ○ *Determine if the proposal clearly describes why these services are needed and clearly identifies research or data that supports the need of these service(s).*
  ○ *Program Related Information #5*
• **The program aligns with the needs of the individuals being served.**
  ○ *Determine if the program addresses the needs of the target population.*
  ○ *Program Related information #1-#6*
• **Proposal meets the goals of listed in the NOFA**
  ○ *Determine if the program addresses the goals listed in the NOFA and Overview section of the application. Program Related information #1- #3*
	0-10

TOTAL SCORE (B: Community Need)	

C: Population Served (10 POINTS POSSIBLE)	**Score**

• **The proposal clearly describes the specific target population.**
  ○ *Determine if the proposal clearly describes the specific target population.*
  ○ Program Related Information #3
• **Methodology for determining client eligibility is described adequately.**
  ○ *Determine if the proposal clearly describes how the agency will determine eligibility.*
  ○ Funding Program #7 and #8
	0-10

TOTAL SCORE (C: Population Served)	

D: Program Outcome Measurement (10 POINTS POSSIBLE)	**Score**

• **Outcomes are meaningful, client focused, and related to the service.**
  ○ *Determine if the proposal clearly describes if the outcomes are meaningful, client focused and directly related to the service to be provided.*
  ○ *Funding Program #5 and #9, Program Related Information #1 and #5*
• **Indicators are time oriented.**
  ○ *Determine if the proposal clearly describes if the indicators are time oriented.*
  ○ *Funding Program #5*
• **Indicators are client-focused and are appropriate to the associated outcomes.**
  ○ *Determine if the proposal clearly describes if the indicators directly relate to the associated outcomes.*
  ○ *Funding Program #5*
• **The documentation of the services provided relates to the outcomes and indicators.**
  ○ *Determine if the proposal clearly describes the services to be provided and if the indicators are appropriate to the associated outcomes.*
  ○ *Program Related Information #1 and #2, Funding Program #5 and #10*
	0-10

TOTAL SCORE (D: Program Outcome Measurement)	

E: Budget & Leveraged Resources (10 POINTS POSSIBLE)	

• **The proposal clearly states how requested funds will be applied to expense line items.**
  ○ *Determine if the proposal clearly states what funding will pay for and how the requested funds will be applied to the expense line items.*
  ○ *Funding Program #13 and #14*
• **The proposal identifies leveraged funds from "Other Sources."**
  ○ *Determine if the proposal clearly identifies leveraged funds and contingency plans for a shortfall in funding.*
  ○ *Funding Program #13 and #14, Program Related Information ##9, #11, #12*
• **The amount requested is reasonable compared to the relationship with proposed number of residents to be served.**
  ○ *Determine if the proposal clearly illustrates the amount of funding requested for services to be provided and if the costs of services are reasonable for the proposed number of residents to be served.*
  ○ *Funding Program #4, #6, #13, #14,*
• **The over-all program budget shows a direct relationship with proposed service item(s).**
  ○ *Determine if the proposal clearly shows a direct relationship between the proposed services to be delivered and the budget.*
  ○ *Funding Program #13 and #14, Program Related Information #2*
	0-10

TOTAL SCORE (E: Budget & Leveraged Resources)	

Applicant Orientation
Fiscal Year 2027/2028 Opioid Settlement Fund

Dr. Stefanie Nader, PhD

Recording of the live orientation is available upon request, please email Armando Olivares at aolivares@scottsdaleaz.gov

City of Scottsdale Human Services Department

Scottsdale Youth Substance Abuse Coalition

Parks & Recreation

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Welcome

Agenda:

- Funding Packet Overview
- Calendar of Events
- Youth and Family Services
- Learn the FY 2027/2028 funding goals
- Administrative Notice
- Scoring and Evaluation Tool
- Learn how proposals will be evaluated
- Understand reporting and performance expectations

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Orientation Purpose

- Provide an overview of the FY 2027/2028 Funding Process for all funding sources
- Present anticipated Funding Allocations
- Strengthen your agencies **understanding** of how to develop a quality proposal that can successfully compete for funding
- Review goals listed in the NOFA
- Provide staff contacts for technical assistance in the development of your proposal

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Funding Packet Overview

Funding information packets are available online at:
https://www.scottsdaleaz.gov/housing/scottsdale-housing-and-community-assistance-public-notices-and-plans

- ❑ Proposal/Allocation Calendar
- ❑ Notice of Funding Availability
- ❑ Score and Evaluation Tool
- ❑ Human Services Staff Evaluation
- ❑ PowerPoint Presentation
- ❑ Template Contracts.

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Calendar of Events
(Key Dates)

Notice of Funding Availability (NOFA) Released	Tuesday 11/10/2026
Funding Orientation	Wednesday 11/18/2026
Deadline for Submission	Friday 12/18/2026 at 4pm
Human Services Staff Evaluation	Friday 01/08/2027
Response to Human Services Staff Evaluation	Friday 1/15/2027
Formal Funding Results	Thursday 03/11/2027
Counsel Approval	April 2027
Funding Disbursement	Thursday 07/01/2027

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Youth and Family Services

Youth Programs

Adult Programs

Individual Counseling

Mental Health Screenings

Psychoeducational Classes

Information and Referral

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Opioid Settlement Funds

The One Arizona Agreement provides resources to communities impacted by opioid misuse and overdose.

Funding is intended to support:

- Prevention
- Treatment
- Recovery
- Harm reduction
- Coordination of care
- Connections to services
- Long-term system improvement

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Current Challenges

Despite significant prevention and intervention efforts, barriers remain:

Limited treatment accessibility

- Financial barriers to care
- Inconsistent referral pathways
- Treatment navigation challenges
- Provider engagement gaps
- Delays in facility improvements
- Sustainability of peer supports
- Resource limitations within healthcare settings

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Funds Available

We have $500,000 in funds for the fiscal contract year of 2027/28

Priority will be given to programs that address goals listed in the NOFA:

1. Primary Prevention
2. Treatment and Recovery
3. Connections to Care

Requested proposal amounts shall not exceed $100,000 and shall not be less than $50,000.

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Strategies For Change

Primary Prevention
Treatment and Recovery
Connections to Care

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Primary Prevention

- Stigma reduction campaigns
- School and youth outreach
- Senior-focused prevention initiatives
- Community awareness campaigns
- Support teacher and SRO efforts
- Expand treatment access and create partnerships

- Expand Prevention Awareness Week
- Increase social worker/ counselor capacity
- Support families and equip parents with tools
- Implement evidence -based life skills
- Provide peer support and mentoring
- Increase treatment navigation

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Treatment and Recovery

- Expand treatment access
- Reduce barriers to care
- Improve treatment environments
- Support uninsured residents
- Increase treatment engagement
- Improve outcomes and completion rates
- Enhance recovery support services

- Intensive Outpatient Programs (IOP)
- Transportation assistance
- Nutrition and meal support
- Gym memberships and wellness programs
- Equine therapy
- Employment readiness services
- Cell phones for treatment coordination

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Connections To Care

- Increase outreach staffing citywide, especially in high-need neighborhoods identified through overdose or emergency call data.
- Build standardized communication and tracking systems for outreach and care handoffs.
- Expand crisis response capacity through Mobile Health Unit services and 24/7 behavioral health navigation teams.
- An after-hours peer response team that transports individuals directly to treatment after crisis calls.
- Rapid substance use assessments and treatment linkage for justice-involved adults
- Mobile assessment and treatment options
- Warm Hand off and treatment coordination

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Neighborly Software Proposal Submittal

Deadline: 12/18/2026 at 4pm

- All proposals will be submitted through the Neighborly Scottsdale Participant Portal
  Dashboard | Neighborly Software
- All applicants must create a profile to gain access to the portal
- Total program revenues must equal total program expenses
- Please do not submit a funding request over cap

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Administrative Notice

- Proposals less than the funding source's designated minimum threshold will not be accepted
- Application review responses and questions will be emailed to the agency contacts listed in the proposal
- This will be the only opportunity to present additional information during the funding process.

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Document Review

Sample Exit Survey

Most current copy of your organization W-9

List of other funding sources

List of agency's funding sources

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Evaluation Tool

Applications will be evaluated based on:

- Capacity to successfully deliver the listed services
- Alignment with City priorities and abatement strategies from the One Arizona Agreement
- Demonstrated experience in treatment engagement, coordination and program completion
- Strength of partner collaboration and evidence-based/data-informed strategies
- Budget feasibility and sustainability

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Scoring Tool

Program Description

- The service has been clearly defined
- The proposal identifies the desired benefits for the participants.
- The location of the service is close to the people being served.
- The program clearly substantiates partnerships or collaborations.

Community Needs

- The proposal clearly describes why these services are needed and cites data or research in support of the documented need.
- The program aligns with the needs of the individuals being served.
- Proposal meets the goals of listed in the NOFA

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Scoring Tool

Population Served

- The proposal clearly describes the specific target population.
- Methodology for determining client eligibility is described adequately.

Program Outcome Measurement

- Outcomes are meaningful, client focused and related to the service.
- Indicators are time oriented.
- Indicators are client-focused and are appropriate to the associated outcomes.
- The documentation of the services provided relates to the outcomes and indicators.

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Scoring Tool

Budget and Leveraged Resources

- The proposal clearly states how requested funds will be applied to expense line items.
- The proposal identifies leveraged funds from “Other Sources.”
- The amount requested is reasonable compared to the relationship with proposed number of residents to be served.
- The over-all program budget shows a direct relationship with proposed service item(s).

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Reimbursement Requirements

- ❑ Comply with all insurance requirements
- ❑ Copies of supporting documentation (i.e. timesheets, payroll ledgers, invoices and proof of payment and how the calculations were made)
- ❑ If paying for salaries, you must be able to identify time spent to Scottsdale funded activity (direct services)
  - Ineligible reimbursement expenses include, but are not limited to over-time and retro pay
- ❑ Neighborly Tutorial for Draw requests

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Quarterly Reporting Guidelines

- Number of Scottsdale residents or households Served
- Demographics (Age, Gender, Race, Ethnicity, Zip Code, Veteran status, Disability Status, Household composition)
- Insurance Status (Uninsured-Under Insured)
- Gross Household Income
- Funds Expended
- Employment Status

Due no later than the 15th of the following month.**

October 15, 2027 –January 15, 2028-April 15, 2028- July 8, 2028

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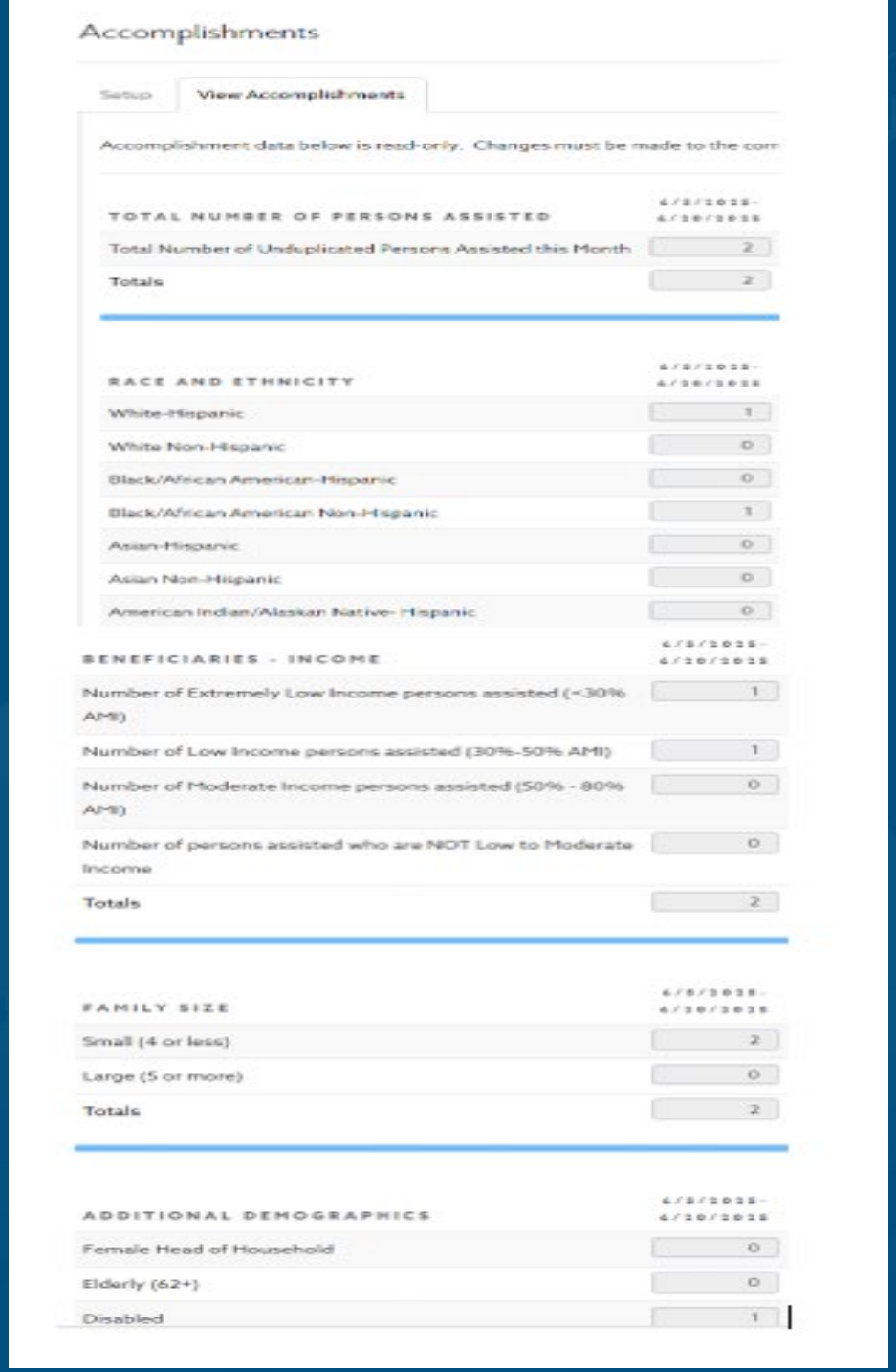
ACCOMPLISHMENTS REPORTING IN NEIGHBORLY



Accomplishments

Setup | View Accomplishments

Accomplishment data below is read-only. Changes must be made to the corr

TOTAL NUMBER OF PERSONS ASSISTED	4/1/2025 - 4/30/2025
Total Number of Unduplicated Persons Assisted this Month	2
Totals	2

RACE AND ETHNICITY	4/1/2025 - 4/30/2025
White-Hispanic	1
White Non-Hispanic	0
Black/African American-Hispanic	0
Black/African American Non-Hispanic	1
Asian-Hispanic	0
Asian Non-Hispanic	0
American Indian/Alaskan Native- Hispanic	0

BENEFICIARIES - INCOME	4/1/2025 - 4/30/2025
Number of Extremely Low Income persons assisted (<30% AMI)	1
Number of Low Income persons assisted (30%-50% AMI)	1
Number of Moderate Income persons assisted (50% - 80% AMI)	0
Number of persons assisted who are NOT Low to Moderate Income	0
Totals	2

FAMILY SIZE	4/1/2025 - 4/30/2025
Small (4 or less)	2
Large (5 or more)	0
Totals	2

ADDITIONAL DEMOGRAPHICS	4/1/2025 - 4/30/2025
Female Head of Household	0
Elderly (62+)	0
Disabled	1

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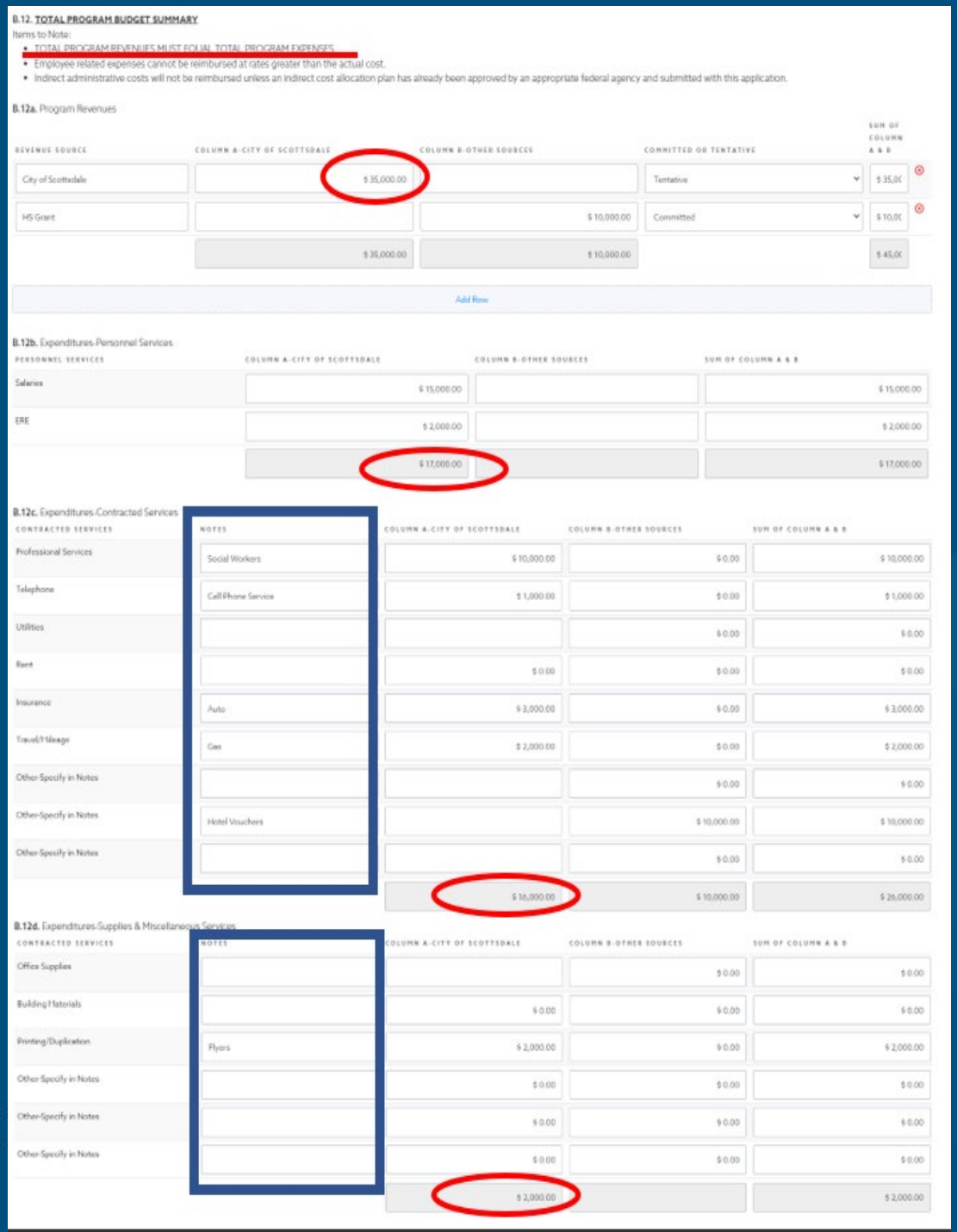
Budget Section

- **TOTAL PROGRAM REVENUES MUST EQUAL TOTAL PROGRAM EXPENSES**
- Provide details and clarity in the notes section
- Please do not submit funding request over cap.



B.12. TOTAL PROGRAM BUDGET SUMMARY

Items to Note:

- TOTAL PROGRAM REVENUES MUST EQUAL TOTAL PROGRAM EXPENSES
- Employee related expenses cannot be reimbursed at rates greater than the actual cost.
- Indirect administrative costs will not be reimbursed unless an indirect cost allocation plan has already been approved by an appropriate federal agency and submitted with this application.

B.12a. Program Revenues

REVENUE SOURCE	COLUMN A-CITY OF SCOTTSDALE	COLUMN B-OTHER SOURCES	COMMITTED OR TENTATIVE	SUM OF COLUMN A & B
City of Scottsdale	$ 35,000.00		Tentative	$ 35,0
HS Grant		$ 10,000.00	Committed	$ 10,0
	$ 35,000.00	$ 10,000.00		$ 45,0

Add Row

B.12b. Expenditures-Personnel Services

PERSONNEL SERVICES	COLUMN A-CITY OF SCOTTSDALE	COLUMN B-OTHER SOURCES	SUM OF COLUMN A & B
Salaries	$ 15,000.00		$ 15,000.00
ERE	$ 2,000.00		$ 2,000.00
	$ 17,000.00		$ 17,000.00

B.12c. Expenditures-Contracted Services

CONTRACTED SERVICES	NOTES	COLUMN A-CITY OF SCOTTSDALE	COLUMN B-OTHER SOURCES	SUM OF COLUMN A & B
Professional Services	Social Workers	$ 10,000.00	$ 0.00	$ 10,000.00
Telephone	Cell Phone Service	$ 1,000.00	$ 0.00	$ 1,000.00
Utilities			$ 0.00	$ 0.00
Rent		$ 0.00	$ 0.00	$ 0.00
Insurance	Auto	$ 3,000.00	$ 0.00	$ 3,000.00
Travel/Mileage	Gas	$ 2,000.00	$ 0.00	$ 2,000.00
Other-Specify in Notes			$ 0.00	$ 0.00
Other-Specify in Notes	Hotel Vouchers		$ 10,000.00	$ 10,000.00
Other-Specify in Notes			$ 0.00	$ 0.00
		$ 16,000.00	$ 10,000.00	$ 26,000.00

B.12d. Expenditures-Supplies & Miscellaneous Services

CONTRACTED SERVICES	NOTES	COLUMN A-CITY OF SCOTTSDALE	COLUMN B-OTHER SOURCES	SUM OF COLUMN A & B
Office Supplies			$ 0.00	$ 0.00
Building Materials		$ 0.00	$ 0.00	$ 0.00
Printing/Duplication	Flyers	$ 2,000.00	$ 0.00	$ 2,000.00
Other-Specify in Notes		$ 0.00	$ 0.00	$ 0.00
Other-Specify in Notes		$ 0.00	$ 0.00	$ 0.00
Other-Specify in Notes		$ 0.00	$ 0.00	$ 0.00
		$ 2,000.00		$ 2,000.00

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Contact Information

Dr. Stefanie Nader, Human Services Operations Supervisor
(480) 312-0106 Snader@scottsdaleaz.gov

Kristy Hahn-McDonald, MSW, LCSW
Human Services Manager
480-312-0102
Khahn@scottsdaleaz.gov

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Thank you

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CITY OF SCOTTSDALE
PROFESSIONAL SERVICES AGREEMENT

THIS AGREEMENT ("Agreement"), made and entered into this ___ day of _____, 2026, by and between the City of Scottsdale, an Arizona municipal corporation ("City") and _____, an Arizona non-profit corporation, referred to as "Agency".

WITNESSETH

1. Article 8, Section 1 of the Scottsdale City Charter provides that all contracts shall be executed in the name of the City by the Mayor, except as provided by the charter or by law.

2. Scottsdale Revised Code Section 2-201 provides that the City Council shall award all contracts for construction and professional services exceeding the formal procurement limit, which at this time is $50,000.

3. The Agency is qualified to provide services the City is seeking, the cost of which exceeds the formal procurement limit, and both parties desire to enter into an agreement setting forth the terms and conditions under which the services will be provided.

In consideration of the mutual promises and obligations stated in this Agreement, the parties agree as follows:

TERMS

1.0 DESCRIPTION, ACCEPTANCE, DOCUMENTATION

Agency shall act under the authority and approval of the Contract Administrator for the City, as designated within this Agreement, to provide the professional services required by this Agreement.

1.1 SERVICE DESCRIPTION

The Scope of Work for this activity is included in Exhibit A, attached, which is incorporated in this Agreement by this reference.

1.2 PERFORMANCE EVALUATION, ACCEPTANCE AND DOCUMENTATION

A. The Agency is required to provide a report with each billing identified in Section 2.2 of this Agreement. The criteria used in evaluating the Agency's performance of this Agreement shall include, but not be limited to:

1. Progress toward meeting units of service, detailed in Exhibit A - Scope of Work.
2. Number of unduplicated individuals served.
3. Demographic information, if available, by race, ethnicity, income, age, sex and zip code.
4. Submission of accurate and complete supporting documentation that substantiates the payment request and that is in accordance with the

Scope of Work and program budget.

B. The City may, at its discretion, require the Agency to include other items of specific information to be contained in the Reports.

C. Each report must be reviewed and approved by the Contract Administrator or designee to determine acceptable completion.

D. The City will provide Exhibits B, C and D of this Agreement in electronic form to the Agency for use in completing the tasks specified within this Agreement.

2.0 BILLING RECORDS, AUDIT, FEES

2.1 BILLING RECORDS, AUDIT

Agency shall maintain all books, papers, documents, accounting records and other evidence pertaining to the services performed in the Scope of Work (Exhibit A) and make such materials available for audit by the City pursuant to Section 4.7 of this Agreement.

2.2 FEE SCHEDULE

The amount paid to Agency under this Agreement shall not exceed XXXXXX dollars and (XXXXXXX), which includes all authorized expenses, as shown in Exhibit B, attached, which is incorporated in this Agreement by this reference, as if fully set forth herein. City shall utilize funds from Scottsdale Cares/General Funds/SRPMIC when making payments under this Agreement.

Payment shall be made on a reimbursement basis only and in such amounts and increments as may be approved by the City following submission by Agency of a proper request for payment, including applicable, accurate, and complete supporting documentation that substantiates the payment request and that is in accordance with the Scope of Work and program budget. Payment request and performance reporting are required to be submitted quarterly, on the dates shown below, under this Agreement. Documents and forms to be used for billing are attached in Exhibit B.

The Agency shall bill according to the following schedule, using the invoice template shown in Exhibit B: October 15, 2026, January 15, 2027, April 15, 2027 and July 8, 2027.

2.3 PAYMENT APPROVAL

All invoices must be approved by Contract Administrator, or designee, prior to payment.

The October 15th payment will be made subject to receipt by the Contract Administrator of: (1) a report for July 1st – September 30th showing satisfactory progress toward meeting units of service, detailed in Exhibit A-Scope of Work; (2) submission of accurate and complete supporting documentation that substantiates the payment request and that is in accordance with the Scope of Work, program budget and Exhibit B and (3) documentary evidence that the insurance required by this Agreement is and will be in effect through June 30, 2027.

The January 15th payment will be made subject to receipt by the Contract Administrator of: (1) a report for October 1st – December 31st showing satisfactory progress toward meeting units of service, detailed in Exhibit A-Scope of Work; (2) submission of accurate and complete supporting documentation that substantiates the payment request and that is in accordance with the Scope of Work, program budget and Exhibit B and (3) documentary evidence that the insurance required by this Agreement is and will be in effect through June 30, 2027.

The April 15th payment will be made subject to receipt by the Contract Administrator of: (1) a report for January 1st - March 31st showing satisfactory progress toward meeting units of service, detailed in Exhibit A-Scope of Work; (2) submission of accurate and complete supporting documentation that substantiates the payment request and that is in accordance with the Scope of Work, program budget and Exhibit B and (3) documentary evidence that the insurance required by this Agreement is and will be in effect through June 30, 2027.

The June 15th payment will be made subject to receipt by the Contract Administrator of: (1) a report for April 1st - June 15th showing satisfactory progress toward meeting units of service, detailed in Exhibit A-Scope of Work; (2) submission of accurate and complete supporting documentation that substantiates the payment request and that is in accordance with the Scope of Work, program budget and Exhibit B and (3) documentary evidence that the insurance required by this Agreement is and will be in effect through June 30, 2027.

3.0 TERM, EXTENSION, TERMINATION

3.1 TERM AND EXTENSION

The term of this agreement shall be from July 1, 2026 through June 30, 2027.

3.2 TERMINATION

Termination for Convenience: City reserves the right to terminate this Agreement or any part of this Agreement for its sole convenience with thirty (30) days' written notice. In the event of any termination, Agency must immediately stop all work and must immediately cause any of its suppliers and subcontractors to cease all work. As compensation in full for services performed to the date of such termination, the Agency will receive a fee for the percentage of services actually completed. This fee will be in the amount to be mutually agreed upon by the Agency and the City, based on the agreed Scope of Work. If there is no mutual agreement, the Contract Administrator will determine the percentage of completion of each task detailed in the Scope of Work and the Agency's compensation will be based upon such determination. The City will make this final payment within sixty (60) days after the Agency has delivered the last of the partially completed items. Agency will not be paid for any work done upon receipt of the notice of termination, nor for any costs incurred by Agency's suppliers or subcontractors, which Agency could reasonably have avoided.

Cancellation for Cause: City may also cancel this Agreement or any part of it with seven (7) days' notice for cause in the event of any default by the Agency, or if the Agency fails to comply with any of the terms and conditions of this Agreement. Unsatisfactory performance as judged by the Contract Administrator, and failure to provide City, upon

request, with adequate assurances of future performance will all be causes allowing City to cancel this Agreement for cause. In the event of cancellation for cause, City will not be liable to Agency for any amount, and Agency will be liable to City for any and all damages sustained by reason of the default which gave rise to the cancellation.

In the event Agency is in violation of any Federal, State, County or City law, regulation, or ordinance, the City may cancel this Agreement immediately upon giving notice to the Agency.

If the City cancels this Agreement or any part of the Agreement services, the City will notify the Agency in writing, and upon receiving notice, the Agency shall discontinue advancing the work and proceed to close all operations.

Upon cancellation, the Agency must deliver to the City all drawings, special provisions, reports, and other documents, entirely or partially completed, in any format, including but not limited to written or electronic media, together with all unused materials supplied by the City. Use of incomplete data will be at the City's sole responsibility.

The Agency shall appraise the work it has completed and submit its appraisal to the City for evaluation. At that time, the Agency will be entitled to be paid for work performed and accepted by the City before the default.

If the Agency fails to fulfill in a timely and proper manner its obligations, or if the Agency violates any of the terms of this Agreement, the City may withhold any payments to the Agency for the purpose of setoff until the exact amount of damages due the City from the Agency is determined by a court of competent jurisdiction.

If the City improperly cancels the Contract for cause, the cancellation for cause will be converted to a termination for convenience.

3.3 FUNDS APPROPRIATION

If the City Council does not appropriate funds to continue this Agreement and pay for charges, the City may terminate this Agreement at the end of the current fiscal period. The City agrees to give written notice of termination to the Agency at least 30 days before the end of its current fiscal period and will pay to the Agency all approved charges incurred through the end of this period.

4.0 GENERAL TERMS

4.1 ENTIRE AGREEMENT

This Agreement constitutes the entire understanding of the parties and supersedes all previous representations, written or oral, with respect to the services specified. This Agreement may not be modified or amended except by a written document, signed by authorized representatives or each party.

4.2 ARIZONA LAW

This Agreement shall be governed and interpreted according to the laws of the State of Arizona.

4.3 MODIFICATIONS

Any amendment, modification or variation from the terms of this Agreement must be in writing and will be effective only after approval of all parties signing the original Agreement.

4.4 ASSIGNMENT

Services covered by this Agreement may not be assigned or sublet in whole or in part without first obtaining the written consent of the Contract Administrator.

4.5 SUCCESSORS AND ASSIGNS

This Agreement extends to and is binding upon Agency, its successors and assigns, including any individual, company, partnership or other entity with or into which Agency merges, consolidates or is liquidated, or any person, corporation, partnership or other entity to which Agency sells its assets.

4.6 CONTRACT ADMINISTRATOR

The Contract Administrator for the City shall be the Community Assistance Manager or designee. The Contract Administrator will oversee the execution of this Agreement, assist the Agency in accessing the organization, audit billings, approve payments, establish delivery schedules, approve addenda, and assure Certificates of Insurance are in the City's possession and are current and conform to the Agreement requirements. The Agency must channel reports and special requests through the Contract Administrator.

The Agency shall complete and provide to the City a completed Exhibit D, listing the Agency's designated contract representatives who shall be responsible for project management, financial reporting, and performance reporting under this Agreement. The designated contract representative(s) having signature authority for the Agency shall be indicated on Exhibit D. The Agency shall submit a revised Exhibit D to the City within thirty (30) days of any change.

4.7 RECORDS AND AUDIT RIGHTS

The City may audit all of the Agency's records, calculations, and working documents pertaining to this work at a mutually agreeable time and place.

Agency's records (hard copy, as well as computer readable data), and any other supporting evidence considered necessary by the City to substantiate charges and claims related to this Agreement must be open to inspection and subject to audit and/or reproduction by City's authorized representative to the extent necessary to adequately permit evaluation and verification of cost of the work, and any invoices, change orders, payments or claims submitted by the Agency or any of his payees in accordance with the execution of the Agreement. The City's authorized representative must be afforded

access, at reasonable times and places, to all of the Agency's records and personnel in accordance with the provisions of this section throughout the term of this Agreement and for a period of three years after last or final payment.

Agency shall require all subcontractors, insurance agents, and material suppliers (payees) to comply with the provisions of this section by insertion of the requirements in a written contract agreement between Agency and payee. These requirements will also apply to any and all subcontractors.

If an audit, in accordance with this section, discloses overcharges, of any nature, by the Agency to the City in excess of one percent (1 %) of the total contract billings, the actual cost of the City's audit must be reimbursed to the City by the Agency. Any adjustments and/or payments which must be made as a result of any such audit or inspection of the Agency's invoices and/or records must be made within a reasonable amount of time (not to exceed 90 days) from presentation of City's findings to Agency.

4.8 ATTORNEY'S FEES

In the event either party brings any action for any relief, declaratory or otherwise, arising out of this Agreement, or on account of any breach or default, the prevailing party shall be entitled to receive from the other party reasonable attorneys' fees and reasonable costs and expenses, determined by the court sitting without a jury, which will be considered to have accrued on the commencement of the action and will be enforceable whether or not such action is prosecuted to judgment.

4.9 INDEPENDENT CONTRACTOR

The services the Agency provides under the terms of this Agreement to the City are that of an independent contractor, not an employee, or agent of the City. The City will report the value paid for these services each year to the Internal Revenue Service (I.R.S.) using Form 1099.

Withholding of income tax is not deducted from contractual payments unless required under federal or state law. As a result of this, Agency may be subject to I.R.S. provisions for payment of estimated income tax. Agency is responsible for consulting the local I.R.S. office for current information on estimated tax requirements. Failure to comply may subject Agency to a penalty.

4.10 CONFLICT OF INTEREST

The Agency warrants that it has not employed or retained any company or person, other than a bona fide employee working solely for the Agency, to solicit or secure this Agreement, and that it has not paid or agreed to pay any person or persons, other than a bona fide employee working solely for the Agency any fee, commission, percentage, brokerage fee, gifts or any consideration, contingent upon or resulting from the award or making of this Agreement. For breach or violation of this warranty, City will have the right to cancel this Agreement without liability or in its discretion to deduct from the contract price or consideration, or otherwise recover the full amount of any fee, commission, percentage, brokerage fee, gift or contingent fee, together with costs and attorney’s fees.

The City may cancel any contract or agreement, without penalty or obligation, if any person significantly involved in initiating, negotiating, securing, drafting or creating the Agreement on behalf of the City's departments or agencies is, at any time while the Agreement or any extension of the Agreement is in effect, an employee of any other party to the Agreement in any capacity or a consultant to any other party to the Agreement with respect to the subject matter of the Agreement. The cancellation shall be effective when written notice from the City is received by all other parties to the Agreement, unless the notice specifies a later time (A.R.S. §38-511).

4.11 NOTICES

All notices or demands required to be given in accordance with the terms of this Agreement shall be given to the other party in writing, delivered by hand or registered or certified mail, at the addresses set forth below, or to such other address as the parties may substitute by written notice given in the manner prescribed in this section.

In the case of Agency: _____

_____

_____

In the case of City: City of Scottsdale
Paiute Neighborhood Center
6535 E Osborn Rd., Bldg. #8
Scottsdale, Arizona 85251
Attention: Community Assistance Manager

Notices will be considered received on date delivered, if delivered by hand, and on the delivery date indicated on receipt, if delivered by certified or registered mail. Notice by facsimile or electronic mail is not adequate notice.

4.12 FORCE MAJEURE

Neither party shall be responsible for delays or failures in performance resulting from, acts beyond their control. These acts include, but are not limited to, acts of God, riots, acts of war, epidemics, governmental regulations imposed after the fact, fire, communication line failures, or power failures.

4.13 TAXES

The fee listed in this Agreement includes all taxes applicable to the services authorized. The City will have no obligation to pay additional amounts for taxes of any type.

4.14 ADVERTISING

No advertising or publicity concerning the City using the Agency's services shall be undertaken without prior written approval of such advertising or publicity by the City

Contract Administrator.

4.15 COUNTERPARTS

This Agreement may be executed in one or more counterparts, and each originally executed duplicate counterpart of this Agreement will be considered to possess the full force and effect of the original.

4.16 CAPTIONS

The captions used in this Agreement are solely for the convenience of the parties, do not constitute a part of this Agreement and are not to be used to construe or interpret this Agreement.

4.17 SUBCONTRACTORS

During the performance of the Agreement, the Agency may engage any additional subcontractors as may be required for the timely completion of this Agreement. The addition of any subcontractors requires that the Agency first obtain the approval of the City.

In the event of subcontracting, the sole responsibility for fulfillment of all terms and conditions of this Agreement rests with the Agency.

The Agency will pay its subcontractors within seven (7) calendar days of receipt of each progress payment from the City. The Agency will pay for the amount of the work performed by each subcontractor as accepted and approved by the City with each progress payment. In addition, any reduction of retention, if any, by the City will result in a corresponding reduction to subcontractors who have performed satisfactory work. The Agency will pay subcontractors the reduced retention within 14 calendar days of the payment of the reduction of the retention to the Agency. No Contract between the Agency and its subcontractors may materially alter the rights of any subcontractor to receive prompt payment and retention reduction as provided in this Agreement.

If the Agency fails to make payments in accordance with these provisions, the City may take any of one or more of the following actions and the Agency agrees that the City may take these actions:

A. To hold the Agency in default under this Agreement;

B. Withhold future payments including retention until proper payment has been made to subcontractors in accordance with these provisions;

C. Reject all future offers to perform work for the City from the Agency for a period not to exceed one (1) year from the completion date of this project; or

D. Terminate this Agreement.

4.18 CHANGES IN THE WORK

The City may at any time, as the need arises, order changes within the scope of the work without invalidating the Agreement. If any changes increase or decrease the amount due under the Agreement documents, or in the time required for performance of the work, an equitable adjustment will be authorized by written Change Order.

The City will execute a formal Change Order based on detailed written quotations from the Agency for work-related changes and/or a time of completion variance. All Change Orders are subject to approval by the City.

Contract Change Orders are subject to the Rules and Procedures within the City's Procurement Code.

4.19 USE OF CITY FACILITY OR PROPERTY.

In the event that the services to be provided by the Agency, pursuant to this Agreement, as described in Exhibit A, attached, are to be provided at or from a City facility, or on City property, the Agency will execute a revocable license agreement, prepared by the City, relating to the use of the facility or property. If a revocable license agreement is required by the City, its execution by the Agency will be a condition precedent to this Agreement.

4.20 COMPLIANCE WITH FEDERAL AND STATE LAWS

The Agency understands and acknowledges the applicability to it of the Americans with Disabilities Act, the Immigration Reform and Control Act of 1986, and the Drug Free Workplace Act of 1989. In addition, the Agency understands and acknowledges the applicability of A.R.S. §§34-301 and 34-302. The Agency shall include the terms of this provision in all contracts and subcontracts for work performed under this Agreement including supervision and oversight.

4.21 IMMIGRATION LAW COMPLIANCE

Under the provisions of A.R.S. §41-4401, the Agency warrants to the City that the Agency and all its subcontractors will comply with all Federal Immigration laws and regulations that relate to their employees and that the Agency and all its subcontractors now comply with the E-Verify Program under A.R.S. §23-214(A).

A breach of this warranty by the Agency or any of its subcontractors will be considered a material breach of this Agreement and may subject the Agency or subcontractor to penalties up to and including termination of this Agreement or any subcontract. The Agency will take appropriate steps to assure that all subcontractors comply with the requirements of the E-Verify Program. The City may consider it a material breach of this Agreement if the Agency fails to assure compliance by all its subcontractors with the E-Verify Program.

The City retains the legal right to inspect the papers of any employee of the Agency or any subcontractor who works on this Agreement to ensure that the Agency or any subcontractor is complying with the warranty given above.

The City may conduct random verification of the employment records of the Agency and any of its subcontractors to ensure compliance with this warranty. The Agency agrees to indemnify, defend and hold the City harmless for, from, and against all losses and liabilities arising from any and all violations of these statutes.

The City will not consider the Agency or any of its subcontractors in material breach of this Agreement if the Agency and its subcontractors establish that they have complied with the employment verification provisions prescribed by 8 U.S.C.A. §1324(a) and (b) of the Federal Immigration and Nationality Act and the E-Verify requirements prescribed by A.R.S. § 23-214(A).

The "E-Verify Program" means the employment verification pilot program as jointly administered by the United States Department of Homeland Security and the Social Security Administration or any of its successor programs.

The provisions of this section must be included in any contract the Agency enters into with any and all of its subcontractors who provide services under this Agreement or any subcontract. "Services" are defined as furnishing labor, time or effort in the State of Arizona by a contractor or subcontractor. Services include construction or maintenance of any structure, building, or transportation facility or improvement to real property. The Agency will take appropriate steps to assure that all subcontractors comply wih the requirements of the E-Verify Program. The Agency's failure to assure compliance by all its subcontractors with the E-Verify Program may be considered a material breach of this Agreement.

4.22 LAWFUL PRESENCE IN THE UNITED STATES FOR PERSONS

A.R.S. §1-502 requires that all Persons who will be awarded a contract and apply for public benefit must demonstrate through a signed affidavit and the presentation of a copy of documentation that verifies that they are lawfully present in the United States. A.R.S. §1-504 requires using the Systematic Alien Verification for Entitlements (SAVE) service to verify the identity and immigration status of applicants for public benefits who are not citizens or nationals of the United States.

By entering into this Agreement, Agency is agreeing to abide by A.R.S. §§1-502 and 504 and require applicants of public benefits to submit the required documentation and affidavit, and as required by A.R.S. §1-504, use SAVE to document the applicant's lawful presence in the United States. Agency shall not provide public benefits to an applicant that does not demonstrate lawful presence in the United States.

4.23 COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

Agency acknowledges that, pursuant to the Americans with Disabilities Act (ADA), programs, services, and other activities provided by a public entity to the public, whether directly or through a contractor, must be accessible to the disabled public. Agency will provide the services specified in this Agreement in a manner that complies with the ADA and any and all other applicable federal, state, and local disability rights legislation. Agency agrees not to discriminate against disabled persons in the provision of services, benefits, or activities provided under this Agreement and further agrees that any violation

of this prohibition on the part of Agency, its employees, agents, or assigns will constitute a material breach of this Agreement.

4.24 NO PREFERENTIAL TREATMENT OR DISCRIMINATION

In accordance with the provisions of Article II, Section 36 of the Arizona Constitution, the City will not grant preferential treatment to or discriminate against any individual or group on the basis of race, sex, color, ethnicity or national origin.

4.25 INDEMNIFICATION

To the fullest extent permitted by law, Agency, its successors, assigns and guarantors, must defend, indemnify and hold harmless City, its agents, representatives, officers, directors, officials and employees from and against all allegations, demands, proceedings, suits, actions, claims, damages, losses, expenses, including but not limited to, attorney fees, court costs, and the cost of appellate proceedings, and all claim adjusting and handling expense, related to, arising from or out of, or resulting from any act or omission, negligence, recklessness, or intentional wrongful conduct by Agency in the performance of this Agreement, including but not limited to, any subcontractor or anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable and any injury or damages claimed by any of Agency's and subcontractor's employees.

Insurance provisions stated in this Agreement are separate and independent from the indemnity provisions of this section and shall not be construed in any way to limit the scope and magnitude of the indemnity provisions. The indemnity provisions of this section shall not be construed in any way to limit the scope and magnitude and applicability of the insurance provisions.

4.26 OWNERSHIP OF PROJECT DOCUMENTS

All documents, including but not limited to notes, records, data compilations, studies, and reports in any format, including but not limited to, written or electronic media, prepared in the performance of this Agreement will remain the property of the City and must be delivered to the Contract Administrator before final payment is made to the Agency.

When the work detail covers only the preparation of preliminary reports or documents, there will be no limitations upon the City concerning use of the ideas or recommendations in the reports or documents. The City will release the Agency from any liability for the preparation and use of preliminary reports or documents.

4.27 COMPLETENESS AND ACCURACY

The Agency will be responsible for the completeness and accuracy of work prepared by the Agency and shall correct, at its expense, all errors or omissions which may be disclosed. The cost to correct those errors shall be chargeable to the Agency. Additional work or construction added to the project shall not be the responsibility of the Agency unless the need for additional work or construction was created by any error, omission, or negligent act of the Agency. The City’s acceptance of the Agency’s work will not relieve

the Agency of any of its responsibilities. The professional standard to which the Agency is held shall be that of a similar agency or entity as practiced in the State of Arizona.

4.28 ALTERATIONS OR ADDITIONS TO SCOPE OF SERVICES

The total Scope of the Work to be performed is stated in this Agreement. Any services requested outside the Scope of Work are additional services. The Agency will not perform these additional services without a written Change Order approved by the City. If the Agency performs additional services without a Change Order, the Agency will not receive any additional compensation.

4.29 EQUAL EMPLOYMENT OPPORTUNITY

During the performance of this Agreement, the Agency will follow the Federal government's guidelines to ensure that employees or applicants applying for employment will not be discriminated against because of race, color, religion, sex or national origin.

4.30 THIRD-PARTY BENEFICIARY

Nothing under this Agreement shall be construed to give any rights or benefits in the Agreement to anyone other than the City and the Agency, and all duties and responsibilities undertaken in accordance with this Agreement will be for the sole and exclusive benefit of the City and the Agency and not for the benefit of any other party.

4.31 ON-SITE SAFETY REPORTING REQUIREMENTS

For any non-construction City supplier whose service contract(s) (either singular or in aggregate) results in the contractor working 500 or more hours onsite at a City location(s) in any one calendar quarter, the following documentation must be provided by the contractor to the Contract Administrator:

- the contractor's most recent OSHA 300A (if applicable);
- all accident reports for injuries that occurred in the city under the contract during the most recent review period;
- the contractor's current worker's compensation experience modifier;
- the above information is to be provided to the Contract Administrator initially and every February thereafter as long as the contract is in force; and
- the Contract Administrator will provide this information to Risk Management when requested.

5.0 INSURANCE

A current standard Acord Certificate is acceptable.

Failure to provide an appropriate Certificate(s) of Insurance will result in rejection of your certificate(s) and delay in execution of the Agreement.

Additionally, Certificates of Insurance submitted without referencing an Agreement number will be subject to rejection and returned or discarded.

5.1 INSURANCE REPRESENTATIONS AND REQUIREMENTS

5.1.1 General: Agency agrees to comply with all applicable City ordinances and state and federal laws and regulations. Without limiting any obligations or liabilities of Agency, Agency must purchase and maintain, at its own expense, the stipulated minimum insurance with insurance companies duly licensed by the State of Arizona (admitted insurer) with an AM Best, Inc. rating of B ++ 6 or above or an equivalent qualified unlicensed insurer by the State of Arizona (non-admitted insurer) with policies and forms satisfactory to City. Failure to maintain insurance as specified may result in termination of this Agreement at City's option.

5.1.2 No Representation of Coverage Adequacy: By requiring insurance, City does not represent that coverage and limits will be adequate to protect the Agency. City reserves the right to review any and all of the insurance policies and/or endorsements cited in this Agreement but has no obligation to do so. Failure to demand evidence of full compliance with the insurance requirements stated in this Agreement or failure to identify any insurance deficiency will not relieve Agency from, nor be construed or considered a waiver of, Agency's obligation to always maintain the required insurance during the performance of this Agreement.

5.1.3 Coverage Term: All insurance required by this Agreement must be maintained in full force and effect until all work or services required to be performed under the terms of this Agreement are satisfactorily performed, completed and formally accepted by the City, unless specified otherwise in this Agreement.

5.1.4 Claims Made: In the event any insurance policies required by this Agreement are written on a "claims made" basis, coverage shall continue uninterrupted throughout the term of this Agreement by keeping coverage in force using the effective date of this Agreement as the retroactive date on all "claims made" policies. The retroactive date for exclusion of claims must be on or before the effective date of this Agreement and can never be after the effective date of this Agreement. Upon completion or termination of this Agreement, the "claims made" coverage shall be extended for an additional three (3) years using the original retroactive date, either through purchasing an extended reporting option or by continued renewal of the original insurance policies. Submission of annual Certificates of Insurance, citing the applicable coverages and provisions specified herein, shall continue for three (3) years past the completion or termination of this Agreement.

5.1.5 Policy Deductibles and or Self-Insured Retentions: The policy requirements may provide coverage which contain deductibles or self-insured retention amounts. These deductibles or self-insured retention must not be applicable with respect to the policy limits provided to City. Agency is solely responsible for any deductible or self-insured retention amount. City, at its option, may require Agency to secure payment of the deductible or self-insured retention by a surety bond or irrevocable and unconditional Letter of Credit.

5.1.6 Use of Subcontractors: If any work under this Agreement is subcontracted in any way, Agency must execute a written agreement with subcontractor containing the same

indemnification and insurance requirements as stated in this Agreement protecting City and Agency. Agency is responsible for executing the agreement with subcontractor and obtaining Certificates of Insurance verifying the insurance requirements.

5.1.7 Evidence of Insurance and Required Endorsements: Before starting any work or services under this Agreement, Agency must furnish City with Certificate(s) of Insurance, or formal endorsements as required by this Agreement, issued by Agency's insurer(s) as evidence that policies are placed with acceptable insurers as specified in this Agreement and provide the required coverage, conditions, and limits of coverage and that this coverage and the provisions are in full force and effect. If a Certificate of Insurance is submitted as verification of coverage, City will reasonably rely upon the Certificate of Insurance as evidence of coverage but this acceptance and reliance will not waive or alter in any way the insurance requirements or obligations of this Agreement. If any of the above cited policies expire during the life of this Agreement, it is Agency's responsibility to forward renewal Certificates within ten (10) days after the renewal date containing all the aforementioned insurance provisions. Certificates shall specifically cite the following provisions endorsed to the Agency's policy:

1. City of Scottsdale, its agents, representatives, officers, directors, officials and employees shall be named an Additional Insured under the following policies:

   a) Commercial General Liability

   b) Auto Liability

   c) Excess Liability - Follow Form to underlying insurance as required

2. Agency's insurance must be primary insurance as respects performance of subject Agreement. This also applies to any excess policies that the Agency uses to fulfill the total insurance limits requires under this Agreement.

3. All policies, except Professional Liability insurance, if applicable, waive rights of recovery (subrogation) against City of Scottsdale, its agents, representatives, officers, directors, officials and employees for any claims arising out of work or services performed by Agency under this Agreement.

4. If the Agency receives notice that any of the required policies of insurance are materially reduced or cancelled, it will be the Agency's responsibility to provide prompt notice of same to the City, unless such coverage is immediately replaced with similar policies.

5. Each liability insurance policy must contain a "severability of interests" condition or endorsement, which stipulates that coverage applies "separately" to each insured.

5.2 REQUIRED COVERAGE

5.2.1 Commercial General Liability: Agency shall maintain "occurrence" form Commercial General Liability insurance with a limit of not less than $1,000,000 for each occurrence, $2,000,000 Products and Completed Operations Annual Aggregate, and a $2,000,000 General Aggregate Limit. The policy must cover liability arising from premises, operations, independent contractors, products-completed operations, personal injury and advertising injury. Agencies whose services include working with, and/or caring for children and/or vulnerable adults, must have their policies specifically endorsed to include coverage for "sexual abuse and molestation". If any Excess insurance is utilized to fulfill the requirements of this section, the Excess insurance must be "follow form" equal or broader in coverage scope than underlying.

5.2.2 Professional Liability: If the Agreement is the subject of any professional services or work, or if Agency engages in any professional services or work adjunct or residual to performing the work under this Agreement, Agency must maintain Professional Liability insurance covering errors and omissions arising out of the work or services performed by Agency, or anyone employed by Agency, or anyone for whose acts, mistakes, errors and omissions Agency is legally liable, with a liability insurance limit of $1,000,000 each claim and $2,000,000 all claims. If the Professional Liability insurance policy is written on a "claims made" basis, coverage must extend for 3 years past completion and acceptance of the work or services. The Agency must annually submit Certificates of Insurance stating that the applicable coverage is in force and contains the required provisions for 3 years.

5.2.3 Vehicle Liability: If any vehicle is used in the performance of the Scope of Work that is the subject of this Agreement, the Agency must maintain Business Automobile Liability insurance with a limit of $1,000,000 each occurrence on Agency's owned, hired, and non-owned vehicles assigned to or used in the performance of the Agency's work or services under this Agreement. If any hazardous material, as defined by any local, state or federal authority, is the subject, or transported, in the performance of this Agreement, an MCS 90 endorsement is required providing $5,000,000 per occurrence limits of liability for bodily injury and property damage. If any Excess insurance is utilized to fulfill the requirements of this section, the Excess insurance must be "follow form" equal or broader in coverage scope than underlying.

5.2.4 Workers Compensation Insurance: Agency shall maintain Workers Compensation insurance to cover obligations imposed by federal and state statutes applicable to Agency's employees engaged in the performance of work or services under this Agreement and must also maintain Employers' Liability Insurance of not less than $100,000 for each accident, $100,000 disease for each employee and $500,000 disease policy limit. All insurance policies must waive rights of recovery against the City and its agents. The Agency must submit an insurance certificate to appropriate City staff reflecting the required above insurance coverages and provisions.

If the Agency is a sole proprietor, has no employees, and has elected not to purchase workers compensation insurance, a completed and signed Workers Compensation Waiver form will substitute for the insurance requirement. The Workers Compensation Waiver form cannot be used by corporations, LLC's, partnerships, or sole proprietors with employees.

6.0 SEVERABILITY AND AUTHORITY

6.1 SEVERABILITY

If any term or provision of this Agreement is found to be illegal or unenforceable, then despite this illegality or unenforceability, this Agreement shall remain in full force and effect and the term or provision shall be considered to be deleted.

6.2 AUTHORITY

Each party warrants and represents that it has full power and authority to enter into and perform this Agreement and that the person signing on behalf of each has been properly authorized and empowered to enter this Agreement. Each party further acknowledges that it has read this Agreement, understands it, and agrees to be bound by it.

7.0 REQUEST FOR TAXPAYER I.D. NUMBER & CERTIFICATION I.R.S. W-9 FORM

Upon request, the Agency shall provide the required I.R.S. W-9 Form which is available from the IRS website at www.IRS.gov under their forms section.

8.0 ADDITIONAL COMPLIANCE REQUIREMENTS

Agency and the services provided under this Agreement shall comply with all applicable federal, state, and local laws, and Agency shall maintain all applicable licenses and permits and comply with all their applicable requirements. Agency shall not use the funds provided under this Agreement for any sectarian purpose or activity, including sectarian worship or instruction. Agency shall not use the funds provided under this Agreement for political activities, for lobbying any legislative or administrative body as defined in State or federal law or lobbying the City Council, or for the purpose of influencing the outcome of any election. Agency shall not use any funds for programs promoting diversity, equity and inclusion in violation of any applicable Federal anti-discrimination laws.

9.0 ISRAEL BOYCOTT PROHIBITION

By executing this Agreement, Agency certifies that it is not currently engaged in and will not for the duration of this Agreement engage in boycott activity proscribed by A.R.S. § 35-393 *et seq*.

10.0 UYGHURS PROHIBITION

By executing this Agreement, Sponsor certifies that it is does not currently and will not for the duration of this Agreement support the forced labor of ethnic Uyghurs in the People's Republic of China as proscribed by A.R.S. § 35-394.

11.0 DONATIONS

No donations allowed. To avoid the appearance of impropriety, Agency shall not make any donation to the City, of any good or services during the term of this Agreement, unless it has specifically been approved by the City Manager or designee.

IN WITNESS WHEREOF, the Parties have executed this Agreement to be effective as

of the first date written above.

AGENCY

DATE: _____

By:_____
Its:_____
TAX ID #:_____

CITY OF SCOTTSDALE,
an Arizona Municipal Corporation

_____ DATE: _____
Lisa Borowsky
Mayor

ATTEST:

_____
Ben Lane
City Clerk

APPROVED AS TO FORM:

_____
Sherry R. Scott, City Attorney
By: Karen Tyler, Senior Assistant City Attorney

REVIEWED BY:

_____ DATE: _____
George Woods, Jr.
Risk Management Director

_____ DATE: _____
Community Assistance Manager
Contract Administrator

LIST OF EXHIBITS

A. Scope of Work

B. Budget

C. Certificate of Insurance

D. Agency's Designated Contract Representatives

EXHIBIT "A"
STATEMENT OF WORK

This Scope of Work and Program Budget will document specific costs to be paid for under a contract for services.

1. Name of Program

2. Project Location-Please include all locations where the program exists.

Address	City	State	Zip

3. Indicate the number of staff and volunteers for your agency and the program you are applying for:

	Agency

4. Total Scottsdale Cares/General Funds/Endowment Funds Requested for this Program:

5. List the service(s) to be provided, the number of units of service and number of unduplicated Scottsdale persons or households the requested funding will pay for:

Service	Units of Service	# of unduplicated households

6. Total number of unduplicated Scottsdale persons or households to be assisted:

Income Level	Household
	0

7. Define how you will determine client eligibility and how you will determine if you are serving Scottsdale Residents?

7a. Client eligibility will be documented by:

7b. Scottsdale residency will be documented by:

8. Program Outcomes and Indicators:

Complete the Outcome Chart by identifying at least one outcome to client/participants for each proposed service. Each outcome must be supported by at least one indicator and identification of the measurement that will be used to verify that the benefit has occurred.

Service	Outcomes	Indicators	How Receipt of Service is Documented

9. Eligible Activity: Yes

EXHIBIT “B”

BUDGET & BILLING INFORMATION

10. Scottsdale Cares/General Funds/Endowment Funds will pay for the following costs. Actual costs reimbursed under the contract will be those costs directly attributable to this program.

10a. Personnel Services:

10b. Contracted Services:

10c. Supplies & Miscellaneous:

11. TOTAL PROGRAM BUDGET SUMMARY

Funding Year: 07/01/2026 – 06/30/2027	
Subrecipient Name:	
Program Name:	

11a. Program Revenues

Revenue Source	Applying Agency	Partner Agency A	Partner Agency B	Other Sources	Committed or Tentative	Program Total
	$0.00			$0.00		$0.00

11b. Expenditures-Personnel Services

Personnel Services	Applying Agency	Other Sources	Program Total
	$0.00	$0.00	$0.00

11c. Expenditures-Contracted Services

Contracted Services	Notes	Applying Agency	Other Sources	Program Total
		$0.00	$0.00	$0.00

11d. Expenditures-Supplies & Miscellaneous Services

Contracted Services	Notes	Applying Agency	Other Sources	Program Total
		$0.00	$0.00	$0.00

TOTAL PROGRAM EXPENCES	Column A- City of Scottsdale	Column B- Other Sources	Sum of Column A & B
	$0.00	**$0.00**	**$0.00**

Note: TOTAL PROGRAM REVENUES MUST EQUAL TOTAL PROGRAM EXPENSES.
Note 2: Employee related expenses cannot be reimbursed at rates greater than the actual costs.
Note 3: Indirect administrative costs will not be reimbursed unless an indirect cost allocation plan has already been approved by an appropriate federal agency and submitted with this application.

QUARTERLY REIMBURSEMENT REQUEST REQUIREMENTS AND PERFORMANCE REPORTS

NOTE: This section is very important to facilitate the expeditious processing of your agency's request for reimbursement. Please carefully follow the summary of quarterly reimbursement and performance reporting requirements listed below.

The Agency is the responsible party for the following:

- A request for reimbursement must be reviewed and signed by the agency executive director, be submitted to the City on the agency's letterhead, and include the contract number;

- Submitting a financial format/budget pro forma summarizing monthly and year-to-date expenditures including the agency's match from other resources (form to be supplied by the City of Scottsdale);

- Providing copies of all supporting documents showing satisfactory progress toward meeting units of service, detailed in Exhibit A-Scope of Work; (2) submission of accurate and complete supporting documentation that substantiates the payment request and that is in accordance with the Scope of Work, program budget and Exhibit B.

- The agency is **required** to submit quarterly billing requests and performance reports by the **15th of the following month** of October, January, April and June. If there is no financial activity, the agency is still required to report on progress of their activity to the contract administrator. The final billing for the contract must be received by the first Friday in July; if it is a holiday, submit the final invoice on the Thursday before.

- All of the above components must be included in the agency's quarterly reimbursement request. City Community Assistance staff generally processes the agency's reimbursement request within fourteen (14) days. If the reimbursement procedures are not followed correctly, or if additional documentation is required, the City will contact the agency. This will delay the processing and the agency's reimbursement check.

- A quarterly performance report (form to be supplied by the City of Scottsdale) that explains the progress the project has made in relation to the performance indicators submitted. The report will also include ethnic and income information as requested.

I N V O I C E # _____
(to appear on Agency letterhead)

Date: _____

TO:

Housing Community Assistance Office
6535 E Osborn Rd., Bldg. 8
Scottsdale, AZ 85251
Attn: Community Grant Specialist

RE: Scottsdale Cares/General Funds/Endowment Agreement #

BRIEF DESCRIPTION OF SERVICES PROVIDED:

Amount Requested: $_____for the month of _____.

Remit payment to: _____

_____

_____

_____
Signature of Person Authorized to Sign for Agency

_____
Print Name and Title

CITY OF SCOTTSDALE (COS) AGENCY NAME: _____

BILLING STATEMENT FOR MONTH OF: _____ PROJECT NAME: _____

DESCRIPTION	COS	OTHER SOURCES	TOTAL
Personnel Services:			
Salaries			
ERE			
Total Personnel Services			
Contracted Services:			
Professional Services			
Telephone			
Utilities			
Rent			
Insurance			
Maintenance			
Travel/Mileage			
Other (Specify)			
Total Contracted Services			
Supplies & Miscellaneous			
Office Supplies			
Building Materials			
Printing/Duplication			
Other (Specify)			
Total Supplies & Miscellaneous			
TOTAL PROGRAM EXPENSES			

19864174v1

Quarterly Reporting and Accomplishment shall be done in the Neighborly Portal

Accomplishments

Case Id: 30989
Name:
Report Id: Blank

No data saved

Accomplishments

Only click Complete and Submit on this step once Accomplishments have been provided.

Total Number of Persons Assisted	
Total Number of Unduplicated Persons Assisted this Month	

Beneficiaries - Income	
Number of Extremely Low Income persons assisted (<30% AMI)	
Number of Low Income persons assisted (30%-50% AMI)	
Number of Moderate Income persons assisted (50% - 80% AMI)	
Number of persons assisted who are NOT Low to Moderate Income	

Family Size	
Small (4 or less)	
Large (5 or more)	
Unknown/Declined to Report	

Additional Demographics	
Female Head of Household	
Elderly (62+)	
Disabled	
Number of Units Provided	

Race and Ethnicity	
White-Hispanic	
White Non-Hispanic	
Black/African American-Hispanic	
Black/African American Non-Hispanic	
Asian-Hispanic	
Asian Non-Hispanic	
American Indian/Alaskan Native- Hispanic	
American Indian/Alaskan Native Non-Hispanic	
Native Hawaiian/Other Pacific Islander- Hispanic	
Native Hawaiian/Other Pacific Islander Non-Hispanic	
American Indian/Alaskan Native and White-Hispanic	

American Indian/Alaskan Native and White Non-Hispanic	
Amer. Indian/Alaskan Native & Black/African Amer.-Hispanic	
Amer. Indian/Alaskan Native & Black/African Amer. Non-Hispanic	
Asian and White- Hispanic	
Asian and White Non-Hispanic	
Black/African American and White- Hispanic	
Black/African American and White Non-Hispanic	
Other Multi-Racial-Hispanic	
Other Multi-Racial Non-Hispanic	

Narrative and Supporting Documents

Case Id: 30989
Name:
Report Id: Blank

No data saved

Narrative and Supporting Documents

Please provide a narrative describing accomplishments and barriers during this reporting period. You may also upload any supporting documentation below.

Areas of Concern

Documentation

☐ **Supporting Documents**

***No files uploaded*

Submit

Case Id: 30989
Name:
Report Id: Blank

No data saved

CERTIFICATION: I hereby certify that the information contained in this Monthly Report is accurate and the project/program is operating in accordance with the terms and conditions set forth in the AGREEMENT by and between the city and the above named agency which I represent.

Signature

***Not signed*

SAMPLE ACORD CERTIFICATE OF INSURANCE (Contract Exhibit "C")

ACORDtm	**CERTIFICATE OF LIABILITY INSURANCE**	**DATE (MM/DD/YY)**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	**CONTACT NAME:**	
	PHONE (A/C. No. Ext):	**Fax (A/C. No):**
	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID#:	

INSURER(S) AFFORDING COVERAGE	**NAIC #**
INSURER A:	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
THIS MUST MATCH EXACTLY TO THE CONTRACTOR NAME AND INFORMATION AS LISTED IN THE CONTRACT OR SCOPE OF WORK.

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	**TYPE OF INSURANCE**	**ADDL INSR**	**SUBR WVD**	**POLICY NUMBER**	**POLICY EFF (MM/DD/YYYY)**	**POLICY EXP (MM/DD/YYYY)**	**LIMITS**	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea Occurrence)	$
	CLAIMS MADE ☐ OCCUR	☐	☐				MEDICAL EXP (Any One Person)	$
							PERSONAL & ADV INSURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER: ☐POLICY☐PROJECT☐LOC						PRODUCTS – COMP/OP AGG	$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO	☐	☐				BODILY INJURY (Per person))	$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per Accident)	$
	HIRED AUTOS							
	NON-OWNED AUTOS							
	Umbrella Liab ☐OCC						EACH OCCURRENCE	$
	Excess Liab ☐CLAIMS MADE	☐	☐				AGGREGATE	$
	DEDUCTIBLE							$
	RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **Y/N** ☐ **(Mandatory in NH)** If yes, describe under SPECIAL PROVISIONS BELOW:	**N/A**	☐				WC STATU-TORY LIMITS	OTHER	
							EL EACH ACCIDENT	$
							EL DISEASE . POLICY LIMIT	$
							EL DISEASE . EA EMPLOYEE	$
		☐	☐					

Description of Operations/Locations/Vehicles(Attach ACORD 101, Additional Remarks Schedule, if more space is required)
City of Scottsdale, its representatives, agents and employees, is an Additional Insured under Commercial General Liability and Auto Liability. All cited insurance shall be primary coverage and waive rights of recovery (subrogation), including Workers Compensation, against City of Scottsdale. Contract #2024

CERTIFICATE HOLDER	**CANCELLATION**
City of Scottsdale Attn: Paiute Neighborhood Center Community Assistance Office 6535 E Osborn Rd., Bldg. 8 Scottsdale, AZ 85251	**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.** **AUTHORIZED REPRESENTATIVE**

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EXHIBIT "D"
AGENCY'S DESIGNATED CONTRACT REPRESENTATIVES

Communication and details concerning management, financial and performance of this Agreement shall be directed to the following designated contract representatives:

CEO/President: ☐ **Signature Authority** ☐ **Primary Contact** ☐ **Insurance Information**

Name Title

Address

City State Zip

Direct Phone Number Email Address

Contract and Billing: ☐ **Signature Authority** ☐ **Primary Contact** ☐ **Insurance Information**

Name Title

Address

City State Zip

Direct Phone Number Email Address

Performance Reporting: ☐ **Signature Authority** ☐ **Primary Contact** ☐ **Insurance Information**

Name Title

Address

City State Zip

Direct Phone Number Email Address

* Please indicate which representative has signature authority, is the primary contact, and is responsible for insurance information.