

TUCSON  
INDIAN  
CENTER



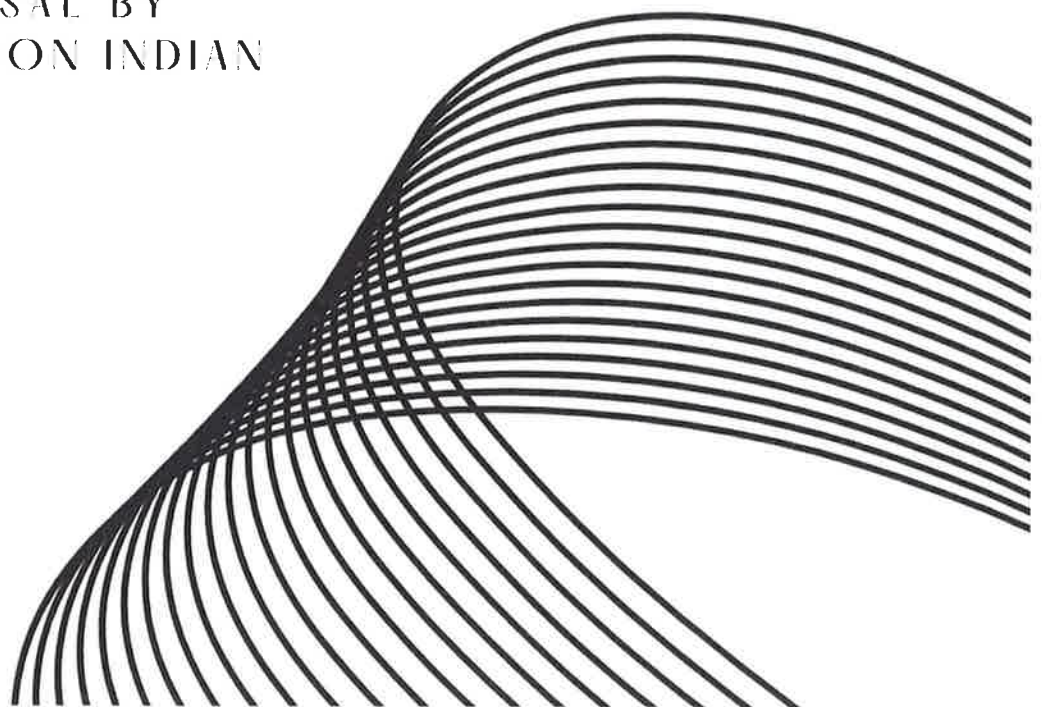
11/04/2022

**Pima County Community &  
Workforce Development  
Department**

Request for: FEMA/EFSP Phase 40

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A PROPOSAL BY  
THE TUCSON INDIAN  
CENTER



## Introduction

Pima County was selected as a qualifying jurisdiction to receive funding from the Emergency Food and Shelter Program's National Board, which is chaired by the Federal Emergency Management Agency (FEMA). The Emergency Food and Shelter Program (EFSP), created in 1983, supplements and expands the work of local social service agencies which help people with economic emergencies. The original authorizing legislation (Pub. L. 100-77) specifically calls for:

*Sensitivity to the transition from temporary shelter to permanent homes and attention to the specialized needs of homeless individuals with mental and physical disabilities and illness and to facilitate access for homeless individuals to other sources of services and benefits.*

Special emphasis shall be on the identification of and assistance to the elderly, families with children, Native Americans, veterans, and mentally and physically disabled persons. EFSP funds must be used only to supplement existing rent/mortgage, utility assistance and feeding and sheltering efforts.

Pima County's Community Development and Neighborhood Conservation Department (CDNC) has been charged with coordination of the process for distribution of funds to service providers in Pima County.

The FEMA National Board has announced an allocation of \$422,609 for this jurisdiction under the 2021-22 Program Year, known as Phase 40.

Following the due date the Local Board will convene, review the proposals, determine the allocations to be distributed, and submit its local plan to the EFSP National Board.

## Eligible Program Activities

The intent of this program is to support the purchase of food and shelter and assistance in the payment of rent/mortgage and utilities, to supplement and expand current available resources. Eligible cost categories are limited to served meals, other foods, mass shelter, other shelter, rent/mortgage assistance, and utility assistance. FEMA EFSP funds are intended to be used to supplement or expand existing programs and services. Funds may not be used as a substitute for other program funds, nor to start a new program. Funds may not be used for emergency assistance for victims of natural disasters.

## Who Can Apply

A local organization that meets the following qualifiers is eligible to apply for FEMA EFSP funding.

- Is a nonprofit or an agency of government
- Has a checking account (Cash payments are not allowed.)
- Has an accounting system or fiscal agent approved by the Local Board
- Is not debarred or suspended from receiving Federal funds
- Has a Federal Employer Identification Number (FEIN)
- Has a Data Universal Number System (DUNS) number
- Conducts an independent annual review if receiving \$50,000 to \$99,999 in funding; an independent audit if receiving \$100,000 or more in EFSP funds; and meets single audit requirements at 2 CFR 200 if receiving \$750,000 or more in Federal funding
- Has not received an adverse or no-opinion audit
- Provides services and uses other organization/agency resources in the area in which they are seeking funding
- Practices nondiscrimination
- Has a voluntary board if private not-for-profit
- Involves homeless individuals and families, through employment, volunteer programs, etc., in providing emergency food and shelter services

### **Proposal Application**

Submit a complete application for each program for which your organization seeks FEMA / EFSP funding. Include the organization's name, address, and each program name for which funding is sought.

Phase 40 funding is limited to the categories provided above in **Eligible Program Activities**. A complete proposal will consist of the following items.

- Attachment A. Proposal Cover Sheet
- Attachment B. Proposal Application Form with Narrative and Budget
- Attachment C. Local Recipient Organization (LRO) Certification Form
- Additional documentation as required by application instructions

Each document should be saved as a PDF file, clearly named and attached to the submission email.

### **Proposal Formatting**

Type responses in 12-point font. Avoid expanding space sizes provided. If the proposal is written by hand, print legibly and use blue ink. Proposals must be signed and dated by the Respondent's authorized agent (the person who has the authority to bind the organization; for example, President, Chief Executive Officer).

**FAILURE TO COMPLY WITH SOLICITATION REQUIREMENTS MAY CAUSE A PROPOSAL TO BE REJECTED AS NON-RESPONSIVE.**

### **Selection Process**

CDNC will convene an EFSP Local Board as required by the National Board. The Local Board is to include members of the following groups: Catholic Charities, United Jewish Communities, National Council of the Churches of Christ, The Salvation Army, American Red Cross, and United Way.

The Local Board will convene after the due date for a review session which will be open to respondents and the public. The review session details (date/time/location) will be provided to all applicants via email and will also be posted on County websites and social media pages.

The Local Board will select organizations for funding that:

- Demonstrate the ability to provide food and/or shelter assistance
- Consider needs, resources and gaps in services
- Have the staff and capacity to take on responsibility of the program
- Include homeless individuals and families in providing services
- Have the capacity to maintain records and submit records by their due dates required by the National Board
- Have a financial system appropriate to carry out duties.

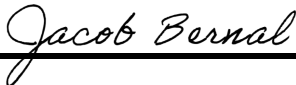
Local funding award decisions are expected to be announced within 20 business days of the award notification.

### **Compliance**

Award notification will be announced to the grant recipients and placed on the website listed above. The Respondents agree to establish, monitor, and manage an effective grant award administration process that assures compliance with all requirements of the Emergency Food and Shelter Program National Board and Local Board.

**Proposal Application**

**Attachment A Cover Sheet**

|   |   |
|---|---|
| Legal name of the organization (or individual) submitting this application:<br><a href="#">American Indian Association of Tucson, Inc. (DBA Tucson Indian Center)</a>   |   |
| Legal Status of applicant (e.g., non-profit corporation, government entity):<br><a href="#">Non-Profit Corporation with Internal Revenue Service 501-c-3 Designation</a>  |   |
| Address of Organization:<br><a href="#">160 N. Stone Avenue</a>   |   |
| Name and Title of contact person for this application:<br><a href="#">Jacob Bernal</a>  |   |
| Telephone number:<br><a href="#">520-884-7131</a>   | Fax number:<br><a href="#">520-884-0240</a> |
| E-mail address:<br><a href="mailto:jbernal@ticenter.org">jbernal@ticenter.org</a>   |   |
| Indicate the amount of FEMA EFSP Phase 40 funds you are requesting for each service category. Phase 40 funding will be limited to the following categories. Total your requests at the bottom. ROUND REQUESTS TO THE NEAREST DOLLAR; REQUEST ONLY WHOLE DOLLAR AMOUNTS. |   |
| Served Meals/Mass Feeding   | \$  |
| Other Food  | \$  |
| Mass Shelter  | \$  |
| Other Shelter   | \$  |
| Rent/Mortgage Assistance*   | \$ 35,000                                   |
| Utility Assistance*   | \$ 15,000                                   |
| <b>Total Requested</b>  | <b>\$ 50,000</b>                            |
| * PLEASE NOTE: ALL LOCAL PROVIDERS FOR EMERGENCY RENT/MORTGAGE AND UTILITY ASSISTANCE MUST UTILIZE PIMA COUNTY'S EMERGENCY SERVICES NETWORK (ESN) TO ENSURE NO DUPLICATION OF ASSISTANCE OCCURS.  |   |
| To the best of my knowledge and belief, all of the information in this application is true and correct. The document has been authorized by the governing body of the applicant and the applicant will comply with the attached assurances if funding is awarded.       |   |
| Typed name of Authorized Signature:<br><a href="#">Jacob Bernal, Executive Director</a>   |   |
| Authorized Signature:   | Date signed:                                |
|    | 11/01/2022                                  |

## Attachment B Application Form

### I. FEMA EFSP FUNDING HISTORY

|                         |                  |
|-------------------------|------------------|
| <b>Phase 40 Request</b> | <b>\$ 50,000</b> |
| Phase 39 Received       | \$ 36,883        |
| Phase 38 Received       | \$ 25,000        |

Note: FEMA funds are intended to be used to supplement or expand existing programs and services.

Describe how the organization intends to use these funds. Will the money requested in this proposal be used to support a service or program that was supported by FEMA funds in the past? If yes, describe below how services have been or will be expanded or supplemented.

The Tucson Indian Center proposes to use the requested CARES funds for Rent/Mortgage Assistance and Utility Assistance. If awarded, the funds will supplement the US Department of Labor Section 166 Employment and Training Client Supportive Services Program as listed in the Program/Service Revenue Table located on Page 12 of this proposal application. Additionally, the requested funds will supplement and sustain the Emergency Services Network Program (FEMA & TANF) previously funded by the Pima County Emergency Service Network. Lastly, the funds will supplement the current Marguerite Casey Foundation client assistance program.

### II. ORGANIZATION ELIGIBILITY CRITERIA

#### 1. Identify the status of the agency. (Select one)

- Government Agency (public entity)
- Private Nonprofit (501(c)(3) or 501(c)(4)  
If your agency has not previously received FEMA funds, **attach** the Federal tax exempt letter to your submission.

#### 2. Is the agency considered in good standing by the Arizona Corporation Commission?

|   |   |
|---|---|
| Y | N |
| X |   |

#### 3. A. Accounting System: Describe the accounting system used by the organization to track grant-funded expenditures and revenues.

The Center utilizes the FUND EZ Accounting Software for financial tracking and evaluation of all expenditures and revenue through a planned (budget) versus actual (realization) accounting assessment. All Financial Statements are formatted and recorded through Generally Accepted Accounting Principles (GAAP) in accordance with the US Office of Management & Budget Circulars for non-profit organizations.

#### B. Audit: Does the organization conduct an independent annual audit? (Check one)

- Yes.** Indicate below the CPA firm that conducted the organization's most recent financial audit and the time period covered by the audit.
- If the agency has not received FEMA funding in the last 5 years, **attach** a copy of the organization's most recent audit to your submission.

Jennifer Phillips CPA, PLLC, (PO Box 17257, Tucson, Arizona 85731) conducted the last audit for the fiscal year July 1, 2020, through June 30, 2021.

**No.** The organization does not conduct an independent annual audit.

- Please **attach** FY2020-21 internal agency budget and year-to-date financial statements to your submission.

4. **Federal Employer Identification Number (FEIN)**

86-0210481

5. **How does your facility assure accessibility for people with physical disabilities?**

The Center Facility and Services are ADA compliant, and notices are posted for persons requesting accommodations.

III. ORGANIZATION TARGET POPULATION

Please indicate the three primary target client populations served by your agency in the list below. Type "1," "2," and "3" to identify the top three client populations. If your agency targets no specific population, please select the "NT" code.

|   |                                    |   |                          |  |   |
|---|------------------------------------|---|--------------------------|--|---|
|   | People with substance use disorder | 1 | Native Americans         |  | Unaccompanied minors                        |
|   | Domestic violence victims          |   | People with AIDS/HIV     |  | Veterans                                    |
| 3 | Elderly                            |   | Racial/Ethnic Minorities |  | NT (no target population)                   |
| 2 | Families with children             |   | Single men               |  | Other targeted populations (specify below): |
|   | Mentally disabled                  |   | Single women             |  |   |

IV. NARRATIVE

Please answer the following questions. Limit answers to the space provided.

1. Give a brief explanation of your organization's ability to coordinate service delivery with other human service providers. Specifically identify the networks, coalitions and collaborative arrangements that your agency maintains.

The Tucson Indian Center was incorporated in January 1963 and has provided quality and impactful social, wellness, and cultural client services for approximately 60 years. The Center currently operates a six-million-dollar annual budget with the majority of funding from the US Department of Health & Human Service, Indian Health Service, and the US Department of Labor Employment and Training Program. The Center successfully operated the Pima County Emergency Services Program for twenty-one years, offering rent, utility, and mortgage assistance. The Center coordinates services with the Pima County Workforce Investment Board Partners. Additionally, the Center collaborates with the Tohono O'odham Nation & Pascua Yaqui Tribe Programs and Committees.

2. Describe any changes in the magnitude of the current need and/or funding sources experienced during the past year or expected in the next 12 months (for example, number of requests or types of clients).

Since the beginning of the COVID-19 pandemic, the Tucson Indian Center has experienced a significant increase of requests for rental, mortgage, and utility assistance. Even as the economy continues to recover from the devastating impact of the pandemic, millions of Americans face evictions and loss of basic housing security. Several community members are facing unemployment due to the pandemic or have seen a reduction in hours at their current employment. These financial strains are causing community members to seek assistance to ensure their families have access to shelter, water, electricity and gas.



3. Give a brief explanation of how your service(s) will be addressing a gap in existing services available to the community.

The Greater Tucson Community has received significant federal and state grant awards to provide COVID-19 testing, preparedness, prevention, and response medical service. For this, we are extremely grateful.

However, the resources and support for non-medical needs such as rent, mortgage, and utility assistance have not kept up with the medical financial resources. Therefore, the Pima County EFSP Funding will address this gap/need to help families remain in their homes through home foreclosure, apartment eviction, utility cut-off prevention, and mitigation support. Additionally, many Tucson Native American Families do not know the current community resources available for this purpose. Through targeted outreach and communication, the Center expects to play a pivotal role to connect and engage this shadow community population to gain access to these financial resources.

4. Explain any anticipated funding cuts. Identify the funding source anticipated to be reduced and describe any alternative funding sources sought by the organization to make up for these cutbacks.

As of the writing of this proposal, the Center is unaware of and does not anticipate any program and service funding cuts. However, all revenue received by the Center is competitive, discretionary, and subject to congressional appropriation or state/county allocation of grants and contracts.

5. Define the geographical area to be served with requested FEMA funds.

The geographical service area for the EFSP Program is the Greater Metropolitan Tucson, Pima County, Arizona (off-reservation). This includes the Cities of Marana, Tucson, and South Tucson and the unincorporated areas of the Great Tucson Area.

6. Briefly describe the target population for each service for which you are requesting FEMA EFSP funds.

The Targeted population for this grant request is: (1) Native Americans, (2) Families with Children, and (3) Elders. The total Pima County off-reservation "American Indian / Alaska Native Only" (AI/AN) population is 20,467 as of the 2012-2016 US Census American Community Survey. The poverty rate for AI/ANs of all ages in the geographic area is alarmingly higher than the general population at 35.0%, compared to 18.8% for the total population. Compared to labor force status for this geographic area, the unemployment rate for AI/ANs in this area is more than twice the general population at 18.5%, compared to 9.0% of the total population. And, in comparison to educational attainment for his geographic area, 23.1% of AI/ANs have less than a high school diploma or GED, which is nearly twice as high as the total population at 12.1%. Also, 15.4% of AI/ANs have a bachelor's degree or higher, compared to more than twice as many in the total population at 31.1%. As noted, this population more severely disadvantage in terms of unemployment rates, poverty rates, and levels of educational attainment, as documented in the data from the Census Bureau's American Community Survey (ACS). Therefore, this socioeconomic condition adversely affects the housing condition for rent, mortgages, and utility financial status.

7. Please discuss how your program collaborates with other homeless assistance providers, including those organizations which are part of the Tucson Pima Collaboration to End Homelessness.

The Tucson Indian Center has three (3) departments: Social Services, Wellness, and our newest addition, the Health Services Department. The Social Service department collaborates with the Wellness Department by working with homeless population and referrals. Once the Wellness team receives client referrals, they move expeditiously and collaborate with Tucson's homeless foundations. 1. City of Tucson – CARES Act program, this program assists Tucson homeless with housing navigation and rapid rehousing services, 2. Primavera shelter foundation for men and women, and 3. TPCH community planning forums to help end homelessness. The Wellness Department has a wide variety of homeless foundations to assist our Native American Community with homelessness, stay safe and healthy.

V. BUDGET AND FINANCIAL/SERVICE INFORMATION

**Unit of Service/Request**

Complete the appropriate table for each category in which funding is requested.

| Shelter Category                  |                      |                |                          |                                     |                                      |
|-----------------------------------|----------------------|----------------|--------------------------|-------------------------------------|--------------------------------------|
|                                   | Column A             | Column B       | Column C                 | Column D                            | Column E                             |
| Shelter Category                  | FEMA Funds Requested | Per Diem       | FEMA-Funded Total Nights | FEMA-Funded Number of Rural Clients | FEMA-Funded Number of Clients Served |
| Mass Shelter - <i>Direct Cost</i> | \$                   | Not applicable |                          |                                     |                                      |
| Mass Shelter - <i>Per Diem</i>    | \$                   | \$12.50        |                          |                                     |                                      |
| Other Shelter                     | \$                   | Not applicable |                          |                                     |                                      |

| GUIDANCE: Shelter Category |   |
|----------------------------|---|
| Column A                   | State the amount of FEMA funds you are requesting.  |
| Column B                   | In past years the local board has selected a \$12.50/night per diem rate. <b><i>This amount may change when the award is finalized.</i></b> |
| Column C                   | Indicate the total number of nights for mass shelter (Columns A ÷ B = C).   |
| Column D                   | State the number of rural clients to be served with FEMA EFSP request.  |
| Column E                   | Indicate the total number of clients to be served (include rural clients reported in Column D) with FEMA request.                           |

| Food (Served Meals/Mass Feeding) Category |                      |                 |                         |                                     |                                      |
|---|----------------------|-----------------|-------------------------|-------------------------------------|--------------------------------------|
|   | A                    | B               | C                       | D                                   | E                                    |
| Food Category                             | FEMA Funds Requested | Meal Per Diem   | FEMA-Funded Total Meals | FEMA-Funded Number of Rural Clients | FEMA-Funded Number of Clients Served |
| Served Meals - <i>Direct Cost</i>         | \$                   |                 |                         |                                     |                                      |
| Served Meals - <i>Per Diem</i>            | \$                   | \$3.00 per meal |                         |                                     |                                      |

| GUIDANCE: Food Category |  |
|-------------------------|--|
| Column A:               | Indicate the amount of FEMA funds you are requesting.  |
| Column B                | In past years the local board has selected a \$2.00/meal per diem rate. <b><i>This amount may change when the award is finalized</i></b> |
| Column C                | State the total number of meals served with FEMA funds (Columns A ÷ B = C).  |
| Column D                | Indicate the number of rural clients to be served with FEMA request.   |
| Column E                | State the total number of clients to be served (include rural clients reported in Column D) with FEMA request.                           |

| <b>Other Food Category</b>   |    |
|--|----|
| FEMA funds requested:  | \$ |
| Indicate the number of rural clients to be served with FEMA request.   |    |
| Please use the space below to document how your request will be used. Give specifics (e.g., FEMA funds will buy approximately "X" number of food boxes to help "X" number of clients at "X" approximate cost per box). |    |
|  |    |

| <b>Financial Assistance Category</b>   |                      |                             |              |                                   |
|--|----------------------|-----------------------------|--------------|-----------------------------------|
| *Note: All local providers for emergency rent/mortgage and utility assistance must utilize Pima County's Emergency Services Network (ESN) to ensure no duplication of assistance occurs. |                      |                             |              |                                   |
|  | <b>A</b>             | <b>B</b>                    | <b>C</b>     | <b>D</b>                          |
| Financial Assistance Category  | FEMA Funds Requested | Number of Households Served | Average Bill | Number of Rural Households Served |
| Rent/Mortgage  | \$ 35,000            | 35                          | \$1000       | 0                                 |
| Utility  | \$ 15,000            | 25                          | \$ 600       | 0                                 |

- GUIDANCE: Financial Assistance Category**
- Column A: Indicate the amount of FEMA funds you are requesting.
  - Column B: Indicate how many households (including rural households) are projected to be served with FEMA EFSP funds.
  - Column C: State the amount of the average bill expected to be paid (Columns A ÷ B = C).
  - Column D: Indicate how many rural households are projected to be served with this FEMA request.

**Program/Service Revenue & Expenditures**

Complete tables A and B for each category in which FEMA EFSP funds are requested. Please reproduce this page if you are requesting funding in more than one service category.

| <b>A. Program/Service Revenue</b>  |                   |
|--|-------------------|
| Provide budgeted revenues for this program year for each service for which FEMA EFSP Phase 40 funds are requested. At the bottom of the table, indicate the percent of the total program revenues that will be met with FEMA assistance. |                   |
| <b>Service Category:</b>   |                   |
| Funding Sources  | Amount            |
| Federal Funds  | \$ 20,000         |
| State Funds  | \$ 0              |
| City of Tucson Funds   | \$ 0              |
| Pima County Funds  | \$ 0              |
| Arizona Health Care Cost Containment System  | \$ 0              |
| Pima Council on Aging  | \$ 0              |
| Title XX   | \$ 0              |
| United Way   | \$ 0              |
| Program Revenues/Client Fees   | \$ 0              |
| Foundation Grants  | \$ 25,000         |
| Fundraising/Donations  | \$ 5,000          |
| Other/In-Kind  | \$ 0              |
| FEMA EFSP Request  | \$ 50,000         |
| <b>Total Service Funding</b>   | <b>\$ 100,000</b> |
| What percentage of your Program budget is the FEMA funding request?<br><br><i>Example: Motel Voucher Program:</i><br><u>\$8,000 FEMA FUNDING REQUEST</u><br><u>\$2,000 PRIVATE FUNDS</u><br>\$10,000 = 80% of Program Budget             | 50 %              |
| What percentage of your overall Agency Budget is the FEMA funding request?<br><br><i>Example:</i><br><u>\$250,000 AGENCY BUDGET</u><br><u>\$8,000 FEMA FUNDING REQUEST</u><br>= 3% of Overall Agency Budget                              | 1.6 %             |

| <b>B. Program/Service Expenditures</b>   |                      |
|--|----------------------|
| Indicate budgeted expenditures for this program year for each service for which FEMA EFSP Phase 40 funds are requested. TOTAL AGENCY BUDGETS ARE NOT ACCEPTABLE. |                      |
| <b>Service Category:</b>   |                      |
| Line Item Budget Categories  | Total Service Budget |
| Personnel/Employee Related Expenses  | \$                   |
| Professional/Outside Services  | \$                   |
| Facilities/Occupancy   | \$                   |
| Travel   | \$                   |
| Other (Specify): Rent/Mortgage   | \$ 35,000            |
| Other (Specify): Utility   | \$ 15,000            |
| Other (Specify):   | \$                   |
| <b>Total Service Expenditures</b>  | <b>\$ 50,000</b>     |

## Attachment C LRO Certification

### Local Recipient Organization (LRO) Certification Form

As a recipient of Emergency Food and Shelter National Board Program funds made available for FEMA EFSP Phase 40 and as the duly authorized representative Tucson Indian Center (Organization of Name), I certify that my organization

1. Is not debarred or suspended from receiving Federal funds,
2. Will not and will ensure employees, volunteers and other individuals associated with the program will not engage in any trafficking of persons during the period this award is in effect,
3. Will not and will ensure employees, volunteers and other individuals associated with the program will not use EFSP funds to support access to classified national security information,
4. Has the capability to provide emergency food and/or shelter services
5. Will use funds to supplement/extend existing resources and not to substitute or reimburse ongoing programs and services,
6. Is a nonprofit corporation or an agency of government,
7. Will not use EFSP funds as a cost-match for other Federal funds or programs,
8. Has an accounting system, and will pay all vendors by an approved method of payment,
9. Conducts an independent annual review if receiving \$25,000-\$49,999/ an independent annual audit if receiving \$50,000 or more in EFSP funds, and an OMB Circular A-133 if receiving \$500,000 or more in Federal funding,
10. Has not received an adverse or no opinion audit,
11. Understands that cash payments (including petty cash) are not eligible under EFSP,
12. Has provided a Federal Employer Identification Number (FEIN) to EFSP,
13. Has provided a Data Universal Number System (DUNS) number issued by Dun & Bradstreet (D&B) and required associated information to EFSP,
14. Practices nondiscrimination and will not refuse service to an applicant based on race, color, national origin, religion, sex, age, or disability,
15. Will not engage in religious proselytizing or religious counseling in any program receiving Federal funds,
16. Will not charge a fee to clients for EFSP funded services,
17. Will comply with the EFSP Responsibilities & Requirements Manual, particularly the Eligible and Ineligible Costs section, and will inform appropriate staff or volunteers of EFSP requirements,
18. Will provide all required reports to the Local Board in a timely manner; (i.e., Second Payment/Interim Request and Final Reports),
19. Will expend monies only on eligible costs and keep complete documentation (copies of canceled LRO checks -- front and back, invoices, receipts, etc.) on all expenditures for a minimum of three years after end-of-program date, and for compliance issues until resolved.
20. Will spend all funds and close-out the program by my jurisdiction's selected end-of-program date and return any unused funds to the National Board (\$5.00 or more; checks made payable to United Way Worldwide/Emergency Food and Shelter National Board Program, 701 North Fairfax Street, Suite 310, Alexandria, VA 22314),
21. Will provide complete, accurate documentation of expenses to the Local Board, if requested, following my jurisdiction's selected end-of-program date,
22. Will comply with the Office of Management and Budget Circular A-133 if expending \$500,000 or more in Federal funds,
23. Will comply with lobbying prohibition certification and disclosure of lobbying activities if receiving \$100,000 or more in EFSP funds, as applicable, and
24. Has no known ESFP compliance exceptions in this or any other jurisdiction.

Signature: Jacob Bernal

Name: Jacob Bernal

Title: Executive Director

Date: 11/3/2022

LRO ID Number: 027200027

FEIN:

DUNS Number: 037611365

Address: 160 N. Stone Avenue

City, State, Zip Code: Tucson, Arizona 85701

Phone Number: 520-884-7131

Fax Number: 520-884-0204

Email Address: jbernal@ticenter.org