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Clackamas County
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September 10, 2026

BCC Agenda Item: _____

Board of County Commissioners
Clackamas County

Approval of an Amendment #2 to a Local Subrecipient Agreement with Northwest Family Services for the operation of a food pantry program in the City of Gladstone. Amendment Value is \$90,173. Total Agreement Value is \$177,720 for 2 years. Funding is through the Supportive Housing Services Measure. No County General Funds are involved.

Previous Board Action/Review:

Original Agreement June 12, 2025, BCC-Agenda Item 20250612 IV.D.2
Amendment #1, July 03, 2026, Approved by Acting County Administrator

Performance Clackamas: Safe, Secure, and Livable Communities

Counsel Review: Yes, Andrew Naylor

Procurement Review: N/A

Contact Person: Vahid Brown

Contact Phone: 971-334-9870

EXECUTIVE SUMMARY: On behalf of the Housing and Community Development Division (HCDD), Health, Housing & Human Services requests approval of an Amendment (12101) to Northwest Family Services (NWFS) to provide funding for the operation of a food pantry program within the City of Gladstone.

This Amendment will continue to provide funding support for the NWFS Gladstone Food Pantry program with the Gladstone School District and the City of Gladstone in collaborative partnership with the Oregon Food Bank. The Food Pantry provides free, healthy, and culturally preferred or diet specific foods to those who experience emergency and ongoing food insecurity issues. Support for this community program increases food security for individuals and families in the Gladstone area.

Funding for this Agreement is provided through the Supportive Housing Services Measure Funds.

RECOMMENDATION: Staff respectfully requests that the Board of County Commissioners approve the Amendment (12101) with Northwest Family Services and authorize Chair Roberts or his designee to sign on behalf of Clackamas County.

Respectfully submitted,

Mary Rumbaugh

Mary Rumbaugh
Director of Health, Housing and Human Services

Healthy Families. Strong Communities.

2051 Kaen Road, Oregon City, OR 97045 • Phone (503) 650-5697 • Fax (503) 655-8677
www.clackamas.us

Local Subrecipient Amendment (FY 26-27)
Health, Housing and Human Services

H3S Subrecipient Agreement Number: 12101	Board Order Number
Department/Division: H3S/HCDD	Amendment #2
Subrecipient: Northwest Family Services	Amendment Requested by: Vahid Brown
Changes: ☐ Scope of Service ☐ Agreement Time	☒ Agreement Budget ☐ Others

Justification for Amendment:

This Amendment #2 is entered into between Northwest Family Services (“SUBRECIPIENT”) and Clackamas County (“COUNTY”) and shall become part of the subrecipient grant agreement (“Agreement”) entered into by and between both parties on June 12, 2025 (“Agreement”).

Amendment #2 increases the budget by an additional \$90,173.00, for a revised total Agreement value of \$177,720.00.

Except as amended hereby, all other terms and conditions of the contract remain in full force and effect. The County has identified the changes with “***bold/italic***” for easy reference.

AMEND the following portion of Section 4. Grant Funds:

1. **Grant Funds.** COUNTY’s funding for this Agreement is the Metro Regional Government Supportive Housing Services funds issued to COUNTY by Metro Regional Government. The maximum, not to exceed, grant amount that the COUNTY will pay is \$87,547.00. This is a cost reimbursement grant, which means, the award is conditional and disbursements will be made in accordance with the schedule and requirements contained in Required Financial Reporting and Payment Request in Exhibit C. Failure to comply with the terms of this Agreement may result in withholding of payment. Funds advanced and unspent must be returned to COUNTY within 30 days of the end of termination period in Section 1 if award conditions are not met.

To Read:

2. **Grant Funds.** COUNTY’s funding for this Agreement is the Metro Regional Government Supportive Housing Services funds issued to COUNTY by Metro Regional Government. The maximum, not to exceed, grant amount that the COUNTY will pay is ***\$177,720***. This is a cost reimbursement grant, which means, the award is conditional and disbursements will be made in accordance with the schedule and requirements contained in Required Financial Reporting and Payment Request in Exhibit C. Failure to comply with the terms of this Agreement may result in withholding of payment. Funds advanced and unspent must be returned to COUNTY within 30 days of the end of termination period in Section 1 if award conditions are not met.

AMEND Agreement, EXHIBT B, SUBRECIPIENT Program Budget to add the following additional budget for fiscal year 2026-7:

NWFS Budget (Gladstone Food Pantry)		
Contract #12101		
Jul 1, 2026 - June 30, 2027		
Line Item Category	Narrative/Description	Funds Requested
Gladstone Food Pantry		
Personnel (1.025 FTE)		
Supervisor	.025 FTE x \$95,616	\$2,390
Pantry Manager	1 FTE x \$61,283	\$61,283
Fringe / Benefits	26% of above Personnel	\$16,555
Personnel Subtotal:		\$80,228
Program Operations - Materials and Supplies		
Supplies		\$400
Supplemental food		\$1,347
Program Operations - Materials and Supplies Subtotal:		\$1,747
Indirect Administration		
Overhead/Admin	10%	\$8,198
Indirect Subtotal:		\$8,198
Total Budget:		\$90,173

AMEND EXHIBIT C, Section 1, Funding:

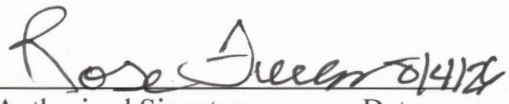
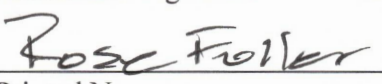
1. **Funding.** The COUNTY may pay SUBRECIPIENT an amount not to exceed Eighty Seven Thousand Five Hundred Forty-Seven dollars (\$87,547.00) (the "Funds"). Funds will be distributed on a reimbursement basis upon invoicing. SUBRECIPIENT shall use the funds awarded under this Agreement solely for reimbursement of eligible expenses incurred in performing the Program, as further set forth in Exhibit A.

To Read:

2. **Funding.** The COUNTY may pay SUBRECIPIENT an amount not to exceed *One Hundred Seventy-Seven Thousand Seven Hundred Twenty Dollars (\$177,720)* (the "Funds"). Funds will be distributed on a reimbursement basis upon invoicing. SUBRECIPIENT shall use the funds awarded under this Agreement solely for reimbursement of eligible expenses incurred in performing the Program, as further set forth in Exhibit A.

Signature Page Follows

In WITNESS WHEREOF, the parties hereto have caused this Amendment #2 to be executed by their duly authorized officers.

Northwest Family Services	Clackamas County
 Authorized Signature Date	_____ Signature Date
 Printed Name	Name: _____ Title: _____
	Approved for Legal Sufficiency: _____ County Counsel Date