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Щоб попросити переклад або спеціальні послуги для осіб з особливими потребами, зверніться до нас, скориставшись такими контактними даними: **HealthCenterContracts@clackamas.us | 503-655-8471.**

如需翻译服务或残障相关的协助，请与我们联系：
HealthCenterContracts@clackamas.us | 503-655-8471。

Để yêu cầu dịch vụ dịch thuật hoặc điều chỉnh liên quan đến tình trạng khuyết tật, vui lòng liên hệ với chúng tôi qua **HealthCenterContracts@clackamas.us | 503-655-8471.**



Clackamas County
www.clackamas.us

July 9, 2026

BCC Agenda Item: _____

Board of County Commissioners
Clackamas County

Approval of a Funding Application to the Oregon Department of Human Services for the Ticket to Work disability employment assistance program. Funding Value to be determined upon award. Funding is through Oregon Department of Human Services. No County General Funds are involved.

Previous Board Action/Review: No previous Board action.

Performance Clackamas: Healthy People

Counsel Review: No

Contact Person: Sarah Jacobson

Procurement Review: No

Contact Phone: 503-742-5303

EXECUTIVE SUMMARY: The Health Centers Division of Health, Housing, and Human Services Department requests approval to apply to the Oregon Department of Human Services' Request for Applications Bid Solicitation #S-10000-00016057 for the Ticket to Work Program. The Ticket to Work program is a free and voluntary program for individuals ages 18 to 64 who receive Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) for a disability or blindness. If awarded funding, the Health Centers Division will support these recipients to access the services and support they need to maintain and succeed in their employment and to seek employment with the desired income of the recipient. The goal is to support recipients with attaining sufficient income so they can become financially independent. The Health Centers Division has been a recipient of this funding since 2010; this funding allows us to assist recipients to reach their vocational goals and brings in supplemental revenue to the division. The State is conducting this Request for Applications in line with State procurement requirements.

RECOMMENDATION: The staff respectfully request that the Board of County Commissioners approve agreement applying for this funding opportunity and authorize Chair Roberts or his designee to sign the Lifecycle form on behalf of Clackamas County.

Respectfully submitted,

Mary Rumbaugh

Mary Rumbaugh
Health, Housing & Human Services

For Filing Use Only

Financial Assistance Application Lifecycle Form

Use this form to track your potential award from conception to submission.

Sections of this form are designed to be completed in collaboration between department program and fiscal staff.

If renewal or direct appropriation, complete sections I, II, IV & V only. Section III is not required.

If Disaster or Emergency Relief Funding, EOC will need to approve prior to being sent to the BCC

****CONCEPTION****

Section I: Funding Opportunity Information - To Be Completed by Requester

Direct Appropriation (no application)
Award type: Subrecipient Award Direct Award

Award Renewal? Yes No

| | |
|-------------------------------------|-----------------------------------|
| Lead Fund # and Department: | 253 - H3S-Health Centers Division |
| Name of Funding Opportunity: | Ticket To Work (TTW) Services |

Funding Source: Federal – Direct Federal – Pass through State Local

| | |
|--|--|
| Requestor Information: (Name of staff initiating form) | Jennifer Stone |
| Requestor Contact Information: | 503-742-5967 or JStone@clackamas.us |
| Department Fiscal Representative: | Jennifer Stone |
| Program Name & Prior Project #: (please specify) | Community Support Team (400505.40050543) |

Brief Description of Project:

Through the SSA TTW Program, Vocational Rehabilitation offers an opportunity for long-term support providers to share funds through a TTW Contract to provide the delivery of employment support services to Ticketholders.

Name of Funding Agency: Oregon Department of Human Services

Notification of Funding Opportunity Web Address: Oregon Buys Bid Solicitation # S-10000-00016057

OR

Application Packet Attached: Yes No

Completed By: Jennifer Stone Date: 06.01.2026

**** NOW READY FOR SUBMISSION TO DEPARTMENT FISCAL REPRESENTATIVE ****

Section II: Funding Opportunity Information - To Be Completed by Department Fiscal Rep

Competitive Application Non-Competing Application Other

| | | | |
|---|-------------------------|---|------------------|
| Assistance Listing Number (ALN), if applicable: | N/A | Funding Agency Award Notification Date: | 06.25.2026 |
| Announcement Date: | 05.22.2026 | Announcement/Opportunity #: | S-10000-00016057 |
| Grant Category/Title | Ticket To Work Services | Funding Amount Requested: | Not Specified |
| Allows Indirect/Rate: | N/A | Match Requirement: | N/A |
| Application Deadline: | 06.15.2026 @ 3pm | Total Project Cost: | Not Specified |
| Award Start Date: | 07.01.2026 | Other Deadlines and Description: | N/A |
| Award End Date: | 06.30.2036 | | |
| Completed By: | Jennifer Stone | Program Income Requirements: | N/A |
| Pre-Application Meeting Schedule: | | | |

Additional funding sources available to fund this program? Please describe:

Charges for services revenue that we are paid by insurance plans.

How much General Fund will be used to cover costs in this program, including indirect expenses?

N/A

How much Fund Balance will be used to cover costs in this program, including indirect expenses?

N/A

In the next section, limit answers to space available.

Section III: Funding Opportunity Information - To Be Completed at Pre-Application Meeting by Dept Program and Fiscal Staff

Fiscal

1. Are there other revenue sources required, available, or will be used to fund the program? Have they already been secured? Please list all funding sources and amounts.

Any additional staff expenses will be covered by charges for services revenue that we are paid by insurance plans.

2. For applications with a match requirement, how much is required (in dollars) and what type of funding will be used to meet it (CGF, In-kind, local grant, etc.)?

No match required.

3. Does this grant/financial assistance cover indirect costs? If yes, is there a rate cap? If no, can additional funds be obtained to support indirect expenses and what are those sources?

No, and indirect expenses will be covered by charges for services revenue that we are paid by insurance plans.

4. Does the grant/financial assistance fund an existing program? If yes, which program? If no, what is the purpose of the program?

Yes, the financial assistance funds an existing program. Behavioral Health Clinic (400505) - Community Support Team (40050543).

Organizational Capacity:

1. Does the organization have adequate and qualified staff? If no, can staff be hired within the grant/financial assistance funding opportunity timeframe?

Yes, this is a well established existing program with adequate and qualified staff.

2. Are there partnership efforts required? If yes, who are we partnering with and what are their roles and responsibilities?

No formal partnerships are needed for this project

3. If this is a pilot project, what is the plan for sun setting the project and/or staff if it does not continue (e.g. making staff positions temporary or limited duration, etc.)?

This is not a pilot project.

4. If funded, would this grant/financial assistance create a new program, does the department intend for the program to continue after initial funding is exhausted? If yes, how will the department ensure funding (e.g. request new funding during the budget process, supplanted by a different program, etc.)?

No, it would not create a new program.

Collaboration

1. List County departments that will collaborate on this award, if any.

N/A

Reporting Requirements

1. What are the program reporting requirements for this grant/funding opportunity?

Contractor is required to contact the Ticketholder at least quarterly for the entirety of the Ticket assignment.

2. How will performance be evaluated? Are we using existing data sources? If yes, what are they and where are they housed? If not, is it feasible to develop a data source within the grant timeframe?

Yes, the program will be using existing data sources. Acceptable documentation of the Contractor's efforts to provide services and supports should be included in the Ticketholder's records or case notes.

3. What are the fiscal reporting requirements for this funding?

N/A

Mission/Purpose:

1. How does the grant/funding opportunity support the Department and/or Division's Mission/Purpose/Goals?

Health, Housing, and Human Services of Clackamas County promotes and assists individuals, families and communities to be safe, to be healthy, and to thrive. Employment plays a critical role in fostering stability, health, and long-term well-being.

2. Who, if any, are the community partners who might be better suited to perform this work?

We are uniquely positioned in Clackamas County to provide these services given our long standing partnership with Vocational Rehabilitation and SSA Ticket to Work. Other programs offer limited services to obtain employment and very short term support (usually less than 3 months). We provide long term supports to increase stability of residents.

3. What are the objectives of this funding opportunity? How will we meet these objectives?

This will continue a long established program of service delivery to individuals receiving employment services at Health Centers. This allows ongoing support for people to maintain and continue their stable employment.

Other information necessary to understand this award, if any.

We began providing supported employment services in 2008 and have a strong partnership with SSA Ticket to Work that continues to present day.

Program Approval:

Margaret Moore

06.02.2026

Margaret Moore

Name (Typed/Printed)

Date

Signature

**** NOW READY FOR PROGRAM MANAGER SUBMISSION TO DIVISION DIRECTOR****

****ATTACH ANY CERTIFICATIONS REQUIRED BY THE FUNDING AGENCY. COUNTY FINANCE OR ADMIN WILL SIGN****

Section IV: Approvals

DIVISION DIRECTOR (or designee, if applicable)

| | | |
|----------------------|-----------|-----------|
| Sarah Jacobson | 06/3/2026 | |
| Name (Typed/Printed) | Date | Signature |

DEPARTMENT DIRECTOR (or designee, if applicable)

| | | |
|----------------------|-------------|-----------|
| Philip Mason-Joyner | Jun 4, 2026 | |
| Name (Typed/Printed) | Date | Signature |

FINANCE ADMINISTRATION

| | | |
|----------------------|-------------|-----------|
| Bouavieng Bounnam | Jun 8, 2026 | |
| Name (Typed/Printed) | Date | Signature |

EOC COMMAND APPROVAL **WHEN NEEDED FOR DISASTER OR EMERGENCY RELIEF APPLICATIONS ONLY**

| | | |
|----------------------|------|-----------|
| | | |
| Name (Typed/Printed) | Date | Signature |

Section V: Board of County Commissioners/County Administration

(Required for all grant applications. If your grant is awarded, all grant awards must be approved by the Board on their weekly consent agenda regardless of amount per local budget law 294.338.)

For applications \$150,000 and below:

| | | |
|----------------------|-----------|-----------|
| COUNTY ADMINISTRATOR | Approved: | Denied: |
| | | |
| Name (Typed/Printed) | Date | Signature |

For applications up to and including \$150,000 email form to BCC staff at CA-Financialteam@clackamas.us for Gary Schmidt's approval.

For applications \$150,000.01 and above, email form with Staff Report to the Clerk to the Board at ClerktotheBoard@clackamas.us to be brought to the consent agenda.

BCC Agenda item #: _____ Date: _____

OR

Policy Session Date: _____

County Administration Attestation

County Administration: re-route to department at
and
Grants Manager at financegrants@clackamas.us
when fully approved.

Department: keep original with your grant file.










H3S-HC-Lifecycle_Fund 253_ S-10000-00016057 Ticket to Work Services

Final Audit Report

2026-06-08

| | |
|-----------------|--|
| Created: | 2026-06-04 |
| By: | Qudsia Sediq (QSediq@clackamas.us) |
| Status: | Signed |
| Transaction ID: | CBJCHBCAABAAPSM0rQojdo11uLxhYiNZbFzvqQ4-oyjV |

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-  Signer pmason@clackamas.us entered name at signing as Philip Mason-Joyner
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