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Щоб попросити переклад або спеціальні послуги для осіб з особливими потребами, зверніться до нас, скориставшись такими контактними даними: **SS-ADArequest@clackamas.us | 503-655-8640.**

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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 **SS-ADArequest@clackamas.us | 503-655-8640.**



**Clackamas County**  
[www.clackamas.us](http://www.clackamas.us)

June 17, 2026

BCC Agenda Item: \_\_\_\_\_

Board of County Commissioners  
Clackamas County

**Approval of an Application for continuation of a federal pass-through grant for preventative maintenance for Transportation Reaching People, Last Mile Shuttles, and Mt Hood Express vehicles. Application Value is \$200,000 for 2 years. Funding is through the Oregon Department of Transportation. No County General Funds are involved.**

**Previous Board Action/Review:**

This is an extension of prior awarded grant agreement for an existing program. Previous request approved by BCC 20241107-III.C.7

**Performance Clackamas:** Safe, Secure, and Livable Communities

**Counsel Review:** NA

**Procurement Review:** No

**Contact Person:** Tracy Garell

**Contact Phone:** 503-655-8641

**EXECUTIVE SUMMARY:** The Social Services Division of the Health, Housing and Human Services Department requests approval to submit an Application for Financial Assistance to the Oregon Department of Transportation. These funds will support preventative maintenance for vehicles operated by the Transportation Reaching People Program, the Last Mile Shuttles, and Mt Hood Express.

The Mt Hood Express provides public transit bus service between the City of Sandy, Government Camp, Timberline, and other Mt. Hood area locations to increase access to employment, recreation, shopping, and medical services for residents and visitors. The Transportation Reaching People program provides rides to seniors and persons with disabilities to access essential services such as medical appointments.

This application represents an extension of previously awarded Enhanced Mobility of Seniors and Individuals with Disabilities 5310 funds through the Oregon Department of Transportation. The application value is \$200,000. A required match of \$50,000 will be provided through Statewide Transportation Improvement Funds (STIF).

**RECOMMENDATION:** Staff respectfully requests that the Board of County Commissioners approve the Application 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

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

<b>Lead Fund # and Department:</b>	H3S - Social Services Division - #240
<b>Name of Funding Opportunity:</b>	FY27-29 ODOT 5310 Enhanced Mobility of Seniors and Individuals with Disabilities

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

Requestor Information: (Name of staff initiating form)	Kristina Babcock
Requestor Contact Information:	kbabcock@clackamas.us
Department Fiscal Representative:	Doug Green
Program Name & Prior Project #: (please specify)	Transit Services - 400225308

Brief Description of Project:

5310 Enhanced Mobility of Seniors and Individuals with Disabilities funds. The funding is used to support preventative maintenance for vehicles operated by the Transportation Reaching People Program, the Last Mile Shuttles and Mt Hood Express

Name of Funding Agency:   
 Notification of Funding Opportunity Web Address:

**OR**

Application Packet Attached: Yes  No

Completed By: K. Babcock Date: 4/13/26

**\*\* 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:		Funding Agency Award Notification Date:	N/A
Announcement Date:	03/04/2026	Announcement/Opportunity #:	N/A
Grant Category/Title	5310 Enhanced Mobility of Seniors and Individuals with Disabilities	Funding Amount Requested:	\$200,000
Allows Indirect/Rate:	N/A	Match Requirement:	\$50,000
Application Deadline:	5/14/2026	Total Project Cost:	\$250,000
Award Start Date:	10/01/2027	Other Deadlines and Description:	
Award End Date	09/30/2029		
Completed By:	Kristina Babcock	Program Income Requirements:	None
Pre-Application Meeting Schedule:			

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

Clackamas County STIF Formula funds, Waivered Non-Medical Transportation, Federal 5311

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

None

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

None

## 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.

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.)?

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?

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

#### **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?

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

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.)?

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.)?

**Collaboration**

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

**Reporting Requirements**

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

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?

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

**Mission/Purpose:**

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

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

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

Other information necessary to understand this award, if any.

Program Approval:

Kristina Babcock

4/13/26

*Kristina Babcock*

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)**

Tracy Garell	5/27/2026	
Name (Typed/Printed)	Date	Signature

**DEPARTMENT DIRECTOR (or designee, if applicable)**

Philip Mason-Joyner	May 29, 2026	
Name (Typed/Printed)	Date	Signature

**FINANCE ADMINISTRATION**

Bouavieng Bounnam	Jun 3, 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](mailto: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](mailto: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](mailto:financegrants@clackamas.us)  
when fully approved.

Department: keep original with your grant file.











# H3S-SS-Lifecycle\_Fund 240\_ODOT\_\_5310 FY27-29\_Enhanced Mobility of Sr and Disabili

Final Audit Report

2026-06-03

Created:	2026-05-29
By:	Qudisia Sediq (QSediq@clackamas.us)
Status:	Signed
Transaction ID:	CBJCHBCAABAAALcaO2AfUnk97R8hoGmmS5oeGBruQ_7Bv

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-  Document created by Qudisia Sediq (QSediq@clackamas.us)  
2026-05-29 - 0:27:04 AM GMT- IP address: 198.245.132.3
-  Document emailed to pmason@clackamas.us for signature  
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2026-05-29 - 0:29:20 AM GMT- IP address: 34.239.14.59
-  Email sent to imelinda@clackamas.us bounced and could not be delivered  
2026-05-29 - 0:36:40 AM GMT
-  Signer pmason@clackamas.us entered name at signing as Philip Mason-Joyner  
2026-05-29 - 3:24:57 PM GMT- IP address: 50.39.217.49
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