



## **NOTICE OF FUNDING OPPORTUNITY, 2025**

### **EXTREME WEATHER AND SMOKE RURAL HOTEL / MOTEL SHELTER THROUGH JUNE 30, 2026, WITH THE POSSIBILITY OF EXTENSION FOR THREE ADDITIONAL ONE-YEAR YEAR AGREEMENTS**

#### Board of County Commissioners

Craig Roberts, Chair  
Diana Helm, Commissioner  
Paul Savas, Commissioner  
Martha Schrader, Commissioner  
Ben West, Commissioner

#### **APPLICATION INFORMATION:**

Date of Issuance: 09/02/25

Closing Date: 06/30/26, 11:59pm PST

Postmarks and faxes will not be considered.

Applications will be accepted on an ongoing basis and will be considered based on available funding and program need until **06/30/26**.

Issued by: Clackamas County Social Services Division  
2051 Kaen Road, Oregon City, Oregon 97045

Contact: R.E. ("Ari") Szego, [rszego@clackamas.us](mailto:rszego@clackamas.us)

NOFO Location: [www.clackamas.us/grants](http://www.clackamas.us/grants)

**NOTICE OF FUNDING OPPORTUNITY (NOFO)**  
**Extreme Weather and Smoke Rural Hotel / Motel Shelter, 2025**

1. PROGRAM DESCRIPTION

Clackamas County Department of Health, Housing and Human Services through its Social Services Division (CCSSD) is seeking application from multiple agencies/organizations capable of providing extreme weather and smoke hotel or motel shelter support services to unhoused individuals in rural communities during defined periods of extreme cold, heat, or poor air quality due to wildfire smoke. We are seeking services outside of the urban growth boundary as identified by Metro (<https://www.oregonmetro.gov/urban-growth-boundary-maps>).

Selected organization(s) will establish a subrecipient agreement with Clackamas County Social Services Division (CCSSD). Applicants are sought throughout the County in rural, urban and suburban areas, especially those areas with known populations of homeless persons in rural areas outside of the urban growth boundary. Emergency Weather and Smoke Hotel/Motel Shelter Activation

Emergency weather and smoke hotel/motel shelter will be activated as described below.

Hotel/motel shelters may choose to operate on nights that are not approved by Clackamas County for extreme weather or smoke hotel/motel shelter, but organizations will not receive reimbursement from the County and the County will not pay for hotel/motel rooms for those nights.

a. Warming Hotel / Motel Shelter

Warming hotel/motel shelter support services must be activated on nights when the actual temperature or wind chill temperature is predicted by the National Weather Service to be 33 degrees Fahrenheit or below, including wind chill factor. Warming hotel/motel shelter must be activated during the first night of this alert. As it is impossible to predict all severe weather scenarios, Warming hotel/motel shelter may also be activated when weather conditions do not meet the criteria above after consultation and approval by either the CCSSD Director or Program Manager. Examples include but are not limited to predicted high winds, flood watches, flood warnings, or extremely heavy rain.

b. Cooling Hotel / Motel Shelter

Cooling hotel/motel shelter support services must be activated on all nights when the National Weather Service has declared that the region will be under a Heat Advisory, Watch, or Warning between the hours of 8pm and 8am. Cooling hotel/motel shelter may also be activated when weather conditions do not meet the criteria above after consultation and approval by either the CCSSD Director or Program Manager. Facilities *must* have air conditioning in *each* hotel/motel room.

c. Smoke Hotel / Motel Shelter

Smoke hotel/motel Shelter must be activated when the Air Quality Index (AQI) reaches the “Unhealthy” level due to fire or other emergency. This information can be found at [airnow.gov](http://airnow.gov).

## 2. AWARD INFORMATION

Funding sources may include but are not limited to Oregon Housing and Community Services (OHCS) State Homeless Assistance Program (SHAP). Additional or reduced funding may be available during the grant period.

COUNTY expects to subaward to multiple agencies and will consider a range of geographic locations as well as populations to be served. However, Clackamas County reserves the right to select only one or more than one applicant based on the responses to this NOFO. Total amount awarded between all applicants will not exceed the total funding available. If multiple applicants are selected, each applicant will receive an amount that is lower than the total estimated funding available.

If additional funding becomes available, it may be allocated to new providers or to existing providers based on objective factors including, but not limited to: agency capacity, utilization, timeliness and accurateness of document submission, and HMIS compliance and reporting.

The performance period for agreements issued through this NOFO will go through June 30, 2026. Two one-year extensions are possible, but not guaranteed.

## 3. REIMBURSEMENT AND REPORTING

### a. Fee for Service.

Subrecipients will receive reimbursement for staff time incurred to operate this program. Payroll system documentation of staff time charged to this program will be required for reimbursement.

Subrecipients may also request reimbursement for eligible program expenses related to shelter operations. Eligible expenses include: transportation for clients to the hotel/motel shelter; mileage reimbursement for staff conducting shelter operations; food and other supplies for clients. Adequate backup documentation must be provided in order for shelter operations expenses to be reimbursed.

Hotel/motel rooms authorized by COUNTY Administration for nights during an extreme weather or smoke event will be paid directly by the COUNTY up to the maximum daily lodging rate identified by the federal government (<https://www.gsa.gov/travel/plan-book/per-diem-rates>) per room.

### b. Invoicing.

These grant funds are contingent upon timely, accurate, and complete data collection and reporting. All hotel/motel shelter programs will be required to submit documentation for each night of activation. Payment will be contingent upon receipt of complete, accurate, and timely documentation. Invoices and dates for the previous month's services are due no later than the 15<sup>th</sup> of the following month.

Documentation will include, but is not limited to:

- Date(s) of hotel/motel shelter opening
- Staffing hours for each staff member working in this program during activation
- Complete HMIS Form for *each* person served

#### 4. FUNDING CONSIDERATIONS

- a. Persons seeking shelter cannot be required to 1) make a purchase; 2) participate in religious services or political activities; and/or 3) enroll in services as applicable to each agency.
- b. Hotel/Motel Management may deny entry to anyone under the influence of drugs or alcohol. However, they may not refuse entry to anyone based on race, age, gender identity, sexual orientation, religion, or nationality or any other class protected by federal or state law. Hotel/Motel Management may not refuse entry to people of any sex, age, marital status, sexual orientation, disability (as defined under the Americans with Disabilities Act), or any other protected class as defined in applicable state and federal law. Women and families may not be excluded from any hotel/motel shelter.
- c. Service animals that meet federal and state regulation must be permitted. Hotel/motel shelters permitting pets must have a Pet Policy that meets OHCS requirements.
- d. COUNTY will pay an agency \$200 for each paid program staff member who provides a certificate of completion for attending Adult Mental Health First Aid (MHFA) training, plus up to \$100 reimbursement for the cost of the course. Free classes are available at <https://gettrainedtohelp.com/>. Additional options, including virtual (“blended virtual”) ones, can be found through <https://www.mentalhealthfirstaid.org/take-a-course/find-a-course/>. Volunteers are strongly encouraged to take MHFA training but the county will not provide payment or reimbursement for volunteers who attend the training.
- e. Confidentiality. Any and all information regarding any individual served by the program is strictly confidential. All provider and program staff members are expected to comply with the most current local, state and federal laws regarding confidentiality. Information in any form shall not be released to any party without the authorization of the individual and/or County. Nothing prohibits the disclosure of information in summaries, statistical, or other form, which does not identify particular individuals. Confidentiality policies shall be applied to all requests from outside sources.
- f. Privacy Notification. Subrecipients must provide a Privacy Notification to participants either verbally or in writing that meets OHCS Requirements. If the site provides the Privacy Notification to participants in written form, the site must have a written document that meets OHCS requirements. If the site will provide the Privacy Notification verbally to participants, it must have a stand-alone policy describing how they will do so.
- g. Organizations must certify that the hotel/motel sites are ADA accessible. Any site that does not meet ADA accessibility standards may be considered as a secondary resource.
- h. Per the Civil Rights Act of 1964, no person shall, on the basis of race, color, or national origin, be excluded from participation, be denied the benefits of, or be subjected to discrimination under any County program, service or activity.
- i. Hotel/Motel Shelter must be open to all eligible individuals and families regardless of sexual orientation, gender identity or marital status, disability (as defined under the Americans with Disabilities Act), or any other protected class as defined in applicable state and federal law. Program services must reasonably accommodate the cultural, language and other accessibility needs of people.

- j. No match will be required.
- k. If a mandatory application information meeting is scheduled by COUNTY, Applicant must have a representative attend to be eligible for funding.

## 5. ELIGIBILITY CRITERIA

Each applicant organization must meet all of the following minimum qualifications to be eligible to respond to this NOFO and to receive funds.

- a. Organizations must describe how they will account for staff time to be charged to the program. Organizations must have a robust payroll system that can accommodate accurate, program-specific accounting for staff time.
- b. Organizations must be able to obtain insurance and endorsements as required in the resulting award agreement. (See Exhibit A, below.) Subrecipient shall secure at its own expense and keep in effect during the term of the performance under the subaward the insurance required and minimum coverage indicated below.

Additional Insured Provisions. All required insurance and liability policies, other than Professional Liability, Workers' Compensation, Personal Automobile Liability and Pollution Liability Insurance, shall include "Clackamas COUNTY, its agents, officers, and employees" as an additional insured, with respect to SUBRECIPIENT's activities under this agreement. All required insurance and liability policies, other than Workers' Compensation, Professional Liability, Directors and Officers and Privacy Liability, shall include "the State of Oregon, its officers, employees, and agents" as an additional insured, with respect to SUBRECIPIENT's activities under this agreement.

- c. Organizations agree to comply with current HMIS Policy and Procedures and adhere to HMIS data quality and reporting requirements. Organizations are required by the funder to collect demographic information on individuals accessing services. COUNTY Social Services Division staff will enter the data into the Housing Management Information System (HMIS), which is a confidential database administered by the COUNTY. COUNTY reserves the right to adjust HMIS reporting requirements as needed.
- d. Organizations must have a Background Check Policy in place at the time of award. Organizations are required to perform Criminal Background checks with specific screening criteria for all staff and volunteers who will be performing direct services under the subaward. A policy must be in place to disqualify any persons who have committed violent crimes, crimes against children or other crimes that are incompatible with this project. Policy must also ensure the safety of guests should criminal convictions occur during the term of the project.
- e. In accordance with the OHCS State Homeless Funds Program Operations Manual (<https://www.oregon.gov/ohcs/for-providers/Documents/manuals/25-27-SHF-Manual.pdf>) and the OHCS Homeless Services Section Program Standards Guidance, July 1, 2025 (<https://www.oregon.gov/ohcs/for-providers/Documents/manuals/HSS-Program-Standards-Guidance.pdf>) and any updated requirements from OHCS, organizations shall have these additional written policies in place:

- Duplication of Benefits
- Privacy Notification
- Confidentiality and Cyber Security
- Confidentiality
- Service Termination or Denial of Assistance
- Applicant / Participant Grievances and Appeals
- Nondiscrimination
- Limited English Proficiency
- Conflict of Interest
- Remote Application and Eligibility Documentation
- Internal Controls for Fraud
- Income Eligibility Calculation
- Safety in Service Delivery (Street Outreach), if applicable
- Animal Policy - Shelters
- Cost Allocation Policy
- Gift Card Policy
- Fiscal policy that outlines separation of duties and fraud prevention and recovery (both employee and participant)

A “Policy Template” guide developed by OHCS can be provided upon request to support the development of these policies.

- f. OHCS requires the inclusion of Equal Access protections related to sexual orientation, gender identity, and marital status in admissions, occupancy, and operating policies. (See HSS Program Guidance 2.E. p.6-7 for details on this requirement.) Organization agrees to amend policies, procedures, and practices to meet OHCS Equal Access protection requirements.
- g. Organization agrees to submit all required financial and demographic documentation.
- h. Provider shall maintain and retain all records in compliance with regulatory agencies, funder requirements, and County policies.
- i. Organization must provide proof of registry number to do business in Oregon at the Secretary of State online registry system: [http://egov.sos.state.or.us/br/pkg\\_web\\_name\\_srch\\_inq.login](http://egov.sos.state.or.us/br/pkg_web_name_srch_inq.login)
- j. Organizations agree to allow Clackamas County to include information on shelter availability, agency contacts, and volunteer needs in media releases and on websites including but not limited to 211, the Clackamas County website, and through social media such as, but not limited to, Facebook and Next Door.
- k. Applicant must supply County with a copy of the agency’s most recent audited financial report, independently reviewed financial statements, or if applicant has not had either of these, a copy of its most recently filed IRS 990.
- l. Applicant must disclose whether there are any outstanding lawsuits against the applicant agency and provide details.
- m. Federal funds may be included as one of several funding sources in awards issued from this funding opportunity. Federally-funded awards require the submission of the following information:

- Applicant must list the name and amount of any federal awards currently being managed.
- Applicant must have a federal Unique Entity ID and must hold an active registration in the System for Award Management (SAM).

If the applicant is not willing to accept federal funds, the applicant should indicate this in their application. Unwillingness to accept federal funds does not necessarily impact application scores.

## 6. TO APPLY

Complete the application by providing the information requested in the template below (starting on p.11), including a proposed budget and fiscal capacity narrative.

Questions about this opportunity must be submitted electronically to R.E. Szego: [rszego@clackamas.us](mailto:rszego@clackamas.us). Responses to application questions will be posted weekly as FAQs at <https://www.clackamas.us/grants>. Questions received after June 1, 2026, may not receive a response.

**Completed applications are due June 30, 2026, by 11:59pm PST, and submitted electronically to R.E. Szego: [rszego@clackamas.us](mailto:rszego@clackamas.us). Applications received after the deadline or not submitted as directed may not be considered.**

Total funding available through this grant opportunity is subject to change.

## 7. APPLICATION EVALUATION

Applications will be reviewed by the Grant Manager and the Administrative Services Manager as received through June 30, 2026 on an ongoing basis. Applications will be evaluated based on subjective factors including, but not limited to: agency qualifications and experience, staff experience, price/fees, and references (where applicable). Organizations will be notified if they qualify within 4-6 weeks of receipt of application.

For detail on program requirements, please see:

- OHCS State Homeless Funds Program Operations Manual, July 1, 2025 (<https://www.oregon.gov/ohcs/for-providers/Documents/manuals/25-27-SHF-Manual.pdf>)
- OHCS Homeless Services Section Program Standards Guidance, July 1, 2025 (<https://www.oregon.gov/ohcs/for-providers/Documents/manuals/HSS-Program-Standards-Guidance.pdf>)

We encourage interested organizations to apply even if you need support in meeting all of the specifics of the qualifications and fiscal capacity. Please note in the Comments how your organization plans meet the requirements within the allowable timeframe.

### a. Application Scoring

Section 1: Cover Page (5 points)

Please complete all fields and include the signature of an authorized representative.

Section 2: Qualifications (40 points)

This section matches items listed in 5. Eligibility Criteria above.

Section 3: Program Budget (25 points)

Please complete the budget template and answer questions 1-4.

Section 4: Risk Assessment (25 points)

For both federally-funded and OHCS-funded awards, departments are required, in conjunction with Finance, to complete a Risk Assessment on applicants and include the Risk Assessment outcome in their award determination as appropriate.

Section 5: Certifications and Assurances (5 points)

Please complete and include the signature of an authorized representative.

8. PROJECT OVERVIEW MEETING

If your organization's application is determined to be qualified for contracting for services under this NOFO, COUNTY will schedule a meeting with your team to review the detailed requirements and answer related questions.

9. APPEAL PROCESS

Applicants not approved as a provider of services outlined in this Notice of Funding Opportunity may file a Notice of an Appeal in writing specifying the grounds upon which the appeal is based no later than 10 business days after the County announces the awards. Notice shall be submitted via email to: [rszego@clackamas.us](mailto:rszego@clackamas.us). Within 5 business days a determination on the status of the Notice of Appeal will be made by the Director of Social Services.



## EXHIBIT A: REQUIRED INSURANCE COVERAGE

Proof of insurance and notice of any material change should be submitted to the following address:  
Clackamas County Social Services Division – Administrative Services, 2051 Kaen Road, Oregon City,  
OR 97045 or [SSD-Contracts@clackmas.us](mailto:SSD-Contracts@clackmas.us).

- a. **Workers' Compensation Insurance** in compliance with ORS 656.017, which requires all employers that employ subject workers, as defined in ORS 656.027, shall comply with ORS 656.017, and provide Workers' Compensation Insurance coverage for those workers, unless they meet the requirement for an exemption under ORS 656.126(2). Subrecipient shall require and ensure that each of its subcontractors complies with these requirements. If Subrecipient is a subject employer, as defined in ORS 656.023, Subgrantee shall also obtain Employers' Liability insurance coverage with limits not less than \$500,000 each accident.

If Subrecipient is an employer subject to any other state's workers' compensation law, Contactor shall provide Workers' Compensation Insurance coverage for its employees as required by applicable workers' compensation laws including Employers' Liability Insurance coverage with limits not less than \$500,000 and shall require and ensure that each of its out-of-state subcontractors complies with these requirements.

As applicable, Subrecipient shall obtain coverage to discharge all responsibilities and liabilities that arise out of or relate to the Jones Act with limits of no less than \$5,000,000 and/or the Longshoremen's and Harbor Workers' Compensation Act.

- b. **Commercial General Liability Insurance** covering bodily injury and property damage in a form and with coverage that are satisfactory to the State of Oregon. This insurance must include personal and advertising injury liability, products and completed operations, contractual liability coverage for the indemnity provided under this Agreement, and have no limitation of coverage to designated premises, project, or operation. Coverage must be written on an occurrence basis in an amount of not less than \$1,000,000 per occurrence and not less than \$2,000,000 annual aggregate limit.
- c. If providing transportation of individuals or families to the hotel / motel shelter site, **Commercial Automobile Liability Insurance** covering Subgrantee's business use including coverage for all owned, non-owned, or hired vehicles with a combined single limit of not less than \$1,000,000 for bodily injury and property damage. This coverage may be written in combination with the Commercial General Liability Insurance (with separate limits for Commercial General Liability and Automobile Liability). Use of personal Automobile Liability insurance coverage may be acceptable if evidence that the policy includes a business use endorsement is provided.
- d. **Professional Liability Insurance** covering any damages caused by an error, omission or any negligent acts related to the services to be provided under this Agreement by the Subrecipient's subcontractors, agents, officers or employees in an amount not less than \$1,000,000 per claim and not less than \$2,000,000 annual aggregate limit.

If coverage is provided on a claims made basis, then either an extended reporting period of not less than 24 months shall be included in the Professional Liability insurance coverage, or the Subrecipient shall provide Continuous Claims Made coverage as stated below.

- e. **Network Security and Privacy Liability Insurance** for the duration of this Agreement and for the period of time in which Subrecipient (or its business associates or subcontractor(s)) maintains, possesses, stores, or has access to Agency or client data, whichever is longer, with a combined single limit of not less than \$1,000,000 per claim or incident. This insurance must include coverage for third

party claims and for losses, thefts, unauthorized disclosures, access or use of Agency or client data (which may include, but is not limited to, Personally Identifiable Information (“PII”), Payment Card Data and Protected Health Information (“PHI”)) in any format, including coverage for accidental loss, theft, unauthorized disclosure access or use of Agency data.

- f. **Directors, Officers, and Organization Liability Insurance** covering the Subrecipient’s Organization, Directors, Officers, and Trustees actual or alleged errors, omissions, negligent, or wrongful acts, including improper governance, employment practices and financial oversight - including improper oversight and/or use of grant funds and donor contributions which includes state or federal funds - with a combined single limit of not less than \$1,000,000 per claim.
- g. **Crime Protection Coverage: Employee Dishonesty or Fidelity Bond** coverages for dishonest acts of an employee of the Subgrantee. Coverage limits not less than \$50,000.
- h. **Physical Abuse and Molestation Insurance** in a form and with coverage that are satisfactory to the State covering damages arising out of actual, perceived, or threatened physical abuse, mental injury, sexual molestation, negligent: hiring, employment, supervision, training, investigation, reporting to proper authorities, and retention of any person for whom the Subrecipient is responsible including but not limited to Subrecipient and Subrecipient’s employees and volunteers. Policy endorsement’s definition of an insured must include the Subrecipient, and the Subrecipient’s employees and volunteers. Coverage must be written on an occurrence basis in an amount of not less than \$1,000,000 per occurrence and not less than \$3,000,000 annual aggregate. Coverage can be provided by a separate policy or as an endorsement to the Commercial General Liability or Professional Liability policies. The limits must be exclusive to this required coverage. Incidents related to or arising out of physical abuse, mental injury, or sexual molestation, whether committed by one or more individuals, and irrespective of the number of incidents or injuries or the time period or area over which the incidents or injuries occur, shall be treated as a separate occurrence for each victim. Coverage must include the cost of defense and the cost of defense shall be provided outside the coverage limit.

The policies meeting the conditions described above shall be primary insurance as respects to the County. Any insurance or self-insurance maintained by the County shall be excess and shall not contribute to it. Any obligation that County agree to a waiver of subrogation is hereby stricken.

**Grant Application  
Extreme Weather and Smoke Rural Hotel/Motel Shelter  
FY2025**

**SECTION 1: COVER PAGE (5 points)**

<b>Application Date</b>	
<b>Legal Organization Name</b>	
Alternate name/acronym	
Address	
Website	
Phone	
<b>Executive Director Name</b>	
Email and Phone	
Oregon Business Registry Number	
Employer ID Number (EIN)	
<b>Program Contact Name</b>	
Email and Phone	
<b>Fiscal Contact Name</b>	
Email and Phone	
<b>Funding Amount Requested</b>	

With my signature, I certify the following:

1. The above information is correct;
2. I am authorized by the governing board of the applicant organization to submit this grant proposal;
3. The organization is in good standing with the IRS, retains its 501(c)(3) tax exempt status, and is further classified as a public charity and not a private foundation, or is a public agency or school district;
4. The organization does not discriminate on the basis of race, religion, sexual preference, sexual orientation, physical circumstances, or national origin;
5. The organization agrees to submit proof of insurance at the levels required by the county.

I have included the following application components:

- ☐ Section 1: Cover Page
- ☐ Section 2: Qualifications
- ☐ Section 3: Program Budget
- ☐ Section 5: Certifications and Assurances

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Signature of authorized representative

Date

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Name and title of authorized representative

## SECTION 2: QUALIFICATIONS (40 points)

### 1. Minimum Qualifications

- a. Can your organization's payroll system produce accurate, program-specific accounting for staff time?

☐ Yes

☐ No

Comments (optional):

- b. Can your organization obtain insurance and endorsements listed in Exhibit A with the required Added Insured provisions? (If your application is approved, COUNTY will need proof of insurance and related documentation as part of the Contracting process.)

☐ Yes

☐ No

Comments (optional):

- c. Does your organization have a procedure by which Hotel/Motel Shelter Staff will collect Guest Intake and HMIS Forms and review the documentation for: completeness (including HMIS data for *each* household member), accuracy, program eligibility, and readability (if handwritten)? (If your application is approved, COUNTY will review this procedure during the Project Overview Meeting.)

☐ Yes

☐ No

Comments (optional):

- d. Does your organization have a process for performing Criminal Background checks with specific screening criteria for all staff and volunteers who will be performing direct services under the subaward? This process must disqualify any persons who have committed violent crimes, crimes against children or other crimes that are incompatible with this project, and ensure the safety of guests should criminal convictions occur during the term of the project.

☐ Yes

☐ No

Comments (optional):

- e. Does your organization agree to update policies/procedures listed in 5.e. and/or the SHF Program Operations Manual and HSS Program guidance no later than the execution date of the agreement so that the policies/procedures meet OHCS requirements?

☐ Yes

☐ No

Comments (optional):

- f. Does your organization agree to amend policies, procedures, and practices to meet OHCS Equal Access protection requirements no later than the execution date of the agreement?

☐ Yes

☐ No

Comments (optional):

- g. Does your organization agree to submit all required financial and demographic documentation?

☐ Yes

☐ No

Comments (optional):

- h. Does your organization have procedures in place to maintain secure digital and/or paper records in compliance with regulatory, funder, and COUNTY requirements?

☐ Yes

☐ No

Comments (optional):

- i. [State Business Registry number provided on Cover Page.]

- j. Does your organization agree to allow the COUNTY to include information on shelter availability, agency contacts, and volunteer needs in media releases and through social media?

☐ Yes

☐ No

Comments (optional):

- k. Would your organization supply upon request the COUNTY with a copy of the agency's most recent audited financial report, independently reviewed financial statements, or if your organization has not had either of these, a copy of its most recently filed IRS 990?

☐ Yes

☐ No

Comments (optional):

- l. Please list and provide a description for any outstanding lawsuits against your agency.

- m. Federal Funds

☐ Organization is willing to accept federal funds if these become available.

☐ Organization is not willing to accept federal funds.

2. Describe organization and program staff experience (limited to 250 words per item below):
  - a. Providing hotel/motel shelter support or related services to adults and/or families experiencing homelessness.
  - b. Providing services in rural communities.
  - c. Providing services that are equitable, respectful, and relevant to people from a wide variety of cultures and backgrounds.
  - d. Ensuring that accurate and complete HMIS (or comparable for confidential Domestic Violence providers) data is collected and submitted in a timely way.
3. If your organization has not contracted with Clackamas County Department of Health, Housing and Human Services (including Social Services Division or Housing and Community Development Division), please supply 2 references who can speak to the organization's capacity to complete the work described in the NOFO.

### SECTION 3: PROGRAM BUDGET (25 points)

PROPOSED BUDGET	
<b>Organization:</b>	
<b>Funded Program Name:</b> <i>Extreme Weather and Smoke Hotel/Motel Shelter</i>	
<b>Program Contact:</b>	
<b>Agreement Term:</b> <i>July 1, 2025 - June 30, 2026</i>	
<b>Budget Categories</b>	<b>Amount</b>
<b>Staffing for Hotel/Motel Shelter</b> (Including salary, FTE & Fringe costs for each position)	
<b>Operational Supplies for Hotel/Motel Shelter</b> , as allowable under Emergency Shelter Operations in the State Houseless Funds Program Operations Manual - July 1, 2025. Including Meals and Transportation	
<b>Administration</b> (10% of Total)	
<b>Total Grant Costs</b>	

#### Budget Narrative

1. Provide a narrative that clearly explains staffing and operational costs associated with this project as outlined in your budget template above. *(max 300 words)*

#### Fiscal Capacity

2. Describe your organization's procedures to ensure that only costs deemed allowable are billed to the County under this agreement. *(max 250 words)*
3. Does your organization have a financial management system that can separately track the source and use of funds of individual agreements or funding sources?  
☐ Yes  
☐ No Please explain:
4. Does your organization have procedures that provide assurance that consistent, fair and equitable treatment is applied in the distribution of charges to all funding sources?  
☐ Yes  
☐ No Please explain:

**SECTION 4: Risk Assessment** (25 points) will be conducted by COUNTY as part of the award assessment criteria. Organizations with current or past contracts with COUNTY will be evaluated on past performance in previous contracts with COUNTY. Items to be considered include spend-out of contracts, timeliness of report and invoice submittals, and adherence to documentation requirements. The results of the risk assessment may result in specific post-award monitoring requirements.

**SECTION 5: CERTIFICATIONS AND ASSURANCES (5 points)**

Organization Name: \_\_\_\_\_,

Applicant hereby assures, warrants, covenants, and certifies that with respect to any federal, state or local funds disbursed to it, that it will follow all of the applicable laws, rules and regulations associated with funding distributed to Applicant and incorporated into award agreement.

Applicant certifies that it meets and will comply with the minimum qualifications to be eligible to apply and to receive funds specified in **5. Eligibility Criteria** of this NOFO.

In addition, Applicant certifies it will perform the work listed in **Program Description**, in accordance with the terms and conditions in an awarded agreement.

Certification Signature:

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Signature of authorized representative

Date

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Name and title of authorized representative