

Mary Rumbaugh Director

November 13, 2025	BCC Agenda Date/Item:
Board of County Commissioners	
Clackamas County	

Approval to accept Directly Appropriated Funding from Oregon Housing and Community Services to continue the Oregon Eviction Diversion and Prevention Program. Appropriation Value is \$1,520,170 for 2 years. Funding is through Oregon Housing and Community Services.

No County General Funds are involved.

Previous Board	No previous board action; new request for renewal of last year's funding, not a			
Action/Review	new program.	new program.		
Performance	Safe, Secure, and Livable Communities			
Clackamas				
Counsel Review	No	Procurement Review	No	
Contact Person	Tracy Garell, Director,	Contact Phone	(503) 655-8641	
	Social Services Division			

EXECUTIVE SUMMARY: The Social Services Division (SSD) of the Health, Housing, and Human Services (H3S) Department requests the approval of the Lifecycle Form for an Intergovernmental Agreement with the State of Oregon, Housing and Community Services Department (OHCS) to operate the Oregon Eviction Diversion and Prevention Program (ORE-DAP).

OHCS has allocated \$1,520,710 of House Bill 5011 funds approved during the January 2025 State Legislative Session for the 25-27 biennium. The ORE-DAP program grew out of Governor Kotek's Executive Orders to address the state's housing and homelessness crisis. During the prior biennium, ORE-DAP was funded by House Bill 5019 and Senate Bills 5511 and 1530. Between January 11, 2025, and June 30, 2025, Social Services provided eviction prevention support, including rent and utility assistance, as well as arrearage payments, for 889 households across the county by combining ORE-DAP and Metro Supportive Housing Services funds.

With a significant reduction in funding for the 2025-2027 biennium, Social Services will prioritize using ORE-DAP funds to serve rural households on Clackamas County Justice Court's eviction docket lists for hearings related to nonpayment of rent and those who are at imminent risk of homelessness.

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RECOMMENDATION: Staff respectfully request that the Board of County and authorize Chair Roberts or his designee to sign on behalf of Clackamas County.	/ Commissioners approve to proceed
Respectfully submitted,	For Filing Use Only

Mary Rumbaugh

Director of Health, Housing, and Human Services Department

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 Com	pleted by	/ Requester
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✓ Direct Appropriation (no application)

Award type:

Subrecipient Award Direct Award

No

Award Renewal? Yes

Lead Fund # and Department:	240 Health, Housing and Human Services
Name of Funding Opportunity:	ORE-DAP 25/27 Biennium

Funding Source: Federal – Direct	Federal − Pass through ✓ State Local
Requestor Information: (Name of staff initiating form)	R.E. Szego
Requestor Contact Information:	rszego@clackamas.us
Department Fiscal Representative:	Doug Green
Program Name & Prior Project #: (please specify)	dgreen2@clackamas.us

Brief Description of Project:

Allocation from Oregon Housing and Community Services for a portion of Oregon Eviction Diversion and Prevention (ORE-DAP) funds approved under House Bill 5011. Funds will support households at imminent risk of eviction with rent and utilities assistance and arrearage payments.

Name of Funding Agency:	Oregon Housing and Community Services (OHCS)

Notification of Funding Opportunity Web Address: N/A - informed of allocation by email

OR

Application Packet Attached: Yes 🗸 No

Completed By: R.E Szego Date: 08/18/2025

** 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:	08/08/25
Announcement Date:	08/08/25	Announcement/Opportunity #:	ORE-DAP 25/27 Biennium
Grant Category/Title	ORE-DAP 25/27 Biennium	Funding Amount Requested:	\$1,520,710
Allows Indirect/Rate:		Match Requirement:	N/A
Application Deadline:	N/A	Total Project Cost:	\$1,520,710
Award Start Date:	07/01/2025	Other Deadlines and Description:	N/A
Award End Date	06/30/2027		IN/A
Completed By:	R.E. Szego	Program Income Requirements:	N/A
Pre-Application Meeting Schedule:	N/A		

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

None

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

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.)?

** NOW READY FOR PROGRAM MANAGER SUBMISSION TO DIVISION DIF	
Name (Typed/Printed) Date	Signature
Program Approval:	
Other information necessary to understand this award, if any.	
3. What are the objectives of this funding opportunity? How will we meet these objectives?	
2. Who, if any, are the community partners who might be better suited to perform this work?	
Mission/Purpose: 1. How does the grant/funding opportunity support the Department and/or Division's Mission/Purpose/Goals?	
3. What are the fiscal reporting requirements for this funding?	
2. How will performance be evaluated? Are we using existing data sources? If yes, what are they and where are they housed? grant timeframe?	If not, is it feasible to develop a data source within the
Reporting Requirements 1. What are the program reporting requirements for this grant/funding opportunity?	
Collaboration 1. List County departments that will collaborate on this award, if any.	

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

Section IV: Approvals

DIVISION DIRECTOR (or designee,	if applicable)
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Tracy Garell	8/25/2025	Lucy InD
Name (Typed/Printed)	Date	Signature
DEPARTMENT DIRECTOR (or designee, if applicable)		David Goldon
Denise Swanson	Aug 28, 2025	Denise Swanson (Aug 28, 2025 09:05:59 PDT)
Name (Typed/Printed)	Date	Signature
FINANCE ADMINISTRATION		
Elizabeth Comfort	Sep 8, 2025	Clizabeth Comfort
Name (Typed/Printed)	Date	Signature
OC COMMAND APPROVAL (WHEN NEEDED FOR DISAST	ER OR EMERGENCY RELIEF APPLICATIONS <u>OI</u>	V <u>LY</u>)
Name (Typed/Printed)	Date	Signature
Section V: Board of County Commissioners/0	County Administration	
section v. Board of County Commissioners/v	County Administration	
Required for all grant applications. If your grant is awarded, all grant	t <u>awards</u> must be approved by the Board on their week	ly 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
Name (Typeu/Pfinteu)	Date	Sgrature
For applications up to and including \$150,000	email form to BCC staff at CA-Finan	cialteam@clackamas.us for Gary Schmidt's
approval.		· ,
For applications \$150,000.01 and above, emo to be brought to the consent agenda.	ail form with Staff Report to the Cle	rk to the Board at <u>ClerktotheBoard@clackamas.us</u>
BCC Agenda item #:	Date:	
OR		
Policy Session Date:		
	County Administration Attesta	tion
County Administration: re-route to department at		
and		
Grants Manager at financegrants@clackamas.us		
vhen fully approved.		

H3S-SS_Lifecycle_Fund 240_ORE-DAP 25-27 Biennium__03-2025 TGauth

Final Audit Report 2025-09-08

Created: 2025-08-26

By: Qudsia Sediq (QSediq@clackamas.us)

Status: Signed

Transaction ID: CBJCHBCAABAAm2nkNJmEM56YpILBvXNuDpc4iTLj2QB4

"H3S-SS_Lifecycle_Fund 240_ORE-DAP 25-27 Biennium__03-2 025 TGauth" History

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- Email sent to rezego@clackamas.us bounced and could not be delivered 2025-08-26 4:51:50 PM GMT
- Signer dswanson@clackamas.us entered name at signing as Denise Swanson 2025-08-28 4:05:57 PM GMT- IP address: 47.25.233.238
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 Signature Date: 2025-08-28 4:05:59 PM GMT Time Source: server- IP address: 47.25.233.238
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