



July 31, 2025	BCC Agenda Date/Item:

Board of County Commissioners Clackamas County

Approval of Renewal Revenue Grant Agreements with the US Department of Housing and Urban Development for rapid rehousing and permanent supportive housing programs. Total Grant Value is \$2,087,770 for 1 year. Funding is through the US Department of Housing and Urban Development, Oregon Emergency Housing Assistance Program Funds, Community Services Block Grant Funds, Supportive Housing Services Measure Funds, and \$105,629 in budgeted County General Funds.

Previous Board Action/Review	Approval to Apply for grant funding	, October 17, 2024, 20241	017 III.E.1	
Performance	This funding aligns with H3S's strategic priority of ensuring access to Safe,			
Clackamas	Stable Housing. 2. This funding aligns with the County's strategic priority to ensure safe, healthy, and secure communities.			
Counsel Review	Yes, Ryan Hammond	Procurement Review	NA	
Contact Person	Vahid Brown, HCDD Deputy Dir.	Contact Phone	(971)334-9870	
	Tracy Garell, SSD Director		(503)655-8641	

EXECUTIVE SUMMARY: On behalf of the Housing and Community Development Division and the Social Services Division, the Health, Housing, and Human Services Department requests approval of the annual revenue grant agreements with the U.S. Department of Housing and Urban Development (HUD) for ongoing County Continuum of Care (CoC) programs and activities. These grants were awarded through last year's Notice of Funding Opportunity, in which the County provided approval to apply on October 17, 2024.

Each year, HUD releases a notice of funding opportunity for CoC programs and activities, which are applied for through a consolidated application. This application includes community partners operating CoC programs and services. The annual consolidated application is a robust process in which Clackamas County serves as the lead agency and hosts a procurement process for projects requesting funding within the Clackamas County continuum. Through a vetted process, applications for CoC programming from community partners, including internal programs within Clackamas County and the Housing Authority, are rated. Projects that meet the criteria and fill a need in the continuum are then recommended to HUD for funding. Grant awards resulting from the application are sent directly to each entity that submitted an application.

Clackamas County, through its Health, Housing, and Human Services department, has been awarded funding for several different CoC programs as well to continue the administration of the Homeless Management Information System, ongoing coordination of the CoC, and facilitation of the next consolidated application process. The

For Filing Use Only

agreements in this packet reflect awards for ongoing services and programs.

The following CoC programs and activities were awarded to Clackamas County and the divisions of H3S, which will operate each program:

HUD Grant No.	Program Name	Services provided	H3S Division	Amount
OR0099L0E072417	Clackamas County CoC HMIS*	Homeless Management Information System (HMIS)	HCDD	\$76,172
OR0100L0E072417	HOPE Leasing Program*	Permanent Supportive Housing	SSD	\$380,516
OR0141L0E072413	HOPE II*	Permanent Supportive Housing	SSD	\$105,933
OR0177L0E072411	Rent Well RRH*	Rapid Rehousing Program	SSD	\$151,170
OR0217L0E072409	Housing our Heroes*	Permanent Supportive Housing	SSD	\$470,612
OR0218L0E072409	Coordinated Housing Access *	Coordinated Housing Access	HCDD	\$386,742
OR0237L0E072408	Housing our Families*	Rapid Rehousing Program	SSD	\$239,036
OR0407L0E072400	CoC Planning	Coordination of CoC Programs and Funding Application	HCDD	\$277,589

^{*}Combined in one agreement

Total Funding

\$2,087,770

The funding provided in this packet is for the renewal of existing programs and services the CoC provides through Clackamas County. In addition to these funds for the renewal of existing programs and services, the County was also awarded \$522,402 for a new Permanent Supportive Housing program through Social Services called House the People. That new program grant agreement is not included in this packet and will be presented to the Board at a future business meeting. Similarly, the award to the Housing Authority of \$699,636 will be presented in a separate packet for the Housing Authority Board.

CoC grants do require a 25% match, which will be met through State Emergency Housing Assistance Program General Funds, Community Services Block Grant Funds, Supportive Housing Services funds, and \$105,629 in budgeted County General Funds.

RECOMMENDATION: Staff respectfully requests that the Board of County Commissioners approve the revenue grant agreements (12205 and 12231) with HUD and authorize Chair Roberts, or his designee, to sign all necessary documents on behalf of Clackamas County.

Respectfully submitted,

Mary Rumbaugh

Mary Rumbaugh

Director of Health, Housing, and Human Services

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					
		CONCE	PTION		
Section I: Funding Opportunity I	er Award type:	=	t Appropriation (no application) ecipient Award		
			Award Renewa	I? ✓ Yes	☐ No
Lead Fund # and Department:	240 - Hea l th	Housing and H	uman Services		
Name of Funding Opportunity:	FY 2024 - FY	2025 Continuum of	Care Competition		
Funding Source:	t 🗆	Federal – Pass through	State	Local	
Requestor Information: (Name of staff in	nitiating form)	Raina SmithRoller			
Requestor Contact Information:		rsmithroller@clackar	nas.us		
Department Fiscal Representative:		Darren Chilton			
Program Name & Prior Project #: (please	specify)	Continuum of Care (CoC) Consolidated Ap	plication	2024
Brief Description of Project: (Piease specify) Continuum of Care (CoC) Consolidated Application 2024 Brief Description of Project: The consolidated application is one application for all CoC project funding (internal and external community based projects) as well as bonus funding for planning activities and the Homeless Management Information System (HMIS) administration for Clackamas County. Grants awarded through this application will be awarded directly to the each project agency. County Projects will come thorugh the county but others will be direct agreements between HUD and the outside agency. There is a 25% match required for each program which each agency had to detail ineach program application. Name of Funding Agency: US Department of Housing and Urban Development (HUD) Notification of Funding Opportunity Web Address: https://www.hud.gov/program_offices/comm_planning/coc/competition OR Application Packet Attached: Yes No Date: **NOW READY FOR SUBMISSION TO DEPARTMENT FISCAL REPRESENTATIVE ** Section II: Funding Opportunity Information - To Be Completed by Department Fiscal Rep					
Assistance Listing Number (ALN), if applicab	Non-Competing Applicat	ion Other	Funding Agency Award Notificatio	n Date:	unknown
Announcement Date:	8/29/24		Announcement/Opportunity #:		unknown FR-6800-N-25
Grant Category/Title	6/29/24	Competition & Renewal	Funding Amount Requested:		\$6,893,194
Allows Indirect/Rate:		n project award	Match Requirement:		25% cash or in-kind
Application Deadline:	October 30, 2	' '	Total Project Cost:		unknown since many are not county run programs
Award Start Date:		on each award	·		
Award End Date		on each award	Other Deadlines and Description:		n/a
Completed By:	Raina Smith		Program Income Requirements:		depends on project
Pre-Application Meeting Schedule:			cation committed and Co	C Steering	
		ت			

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

Supportive Housing Services, other Federal, State and local funds for matching. Each applicant agency in the consolidated application must specifiy their own match funds.

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

The awards from last year are used to administer the CoC Administration of this Consolidated Application process (CoC -Planning grant). Additional funds for indirect expenses in H3S projects will be covered through Supportive Housing Services or other available funds.

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

No prior fund balance will be used as consolidated awards are specific to each project and only those that are county projects will run through the county

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

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?	
4. Does the grant/financial assistance fund an existing program? If yes, which program? If no, what is the purpose of the program?	
Operational Country	
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?	
2. Are there partnership efforts regulaer 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 wi	II
the department ensure funding (e.g. request new funding during the budget process, supplanted by a different program, etc.)?	

2 Revised 11/2023

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?
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?

Other information necessary to understand this award, if any.

Name (Typed/Printed)

Program Approval:

Raina SmithRoller 9/25/24

24 <u>Raina Smith-Roller</u>

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

Date

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

3 Revised 11/2023

Section IV: Approvals

DIVISION DIRECTOR (or designee, if applicable)

		Shannon Callahan
Shannon Callahan	10/1/24	Srannon Callanan
Name (Typed/Printed)	Date	Signature
		11.
DEPARTMENT DIRECTOR (or designee, if applicable)	0 11 2024	Ven 8 Swang
Denise Swanson	Oct 1, 2024	Denise Swanson (Oct 1, 2024 14:56 PDT)
Name (Typed/Printed)	Date	Signature
FINANCE ADMINISTRATION		Disaboth Comlant
Elizabeth Comfort	Oct 1, 2024	Elizabeth Comfort
Name (Typed/Printed)	Date	Signature
EOC COMMAND APPROVAL (WHEN NEEDED FOR DISA	STER OR EMERGENCY RELIEF APPLICATIONS ONLY)	
Name (Typed/Printed)	Date	Signature
Section V: Board of County Commissioners	s/County Administration	
	•	
(Required for all grant applications. If your grant is awarded, all gr	rant <u>awards</u> must be approved by the Board on their weekly con	nsent 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
нате (турса) ттеса)	bute	эвличис
For applications up to and including \$150,0	000 email form to BCC staff at CA-Financials	team@clackamas.us for Gary Schmidt's
approval.	,	, ,
For applications \$150,000.01 and above, ento be brought to the consent agenda.	mail form with Staff Report to the Clerk to	o the Board at <u>ClerktotheBoard@clackamas.us</u>
BCC Agenda item #: 20241017 II	II.E.1 Date: 10/17/2	2024
OR .		Jalu Smil
Policy Session Date:		O The Office
	County Administration Attestation	
F	county namination necessarion	1
County Administration: re-route to department at and		
Grants Manager at financegrants@clackamas.us		
Grants Manager at financegrants@clackamas.us when fully approved.		

4 Revised 11/2023

HCD-Lifecycle_Fund 240 - CoC Consolidated App FY2024.SC

Final Audit Report 2024-10-01

Created: 2024-10-01

By: Qudsia Sediq (QSediq@dackamas.us)

Status: Signed

Transaction ID: CBJCHBCAABAArEr7PEER9f8yFbJPV5Zz0f9wpBAibN7-

"HCD-Lifecycle_Fund 240 - CoC Consolidated App FY2024.SC" History

- Document created by Qudsia Sediq (QSediq@clackamas.us) 2024-10-01 4:37:15 PM GMT- IP address: 198.245.132.3
- Document emailed to dswanson@clackamas.us for signature 2024-10-01 4:38:59 PM GMT
- Email viewed by dswanson@clackamas.us 2024-10-01 9:55:42 PM GMT- IP address: 103.30.12.52
- Signer dswanson@clackamas.us entered name at signing as Denise Swanson 2024-10-01 9:56:28 PM GMT- IP address: 172,223,197,184
- Document e-signed by Denise Swanson (dswanson@clackamas.us)

 Signature Date: 2024-10-01 9:56:30 PM GMT Time Source: server- IP address: 172.223.197.184
- Document emailed to Elizabeth Comfort (ecomfort@clackamas.us) for signature 2024-10-01 9:56:32 PM GMT
- Email viewed by Elizabeth Comfort (ecomfort@clackamas.us) 2024-10-01 10:15:47 PM GMT- IP address: 198.245.132.3
- Document e-signed by Elizabeth Comfort (ecomfort@clackamas.us)

 Signature Date: 2024-10-01 10:20:37 PM GMT Time Source: server- IP address: 198.245.132.3
- Agreement completed. 2024-10-01 - 10:20:37 PM GMT



U.S. Department of Housing and Urban Development Office of Community Planning and Development 1220 SW 3rd Avenue Suite 400 Portland, OR 97204-2830

Grant Number: Multiple Projects

Recipient's Name: Clackamas Dept.Health, Housing & Human Srvs

Tax ID Number: 93-6002286

Unique Entity Identifier [SAM]: NVWKAVB8JND6

Federal Award Date: 6/3/2025

CONTINUUM OF CARE PROGRAM (Assistance Listing# 14.267) GRANT AGREEMENT

This Grant Agreement ("this Agreement") is made by and between the United States Department of Housing and Urban Development ("HUD") and Clackamas Dept.Health, Housing & Human Srvs (the "Recipient").

This Agreement, the Recipient's use of funds provided under this Agreement (the "Grant" or "Grant Funds"), and the Recipient's operation of projects assisted with Grant Funds are governed by

- 1. The Consolidated Appropriations Act, 2024 (Public Law 118-42, approved March 9, 2024);
- 2. title IV of the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11301 et seq. (the "Act");
- 3. the Continuum of Care Program rule at 24 CFR part 578 (the "Rule"), as amended from time to time;
- 4. the Notice of Funding Opportunity for FY 2024 and FY 2025 Continuum of Care Competition and Renewal or Replacement of Youth Homeless Demonstration Program (NOFO) except for references in the NOFO to Executive Orders that have since been repealed;
 - 5. all current Executive Orders; and
- 6. the Recipient's application submissions on the basis of which these Grant Funds were approved by HUD, including the certifications, assurances, technical submission documents, and any information or documentation required to meet any grant award condition (collectively, the "Application").

The Application is incorporated herein as part of this Agreement, except that only the project (those projects) listed below are funded by this Agreement. In the event of any conflict between any application provision and any provision contained in this Agreement, this Agreement shall control. Capitalized terms that are not defined in this agreement shall have the meanings given in the Rule.

HUD's total funding obligation authorized by this grant agreement is \$1,810,181, allocated between the project(s) listed below (each identified by a separate grant number) and, within those projects, between budget line items, as shown below. The Grant Funds an individual project will receive are as shown in the Application on the final HUD-approved Summary Budget for the project. Recipient shall use the Grant Funds provided for the projects listed below, during the budget period(s) period stated below.

Grant No. (FAIN)	Grant Term	Performance Period	Budget Period	Total Amount
OR0099L0E072417	12 months	07-01-2025 - 06-30-2026	07-01-2025 - 06-30-2026	\$76,172
allocated between budg	get line items as follow	vs:		
a. Continuum of Care	Planning Activities			\$0
b. Acquisition				\$0
c. Rehabilitation				\$0
d. New construction				\$0
e. Leasing				\$0
f. Rental assistance				\$0
g. Supportive services	\$0			
h. Operating costs				\$0
i. Homeless Managem	\$71,682			
j. Administrative costs	S			\$4,490
k. Relocation costs				\$0
1. VAWA Costs				\$0
m. Rural Costs				\$0
	prevention activities: ng relocation and stabil erm and medium-term			\$0 \$0

Grant No. (FAIN)	Grant Term	Performance Period	Budget Period	Total Amount
OR0100L0E072417	12 months	07-01-2025 - 06-30-2026	07-01-2025 - 06-30-2026	\$380,516
allocated between budget	line items as follow	/S:		
a. Continuum of Care Pla	nning Activities			\$0
b. Acquisition				\$0
c. Rehabilitation				\$0
d. New construction				\$0
e. Leasing				\$0
f. Rental assistance				\$300,960
g. Supportive services				\$67,329
h. Operating costs				\$0
i. Homeless Managemen	t Information System	n		\$0
j. Administrative costs				\$12,227
k. Relocation costs				\$0
1. VAWA Costs				\$0
m. Rural Costs				\$0
	vention activities: relocation and stabil n and medium-term			\$0 \$0

Grant No. (FAIN)	Grant Term	Performance Period	Budget Period	Total Amount
OR0141L0E072413	12 months	01-01-2026 - 12-31-2026	01-01-2026 - 12-31-2026	\$105,933
allocated between budge	et line items as follow	vs:		
a. Continuum of Care Pl	anning Activities			\$0
b. Acquisition				\$0
c. Rehabilitation				\$0
d. New construction				\$0
e. Leasing				\$0
f. Rental assistance				\$98,832
g. Supportive services				\$6,480
h. Operating costs				\$0
i. Homeless Managemen	\$0			
j. Administrative costs				\$621
k. Relocation costs				\$0
l. VAWA Costs				\$0
m. Rural Costs				\$0
	evention activities: relocation and stabili m and medium-term			\$0 \$0

Grant No. (FAIN)	Grant Term	Performance Period	Budget Period	Total Amount
OR0177L0E072411	12 months	07-01-2025 - 06-30-2026	07-01-2025 - 06-30-2026	\$151,170
allocated between budget	line items as follow	vs:		
a. Continuum of Care Pla	nning Activities			\$0
b. Acquisition				\$0
c. Rehabilitation				\$0
d. New construction				\$0
e. Leasing				\$0
f. Rental assistance				\$58,608
g. Supportive services				\$84,363
h. Operating costs				\$0
i. Homeless Management	t Information System	n		\$0
j. Administrative costs				\$8,199
k. Relocation costs				\$0
l. VAWA Costs				\$0
m. Rural Costs				\$0
	vention activities: elocation and stabili n and medium-term			\$0 \$0

Grant No. (FAIN)	Grant Term	Performance Period	Budget Period	Total Amount
OR0217L0E072409	12 months	07-01-2025 - 06-30-2026	07-01-2025 - 06-30-2026	\$470,612
allocated between budget li	ine items as follow	vs:		
a. Continuum of Care Plan	ning Activities			\$0
b. Acquisition				\$0
c. Rehabilitation				\$0
d. New construction				\$0
e. Leasing				\$0
f. Rental assistance				\$373,800
g. Supportive services				\$72,235
h. Operating costs				\$0
i. Homeless Management l	Information System	m		\$0
j. Administrative costs				\$24,577
k. Relocation costs				\$0
l. VAWA Costs				\$0
m. Rural Costs				\$0
	ention activities: location and stabil and medium-term			\$0 \$0

Grant No. (FAIN)	Grant Term	Performance Period	Budget Period	Total Amount	
OR0218L0E072409	12 months	07-01-2025 - 06-30-2026	07-01-2025 - 06-30-2026	\$386,742	
allocated between budge	et line items as follow	vs:			
a. Continuum of Care Pl	lanning Activities			\$0	
b. Acquisition	b. Acquisition				
c. Rehabilitation				\$0	
d. New construction				\$0	
e. Leasing	\$0				
f. Rental assistance	\$0				
g. Supportive services	\$354,090				
h. Operating costs	\$0				
i. Homeless Management Information System				\$0	
j. Administrative costs				\$32,652	
k. Relocation costs	\$0				
l. VAWA Costs				\$0	
m. Rural Costs				\$0	
_	revention activities: relocation and stabili rm and medium-term			\$0 \$0	

Grant No. (FAIN)	Grant Term	Performance Period	Budget Period	Total Amount
OR0237L0E072408	12 months	10-01-2025 - 09-30-2026	10-01-2025 - 09-30-2026	\$239,036
allocated between budge	t line items as follow	vs:		
a. Continuum of Care Pl	anning Activities			\$0
b. Acquisition				\$0
c. Rehabilitation				\$0
d. New construction				\$0
e. Leasing				\$0
f. Rental assistance	\$218,424			
g. Supportive services				\$8,318
h. Operating costs	\$0			
i. Homeless Management Information System				\$0
j. Administrative costs				\$12,294
k. Relocation costs	\$0			
l. VAWA Costs				\$0
m. Rural Costs				\$0
_	evention activities: relocation and stabili m and medium-term			\$0 \$0

Pre-award Costs for Continuum of Care Planning

The Recipient may, at its own risk, incur pre-award costs for continuum of care planning awards, after the date of the HUD selection notice and prior to the effective date of this Agreement, if such costs: a) are consistent with 2 CFR 200.458; and b) would be allowable as a post-award cost; and c) do not exceed 10 percent of the total funds obligated to this award. The incurrence of pre-award costs in anticipation of an award imposes no obligation on HUD either to make the award, or to increase the amount of the approved budget, if the award is made for less than the amount anticipated and is inadequate to cover the pre-award costs incurred.

These provisions apply to all Recipients:

The Recipient:

- (1) shall not use grant funds to promote "gender ideology," as defined in E.O. 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government;
- (2) agrees that its compliance in all respects with all applicable Federal anti-discrimination laws is material to the U.S. Government's payment decisions for purposes of section 3729(b)(4) of title 31, United States Code:
- (3) certifies that it does not operate any programs that violate any applicable Federal antidiscrimination laws, including Title VI of the Civil Rights Act of 1964;
- (4) shall not use any Grant Funds to fund or promote elective abortions, as required by E.O. 14182, Enforcing the Hyde Amendment; and
- (5) Notwithstanding anything in the NOFO or Application, this Grant shall not be governed by Executive Orders revoked by E.O. 14154, including E.O. 14008, or NOFO requirements implementing Executive Orders that have been revoked.

The recipient must administer its grant in accordance with all applicable immigration restrictions and requirements, including the eligibility and verification requirements that apply under title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, as amended (8 U.S.C. 1601-1646) (PRWORA) and any applicable requirements that HUD, the Attorney General, or the U.S. Center for Immigration Services may establish from time to time to comply with PRWORA, Executive Order 14218, or other Executive Orders or immigration laws.

No state or unit of general local government that receives funding under this grant may use that funding in a manner that by design or effect facilitates the subsidization or promotion of illegal immigration or abets policies that seek to shield illegal aliens from deportation.

Subject to the exceptions provided by PRWORA, the recipient must use SAVE, or an equivalent verification system approved by the Federal government, to prevent any Federal public benefit from being provided to an ineligible alien who entered the United States illegally or is otherwise unlawfully present in the United States.

HUD will not enforce provisions of the Grant Agreement to the extent that they require the project to use a housing first program model.

As stated in Section III.A.2 of the NOFO, Faith-based organizations may be recipients or subrecipients for funds under this agreement on the same basis as any other organization. Recipients may not, in the selection of subrecipients, discriminate against an organization based on the organization's religious character, affiliation, or exercise.

If any new projects funded under this Agreement are for project-based rental assistance for a term of fifteen (15) years, the funding provided under this Agreement is for the performance period stated herein only. Additional funding is subject to the availability of annual appropriations.

The budget period and performance period of renewal projects funded by this Agreement will begin immediately at the end of the budget period and performance period of the grant being renewed. Eligible costs incurred between the end of Recipient's budget period and performance period under the grant being renewed and the date this Agreement is executed by both parties may be reimbursed with Grants Funds from this Agreement. No Grant Funds for renewal projects may be drawn down by Recipient before the end date of the project's budget period and performance period under the grant that has been renewed.

For any transition project funded under this Agreement the budget period and performance period of the transition project(s) will begin immediately at the end of the Recipient's final operating year under the grant being transitioned. Eligible costs, as defined by the Act and the Rule, incurred between the end of Recipient's final operating year under the grant being transitioned and the execution of this Agreement may be paid with funds from the first operating year of this Agreement.

HUD designations of Continuums of Care as High-performing Communities (HPCS) are published on HUD.gov in the appropriate Fiscal Years' CoC Program Competition Funding Availability page. Notwithstanding anything to the contrary in the Application or this Agreement, Recipient may only use grant funds for HPC Homelessness Prevention Activities if the Continuum that designated the Recipient to apply for the grant was designated an HPC for the applicable fiscal year.

The Recipient must use the Grant Funds only for costs (including indirect costs) that meet the applicable requirements in 2 CFR part 200 (including appendices), as may be amended from time to time. The Recipient's indirect cost rate information is as provided in Addendum #1 to this Agreement. The Recipient must immediately notify HUD upon any change in the Recipient's indirect cost rate, so that HUD can amend the Agreement to reflect the change if necessary.

HUD notifications to the Recipient shall be to the address of the Recipient as stated in the Recipient's applicant profile in e-snaps. Recipient notifications to HUD shall be to the HUD Field Office executing the Agreement. No right, benefit, or advantage of the Recipient hereunder may be assigned without prior written approval of HUD.

The Recipient must comply with the applicable requirements in 2 CFR part 200, as may be amended from time to time.

Build America, Buy America Act. The Grantee must comply with the requirements of the Build America, Buy America (BABA) Act, 41 USC 8301 note, and all applicable rules and notices, as may be amended, if applicable to the Grantee's infrastructure project. Pursuant to HUD's Notice, "Public Interest Phased Implementation Waiver for FY 2022 and 2023 of Build America, Buy America Provisions as Applied to Recipients of HUD Federal Financial Assistance" (88 FR 17001), any funds obligated by HUD on or after the applicable listed effective dates, are subject to BABA requirements, unless excepted by a waiver.

Waste, Fraud, Abuse, and Whistleblower Protections. Any person who becomes aware of the existence or apparent existence of fraud, waste or abuse of any HUD award must report such incidents to both the HUD official responsible for the award and to HUD's Office of Inspector General (OIG). HUD OIG is available to receive allegations of fraud, waste, and abuse related to HUD programs via its hotline number (1-800-347-3735) and its online hotline form. You must comply with 41 U.S.C. § 4712, which includes informing your employees in writing of their rights and remedies, in the predominant native language of the workforce. Under 41 U.S.C. § 4712, employees of a government contractor, subcontractor, grantee, and subgrantee—as well as a personal services contractor—who make a protected disclosure about a Federal grant or contract cannot be discharged, demoted, or otherwise discriminated against as long as they reasonably believe the information they disclose is evidence of:

- 1. Gross mismanagement of a Federal contract or grant;
- 2. Waste of Federal funds:
- 3. Abuse of authority relating to a Federal contract or grant;
- 4. Substantial and specific danger to public health and safety; or
- 5. Violations of law, rule, or regulation related to a Federal contract or grant.

HUD may terminate all or a portion of the Grant in accordance with the Act, the Rule and 2 CFR 200.340. The Agreement constitutes the entire agreement between the parties and may be amended only in writing executed by HUD and the Recipient.

By signing below, Recipients that are states and units of local government certify that they are following a current HUD approved CHAS (Consolidated Plan).

This agreement is hereby executed on behalf of the parties as follows:

UNITED STATES OF AMERICA, Secretary of Housing and Urban Development

By:	
/ Vary Maley	
(Signature)	
Mark Mitchell, Director	
(Typed Name and Title)	
June 3, 2025	
(Date)	
RECIPIENT	
Clackamas Dept.Health, Housing & Human Srvs	
(Name of Organization)	
By:	
(G) (A) (1) (10CC (1)	
(Signature of Authorized Official)	
(Tour d Nous and Title of Andrewica d Official)	
(Typed Name and Title of Authorized Official)	
(D.)	
(Date)	
Approved for Legal Sufficiency:	
1/1/2	7/14/2025

Clackamas County Counsel

www.hud.gov espanol.hud.gov Page 12

Date

Addendum #1 OMB Number. 2501-0044 Expiration Date: 2/28/2027

4 - 4 - 4				
Federal Program/Assistance Listing Program Title: CONTINUUM OF CARE PROGRAM/Assistance Listing# 14.267				
2. Legal Name of Applicant/Recipient: Clackamas Dept.Health, Housing & Human Srvs				
3. Indirect Cost Rate Information for the Applicant/Recipient: Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form. The Applicant/Recipient will not charge indirect costs using an indirect cost rate. The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time. The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.				
Agency/department/ major function	Indirect cost rate	direct cost rate Type of Direct Cost Base Type of Rate		
4. Submission Type (check only one): ☐ Initial submission ☐ Update 5. Effective date(s):				
6. Certification of Authorized Representative for the Applicant/Recipient: **Under penalty of perjury, I certify on behalf of the Applicant/Recipient that (1) all information provided on this form is true, complete, and accurate, and (2) the Applicant/Recipient will provide HUD with an update to this form immediately upon learning of any change in the information provided on this form, and (3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this form.				
(1) all information prov (2) the Applicant/Recip learning of any change (3) I am authorized to s this form.	ury, I certify on behalf of ided on this form is true, ient will provide HUD wi in the information provide	the Applicate the Application of the Application and the Application of the Application o	nt/Recipient to d accurate, and to this form it m, and	d mmediately upon
(1) all information prov(2) the Applicant/Recip learning of any change(3) I am authorized to s	ury, I certify on behalf of ided on this form is true, ient will provide HUD wi in the information provide	the Applicate the Application of the Application and the Application of the Application o	nt/Recipient to d accurate, and to this form in to, and	d mmediately upon
(1) all information prov (2) the Applicant/Recip learning of any change (3) I am authorized to s this form.	ury, I certify on behalf of ided on this form is true, ient will provide HUD wi in the information provide	the Applicate the Application of the Application and the Application of the Application o	nt/Recipient to d accurate, and to this form in to, and	d mmediately upon
(1) all information prov(2) the Applicant/Recip learning of any change(3) I am authorized to sthis form.Signature:	ury, I certify on behalf of ided on this form is true, ient will provide HUD wi in the information provide	the Applicate the Application of the Application and the Application of the Application o	nt/Recipient to d accurate, and to this form in to, and	d mmediately upon

**Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(iii)).

Public Reporting Burden Statement: This collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

OMB Number. 2501-0044 Expiration Date: 2/28/2027

Instructions for Completing the Indirect Cost Information for the Award Applicant/Recipient

Number	Item	Instructions
1		Enter the title of the program as listed in the applicable funding announcement or notice of funding availability.
2	Legal Name of Applicant/ Recipient	Enter the legal name of the entity that will serve as the recipient of the award from HUD.
3		Mark the one (and only one) checkbox that best reflects how the indirect costs of the Applicant/Recipient will be calculated and charged under the award. Do not include indirect cost rate information for subrecipients. The table following the third checkbox must be completed only if that checkbox is checked. When listing a rate in the table, enter the percentage amount (for example, "15%"), the type of direct cost base to be used (for example, "MTDC"), and the type of rate ("predetermined," "final," "fixed," or "provisional"). If using the Simplified Allocation Method for indirect costs, enter the applicable indirect cost rate and type of direct cost base in the first row of the table. If using the Multiple Allocation Base Method, enter each major function of the organization for which a rate was developed and will be used under the award, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied. If the Applicant/Recipient is a government and more than one agency or department will carry out activities under the award, enter each agency or department that will carry out activities under the award, the indirect cost rate(s) for that agency or department, and the type of direct cost base to which each rate will be applied.
4	Submission Type	Check the appropriate box to identify whether this is the first submission of this form for the award or an update to a previous submission of this form for the award.
5	Effective date(s)	Enter the date(s) for which the information on this form applies.
6	Certification of Authorized Representative for the Applicant/ Recipient	An employee or officer of the Applicant/Recipient with the capacity and authority to make this certification for the Applicant/Recipient must make the certification by signing as provided. They must also provide the date of their signature, full name, and position title.



U.S. Department of Housing and Urban Development Office of Community Planning and Development 1220 SW 3rd Avenue Suite 400 Portland, OR 97204-2830

Grant Number: OR0407L0E072400

Recipient's Name: Clackamas Dept.Health, Housing & Human Srvs

Tax ID Number: 93-6002286

Unique Entity Identifier [SAM]: NVWKAVB8JND6

Federal Award Date: 6/10/2025

CONTINUUM OF CARE PROGRAM (Assistance Listing# 14.267) GRANT AGREEMENT

This Grant Agreement ("this Agreement") is made by and between the United States Department of Housing and Urban Development ("HUD") and Clackamas Dept.Health, Housing & Human Srvs (the "Recipient").

This Agreement, the Recipient's use of funds provided under this Agreement (the "Grant" or "Grant Funds"), and the Recipient's operation of projects assisted with Grant Funds are governed by

- 1. The Consolidated Appropriations Act, 2024 (Public Law 118-42, approved March 9, 2024);
- 2. title IV of the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11301 et seq. (the "Act");
- 3. the Continuum of Care Program rule at 24 CFR part 578 (the "Rule"), as amended from time to time;
- 4. the Notice of Funding Opportunity for FY 2024 and FY 2025 Continuum of Care Competition and Renewal or Replacement of Youth Homeless Demonstration Program (NOFO) except for references in the NOFO to Executive Orders that have since been repealed;
 - 5. all current Executive Orders; and
- 6. the Recipient's application submissions on the basis of which these Grant Funds were approved by HUD, including the certifications, assurances, technical submission documents, and any information or documentation required to meet any grant award condition (collectively, the "Application").

The Application is incorporated herein as part of this Agreement, except that only the project (those projects) listed below are funded by this Agreement. In the event of any conflict between any application provision and any provision contained in this Agreement, this Agreement shall control. Capitalized terms that are not defined in this agreement shall have the meanings given in the Rule.

HUD's total funding obligation authorized by this grant agreement is \$277,589, allocated between the project(s) listed below (each identified by a separate grant number) and, within those projects, between budget line items, as shown below. The Grant Funds an individual project will receive are as shown in the Application on the final HUD-approved Summary Budget for the project. Recipient shall use the Grant Funds provided for the projects listed below, during the budget period(s) period stated below.

Grant No. (FAIN)	Grant Term	Performance Period	Budget Period	Total Amount
OR0407L0E072400	12 months	10-1-2025 - -9-30-2026	10-1-2026 9-30-2026	\$277,589
allocated between budg	et line items as follow	vs:		
a. Continuum of Care P	lanning Activities			\$277,589
b. Acquisition				\$0
c. Rehabilitation				\$0
d. New construction				\$0
e. Leasing				\$0
f. Rental assistance				\$0
g. Supportive services				\$0
h. Operating costs			\$0	
i. Homeless Management Information System			\$0	
j. Administrative costs			\$0	
k. Relocation costs				\$0
1. VAWA Costs				\$0
m. Rural Costs				\$0
	revention activities: g relocation and stabil rm and medium-term			\$0 \$0

Pre-award Costs for Continuum of Care Planning

The Recipient may, at its own risk, incur pre-award costs for continuum of care planning awards, after the date of the HUD selection notice and prior to the effective date of this Agreement, if such costs: a) are consistent with 2 CFR 200.458; and b) would be allowable as a post-award cost; and c) do not exceed 10 percent of the total funds obligated to this award. The incurrence of pre-award costs in anticipation of an award imposes no obligation on HUD either to make the award, or to increase the amount of the approved budget, if the award is made for less than the amount anticipated and is inadequate to cover the pre-award costs incurred.

These provisions apply to all Recipients:

The Recipient:

- (1) shall not use grant funds to promote "gender ideology," as defined in E.O. 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government;
- (2) agrees that its compliance in all respects with all applicable Federal anti-discrimination laws is material to the U.S. Government's payment decisions for purposes of section 3729(b)(4) of title 31, United States Code;
- (3) certifies that it does not operate any programs that violate any applicable Federal antidiscrimination laws, including Title VI of the Civil Rights Act of 1964;
- (4) shall not use any Grant Funds to fund or promote elective abortions, as required by E.O. 14182, Enforcing the Hyde Amendment; and
- (5) Notwithstanding anything in the NOFO or Application, this Grant shall not be governed by Executive Orders revoked by E.O. 14154, including E.O. 14008, or NOFO requirements implementing Executive Orders that have been revoked.

The recipient must administer its grant in accordance with all applicable immigration restrictions and requirements, including the eligibility and verification requirements that apply under title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, as amended (8 U.S.C. 1601-1646) (PRWORA) and any applicable requirements that HUD, the Attorney General, or the U.S. Center for Immigration Services may establish from time to time to comply with PRWORA, Executive Order 14218, or other Executive Orders or immigration laws.

No state or unit of general local government that receives funding under this grant may use that funding in a manner that by design or effect facilitates the subsidization or promotion of illegal immigration or abets policies that seek to shield illegal aliens from deportation.

Subject to the exceptions provided by PRWORA, the recipient must use SAVE, or an equivalent verification system approved by the Federal government, to prevent any Federal public benefit from being provided to an ineligible alien who entered the United States illegally or is otherwise unlawfully present in the United States.

HUD will not enforce provisions of the Grant Agreement to the extent that they require the project to use a housing first program model.

As stated in Section III.A.2 of the NOFO, Faith-based organizations may be recipients or subrecipients for funds under this agreement on the same basis as any other organization. Recipients may not, in the selection of subrecipients, discriminate against an organization based on the organization's religious character, affiliation, or exercise.

If any new projects funded under this Agreement are for project-based rental assistance for a term of fifteen (15) years, the funding provided under this Agreement is for the performance period stated herein only. Additional funding is subject to the availability of annual appropriations.

The budget period and performance period of renewal projects funded by this Agreement will begin immediately at the end of the budget period and performance period of the grant being renewed. Eligible costs incurred between the end of Recipient's budget period and performance period under the grant being renewed and the date this Agreement is executed by both parties may be reimbursed with Grants Funds from this Agreement. No Grant Funds for renewal projects may be drawn down by Recipient before the end date of the project's budget period and performance period under the grant that has been renewed.

For any transition project funded under this Agreement the budget period and performance period of the transition project(s) will begin immediately at the end of the Recipient's final operating year under the grant being transitioned. Eligible costs, as defined by the Act and the Rule, incurred between the end of Recipient's final operating year under the grant being transitioned and the execution of this Agreement may be paid with funds from the first operating year of this Agreement.

HUD designations of Continuums of Care as High-performing Communities (HPCS) are published on HUD.gov in the appropriate Fiscal Years' CoC Program Competition Funding Availability page. Notwithstanding anything to the contrary in the Application or this Agreement, Recipient may only use grant funds for HPC Homelessness Prevention Activities if the Continuum that designated the Recipient to apply for the grant was designated an HPC for the applicable fiscal year.

The Recipient must use the Grant Funds only for costs (including indirect costs) that meet the applicable requirements in 2 CFR part 200 (including appendices), as may be amended from time to time. The Recipient's indirect cost rate information is as provided in Addendum #1 to this Agreement. The Recipient must immediately notify HUD upon any change in the Recipient's indirect cost rate, so that HUD can amend the Agreement to reflect the change if necessary.

HUD notifications to the Recipient shall be to the address of the Recipient as stated in the Recipient's applicant profile in e-snaps. Recipient notifications to HUD shall be to the HUD Field Office executing the Agreement. No right, benefit, or advantage of the Recipient hereunder may be assigned without prior written approval of HUD.

The Recipient must comply with the applicable requirements in 2 CFR part 200, as may be amended from time to time.

Build America, Buy America Act. The Grantee must comply with the requirements of the Build America, Buy America (BABA) Act, 41 USC 8301 note, and all applicable rules and notices, as may be amended, if applicable to the Grantee's infrastructure project. Pursuant to HUD's Notice, "Public Interest Phased Implementation Waiver for FY 2022 and 2023 of Build America, Buy America Provisions as Applied to Recipients of HUD Federal Financial Assistance" (88 FR 17001), any funds obligated by HUD on or after the applicable listed effective dates, are subject to BABA requirements, unless excepted by a waiver.

Waste, Fraud, Abuse, and Whistleblower Protections. Any person who becomes aware of the existence or apparent existence of fraud, waste or abuse of any HUD award must report such incidents to both the HUD official responsible for the award and to HUD's Office of Inspector General (OIG). HUD OIG is available to receive allegations of fraud, waste, and abuse related to HUD programs via its hotline number (1-800-347-3735) and its online hotline form. You must comply with 41 U.S.C. § 4712, which includes informing your employees in writing of their rights and remedies, in the predominant native language of the workforce. Under 41 U.S.C. § 4712, employees of a government contractor, subcontractor, grantee, and subgrantee—as well as a personal services contractor—who make a protected disclosure about a Federal grant or contract cannot be discharged, demoted, or otherwise discriminated against as long as they reasonably believe the information they disclose is evidence of:

- 1. Gross mismanagement of a Federal contract or grant;
- 2. Waste of Federal funds:
- 3. Abuse of authority relating to a Federal contract or grant;
- 4. Substantial and specific danger to public health and safety; or
- 5. Violations of law, rule, or regulation related to a Federal contract or grant.

HUD may terminate all or a portion of the Grant in accordance with the Act, the Rule and 2 CFR 200.340. The Agreement constitutes the entire agreement between the parties and may be amended only in writing executed by HUD and the Recipient.

By signing below, Recipients that are states and units of local government certify that they are following a current HUD approved CHAS (Consolidated Plan).

This agreement is hereby executed on behalf of the parties as follows:

UNITED STATES OF AMERICA, Secretary of Housing and Urban Development

By: May Maley	
(Signature)	
Mark Mitchell, Director	
(Typed Name and Title)	
June 10, 2025	
(Date)	
RECIPIENT Clackamas Dept.Health, Housing & Human Srvs	
(Name of Organization)	
By:	
(Signature of Authorized Official)	
(Typed Name and Title of Authorized Official)	
(Date)	
Approved for Legal Sufficiency:	
	7/14/2025
Clackamas County Counsel	Date

Addendum #1 OMB Number. 2501-0044 Expiration Date: 2/28/2027

Indirect Cost Information for Award Applicant/Recipient				
Federal Program/Assistance Listing Program Title: CONTINUUM OF CARE PROGRAM/Assistance Listing# 14.267				
2. Legal Name of Applicant/Recipient: Clackamas Dept.Health, Housing & Human Srvs				
3. Indirect Cost Rate Information for the Applicant/Recipient: Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form. The Applicant/Recipient will not charge indirect costs using an indirect cost rate. The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time. The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.				
Agency/department/ major function	Indirect cost rate	Type of Direct Cost Base Type of Rate		Type of Rate
4. Submission Type (check only one): ☐ Initial submission ☐ Update 5. Effective date(s):				
6. Certification of Authorized Representative for the Applicant/Recipient: **Under penalty of perjury, I certify on behalf of the Applicant/Recipient that (1) all information provided on this form is true, complete, and accurate, and (2) the Applicant/Recipient will provide HUD with an update to this form immediately upon learning of any change in the information provided on this form, and (3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this form. Signature: Signature:				
Date:				
Name:				
Title:				

**Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(iii)).

Public Reporting Burden Statement: This collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

OMB Number. 2501-0044 Expiration Date: 2/28/2027

Instructions for Completing the Indirect Cost Information for the Award Applicant/Recipient

Number	Item	Instructions
1		Enter the title of the program as listed in the applicable funding announcement or notice of funding availability.
2	Legal Name of Applicant/ Recipient	Enter the legal name of the entity that will serve as the recipient of the award from HUD.
3		Mark the one (and only one) checkbox that best reflects how the indirect costs of the Applicant/Recipient will be calculated and charged under the award. Do not include indirect cost rate information for subrecipients. The table following the third checkbox must be completed only if that checkbox is checked. When listing a rate in the table, enter the percentage amount (for example, "15%"), the type of direct cost base to be used (for example, "MTDC"), and the type of rate ("predetermined," "final," "fixed," or "provisional"). If using the Simplified Allocation Method for indirect costs, enter the applicable indirect cost rate and type of direct cost base in the first row of the table. If using the Multiple Allocation Base Method, enter each major function of the organization for which a rate was developed and will be used under the award, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied. If the Applicant/Recipient is a government and more than one agency or department will carry out activities under the award, enter each agency or department that will carry out activities under the award, the indirect cost rate(s) for that agency or department, and the type of direct cost base to which each rate will be applied.
4	Submission Type	Check the appropriate box to identify whether this is the first submission of this form for the award or an update to a previous submission of this form for the award.
5	Effective date(s)	Enter the date(s) for which the information on this form applies.
6	Certification of Authorized Representative for the Applicant/ Recipient	An employee or officer of the Applicant/Recipient with the capacity and authority to make this certification for the Applicant/Recipient must make the certification by signing as provided. They must also provide the date of their signature, full name, and position title.