

June 5, 2025

BCC Agenda Date/Item: _____

Board of County Commissioners
Clackamas County

Approval of a Grant Intergovernmental Agreement with the Oregon Department of Human Services for funding of services to intellectually and developmentally disabled children and adults. Agreement Value is \$30,346,566 for 2 years. Funding is through the Oregon Department of Human Services. No County General Funds are involved.

Previous Board Action/Review	No previous board action		
Performance Clackamas	1. This funding aligns with the strategic priority to increase self-sufficiency for our clients 2. This funding aligns with the strategic priority to ensure safe, healthy, and secure communities by addressing the needs of children and adults in the community.		
Counsel Review	NA	Procurement Review	No
Contact Person	Tracy Garell	Contact Phone	503-655-8641

EXECUTIVE SUMMARY: The Clackamas County Social Services Division of the Department of Health, Housing & Human Services requests the approval of the Intergovernmental Agreement with the State of Oregon Department of Human Services for the operation of the Community Developmental Disability Services Program. This agreement provides the base funding for services to intellectually/developmentally disabled children and adults residing in Clackamas County. Through this agreement, the Clackamas County Developmental Disabilities Services Program (CDDP) will provide local administration services, case management services, and abuse investigation services to Clackamas County residents. The CDDP will continue to improve, increase, and expand the access to I/DD.

Approval to approve the IGA for \$30,346,566.00 for July 1, 2025, through June 30, 2027.

RECOMMENDATION: The staff respectfully requests that the Board of County Commissioners approve this agreement and authorize Chair Roberts or his designee to sign on behalf of Clackamas County.

Respectfully submitted,

Mary Rumbaugh

Mary Rumbaugh
Director of Health, Housing and Human Services

For Filing Use Only

Financial Assistance Application Lifecycle Form

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

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

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

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

****CONCEPTION****

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

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

Award Renewal? ☒ Yes ☐ No

Lead Fund # and Department:	240 - H3S - Social Services
Name of Funding Opportunity:	ODHS - Office of Developmental Disability Services

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

Requestor Information: (Name of staff initiating form)	Terri Schmelling, Program Supervisor
Requestor Contact Information:	C: 503-522-6609 E: terrisch@clackamas.us
Department Fiscal Representative:	Teresa Christopherson and Doug Green
Program Name & Prior Project #: (please specify)	Developmental Disabilities Program

Brief Description of Project:

2025-2027 IGA with the State of Oregon, Dept. of Human Services for the Financing of Community Developmental Disability Program and Services. The Assistance Listings (fka Catalog of Federal Domestic Assistance (CFDA)) #(s) of Federal Funds to be paid through the Agreement: 93-778

Name of Funding Agency: State of Oregon, Dept. of Human Services, Office of Developmental Disability Services

Notification of Funding Opportunity Web Address: <https://www.oregon.gov/odhs/idd>

OR

Application Packet Attached: ☐ Yes ☒ No

Completed By: Terri Schmelling, Program Supervisor Date: 05/08/2025

**** 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:	The Assistance Listings (fka Catalog of Federal Domestic Assistance (CFDA))	Funding Agency Award Notification Date:	N/A
Announcement Date:	N/A	Announcement/Opportunity #:	N/A
Grant Category/Title	N/A	Funding Amount Requested:	\$30,346,566.00
Allows Indirect/Rate:	17.15%	Match Requirement:	N/A
Application Deadline:	N/A	Total Project Cost:	N/A
Award Start Date:	07/01/2025	Other Deadlines and Description:	N/A
Award End Date	06/30/2027		
Completed By:	DOUG GREEN	Program Income Requirements:	N/A
Pre-Application Meeting Schedule:	N/A		

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

Other than the funds described below, there are no additional funding sources available to fund this program.

How much General Fund will be used to cover costs in this program, including indirect expenses?
\$136,724.00

How much Fund Balance will be used to cover costs in this program, including indirect expenses?
The DD program is budgeted to begin FY25 with approximately \$8 million in restricted fund balance.

In the next section, limit answers to space available.

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

Fiscal

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

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

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

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

Organizational Capacity:

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

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

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

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

Collaboration

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

Reporting Requirements

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

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

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

Mission/Purpose:

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

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

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

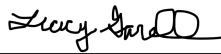
Other information necessary to understand this award, if any.

Program Approval:

Name (Typed/Printed)	Date	Signature
** NOW READY FOR PROGRAM MANAGER SUBMISSION TO DIVISION DIRECTOR**		
ATTACH ANY CERTIFICATIONS REQUIRED BY THE FUNDING AGENCY. COUNTY FINANCE OR ADMIN WILL SIGN		

Section IV: Approvals

DIVISION DIRECTOR (or designee, if applicable)

<u>Tracy Garell</u>	<u>5/13/2025</u>	
Name (Typed/Printed)	Date	Signature

DEPARTMENT DIRECTOR (or designee, if applicable)

Name (Typed/Printed)	Date	Signature

FINANCE ADMINISTRATION

Name (Typed/Printed)	Date	Signature

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

Name (Typed/Printed)	Date	Signature

Section V: Board of County Commissioners/County Administration

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

For applications \$150,000 and below:

COUNTY ADMINISTRATOR	Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>
Name (Typed/Printed)	Date	Signature

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

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

BCC Agenda item #: Date:

OR

Policy Session Date:

County Administration Attestation

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

Department: keep original with your grant file.