

## Mary Rumbaugh Director

| December 18, 2025 | BCC Agenda Date/Item: |
|-------------------|-----------------------|
|-------------------|-----------------------|

Board of County Commissioners Clackamas County

Approval of a Grant Application to Oregon Housing and Community Services for emergency generators in the Canby area. Application Value is \$820,000 for 3 years. Funding is through Oregon Housing and Community Services. No County General Funds are involved.

| Previous Board        | Approval of a grant agreement for other types of CDBG-DR funds, April 24, |                      |              |
|-----------------------|---|----------------------|--------------|
| Action/Review         | 2025, Agenda Item 20250424 III.C.3  |                      |              |
| Performance           | Safe, Secure, and Livable Communities                                     |                      |              |
| Clackamas             |   |                      |              |
| <b>Counsel Review</b> | N/A   | Procurement Review   | N/A          |
| Contact Person        | Mark Sirois   | <b>Contact Phone</b> | 503-351-7240 |

**EXECUTIVE SUMMARY**: The Housing & Community Development Division (HCDD) of the Health, Housing and Human Services Department requests approval to apply for a direct allocation award of \$820,000 in Planning, Infrastructure Economic Revitalization (PIER) Program funds from the Oregon Housing and Community Services (OHCS).

PIER Funds are a type of Federal Community Development Block Grant Disaster Recovery (CDBG-DR) funds available to assist areas impacted by the 2020 Wildfires. In January of 2025, OHCS worked with a community project selection committee to solicit, review, and select projects for the \$2.4 million of available PIER Funding. A total of 3 projects were selected, including the Canby Community Emergency Sheltering Project.

On November 13, 2025, OHCS contacted Clackamas County to request assistance with the Canby Community Emergency Sheltering Project. Due to staffing changes, the City of Canby is unable to meet all the requirements for the CDBG-DR subrecipient grant. OHCS has requested that Clackamas County act as a subrecipient to administer this federally funded grant and assist with the purchase of 3 emergency backup generators for the Canby Community Emergency Sheltering Project. The grant award is anticipated to be \$820,000 for 3 years.

**RECOMMENDATION:** Staff respectfully requests that the Board of County Commissioners approve the grant application and authorize Chair Roberts or his designee to sign on behalf of Clackamas County.

Respectfully submitted,

Mary Rumbaugh
Mary Rumbaugh

Director of Health, Housing, and Human Services

For Filing Use Only

#### Financial Assistance Application Lifecycle Form

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

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

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

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

|  |                         | **CONC                             | EPTION**                                   |               |                                    |                                |
|--|-------------------------|------------------------------------|--|---------------|------------------------------------|--------------------------------|
| Section I: Funding Opportunity In  | formation - To B        | e Completed by Request             | t <b>er</b><br>Award type:<br>Award Renewa | Subr          | t Appropriation (no ecipient Award | application)<br>Direct Award   |
| Lead Fund # and Department:  | 240 Health,             | Housing and Hun                    | nan Services                               |               |                                    |                                |
|  | OHCS PIER F             |                                    |  |               |                                    |                                |
| Funding Source: Federal – Direct   | Z                       | Federal – Pass through             | <b>✓</b> State                             | Local         |                                    |                                |
| Requestor Information: (Name of staff initi  | iating form)            | Mark Sirois                        |  |               |                                    |                                |
| Requestor Contact Information:   |                         | marksir@clackamas                  | s.us 503.351.7240                          |               |                                    |                                |
| Department Fiscal Representative:  |                         | Rebecca Gibbons                    |  |               |                                    |                                |
| Program Name & Prior Project #: (please s  | pecify)                 |                                    | one-time project and                       | new fund      | source                             |                                |
| Brief Description of Project:  |                         | ,                                  |  |               |                                    |                                |
| OHCS Disaster Relief funds for PIER Progra<br>OHCS has already selected a project in Can<br>The project will fund 3 emergency generate | nby to fund using a loc | al selection committee to selec    | t projects.                                | enter and one | at the Canby adult C               | community Center               |
| Oregon Housing   | and Community Serv      | ices (OHCS) and U.S. Housing a     | nd Urban Development (HUD)                 |               |                                    |                                |
| Name of Funding Agency: Oregon Housing   |                         | •                                  |  |               |                                    |                                |
| Notification of Funding Opportunity Web A  | Address: https://www.   | oregon.gov/ohcs/disaster-recovery/ | pages/reoregon.aspx?utm_source=OH          | CS&utm_mediun | n=egov_redirect&utm_               | campaign=http%3a//re.oregon.go |
| OR   |                         |                                    |  |               |                                    |                                |
| Application Packet Attached: Yes   | <b>√</b> No             |                                    |  |               |                                    |                                |
| Completed By: Mark Sirois  | Date:                   | 11-13-2025                         |  |               |                                    |                                |
|  | ** NOW R                | EADY FOR SUBMISSION TO DE          | PARTMENT FISCAL REPRESENTA                 | ATIVE **      |                                    |                                |
| Section II: Funding Opportunity In   | formation - To Be       | Completed by Departmen             | t Fiscal Ren                               |               |                                    |                                |
|  | Non-Competing Applica   |                                    | . ristar nep                               |               |                                    |                                |
| Assistance Listing Number (ALN), if applicable   | : NA                    |                                    | Funding Agency Award Notification          | n Date:       | NA                                 |                                |
| Announcement Date:   | November 2              | 021                                | Announcement/Opportunity #:                |               | NA                                 |                                |
| Grant Category/Title   | CDBG Disast             | er Relief                          | Funding Amount Requested:                  |               | 820,000                            |                                |
| Allows Indirect/Rate:  | yes                     |                                    | Match Requirement:                         |               | None                               |                                |
| Application Deadline:  | NA                      |                                    | Total Project Cost:                        |               | 820,000                            |                                |
| Award Start Date:  | 11-13-2025              |                                    | Other Deadlines and Description:           |               |                                    |                                |
| Award End Date   | 12-30-2029              |                                    |  |               |                                    |                                |
| Completed By:  | Mark Sirois             |                                    | Program Income Requirements:               |               | Returned fund                      | ds must be sent to OHCS        |
| Pre-Application Meeting Schedule:  | NA                      |                                    |  |               |                                    |                                |

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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

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### 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.  |
|--|
| None   |
| 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.)?  N/A   |
| 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?  Yes. 15% indirect rate and staffing expenses as well as any programming expenses.   |
| 4. Does the grant/financial assistance fund an existing program? If yes, which program? If no, what is the purpose of the program?  No. This grant is specific to a project already selected by OHCS.  |
| 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?  Yes.   |
| <ol> <li>Are there partnership efforts required? If yes, who are we partnering with and what are their roles and responsibilities?</li> <li>Yes. We will work with local partners in Canby including the Canby Center, the Canby Adulty Community Center and the Clackamas County Fair Grounds to purchase and install these 3 emergency generators.</li> </ol>      |
| 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.)?  Not a pilot   |
| 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.)?  No. This is a one-time equipment purchase grant. |

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| Collaboration  |
|--|
| 1. List County departments that will collaborate on this award, if any.  |
| County office of Disaster Management Emergency Operations and Housing and Community Development  |
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| Reporting Requirements   |
| 1. What are the program reporting requirements for this grant/funding opportunity?   |
| HCDD staff will report to OHCS   |
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| 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? |
| No performance other than purchase and install of equipment. OHCS will evaluate if needed.   |
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| 3. What are the fiscal reporting requirements for this funding?  |
| Usual grant reporting and invoicing OHCS for staffing and equipment costs  |
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| Mission/Purpose:   |
| 1. How does the grant/funding opportunity support the Department and/or Division's Mission/Purpose/Goals?  |
| Supporting Strong and Resilient Communities Community Safety.  |
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|  |
| 2. Who, if any, are the community partners who might be better suited to perform this work?  |
| The City of Canby refused to be the grant recipient due to lack of capacity.   |
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| 3. What are the objectives of this funding opportunity? How will we meet these objectives?   |
| Disaster Recover and Resiliency. The project has already been approved for funding by OHCS.  |
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| Other information necessary to understand this award, if any.  |
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| The project has already been approved by OHCS. Clackamas County HCDD will be the sub-recipient to purchase and install 3 emergency backup generators in Canby.   |
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|  |

Date Signature

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

11-17-2025

Mark Sirois

Name (Typed/Printed)

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

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Mark Sirois

#### Section IV: Approvals

DIVISION DIRECTOR (or designee, if applicable)

| Shannon Callahan  | Nov 19, 2025   | Shannon Callahan                           |
|---|--|--|
| Name (Typed/Printed)  | Date   | Signature                                  |
|   |  | 40   |
| DEPARTMENT DIRECTOR (or designee, if applicable)  |  | Opis Sulando                               |
| Denise Swanson  | Nov 20, 2025   | Denise Swanson (Nov 20, 2025 17:15:48 PST) |
| Name (Typed/Printed)  | Date   | Signature                                  |
| Ethel Gallares  |  | - I  |
| FINANCE ADMINISTRATION  |  | ()com                                      |
|   | 12/02/2025   | Ethel Gallares (Dec 2, 2025 10:10:35 PST)  |
| Name (Typed/Printed)  | Date   | Signature                                  |
| EOC COMMAND APPROVAL (WHEN NEEDED FOR DISAST  | ER OR EMERGENCY RELIEF APPLICATIONS <u>ONLY</u> )  |  |
|   |  |  |
| Name (Typed/Printed)  | Date   | Signature                                  |
| (Required for all grant applications. If your grant is awarded, all grant  For applications \$150,000 and below:  COUNTY ADMINISTRATOR  | Approved:  | Denied:                                    |
| Name (Typed/Printed)  | Date   | Signature                                  |
|   | Date   | Signature                                  |
| For applications up to and including \$150,000 approval.  For applications \$150,000.01 and above, emoto be brought to the consent agenda.  | email form to BCC staff at <u>CA-Financialted</u>  | am@clackamas.us for Gary Schmidt's         |
| approval.  For applications \$150,000.01 and above, emo   | email form to BCC staff at <u>CA-Financialted</u>  | am@clackamas.us for Gary Schmidt's         |
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| approval.  For applications \$150,000.01 and above, emoto be brought to the consent agenda.  BCC Agenda item #:  OR  Policy Session Date:   | o email form to BCC staff at <u>CA-Financialted</u><br>ail form with Staff Report to the Clerk to t<br>Date: | am@clackamas.us for Gary Schmidt's         |
| approval.  For applications \$150,000.01 and above, emoto be brought to the consent agenda.  BCC Agenda item #:  OR  Policy Session Date:  County Administration: re-route to department at and  Grants Manager at financegrants@clackamas.us | o email form to BCC staff at <u>CA-Financialted</u><br>ail form with Staff Report to the Clerk to t<br>Date: | am@clackamas.us for Gary Schmidt's         |
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# H3S-HCD\_Lifecycle\_Fund 240\_OHCS\_PIER Grant 11.17.2025-EG-QQ

Final Audit Report 2025-12-02

Created: 2025-12-02

By: Qudsia Sediq (QSediq@clackamas.us)

Status: Signed

Transaction ID: CBJCHBCAABAARpYNtpZxKwEdphpWIQFkzHI6KOtWEt9z

## "H3S-HCD\_Lifecycle\_Fund 240\_OHCS\_PIER Grant 11.17.2025-EG-QQ" History

- Document created by Qudsia Sediq (QSediq@clackamas.us) 2025-12-02 5:43:54 PM GMT- IP address: 198.245.132.3
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- Document e-signed by Ethel Gallares (EGallares@clackamas.us)

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