

September 18, 2025

BCC Agenda Date/Item: \_\_\_\_\_

Board of County Commissioners  
Clackamas County

**Approval of a Renewal Grant Application to the Oregon Department of Human Services for direct appropriation of funds to support the Aging & Disabilities Resource Center. Grant Value is \$285,387 for 2 years. Funding is through the Oregon Department of Human Services and \$30,892 of Budgeted County General Funds.**

<b>Previous Board Action/Review</b>	No previous Board Action; this is a new request to renew last year's funding.		
<b>Performance Clackamas</b>	<p>1. This funding aligns closely with the Strategic Plan's Healthy People priority by supporting seniors and people with disabilities through services that promote independence and self-sufficiency.</p> <p>2. It also aligns with the Safe, Secure, and Livable Communities priority by addressing the needs of older adults and ensuring they remain connected to essential resources.</p>		
<b>Counsel Review</b>	NA	<b>Procurement Review</b>	No
<b>Contact Person</b>	Tracy Garell	<b>Contact Phone</b>	503-655-8641

**EXECUTIVE SUMMARY:** The Social Services Division of the Health, Housing, and Human Services requests approval of the Financial Assistance Application Lifecycle for revenue appropriated by the State of Oregon, Department of Human Services, Aging and People with Disabilities, Community Services and Supports.

This direct appropriation is a renewal of prior-year funding. It provides funding for the Social Services Division to administer the Aging and Disability Resource Center (ADRC), an ODHS-funded program made available statewide to seniors and people with disabilities for information and referral services. The Social Services Division is the ADRC for the Clackamas Planning and Service Area as designated by the State of Oregon. This funding supports the "No Wrong Door" approach to public and private long-term care services and support, including Person Centered Options Counseling. This service model connects residents to resources and support, helping them make informed decisions about long-term care.

**RECOMMENDATION:** Staff respectfully requests that the Board of County Commissioners approve the Application of directly appropriated funds and authorize Chair Roberts or his designee to sign on behalf of the 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

☒ Direct Appropriation (no application)

Award type:

Subrecipient Award

☒ Direct Award

Award Renewal?

☒ Yes

No

Lead Fund # and Department:	240, H3S
Name of Funding Opportunity:	ADRC - No Wrong Door IGA, #186147

Funding Source: Federal – Direct

Federal – Pass through

☒ State

Local

Requestor Information: (Name of staff initiating form)	Tonia Hunt
Requestor Contact Information:	thunt@clackamas.us
Department Fiscal Representative:	Doug Green
Program Name & Prior Project #: (please specify)	DGreen2@clackamas.us

Brief Description of Project:

The Aging and Disability Resource Connection (ADRC) helps people of all ages, incomes, and disabilities learn about long-term service and support (LTSS) options in their communities. The State of Oregon contracts with a group of Providers in an effort to provide ADRC services to Consumers or potential Consumers in every county. Providers include, and are not limited to, Area Agencies on Aging (AAA) and Centers for Independent Living (CIL). ADRC's core services are Information and Referral (I&R) and Options Counseling (OC). Provider agrees to provide these and additional ADRC services as further described in this Agreement.

Name of Funding Agency: Oregon Department of Human Services

Notification of Funding Opportunity Web Address: NA

**OR**

Application Packet Attached: Yes No

Completed By: Tonia Hunt

Date: 8-7-25

**\*\* 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:	93.778	Funding Agency Award Notification Date:	7/2/25
Announcement Date:	NA	Announcement/Opportunity #:	NA
Grant Category/Title	IGA - ADRC	Funding Amount Requested:	285,387.00 for two years
Allows Indirect/Rate:	No	Match Requirement:	NA
Application Deadline:	NA	Total Project Cost:	316,279 over two years
Award Start Date:	7/1/25	Other Deadlines and Description:	NA
Award End Date	6/30/31		
Completed By:	Tonia Hunt	Program Income Requirements:	NA
Pre-Application Meeting Schedule:	NA		

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

NA

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

\$15,446 of budgeted general funds in FY26. Assumed \$30,892 of budgeted CGF over two years.

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

NA

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
<b>** NOW READY FOR PROGRAM MANAGER SUBMISSION TO DIVISION DIRECTOR**</b>		
<b>**ATTACH ANY CERTIFICATIONS REQUIRED BY THE FUNDING AGENCY. COUNTY FINANCE OR ADMIN WILL SIGN**</b>		

**Section IV: Approvals**

**DIVISION DIRECTOR (or designee, if applicable)**

Tracy Garell

8/07/2025



Name (Typed/Printed)


Date

Signature

**DEPARTMENT DIRECTOR (or designee, if applicable)**

Denise Swanson

Aug 7, 2025

  
Denise Swanson (Aug 7, 2025 17:31:47 PDT)

Name (Typed/Printed)

Date

Signature

**FINANCE ADMINISTRATION**

Elizabeth Comfort

Aug 11, 2025



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:	Denied:
Name (Typed/Printed)	Date	Signature

**For applications up to and including \$150,000 email form to BCC staff at [CA-Financialteam@clackamas.us](mailto: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](mailto: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](mailto:financegrants@clackamas.us)  
when fully approved.

Department: keep original with your grant file.










# H3S-SS-LifeCycle\_Fund 240\_ADRC-NoWrongDoor\_IGA\_186147\_Aug 2025

Final Audit Report

2025-08-12

Created:	2025-08-08
By:	Qudsia Sediq (QSediq@clackamas.us)
Status:	Signed
Transaction ID:	CBJCHBCAABAATahR0i4LzZboPOdq-0wfTpIIIEzfbM4E9

## "H3S-SS-LifeCycle\_Fund 240\_ADRC-NoWrongDoor\_IGA\_186147\_Aug 2025" History

-  Document created by Qudsia Sediq (QSediq@clackamas.us)  
2025-08-08 - 0:12:16 AM GMT- IP address: 67.169.220.59
-  Document emailed to dswanson@clackamas.us for signature  
2025-08-08 - 0:14:59 AM GMT
-  Email viewed by dswanson@clackamas.us  
2025-08-08 - 0:15:03 AM GMT- IP address: 52.44.135.122
-  Signer dswanson@clackamas.us entered name at signing as Denise Swanson  
2025-08-08 - 0:31:45 AM GMT- IP address: 198.245.132.3
-  Document e-signed by Denise Swanson (dswanson@clackamas.us)  
Signature Date: 2025-08-08 - 0:31:47 AM GMT - Time Source: server- IP address: 198.245.132.3
-  Document emailed to Elizabeth Comfort (ecomfort@clackamas.us) for signature  
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2025-08-08 - 0:31:51 AM GMT- IP address: 52.3.199.226
-  Document e-signed by Elizabeth Comfort (ecomfort@clackamas.us)  
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