

To request translation or disability-related accommodations, please contact us at **hacc@clackamas.us | 503-655-8267**.

Si quiere solicitar servicios de traducción o adaptaciones para la discapacidad, contáctenos en/al **hacc@clackamas.us | 503-655-8267**.

Чтобы запросить перевод или приспособления, связанные с инвалидностью, пожалуйста, свяжитесь с нами по: **hacc@clackamas.us | 503-655-8267**.

Щоб попросити переклад або спеціальні послуги для осіб з особливими потребами, зверніться до нас, скориставшись такими контактними даними: **hacc@clackamas.us | 503-655-8267**.

如需翻译服务或残障相关的协助，请与我们联系：**hacc@clackamas.us | 503-655-8267**。

Để yêu cầu dịch vụ dịch thuật hoặc điều chỉnh liên quan đến tình trạng khuyết tật, vui lòng liên hệ với chúng tôi qua **hacc@clackamas.us | 503-655-8267**.



Clackamas County
www.clackamas.us

10/22/2026

BCC Agenda Item: _____

Housing Authority Board of Commissioners
Clackamas County

**Approval to apply for the Family Self Sufficiency grant. Total Grant Value is estimated as \$382,140 for the term of January 1, 2027 – December 31, 2027. Funding is through the U.S. Department of Housing and Urban Development.
No County General Funds are involved.**

Previous Board Action/Review:

Previous Application September 22, 2022, BCC-Agenda Item 20220922 I.C
Lifecycle Application, October 10, 2024, County Administrator;
Lifecycle Application, September 23, 2025, County Administrator

Performance Clackamas: Safe, Secure and Livable Communities.

Counsel Review: N/A

Procurement Review: N/A

Contact Person: Elizabeth Miller

Contact Phone: 971-201-0467

EXECUTIVE SUMMARY:

The Housing Authority of Clackamas County (HACC) within the Community Development Division (HCDD) of the Health, Housing & Human Services Department requests approval to apply for the Family Self-Sufficiency (FSS) grant that currently funds two full-time FSS Coordinators, who support families in the Housing Choice voucher (HCV) and Public Housing, on their journey to self-sufficiency.

HACC has been operating the FSS Program since 1999. The goal of the FSS program is to promote self-sufficiency strategies for low-income families to encourage the growth of savings accounts and/or to build credit. The grant opportunity would renew funding for the two (current) full-time coordinators and there is a possibility of expanding to a third full-time coordinator. The role of an FSS Coordinator is to ensure that FSS program participants are connected to the supportive services they need, to complete reexaminations of rent assistance, and to assist participants in working toward graduating from assistance.

There are no match funding requirements with this grant. Funds received would cover costs to staff the positions, who currently serve 141 participants. The notice of funding has been published, the application deadline is October 13, 2026.

RECOMMENDATION: Staff respectfully request that the Housing Authority Board authorize HACC staff to apply for the FSS renewal grant funding and authorize Chair Roberts or his designee to sign the attached Lifecycle on behalf of Clackamas County. Along with authorization for Shannon Callahan to sign any necessary application materials for the submission.

Healthy Families. Strong Communities.

2051 Kaen Road, Oregon City, OR 97045 • Phone (503) 650-5697 • Fax (503) 655-8677
www.clackamas.us

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

****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:	610 Housing Authority of Clackamas County (H3S)
Name of Funding Opportunity:	Family Self Sufficiency Grant 2027

Funding Source: ☒ Federal – Direct

Federal – Pass through

State

Local

Requestor Information: (Name of staff initiating form)	Elizabeth Miller
Requestor Contact Information:	emiller@clackamas.us
Department Fiscal Representative:	
Program Name & Prior Project #: (please specify)	Family Self Sufficiency Grant 2026

Brief Description of Project:

Renewal application for continued Family Self-Sufficiency (FSS) Program funding for two current coordinators for 2027. The Family Self Sufficiency staff assist Housing Authority participants connect with public and private resources that help them progress toward economic independence. Renewal or expanded funding will be determined by HUD, using a formula based on the number of participants in the FSS program. Due to increases in FSS Program enrollment and participation, HUD may award additional funds for an additional staff member for 3 FTE instead of 2 FTE from previous years. The deadline to apply for renewal funding is October 13, 2026

Name of Funding Agency: U.S. Department of Housing and Urban Development (HUD)

Notification of Funding Opportunity Web Address: <chrome-extension://efaidnbmnnnbpcajpglclefndmkaj/https://www.hud.gov/sites/default/files/hudclips/documents/PIH-2026-24.pdf>

OR

Application Packet Attached: Yes No

Completed By:

Date:

**** 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:		Funding Agency Award Notification Date:	PIH 2026-24
Announcement Date:	9/9/26	Announcement/Opportunity #:	PIH 2025-15
Grant Category/Title	Family Self-Sufficiency 2027	Funding Amount Requested:	\$382,140
Allows Indirect/Rate:	No	Match Requirement:	none
Application Deadline:	10/13/2026	Total Project Cost:	\$382,140
Award Start Date:	1/1/27	Other Deadlines and Description:	10/13/26
Award End Date:	12/31/27		
Completed By:	Elizabeth Miller	Program Income Requirements:	50% AMI or below to be eligible
Pre-Application Meeting Schedule:	N/A		

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

none

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

none

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

none

In the next section, limit answers to space available.

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

Fiscal

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

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

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

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

Organizational Capacity:

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

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

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

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

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:

Elizabeth Miller

9/15/2026

Elizabeth Miller

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)

Shannon Callahan

9/30/2026



Name (Typed/Printed)

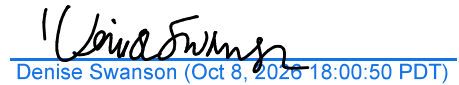
Date

Signature

DEPARTMENT DIRECTOR (or designee, if applicable)

Denise Swanson

Oct 8, 2026


Denise Swanson (Oct 8, 2026 18:00:50 PDT)

Name (Typed/Printed)

Date

Signature

FINANCE ADMINISTRATION

Bouavieng Bounnam

Oct 12, 2026



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 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.