

September 4, 2025

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

Board of County Commissioners  
Clackamas County

**Approval of an Amendment to a Subrecipient Agreement with Hoodland Senior Center for meal delivery and transportation services to older adults in the Welches area. Amendment Value is \$133,919 for 1 year. Total Agreement Value is \$394,500 for 3 years. Funding is through the Oregon Department of Human Services and Statewide Transportation Improvement Funds. No County General Funds are involved.**

|                                     |   |                           |              |
|-------------------------------------|---|---------------------------|--------------|
| <b>Previous Board Action/Review</b> | <ul style="list-style-type: none"> <li>• Original Agreement September 13, 2023, Approved by County Administrator</li> <li>• Amendment #01 April 18, 2024, Approved by County Administrator</li> <li>• Amendment #02 July 25, 2024, Agenda Item 20240725 III.F.11</li> <li>• Amendment #03 April 21, 2025, Approved by County Administrator</li> </ul> |                           |              |
| <b>Performance Clackamas</b>        | This funding aligns with the County's Performance Clackamas goal to ensure safe, secure and livable communities.  |                           |              |
| <b>Counsel Review</b>               | Yes-Sarah Foreman   | <b>Procurement Review</b> | No           |
| <b>Contact Person</b>               | Tracy Garell, Director  | <b>Contact Phone</b>      | 503-655-8641 |

**EXECUTIVE SUMMARY:** The Social Services Division of the Health, Housing, and Human Services requests approval of an Amendment to a Subrecipient Agreement with the Hoodland Senior Center to provide Older Americans Act (OAA) funded and related services for persons living in the Welches area. These services connect residents with resources tailored to meet their individual needs, enabling them to remain independent and active in the community.

Amendment #04 adds a new fiscal year budget to fund an additional year of service for older adults, including Congregate and Home-Delivered Meals, transportation, and information & referral services. No County General Funds are involved.

**RECOMMENDATION:** Staff respectfully requests that the Board of County Commissioners approve Amendment #04 (11253) and authorize Chair Roberts or his designee to sign on behalf of Clackamas County.

Respectfully submitted,

*Mary Rumbaugh*

Mary Rumbaugh  
Director of Health, Housing & Human Services

For Filing Use Only

Subrecipient Amendment (FY24-FY27)  
Clackamas County, Department of Health, Housing and Human Services

Subrecipient Agreement Number: 24-007

Board Order Number:

Department/Division: H3S, Social Services Division

Amendment No. 4

Subrecipient: Hoodland Senior Center

Amendment Requested By: Tracy Garell

Changes: ☐ Scope of Service  
☐ Agreement Time

☒ Agreement Budget  
( ) Other:

**Justification for Amendment:**

This Amendment #4 is entered into by and between Hoodland Senior Center ("SUBRECIPIENT") and Clackamas County and shall become part of that federal subrecipient agreement ("Agreement") entered into by and between the parties on 09/13/2023. Amendment #4 adds the FY26 budget and results in an increase to the budget by an additional \$133,919, for a total Agreement amount of \$394,500.

This Amendment #4 is effective upon signature. Except as amended hereby, all other terms and conditions of the Agreement remain in full force and effect. COUNTY has identified the changes with "***bold/italic***" font for easy reference.

**AMEND Section 4, Grant Funds:**

4. **Grant Funds.** COUNTY's funding for this Agreement is a combination of Federal, State and Local dollars as specified below by title and Assistance Listing Number ("ALN") number as appropriate. The maximum, not to exceed, grant amount COUNTY will pay for two year is \$260,581. Payments will be made on a reimbursement basis in accordance with the rates set forth in Exhibit B, and the award is conditional upon compliance with the terms herein and disbursements will be made in accordance with the schedule and requirements contained in Exhibit D: Reimbursement Request. Failure to comply with the terms of this Agreement may result in withholding of payment.

- 4.1. Grant Funds: COUNTY's funding of \$136,015 in grant funds for this Agreement is the Older Americans Act (ALN: 93.043, 93.044, 93.045, 93.052, 93.053) issued to COUNTY by the State of Oregon, Department of Human Services ("ODHS"), Adults and People with Disabilities ("APD"), Community Services & Solutions Unit ("CSSU").
- 4.2. Grant Funds: COUNTY's funding of \$6,000 in grant funds for this Agreement is from Federal Transportation Administration funds (Federal Statute: 49 USC 5310; ALN: 20.513).
- 4.3. Grant Funds: COUNTY's funding of \$14,875 in grant funds for this Agreement is the Medical Assistance Program (ALN: 93.778) issued to COUNTY by ODHS, APD.
- 4.4. Grant Funds: COUNTY's funding of \$95,398 for transportation services outlined in this agreement are from Statewide Transportation Funds ("STF") for Elderly and Disabled and Statewide Transportation Improvement Funds ("STIF") for transportation services issued to COUNTY by Oregon Department of Transportation.

- 4.5. Other Funds: COUNTY's funding of \$5,000 for Low Income Home Energy Assistance application assistance outlined in this Agreement are from HEAT Oregon, an Oregon nonprofit organization.
- 4.6. Other Funds: COUNTY's funding of \$3,293 for Shelf Stable Meals outlined in this Agreement are state general funds, issued to COUNTY by the State of Oregon, Department of Human Services ("ODHS"), Adults and People with Disabilities ("APD"), Community Services & Solutions Unit ("CSSU").

**TO READ:**

4. **Grant Funds.** COUNTY's funding for this Agreement is a combination of Federal, State and Local dollars as specified below by title and Assistance Listing Number ("ALN") number as appropriate. The maximum, not to exceed, grant amount COUNTY will pay for two years is **\$394,500**. Payments will be made on a reimbursement basis in accordance with the rates set forth in Exhibit B, and the award is conditional upon compliance with the terms herein and disbursements will be made in accordance with the schedule and requirements contained in Exhibit D: Reimbursement Request. Failure to comply with the terms of this Agreement may result in withholding of payment.

- 4.1. Grant Funds: COUNTY's funding of **\$189,834** in grant funds for this Agreement is the Older Americans Act (ALN: 93.043, 93.044, 93.045, 93.052, 93.053) issued to COUNTY by the State of Oregon, Department of Human Services ("ODHS"), Adults and People with Disabilities ("APD"), Community Services & Solutions Unit ("CSSU").
- 4.2. Grant Funds: COUNTY's funding of \$6,000 in grant funds for this Agreement is from Federal Transportation Administration funds (Federal Statute: 49 USC 5310; ALN: 20.513).
- 4.3. Grant Funds: COUNTY's funding of **\$28,475** in grant funds for this Agreement is the Medical Assistance Program issued to COUNTY by ODHS, APD.
- 4.4. Grant Funds: COUNTY's funding of **\$160,398** for transportation services outlined in this agreement are from Statewide Transportation Funds ("STF") for Elderly and Disabled and Statewide Transportation Improvement Funds ("STIF") for transportation services issued to COUNTY by Oregon Department of Transportation.
- 4.5. Other Funds: COUNTY's funding of **\$6,500** for Low Income Home Energy Assistance ***Program application assistance outlined in this Agreement are paid on a per application basis with funding provided by Oregon Housing and Community Services (OHCS).***
- 4.6. Other Funds: COUNTY's funding of \$3,293 for Shelf Stable Meals outlined in this Agreement are state general funds, issued to COUNTY by the State of Oregon, Department of Human Services ("ODHS"), Adults and People with Disabilities ("APD"), Community Services & Solutions Unit ("CSSU").

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**AMEND EXHIBIT B – SUBRECIPIENT Program Budget**, to add the following additional budget for fiscal year 2025-26 with the following:

**HOODLAND SENIOR CENTER**  
Fiscal Year 2026, 7/1/2025 - 6/30/2026

| <u>Funding Type</u>  | <u>Funding Category</u>                          | <u>AL Number</u> | <u>Max. Total Award</u> | <u>Required Match*</u> | <u>Services</u>                                 | <u>Reimb. Rate</u> | <u>Service Unit for Reporting &amp; Reimbursement</u> |
|----------------------|--|------------------|-------------------------|------------------------|---|--------------------|---|
| Client Services      | OAA IIIB   | 93.044           | \$ 10,455               | \$ 1,162               | Case Management                                 | \$ 31.50           | 1 hour  |
|                      |  |                  |                         |                        | Reassurance                                     | \$ 18.00           | 1 contact   |
|                      |  |                  |                         |                        | Info & Assistance                               | \$ 18.00           | 1 contact   |
|                      |  |                  |                         |                        | Outreach (up to 6 per year)                     | \$ 50.00           | 1 activity  |
| Nutrition Services   | OAA C1 - Congregate Meals                        | 93.045           | \$ 4,932                | \$ 548                 | OAA Meal Site Management                        | \$ 2.50            | 1 congregate meal                                     |
|                      | OAA C2 - Home Delivered Meals                    | 93.045           | \$ 31,932               | \$ 3,548               | Food Service                                    | \$ 2.40            | 1 congregate meal **                                  |
|                      |  |                  |                         |                        | OAA Meal Site Management                        | \$ 2.50            | 1 home delivered meal                                 |
|                      |  |                  |                         |                        | Food Service                                    | \$ 2.40            | 1 home delivered meal**                               |
|                      |  |                  |                         |                        | HDM Assessment                                  | \$ 18.00           | 1 complete assessment                                 |
|                      | NSIP - Congregate Meals                          | 93.053           | \$ -                    | NA                     | Food Service                                    | NA                 | 1 congregate meal **                                  |
|                      | NSIP - Home Delivered Meals                      | 93.053           | \$ -                    | NA                     | Food Service                                    | NA                 | 1 home delivered meal**                               |
| Health Promotion     | OAA IIID   | 93.043           | \$ 6,500                | NA                     | Evidence-Based Health & Wellness Programs       | \$ 52.50           | 1 class/session                                       |
| Energy Assistance    | LIEAP  | NA               | \$ 1,500                | NA                     | Completed LIEAP Applications                    | \$ 25.00           | 1 complete application                                |
| Transp. Services     | STIF Formula – 3.1 & 3.4 CC Specialized Services | NA               | \$ 65,000               | NA                     | Rides outside of TriMet Service Area            | \$ 15.00           | 1 one-way trip  |
|                      | Non-Medical Medicaid Rides                       | NA               | \$ 13,600               | NA                     | Non-Medical Rides for Medicaid Enrolled Clients | \$ 34.00           | 1 one-way trip  |
| Total Maximum Award: |  |                  | \$ 133,919              | Federal Award Total:   |   | \$ 53,819          |   |

\* Source of OAA Match - Staff time

\*\* Select meals for this site are provided by TRIO Community Meals and paid for directly by Clackamas County Social Services (CCSS). The cost of meals ineligible for OAA reimbursement will be charged to the Center by CCSS.

\*\* Meals provided by TRIO are not eligible for Food Service reimbursement

**REPLACE EXHIBIT H – 1 with the following:**

**2 CFR 200.332(a) REQUIRED INFORMATION**

| <b>Federal award identification</b>  |  |
|--|--|
| <b>SUBRECIPIENT Name:</b>  | <b>Hoodland Senior Center</b>              |
| <b>SUBRECIPIENT Unique Entity Identifier:</b>  | <b>L5QLWMHSE898</b>                        |
| <b>Federal Award Identification Number (FAIN):</b>   | <b>Unavailable</b>                         |
| <b>Federal award date:</b>   | <b>Unavailable</b>                         |
| <b>Subaward Period of Performance, Start and End Date:</b>   | <b>7/1/2023 – 6/30/2027</b>                |
| <b>Subaward Budget Period, Start and End Date:</b>   | <b>7/1/2023 – 6/30/2026</b>                |
| <b>Amount of federal funds obligated for this ALN by this action to SUBRECIPIENT:</b>              | <b>\$29,910</b>                            |
| <b>Total amount of all Federal funds obligated in this subaward:</b>                               | <b>\$195,834</b>                           |
| <b>Total amount of all Federal funds obligated to SUBRECIPIENT during the current fiscal year:</b> | <b>\$53,819</b>                            |
| <b>Federal award project description:</b>  | <b>Older Americans Act</b>                 |
| <b>Federal awarding agency:</b>  | <b>Administration for Community Living</b> |
| <b>Name of pass-through entity:</b>  | <b>Clackamas County</b>                    |
| <b>Assistance Listing Number (ALN) &amp; Title:</b>  | <b>93.044 Title III, Part B</b>            |
| <b>Is Award for Research and Development?</b>  | <b>No</b>                                  |
| <b>SUBRECIPIENT indirect cost rate on this Agreement:</b>  | <b>N/A</b>                                 |

**REPLACE EXHIBIT H – 2 with the following:**

**2 CFR 200.332(a) REQUIRED INFORMATION**

| <b>Federal award identification</b>  |  |
|--|--|
| <b>SUBRECIPIENT Name:</b>  | <b>Hoodland Senior Center</b>              |
| <b>SUBRECIPIENT Unique Entity Identifier:</b>  | <b>L5QLWMHSE898</b>                        |
| <b>Federal Award Identification Number (FAIN):</b>   | <b>Unavailable</b>                         |
| <b>Federal award date:</b>   | <b>Unavailable</b>                         |
| <b>Subaward Period of Performance, Start and End Date:</b>   | <b>7/1/2023 – 6/30/2027</b>                |
| <b>Subaward Budget Period, Start and End Date:</b>   | <b>7/1/2023 – 6/30/2026</b>                |
| <b>Amount of federal funds obligated for this ALN by this action to SUBRECIPIENT:</b>              | <b>\$122,854</b>                           |
| <b>Total amount of all Federal funds obligated in this subaward:</b>                               | <b>\$195,834</b>                           |
| <b>Total amount of all Federal funds obligated to SUBRECIPIENT during the current fiscal year:</b> | <b>\$53,819</b>                            |
| <b>Federal award project description:</b>  | <b>Older Americans Act</b>                 |
| <b>Federal awarding agency:</b>  | <b>Administration for Community Living</b> |
| <b>Name of pass-through entity:</b>  | <b>Clackamas County</b>                    |
| <b>Pass-through entity award identifying number to SUBRECIPIENT:</b>                               | <b>NVWKAVB8JND6</b>                        |
| <b>Assistance Listing Number (ALN) &amp; Title:</b>  | <b>93.045 Title III, Part C</b>            |
| <b>Is Award for Research and Development?</b>  | <b>No</b>                                  |
| <b>SUBRECIPIENT indirect cost rate on this Agreement:</b>  | <b>N/A</b>                                 |

**Hoodland Senior Center**

Subrecipient Grant Agreement – 24-007, Amendment #4

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**REPLACE EXHIBIT H – 4 with the following:****2 CFR 200.332(a) REQUIRED INFORMATION**

| <b>Federal award identification</b>  |  |
|--|--|
| <b>SUBRECIPIENT Name:</b>  | <b>Hoodland Senior Center</b>              |
| <b>SUBRECIPIENT Unique Entity Identifier:</b>  | <b>L5QLWMHSE898</b>                        |
| <b>Federal Award Identification Number (FAIN):</b>   | <b>Unavailable</b>                         |
| <b>Federal award date:</b>   | <b>Unavailable</b>                         |
| <b>Subaward Period of Performance, Start and End Date:</b>   | <b>7/1/2023 – 6/30/2027</b>                |
| <b>Subaward Budget Period, Start and End Date:</b>   | <b>7/1/2023 – 6/30/2026</b>                |
| <b>Amount of federal funds obligated for this ALN by this action to SUBRECIPIENT:</b>              | <b>\$24,750</b>                            |
| <b>Total amount of all Federal funds obligated in this subaward:</b>                               | <b>\$195,834</b>                           |
| <b>Total amount of all Federal funds obligated to SUBRECIPIENT during the current fiscal year:</b> | <b>\$53,819</b>                            |
| <b>Federal award project description:</b>  | <b>Older Americans Act</b>                 |
| <b>Federal awarding agency:</b>  | <b>Administration for Community Living</b> |
| <b>Name of pass-through entity:</b>  | <b>Clackamas County</b>                    |
| <b>Pass-through entity award identifying number to SUBRECIPIENT:</b>                               | <b>NVWKAVB8JND6</b>                        |
| <b>Assistance Listing Number (ALN) &amp; Title:</b>  | <b>93.045 Title III, Part D</b>            |
| <b>Is Award for Research and Development?</b>  | <b>No</b>                                  |
| <b>SUBRECIPIENT Indirect cost rate on this Agreement:</b>  | <b>N/A</b>                                 |

**Hoodland Senior Center**

Subrecipient Grant Agreement – 24-007, Amendment #4

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**SIGNATURE PAGE**

IN WITNESS WHEREOF, the parties hereto have caused this Amendment #4 to be executed by their duly authorized officers.

CLACKAMAS COUNTY

Hoodland Senior Center

By: \_\_\_\_\_

By: Carianne Stearns

Its: \_\_\_\_\_

Its: Executive Director

Dated: \_\_\_\_\_

Dated: 08.07.2025

Approved for Legal Sufficiency

By: Sarah Foreman  
Sarah Foreman (Aug 7, 2025 11:32:00 PDT)

County Counsel

Dated: Aug 7, 2025







# 24-007 - A4 - FINAL - Hoodland Senior Center\_sub signed

Final Audit Report

2025-08-07

|                 |  |
|-----------------|--|
| Created:        | 2025-08-07                                   |
| By:             | Bouavieng Bounnam (BBounnam@clackamas.us)    |
| Status:         | Signed                                       |
| Transaction ID: | CBJCHBCAABAAvg_6DZ4-NNtpbhgRf93UjkSrXssH3iX_ |

## "24-007 - A4 - FINAL - Hoodland Senior Center\_sub signed" History

-  Document created by Bouavieng Bounnam (BBounnam@clackamas.us)  
2025-08-07 - 6:13:55 PM GMT- IP address: 50.53.16.156
-  Document emailed to sforeman@clackamas.us for signature  
2025-08-07 - 6:17:37 PM GMT
-  Email viewed by sforeman@clackamas.us  
2025-08-07 - 6:17:40 PM GMT- IP address: 34.239.14.59
-  Signer sforeman@clackamas.us entered name at signing as Sarah Foreman  
2025-08-07 - 6:31:58 PM GMT- IP address: 75.231.230.242
-  Document e-signed by Sarah Foreman (sforeman@clackamas.us)  
Signature Date: 2025-08-07 - 6:32:00 PM GMT - Time Source: server- IP address: 75.231.230.242
-  Agreement completed.  
2025-08-07 - 6:32:00 PM GMT