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Щоб попросити переклад або спеціальні послуги для осіб з особливими потребами, зверніться до нас, скориставшись такими контактними даними: **cfcc@clackamas.us** | **503-655-8840**.

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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 **cfcc@clackamas.us** | **503-655-8840**.



Clackamas County
www.clackamas.us

April 30, 2026

BCC Agenda Item: _____

Board of County Commissioners
Clackamas County

Approval of a Grant Renewal Application to Oregon Department of Human Services for Supplemental Nutrition Assistance Program Training and Employment Program. Grant Value is \$175,000 for 1 year. Funding is through Oregon Department of Human Services and a required match of \$175,000 in Budgeted County General Funds.

Previous Board Action/Review: N/A

Performance Clackamas: Vibrant Economy

Fiscal Review: Yes, Bouvieng Bounnam

Contact Person: Jennifer Harvey **Contact Phone:** 503-867-7500

EXECUTIVE SUMMARY: The Children, Family & Community Connections Division (CFCC) of the Health, Housing and Human Services Department requests the approval of a Revenue Grant Renewal Application to Oregon Department of Human Services (ODHS) for the Supplemental Nutrition Assistance Training and Employment Program (STEP). STEP helps recipients gain skills and find work that moves them forward to self-sufficiency. Participants have access to training, support services and job placement to help them enter and move up in the workforce.

This funding opportunity provides a direct 1:1 match of funding, allowing CFCC to double the impact of the funding provided by the County. CFCC has received STEP funding for the past nine fiscal years. This would allow for the continuation of employment services to those leaving incarceration and expand the program through the addition of Supportive Housing Services funding to provide employment services to individuals within the Urban Growth Boundary who are homeless, have experienced homelessness within the past three years, or at high risk of homelessness.

Approximately 120 residents will be served.

Grant Value is \$175,000 for services from October 1, 2026 through September 30, 2027. Matching funds are \$175,000 in budgeted County General Funds.

RECOMMENDATION: Staff respectfully requests the Board of County Commissioners approve this Grant Application Lifecycle form and authorize Craig Roberts or his designee to sign on behalf of Clackamas County.

Respectfully submitted,
Mary Rumbaugh

Mary Rumbaugh
Director, 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:	H3S - CFCC Fund 240
Name of Funding Opportunity:	SNAP Training & Employment Program (STEP)

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

Requestor Information: (Name of staff initiating form)	Jennifer Harvey
Requestor Contact Information:	jharvey@clackamas.us 503-867-7500
Department Fiscal Representative:	Cade Windell
Program Name & Prior Project #: (please specify)	SNAP 400326301

Brief Description of Project:

For the continuation of enhanced employment and training services including job placement to underserved populations receiving SNAP (Supplemental Nutrition Assistance Program) benefits. This funding opportunity provides a 1:1 match and has been leveraged by the Workforce Unit for over nine years. Approximately 120 residents will be served. Prioritized population includes individuals who are homeless, have experienced homelessness within the past three years or at high risk of homelessness, those exiting prison and individuals in recovery programs. Only entities with current ODHS STEP funding are eligible to apply for this funding opportunity.

Name of Funding Agency: Oregon Dept of Human Services - Self Sufficiency Program

Notification of Funding Opportunity Web Address: n/a

OR

Application Packet Attached: Yes No

Completed By: Stephanie Radford Date: 4/7/26

**** 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:	n/a	Funding Agency Award Notification Date:	July 2026
Announcement Date:	1-27-2026	Announcement/Opportunity #:	n/a
Grant Category/Title	Employment Services	Funding Amount Requested:	\$175,000
Allows Indirect/Rate:	Yes/15%	Match Requirement:	50%
Application Deadline:	April 15, 2026	Total Project Cost:	\$350,000
Award Start Date:	October 1, 2026	Other Deadlines and Description:	None
Award End Date:	September 30, 2027		
Completed By:	Jennifer Harvey	Program Income Requirements:	n/a
Pre-Application Meeting Schedule:			

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

CFCC CGF

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

\$175k budgeted CGF

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

\$0

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:

4.8.26

Jennifer Harvey



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)

Adam S. Freer

4.8.26



Name (Typed/Printed)

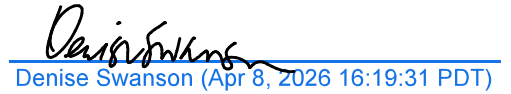
Date

Signature

DEPARTMENT DIRECTOR (or designee, if applicable)

Denise Swanson

Apr 8, 2026



Denise Swanson (Apr 8, 2026 16:19:31 PDT)

Name (Typed/Printed)

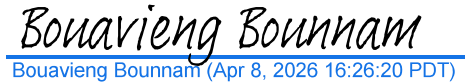
Date

Signature

FINANCE ADMINISTRATION

Bouavieng Bounnam

Apr 8, 2026



Bouavieng Bounnam (Apr 8, 2026 16:26:20 PDT)

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.










H3S-CFCC_Fund 240_SNAP Training and STEP_FY26-27 ODHS STEP AFJH signed

Final Audit Report

2026-04-08

Created:	2026-04-08
By:	Qudsia Sediq (QSediq@clackamas.us)
Status:	Signed
Transaction ID:	CBJCHBCAABAAvDzsfxbEfv_UjQDcHR5H5CK1AO8Srww

"H3S-CFCC_Fund 240_SNAP Training and STEP_FY26-27 ODHS STEP AFJH signed" History

-  Document created by Qudsia Sediq (QSediq@clackamas.us)
2026-04-08 - 7:03:52 PM GMT- IP address: 198.245.132.3
-  Document emailed to dswanson@clackamas.us for signature
2026-04-08 - 7:07:56 PM GMT
-  Email viewed by dswanson@clackamas.us
2026-04-08 - 7:08:01 PM GMT- IP address: 152.39.163.238
-  Signer dswanson@clackamas.us entered name at signing as Denise Swanson
2026-04-08 - 11:19:29 PM GMT- IP address: 198.245.132.3
-  Document e-signed by Denise Swanson (dswanson@clackamas.us)
Signature Date: 2026-04-08 - 11:19:31 PM GMT - Time Source: server- IP address: 198.245.132.3
-  Document emailed to Bouavieng Bounnam (BBounnam@clackamas.us) for signature
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-  Document e-signed by Bouavieng Bounnam (BBounnam@clackamas.us)
Signature Date: 2026-04-08 - 11:26:20 PM GMT - Time Source: server- IP address: 73.67.208.119
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2026-04-08 - 11:26:20 PM GMT