

Mary Rumbaugh Director

July 17, 2025

BCC Agenda Date/Item: _____

Board of County Commissioners Clackamas County

Approval to Apply for a Directly Appropriated Grant from Oregon Housing and Community Services for homelessness prevention and reduction programs. Grant Value is \$7,510,583 for 2 years. Funding is through Oregon Housing and Community Services and \$536,541 of Budgeted County General Funds.

Previous Board Action/Review	No previous board action				
Performance	This funding aligns with:	D			
Clackamas	 The Social Services Division's strategic priority is to provide housing stabilization and supportive services to individuals who are homeless or at risk of becoming homeless, enabling them to obtain and maintain permanent housing. The County's strategic priority is to ensure safe, healthy, and secure communities. 				
Counsel Review	NA	Procurement Review	NA		
Contact Person	Tracy Garell, Director, Social Services Division	Contact Phone	(503) 655-8641		

EXECUTIVE SUMMARY: The Social Services Division (SSD) of the Health, Housing and Human Services (H3S) Department requests the approval to apply for a directly appropriated grant from State of Oregon, Housing and Community Services Department (OHCS) to administer funds for a variety of SSD programs that serve residents living in poverty, experiencing homelessness, and/or at risk of homelessness.

The rate of homelessness remains high across Clackamas County. Homelessness disproportionately affects the most vulnerable Clackamas County residents, including people of color, veterans, people with disabilities, those fleeing domestic violence, older adults, and younger adults.

As Oregon's housing finance agency, OHCS provides financial and program support to create and preserve opportunities for quality, affordable housing for Oregonians of lower and moderate income. OHCS administers programs that provide housing stabilization, from preventing and ending homelessness to assisting with utilities to keep someone stable, to financing multifamily affordable housing, and encouraging homeownership. It delivers these programs primarily through grants, contracts, and loan agreements with local partners and community-based providers. OHCS's sources of funds are varied and include federal and state resources received and disbursed under Oregon Revised Statutes (ORS) chapters 456 and 458.

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

Respectfully submitted,

Mary Rumbough

Marý Rumbaugh Director of Health, Housing, and Human Services For Filing Use Only

Healthy Families. Strong Communities. 2051 Kaen Road, Oregon City, OR 97045 • Phone (503) 650-5697 • Fax (503) 655-8677 Clackamas.us/h3s

	Finar	ncial Assistance Ap					
		is form to track your potential				6 I I I I	
		lesigned to be completed in co			-		
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							
	II Disaster of Ellierg			nor to being	sent to th		
		CONC	EPTION				
Section I: Funding Opportunity	y Information - To B	e Completed by Reques		rd type:	=	t Appropriation (n ecipient Award	o application)
			Awa	d Renewal?	Yes	No No	
Lead Fund # and Department:	240 Health,	Housing and Hu	uman Servic	es-SSI	D		
Name of Funding Opportunity:	Master Gra	nt Agreement 25	-27 bienniu	n			
				••			
Funding Source: 🔲 Federal – Dire	ect 🔽	Federal – Pass through	State		Local		
Requestor Information: (Name of staff	initiating form)	R.E. Szego					
Requestor Contact Information:		rszego@clackamas	.us				
Department Fiscal Representative:		1					
Program Name & Prior Project #: (plea	Doug Green			400225205 40	0225212 4002	25214 Energy Assistan	ce; 400225160; 400225152, 400224153
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Additional funding sources available to fund this program? Please describe:

Other than the funds described below, there are no additional funding sources available for this program.

How much General Fund will be used to cover costs in this program, including indirect expenses? \$1,073,082 for the entire SSD Housing Program 400205, including other sources of federal, state, and local funding.

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

About \$130,000 Fund Balance (not from OHCS) will be used to cover costs of the Weatherization Program.

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

** 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)

Tracy Garell	6/11/2025	Lucy Sard D
Name (Typed/Printed)	Date	Signature
DEPARTMENT DIRECTOR (or designee, if applicable) Philip Mason-Joyner Name (Typed/Printed)	06/12/2025	Right-g- Signature
FINANCE ADMINISTRATION <u>Elizabeth Comfort</u> Name (Typed/Printed)	06/12/2025 Date	Clizabeth Comfort Signature
EOC COMMAND APPROVAL (WHEN NEEDED FOR DISASTE	R OR EMERGENCY RELIEF APPLICATIONS <u>ONLY</u>	
Name (Typed/Printed)	Date	Signature
Section V: Board of County Commissioners/C	ounty Administration	
(Required for all grant applications. If your grant is awarded, all grant For applications \$150,000 and below:	<u>awards</u> must be approved by the Board on their weekly consen	t agenda regardless of amount per local budget law 294.338.)
COUNTY ADMINISTRATOR	Approved:	Denied:
Name (Typed/Printed)	Date	Signature
For applications up to and including \$150,000 approval.	email form to BCC staff at <u>CA-Financialtea</u>	m@clackamas.us for Gary Schmidt's
For applications \$150,000.01 and above, ema to be brought to the consent agenda.	il form with Staff Report to the Clerk to t	he Board at <u>ClerktotheBoard@clackamas.us</u>
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-SS-Lifecycle-Fund 240_MGA-25-27_Bienni um_03-2025 TGauth-Q

Final Audit Report

2025-06-12

Created:	2025-06-12
By:	Qudsia Sediq (QSediq@dackamas.us)
Status:	Signed
Transaction ID:	CBJCHBCAABAAWWe2GTIkqe3M4Zgt-R4OrySIYr_q1pSz

"H3S-SS-Lifecycle-Fund 240_MGA-25-27_Biennium_03-2025 T Gauth-Q" History

- Document created by Qudsia Sediq (QSediq@clackamas.us) 2025-06-12 - 10:44:20 PM GMT- IP address: 67.169.220.59
- Document emailed to pmason@clackamas.us for signature 2025-06-12 - 11:00:45 PM GMT
- Email viewed by pmason@clackamas.us 2025-06-12 - 11:00:50 PM GMT- IP address: 34.239.14.59
- Signer pmason@clackamas.us entered name at signing as Philip Mason-Joyner 2025-06-12 - 11:05:19 PM GMT- IP address: 198.245.132.3
- Document e-signed by Philip Mason-Joyner (pmason@clackamas.us) Signature Date: 2025-06-12 - 11:05:21 PM GMT - Time Source: server- IP address: 198.245.132.3
- Document emailed to Elizabeth Comfort (ecomfort@clackamas.us) for signature 2025-06-12 - 11:05:23 PM GMT
- Email viewed by Elizabeth Comfort (ecomfort@clackamas.us) 2025-06-12 - 11:05:25 PM GMT- IP address: 34.239.14.59
- Document e-signed by Elizabeth Comfort (ecomfort@clackamas.us) Signature Date: 2025-06-12 - 11:33:59 PM GMT - Time Source: server- IP address: 73.164.132.109
- Agreement completed. 2025-06-12 - 11:33:59 PM GMT