

Rodney A. Cook Director

November 7, 2024	BCC Agenda Date/Item:
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Board of County Commissioners	
Clackamas County	

Approval of a Continuation Grant Application to the Oregon Department of Transportation 5311 Rural Formula Funds for operation of the Mount Hood Express. Anticipated Grant Value is \$1,137,115 for 2 years. Funding is through the Oregon Department of Transportation and \$64,500 of budgeted County General Funds.

Previous Board	Briefed at issues: 10/29/2024		
Action/Review			
Performance	This funding aligns with the strategic priority to increase self-sufficiency for		
Clackamas	our clients.		
	2. This funding aligns with the strategic priority to ensure safe, healthy, and		
	secure communities by addressing the needs of older adults in the community.		
Counsel Review	No	Procurement Review	No
Contact Person	Teresa Christopherson	Contact Phone	503-650-5718

EXECUTIVE SUMMARY: The Social Services Division of the Department of Health, Housing, and Human Services requests approval to apply to the Oregon Department of Transportation Rail and Public Transit Division to fund operations for the Mt Hood Express. The Mt Hood Express provides public transit bus service between the City of Sandy, Government Camp, and Timberline, along with other locations in the Mt. Hood area, increasing access to employment, recreation, shopping, and medical services for residents and visitors.

Oregon Department of Transportation Rail and Public Transit Division has allocated \$1,137,115 to Clackamas County by formula for the Mt Hood Express Service. The award period is from July 1, 2025, to June 30, 2027. Match is provided by state and private funding sources. No County General Funds are involved.

RECOMMENDATION: The Staff respectfully requests that the Board of County Commissioners approve the application for this grant, accept the award if funded, and authorize Chair Smith to sign on behalf of Clackamas County.

behalf of Clackarias County.	
Respectfully submitted, Rodney A. Cook	For Filing Use Only
Rodney A. Cook	
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 Oppo	ortunity Information -	To Be Completed b	v Requester

✓ Direct Appropriation (no application)

Award type:

Subrecipient Award

No

Direct Award

Award Renewal?

Lead Fund # and Department:	H3S - Social Services Divison	
Name of Funding Opportunity:	FY26 - FY27 ODOT 5311 Rural Transit Formula Funds	

Funding Source: Federal – Direct	Federal – Pass through State Local
Requestor Information: (Name of staff initiating form)	Kristina Babocck
Requestor Contact Information:	kbabcock@clackamas.us
Department Fiscal Representative: Teresa Christopherson	
Program Name & Prior Project #: (please specify) Transit Services - 400224309	

Brief Description of Project:

Continuation grant for Oregon Department of Transportation FTA 5311 Rural Formula Funds for the operation of the Mt Hood Express (MHX). These funds support the core MHX services. Match is provided by state funds and private contributions.

Name of Funding Agency: ODOT

Notification of Funding Opportunity Web Address: https://www.oregon.gov/odot/rptd/pages/funding-opportunities.aspx

OR

Application Packet Attached:

Completed By:

Date:

** NOW READY FOR SUBMISSION TO DEPARTMENT FISCAL REPRESENTATIVE **

Section II: Funding Opportunity Information - To Be Completed by Department Fiscal Rep

No

Competitive Application

Non-Competing Application

Assistance Listing Number (ALN), if applicable:		Funding Agency Award Notification Date:	N/A
Announcement Date:	08/23/24	Announcement/Opportunity #:	N/A
Grant Category/Title	5311 Formula Grants for Rural Areas	Funding Amount Requested:	\$1,137,115
Allows Indirect/Rate:	N/A	Match Requirement:	\$410,870
Application Deadline:	November 20, 2024	Total Project Cost:	\$1,547,985
Award Start Date:	07/01/2025	Other Deadlines and Description:	
Award End Date	06/30/2027		
Completed By:	Kristina Babcock	Program Income Requirements:	None
Pre-Application Meeting Schedule:	N/A		

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

The Mt Hood Express program is funding by STF, FTA 5310, FTA 5311, FLAP, and private contributions

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

\$64,500 in budgeted general fund helps cover match requirements for Operations and Administration.

How much Fund Balance will be used to cover costs in this program, including indirect expenses? None

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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

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?
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.)?

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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?
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.
1. The there other revenue sources required, available, or win se ascure june the program. Have they are easy seem secured. The use his win junious 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?
Other information necessary to understand this award, if any.

Teresa Christopherson 9/25/24

Teresa D Christopherson Digitally signed by Teresa D Christopherson Date: 2024.09.25 09:01:05 -07'00'

Name (Typed/Printed)

Program Approval:

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

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Section IV: Approvals

DIVISION DIRECTOR (or designee, if applicable)

Brenda Durbin	9/25/24	Brenda Durbin Digitally signed by Brenda Durbin Date: 2024.09.25 12:53:10 -07'0
Name (Typed/Printed)	Date	Signature
DEPARTMENT DIRECTOR (or designee, if applicable)		() :a C
Denise Swanson	Oct 1, 2024	Denise Swanson (Oct 1, 2024 16:05 PDT)
Name (Typed/Printed)	Date	Signature
FINANCE ADMINISTRATION		Flingboth Com last
Elizabeth Comfort	Oct 2, 2024	Clizabeth Comfort
Name (Typed/Printed)	Date	Signature
EOC COMMAND APPROVAL (WHEN NEEDED FOR DISAS	TER OR EMERGENCY RELIEF APPLICATIONS ONL	י <mark>ע</mark>
Name (Typed/Printed)	Date	Signature
Section V: Board of County Commissioners/	County Administration	
section v. Board of county commissioners,	county Administration	
	nt <u>awards</u> 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:
No. of (Total (District))	P. tr	Since we
Name (Typed/Printed)	Date	Signature
For applications up to and including \$150,00 approval. For applications \$150,000.01 and above, em to be brought to the consent agenda.		alteam@clackamas.us for Gary Schmidt's to the Board at <u>ClerktotheBoard@clackamas.us</u>
BCC Agenda item #:	Date:	
OR		
Policy Session Date:		
	County Administration Attestation	on
County Administration: re-route to department at		
and		
Grants Manager at financegrants@clackamas.us		
when fully approved.		

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SS-Lifecycle_Fund 240_ODOT Rural Transit Formula Fund FY 26 & 247_5311

Final Audit Report 2024-10-02

Created: 2024-09-30

By: Qudsia Sediq (QSediq@clackamas.us)

Status: Signed

Transaction ID: CBJCHBCAABAA9IvRboN8zDLkaekZ6x8M36YhBIMGQG4i

"SS-Lifecycle_Fund 240_ODOT Rural Transit Formula Fund FY 26 & 247_5311" History

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