

October 17, 2024

BCC Agenda Date/Item: _____

Board of County Commissioners
 Clackamas County

Approval to submit the annual consolidated application for US Department of Housing & Urban Development Continuum of Care grants. Total Application Value is \$6,893,194 for 1 year. Match requirement is 25% of the awarded amount, for a maximum amount of \$1,723,298.50. County match obligation is funded by Supportive Housing Services and \$142,763 in budgeted County General Funds.

Previous Board Action/Review	October 15, 2024 - Item briefed at Issues		
Performance Clackamas	1. This funding aligns with H3S's strategic priority of ensuring access to Safe, Stable Housing. 2. This funding aligns with the County's strategic priority to ensure safe, healthy, and secure communities.		
Counsel Review	No	Procurement Review	No
Contact Person	Vahid Brown, HCDD Deputy Director	Contact Phone	(971) 334-9870

EXECUTIVE SUMMARY: On behalf of the Housing and Community Development Division (HCDD), Health, Housing & Human Services requests approval to submit the annual consolidated application for Continuum of Care (CoC) funding from the US Department of Housing and Urban Development (HUD). This annual application is required for continued and new HUD CoC funding for homeless services in Clackamas County, including services provided in rural communities. This year's application requests an award of \$6,893,194 to fund services starting in FY 2025, about \$1.1 million more than the current award amount of \$5,786,488.

The CoC program is a HUD-mandated local administrative and organizational response to homelessness designed to promote a communitywide commitment to the goal of ending homelessness. Clackamas County is the Lead Agency for our local CoC, serving as the connection point for federally funded homeless services provided by both the county and community-based organizations. Responsibilities of the Lead Agency include operating the CoC; designing and operating the Homeless Management Information System (HMIS); planning for the CoC (including system and service coordination); and designing and implementing the process associated with applying for CoC program funds.

Each year, HUD makes funding available to CoCs through a consolidated application process. As the Lead Agency, Clackamas County is responsible for submitting the consolidated application, which results in both competitive funding and non-competitive funding opportunities. In addition to funds for programs and services, this application also provides funds for CoC infrastructure and the

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yearly application process for the county as the Lead Agency.

As part of the annual application process, the Clackamas County as the Lead Agency, guided by the Housing Services Steering Committee, carries out a solicitation for proposed projects to compete for inclusion in the consolidated application (and award of associated funding). Proposals are submitted by both the county and community-based providers. The projects are scored in alignment with HUD priorities and Clackamas County goals. They are then ranked for recommendation for inclusion in the consolidated application, HUD's review, and final funding determination.

Awards from this application result in agreements between HUD and the awarded agency. Only funding awarded directly to Health, Housing & Human Services will pass through to Clackamas County. Funding awarded to community-based providers results in agreements between HUD and the individual providers.

RECOMMENDATION: The staff respectfully requests that the Board of County Commissioners approve submitting the 2024 CoC consolidated grant application and authorize Chair Simth or her designee to sign on behalf of the Board of County Commissioners.

Respectfully submitted,



Rodney A. Cook
Director of Health Housing and Human Services

ATTACHMENTS:

- Lifecycle Form
- HUD Form 2991 with Project List

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name:

Project Name:

Location of the Project:

Name of the Federal Program to which the applicant is applying:

Name of Certifying Jurisdiction:

Certifying Official of the Jurisdiction
Name:

Title:

Signature:

Date:

Projects Certified to be Consistent with the Clackamas County Consolidated Plan for FY24-25

NW Housing Alternatives

- Annie Ross Housing Services HUD Rapid Rehousing Renewal Project

Clackamas County Department of Health, Housing, and Human Services

- Housing our Heroes PSH Renewal Project
- Housing our Families RRH Renewal Project
- Coordinated Housing Access (CHA) Renewal Project
- Homeless Management Information System (HMIS) Renewal Project
- HOPE II PSH Renewal Project
- Hope Leasing PSH Renewal Project
- Rent Well Rapid Rehousing Renewal
- Housing the People PSH New Project
- CoC Planning Grant

Housing Authority of Clackamas County

- Shelter + Care (S+C)

Central City Concern

- Chez Ami

Clackamas Women's Services

- PH-RRH Renewal Project
- PSH Renewal Project
- RRH-DV Bonus Renewal
- RRH Renewal Project + Expansion Project
- SSO Renewal + Expansion Project
- PH-RRH DV Bonus New Project

Corvallis Neighborhood Housing Services (DevNW)

- CoC Transitional Housing/Rapid Rehousing for Youth Rental Project
- YHDP Transitional Housing/Rapid Rehousing Joint Component Renewal Project

Northwest Family Services

- YHDP Diversion, Prevent, and Access Renewal Project

Parrott Creek

- HomeSafe Enhancement Transitional Housing/Rapid Rehousing Renewal Project

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

Award type: Direct Appropriation (no application) Subrecipient Award Direct Award

Award Renewal? Yes No

Lead Fund # and Department:	240 - Health Housing and Human Services
Name of Funding Opportunity:	FY 2024 - FY 2025 Continuum of Care Competition

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

Requestor Information: (Name of staff initiating form)	Raina SmithRoller
Requestor Contact Information:	rsmithroller@clackamas.us
Department Fiscal Representative:	Darren Chilton
Program Name & Prior Project #: (please specify)	Continuum of Care (CoC) Consolidated Application 2024

Brief Description of Project:

The consolidated application is one application for all CoC project funding (internal and external community based projects) as well as bonus funding for planning activities and the Homeless Management Information System (HMIS) administration for Clackamas County. Grants awarded through this application will be awarded directly to the each project agency. County Projects will come through the county but others will be direct agreements between HUD and the outside agency. There is a 25% match required for each program which each agency had to detail in each program application.

Name of Funding Agency: US Department of Housing and Urban Development (HUD)

Notification of Funding Opportunity Web Address: https://www.hud.gov/program_offices/comm_planning/coc/competition

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:	14,267	Funding Agency Award Notification Date:	unknown
Announcement Date:	8/29/24	Announcement/Opportunity #:	FR-6800-N-25
Grant Category/Title	FY24 CoC Consolidated Competition & Renewal	Funding Amount Requested:	\$6,893,194
Allows Indirect/Rate:	Depending on project award	Match Requirement:	25% cash or in-kind
Application Deadline:	October 30, 2024	Total Project Cost:	unknown since many are not county run programs
Award Start Date:	varies based on each award	Other Deadlines and Description:	n/a
Award End Date:	varies based on each award		
Completed By:	Raina SmithRoller	Program Income Requirements:	depends on project
Pre-Application Meeting Schedule:	Pre-application meetings of the application committed and CoC Steering Committee		

Additional funding sources available to fund this program? Please describe:
 Supportive Housing Services, other Federal, State and local funds for matching. Each applicant agency in the consolidated application must specify their own match funds.

How much General Fund will be used to cover costs in this program, including indirect expenses?
 The awards from last year are used to administer the CoC Administration of this Consolidated Application process (CoC -Planning grant). Additional funds for indirect expenses in H3S projects will be covered through Supportive Housing Services or other available funds.

How much Fund Balance will be used to cover costs in this program, including indirect expenses?
 No prior fund balance will be used as consolidated awards are specific to each project and only those that are county projects will run through the county

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.)?*

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.

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.

Program Approval:

Raina SmithRoller

9/25/24

Raina Smith-Roller

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

10/1/24

Shannon Callahan

Name (Typed/Printed)

Date

Signature

DEPARTMENT DIRECTOR (or designee, if applicable)

Denise Swanson

Oct 1, 2024

Denise Swanson
Denise Swanson (Oct 1, 2024 14:56 PDT)

Name (Typed/Printed)

Date

Signature

FINANCE ADMINISTRATION

Elizabeth Comfort

Oct 1, 2024

Elizabeth Comfort

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: <input type="checkbox"/>	Denied: <input type="checkbox"/>
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.










HCD-Lifecycle_Fund 240 - CoC Consolidated App FY2024.SC

Final Audit Report

2024-10-01

Created:	2024-10-01
By:	Qudsia Sediq (QSediq@clackamas.us)
Status:	Signed
Transaction ID:	CBJCHBCAABAArEr7PEER9f8yFbJPV5Zz0f9wpBAibN7-

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-  Signer dswanson@clackamas.us entered name at signing as Denise Swanson
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