

February 29, 2024

BCC Agenda Date/Item: _____

Board of County Commissioners
 Clackamas County

Approval to Apply for a Continuation Grant for AmeriCorps Senior Companion Program Funds. The anticipated value is \$139,025 for 1 year. Funding is through the AmeriCorps Senior Companion Program, with \$13,902 in matching funds from Statewide Transportation Improvement Funds. No County General Funds are involved.

Previous Board Action/Review	Briefed at issues: February 27, 2024		
Performance Clackamas	1. This funding aligns with the strategic priority to increase self-sufficiency for 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 for AmeriCorps Seniors Senior Companion funds to operate the Clackamas County Senior Companion Program (SCP). SCP provides companionship and transportation services to homebound and isolated seniors throughout the community. Rides include medical, shopping, dialysis, and other needed transportation.

AmeriCorps Seniors has allocated \$139,025 for the Clackamas County Senior Companion Program to continue serving some of the most vulnerable residents in Clackamas County. The award period is from July 1, 2024, to June 30, 2025. Match is provided by STIF funding. The total anticipated cost of the program is \$215,830, of which \$9,000 is County General Fund.

RECOMMENDATION: The staff respectfully requests that the Board of County Commissioners approve to apply for this grant and authorize Chair Smith to sign on behalf of Clackamas County.

Respectfully submitted,

Rodney A. Cook

Rodney A. Cook
 Director of Health, Housing and Human Services Department

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, complete sections 1, 2 & 4 only. If direct appropriation, complete page 1 and Dept/Finance signatures only.

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 - Social Services (Fund 240)
Name of Funding Opportunity:	FY 2023 AmeriCorps Seniors Grant Continuation-SCP

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

Requestor Information: (Name of staff initiating form)	Kristina Babcock
Requestor Contact Information:	kbabcock@clackamas.us
Department Fiscal Representative:	Teresa Christopherson
Program Name & Prior Project #: (please specify)	AmeriCorps Seniors - SCP - Project #: 400223455

Brief Description of Project:

This grant provides continued funding for the AmeriCorps Seniors Senior Companion Program to continue critically needed services to older adults and people with disabilities. For over 30 years, volunteer companions have provided vital transportation and other assistance for seniors to continue living independently in the community. In addition, it is a workforce development program, volunteers who are 55 years and older and are low-income receive a small monthly stipend for life essentials like rent, gas and food. The need for the program in Clackamas County has grown due to increased isolation and loneliness for older adults throughout the county. Volunteers for the program report better health as they age and feel strong community connections to Clackamas County government due to their service.

Name of Funding Agency:

Notification of Funding Opportunity Web Address:

OR

Application Packet Attached: Yes No

Completed By: Cari Vandecoevering Date: 1/23/24

**** 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:	94.016	Funding Agency Award Notification Date:	6/2024
Announcement Date:	1/10/2024	Announcement/Opportunity #:	N/A
Grant Category/Title	AmeriCorps Seniors/Continuation	Funding Amount Requested:	\$139,025
Allows Indirect/Rate:	Not allowed without federal approval	Match Requirement:	10%
Application Deadline:	03/11/2024	Total Project Cost:	\$215,830
Award Start Date:	7/1/2024	Other Deadlines and Description:	
Award End Date	6/30/2025		
Completed By:	Cari Vandecoevering	Program Income Requirements:	
Pre-Application Meeting Schedule:			

Additional funding sources available to fund this program? Please describe:
The program is supported by \$76,805 in Transportation STIF funding

How much General Fund will be used to cover costs in this program, including indirect expenses?
\$9000.00

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

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:

Teresa Christopherson 2/5/24

Name (Typed/Printed)

Date

Teresa D
Christopherson

Signature

Digitally signed by Teresa
D Christopherson
Date: 2024.02.05
09:31:43 -08'00'

**** 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)

Brenda Durbin

02/05/2024

Brenda Durbin

Digitally signed by Brenda Durbin
Date: 2024.02.05 08:35:25 -08'00'

Name (Typed/Printed)


Date

Signature

DEPARTMENT DIRECTOR (or designee, if applicable)

Denise Swanson

Feb 8, 2024


Denise Swanson (Feb 8, 2024 08:08 PST)

Name (Typed/Printed)

Date

Signature

FINANCE ADMINISTRATION

Elizabeth Comfort

Feb 8, 2024



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 less than \$150,000:

COUNTY ADMINISTRATOR	Approved:	Denied:
Name (Typed/Printed)	Date	Signature

For applications under \$150,000 email form to Christina Fadenrecht at CFadenrecht@clackamas.us for Gary Schmidt's approval.

For applications \$150,000 and above, email form with Staff Report to the Clerk to the Board at ClerktotheBoard@clackamas.us to be brought to the consent agenda.

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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.