

July 21, 2022

Board of County Commissioners
Clackamas County

Members of the Board:

Approval to Apply for Funding Opportunity: “Clean Slate” Expungement Clinics from Clackamas Workforce Partnership (CWP) to Increase Employment Services in Clackamas County. Amount requested is \$40,000 through for one year.

No County General Funds are involved.

Purpose/Outcome	The Children, Family and Community Connections (CFCC) Division of Clackamas County requests approval to apply for a one-year renewable local grant Clean Slate Clackamas Project to increase employment services for adults in Clackamas County by removing barriers to employment, housing, and education
Dollar Amount and Fiscal Impact	Grant Application requesting \$40,000 with the potential for renewal. No County General Funds are involved.
Funding Source	Clackamas Workforce Partnership
Duration	July 1, 2022-June 30, 2023
Previous Board Action/Review	BCC Issues: 7/19/2022
Strategic Plan Alignment	1. Ensure safe, healthy and secure communities 2. Grow a vibrant economy
Counsel Review	This Financial Assistance Application Lifecycle Form has been reviewed and approved by County Finance: 6/29/22 EJ
Procurement Review	Was the item processed through Procurement? No Revenue Grant Application
Contact Person	Adam Freer 971-533-4929
Contract No.	H3S #10754

BACKGROUND:

The Children, Family & Community Connections (CFCC) Division of the Health, Housing and Human Services Department requests approval to apply for funding from Clackamas Workforce Partnership (CWP) to continue hosting Expungement, or Clean Slate Clinics. The clinics allow individuals with certain non-violent offenses on their records have them removed thereby removing barriers to many employment and volunteer opportunities. The clinics have been hosted by CFCC in partnership with CWP on a pilot basis. Based on their success, CWP is funding their continuation and is seeking an entity to assume the coordinating role they have been playing.

The selection process was very quick and has been completed. Organizations were invited to apply to coordinate the clinics via email with approximately two weeks to respond. CFCC partnered with Clackamas Community College on a successful application. The contract is anticipated soon.

RECOMMENDATION:

Staff recommends the Board approval of this Agreement and authorization for Tootie Smith, Board Chair, to sign on behalf of Clackamas County.

Respectfully submitted,

Rodney A. Cook

Rodney A. Cook, Director
Health, Housing & 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.

**** 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 Department & Fund #: H3S-CFCC, CLACK 240

Expungement Clinics **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

Name of Funding Opportunity: Expungement Clinics

Funding Source: Federal State Local

Requestor Information (Name of staff person initiating form): Adam Freer

Requestor Contact Information: afreer@clackamas.us; 971.533.4929

Department Fiscal Representative: Scott Vandecoevering

Program Name and prior project # (please specify): Workforce- 400303

Brief Description of Project:

Expungement Clinics help people with minor criminal records clear their records in order to increase their potential for employment and other activities requiring background checks.

Name of Funding Agency: Clackamas Workforce Partnership

Notification of Funding Opportunity Web Address:

None. Sent via email.

OR

Application Packet Attached: Yes No

Completed By: Adam Freer, CFCC Director

6.8.22

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

CFDA(s), if applicable:	<u>N/A</u>	Funding Agency Award Notification Date:	<u>June 2022</u>
Announcement Date:	<u>June 3, 2022</u>	Announcement/Opportunity #:	<u>N/A</u>
Grant Category/Title:	<u>Expungement Clinics</u>	Funding Amount Requested:	<u>\$40,000</u>
Allows Indirect/Rate:	<u>Yes (no limit noted)</u>	Match Requirement:	<u>None</u>
Application Deadline:	<u>June 17, 2022</u>	Other Deadlines:	<u>None</u>
Award Start Date:	<u>July 1, 2022</u>	Other Deadline Description:	<u>N/A</u>
Award End Date:	<u>June 30, 2023</u>		
Completed By:		Program Income Requirement:	<u>N/A</u>
Pre-Application Meeting Schedule:	<u>June 6, 2022; 1:30 pm</u>		

Additional funding sources available to fund this program? Please describe: None

How much General Fund will be used to cover costs in this program, including indirect expenses? \$0

How much Fund Balance will be used to cover costs in this program, including indirect expenses? \$0

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?

The funding allows the workforce unit to help increase clients' employability by clearing their criminal records, which can be a barrier to employment.

2. What, if any, are the community partners who might be better suited to perform this work?

None. The funder has sought help with the clinics on a voluntary basis, and CFCC stepped up to help. We've been hosting them, and now they want us to take them over. No one else has experience with them.

3. What are the objectives of this funding opportunity? How will we meet these objectives?

Provide clinics to train and then walk through clearing their criminal records. CFCC would continue to host the events and assign staff to coordinate registration, logistics and the speakers.

4. Does the grant/financial assistance fund an existing program? If yes, which program? If no, what is the purpose of the program?

No. The funding allows the workforce unit to help increase clients' employability by clearing their criminal records, which can be a barrier to employment.

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?

Yes, Workforce staff have been trained to conduct the clinics. Additional hiring is not expected at this time.

2. Are there partnership efforts required? If yes, who are we partnering with and what are their roles and responsibilities?

Yes, we would work closely with the trainers, including legal experts. CFCC would host and coordinate the clinics.

3. If this is a pilot project, what is the plan for sunseting the project and/or staff if it does not continue (e.g. making staff positions temporary or limited duration, etc.)?

Not a pilot.

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.)?

Yes. The program is a small pilot. We are unsure what the ongoing demand will be and are also unclear what the long-term staffing requirement. We will assess as we move forward and discuss with funder and Comm College.

Collaboration

1. List County departments that will collaborate on this award, if any.

None.

Reporting Requirements

1. What are the program reporting requirements for this grant/funding opportunity?

Minimal - statistics of the number of trainings and attendees.

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?

Attendance at clinics has been high. Performance will be reflected in our ability to continue to maintain high attendance and conduct smooth and effective clinics.

3. What are the fiscal reporting requirements for this funding?

None expected (very small amount of funding).

Fiscal

1. Will we realize more benefit than this financial assistance will cost to administer?

Not expecting to

2. Are other revenue sources required, available or will be used to fund the program? Have they already been secured? Please name other sources, including General Fund or Fund Balance and amounts.

No

3. 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.)?

No match required.

4. 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?

Yes. No rate cap.

Program Approval:

Adam S. Freer

6.22.22



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	6.22.22	
Name (Typed/Printed)	Date	Signature

DEPARTMENT DIRECTOR (or designee, if applicable)		
Adam Brown	6/28/2022	Adam Brown <small>Digitally signed by Adam Brown Date: 2022.06.28 15:18:36 -07'00'</small>
Name (Typed/Printed)	Date	Signature

FINANCE ADMINISTRATION		
Ed Johnson	6-29-2022	 <small>Ed Johnson (Jun 29, 2022 10:29 PDT)</small>
Name (Typed/Printed)	Date	Signature

EOC COMMAND APPROVAL (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: <input type="checkbox"/>	Denied: <input type="checkbox"/>
Name (Typed/Printed)	Date	Signature

For applications greater than \$150,000 or which otherwise require BCC approval:

BCC Agenda item #: Date:

OR

Policy Session Date:

County Administration Attestation

County Administration: re-route to department contact when fully approved.
Department: keep original with your grant file.

COVER SHEET

- New Agreement/Contract
- Amendment/Change/Extension to _____
- Other _____

Originating County Department: _____

Other party to contract/agreement: _____

Description:

After recording please return to: _____

County Admin

Procurement

If applicable, complete the following:

Board Agenda Date/Item Number: _____