

April 17, 2025

BCC Agenda Date/Item: \_\_\_\_\_

Board of County Commissioners  
 Clackamas County

**Approval of a Grant Renewal Application to the Oregon Department of Human Services for the Job Opportunity & Basic Skills program for low-income families. Anticipated Grant Value is \$1,360,586.77 for 2 years. Funding is through the Oregon Department of Human Services. No County General Funds are involved.**

<b>Previous Board Action/Review</b>	None		
<b>Performance Clackamas</b>	1. Ensure safe, healthy, and secure communities 2. Grow a vibrant economy		
<b>Counsel Review</b>	NA	<b>Procurement Review</b>	NA
<b>Contact Person</b>	Jennifer Harvey	<b>Contact Phone</b>	503.867.7500

**EXECUTIVE SUMMARY:** The Children, Family & Community Connections (CFCC) Division of the Health, Housing and Human Services Department, in its role as the Workforce services provider for Clackamas County, requests approval of a Grant Renewal Application to the Oregon Department of Human Services (ODHS) for the Jobs Opportunity & Basic Skills (JOBS) Program. The JOBS Program is Oregon’s employment and training program for low-income families on Temporary Assistance for Needy Families (TANF). CFCC connects ODHS-referred clientele with job coaching and assistance with training, employment, and stabilizing services. Stabilizing services include connection to wrap-around supports, mental health counseling, substance use recovery, and treatment. Last year, the program served 316 individuals. 126 families received support in navigating mental health and substance use recovery services, and 219 residents obtained employment. The grant application has an anticipated value of \$1,360,586.77 for 2 years. The grant period is July 1, 2025 – June 30, 2027.

**RECOMMENDATION:** The Staff respectfully requests that the Board of County Commissioners approve the Lifecycle Form and authorize Chair Roberts or his designee to sign on behalf of Clackamas County.

Respectfully submitted,

*Mary Rumbaugh*

Mary Rumbaugh  
 Director of Health, Housing and Human Services

*Healthy Families. Strong Communities.*

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

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 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

<b>Lead Fund # and Department:</b>	H3S-CFCC, CLACK 240
<b>Name of Funding Opportunity:</b>	Job Opportunity & Basic Skills (JOBS) program; State of Oregon IGA

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

Requestor Information: (Name of staff initiating form)	Jennifer Harvey
Requestor Contact Information:	jharvey@clackamas.us, 503.867.7500
Department Fiscal Representative:	Scott Vandecoevering/Cade Windell
Program Name & Prior Project #: (please specify)	ODHS Self-Sufficiency TANF JOBS Program 400324300

### Brief Description of Project:

The Jobs Opportunity and Basic Skills (JOBS) program is the state's employment and training program for low income families on Temporary Assistance for Needy Families (TANF). CFCC staff connect with participants in the program to provide coaching and assistance to access training, employment and stabilizing services. Stabilizing services include connection to wrap around supports, mental health counseling, substance use recovery and treatment.

Name of Funding Agency: Oregon Dept of Human Services--Self-Sufficiency Programs

Notification of Funding Opportunity Web Address: None

**OR**

Application Packet Attached: Yes  No

Completed By: Jennifer Harvey Date: 3/13/2025

**\*\* 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:	None	Funding Agency Award Notification Date:	July 2025
Announcement Date:	None	Announcement/Opportunity #:	None
Grant Category/Title	IGA	Funding Amount Requested:	\$1,360,586.77
Allows Indirect/Rate:	Yes/Admin 12%	Match Requirement:	None
Application Deadline:	NA	Total Project Cost:	\$1,360,586.77
Award Start Date:	July 1, 2025	Other Deadlines and Description:	
Award End Date	June 30, 2027		
Completed By:	Jennifer Harvey	Program Income Requirements:	N/A
Pre-Application Meeting Schedule:	None--continuation of existing program.		

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

How much General Fund will be used to cover costs in this program, including indirect expenses?  
Budgeted County General Funds will be used if there are unallowable allocated costs

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.)?

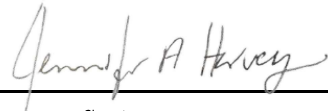
3. Does this grant/financial assistance cover indirect costs? If yes, is there a rate cap? If no, can additional funds be obtained to support indirect expenses and what are those sources?

Other information necessary to understand this award, if any.

Program Approval:

Jennifer Harvey

3/13/2025



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 Freer	3.13.25	
Name (Typed/Printed)	Date	Signature

DEPARTMENT DIRECTOR (or designee, if applicable)

Denise Swanson	Mar 19, 2025	 <small>Denise Swanson (Mar 19, 2025 08:10 PDT)</small>
Name (Typed/Printed)	Date	Signature

FINANCE ADMINISTRATION

Elizabeth Comfort	Mar 19, 2025	
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:	Denied:
Name (Typed/Printed)	Date	Signature

**For applications up to and including \$150,000 email form to BCC staff at [CA-Financialteam@clackamas.us](mailto: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](mailto: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](mailto:financegrants@clackamas.us)  
when fully approved.

Department: keep original with your grant file.










# H3S-CFCC-Lifecycle\_Fund 240\_ODHS TANF JOBS FY25-27 Financial Application form

Final Audit Report

2025-03-19

Created:	2025-03-18
By:	Qudsia Sediq (QSediq@clackamas.us)
Status:	Signed
Transaction ID:	CBJCHBCAABAkkCoSRrCY1xc2pCLDsz7LT-hhp5owr0T

## "H3S-CFCC-Lifecycle\_Fund 240\_ODHS TANF JOBS FY25-27 Financial Application form" History

-  Document created by Qudsia Sediq (QSediq@clackamas.us)  
2025-03-18 - 0:43:25 AM GMT- IP address: 198.245.132.3
-  Document emailed to dswanson@clackamas.us for signature  
2025-03-18 - 0:45:43 AM GMT
-  Email viewed by dswanson@clackamas.us  
2025-03-19 - 1:23:22 AM GMT- IP address: 20.159.64.152
-  Signer dswanson@clackamas.us entered name at signing as Denise Swanson  
2025-03-19 - 3:10:01 PM GMT- IP address: 198.245.132.3
-  Document e-signed by Denise Swanson (dswanson@clackamas.us)  
Signature Date: 2025-03-19 - 3:10:03 PM GMT - Time Source: server- IP address: 198.245.132.3
-  Document emailed to Elizabeth Comfort (ecomfort@clackamas.us) for signature  
2025-03-19 - 3:10:05 PM GMT
-  Email viewed by Elizabeth Comfort (ecomfort@clackamas.us)  
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-  Document e-signed by Elizabeth Comfort (ecomfort@clackamas.us)  
Signature Date: 2025-03-19 - 3:15:24 PM GMT - Time Source: server- IP address: 198.245.132.3
-  Agreement completed.  
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