

February 16, 2023

BCC Agenda Date/Item: _____

Board of County Commissioners
 Clackamas County

Approval to apply for a for Project Turnkey hotel site support grant. Approximate value is \$250,000. Funding through the Oregon Department of Housing & Community Services. No County General Funds are involved.

Previous Board Action/Review	Briefed at Issues – 2/14/2023		
Performance Clackamas	1. Ensuring safe, healthy and secure communities by accessing resources for critical housing infrastructure.		
Counsel Review	N/A	Procurement Review	N/A
Contact Person	Adam Brown	Contact Phone	971-421-0133

EXECUTIVE SUMMARY: The Housing & Community Development Division of Health, Housing & Human Services requests approval to submit an application for additional funding through the State of Oregon’s Project Turnkey 2.0 grant program. The Oregon Department of Housing & Community Services (OHCS) was allocated \$2.5 million to support hotel/motel sites acquired in Project Turnkey 2.0. Specifically, these one-time funds are available to support shelter facility operations, shelter operations maintenance, and rehabilitation/renovation/conversion. Awardees are eligible for up to \$250,000 each and spending must occur by June 30, 2023. If received, these funds will support any necessary rehabilitation/renovation/conversion associated with the county’s acquisition of the Quality Inn located at 9717 SE Sunnyside Road in Clackamas, OR, if that transaction proceeds to closing.

RECOMMENDATION: Staff recommend Board approval to apply for this grant.

Respectfully submitted,

Rodney A. Cook
 Director

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

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

Award Renewal? Yes No

Lead Fund # and Department:	240 - Health, Housing & Human Services
Name of Funding Opportunity:	Project Turnkey 2.0

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

Requestor Information: (Name of staff initiating form)	Adam Brown
Requestor Contact Information:	abrown@clackamas.us
Department Fiscal Representative:	Anh Le
Program Name & Prior Project #: (please specify)	Shelter Services (400705)

Brief Description of Project:

The Oregon Department of Housing & Community Services (OHCS) was allocated \$2.5 million to support hotel/motel sites acquired in Project Turnkey 2.0. Specifically, these one-time funds are available to support shelter facility operations, shelter operations maintenance, and rehabilitation/renovation/conversion. Awardees are eligible for up to \$250,000 each and spending must occur by June 30, 2023. If received, these funds will support any necessary rehabilitation/renovation/conversion associated with the county's acquisition of the Quality Inn located at 9717 SE Sunnyside Road in Clackamas, OR, if that transaction proceeds to closing.

Name of Funding Agency:

Notification of Funding Opportunity Web Address:

OR

Application Packet Attached: Yes No

Completed By: Adam Brown Date: 02/07/2023

**** 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:	N/A	Funding Agency Award Notification Date:	Unknown
Announcement Date:	N/A	Announcement/Opportunity #:	None
Grant Category/Title	Project Turnkey 2.0	Funding Amount Requested:	\$250,000
Allows Indirect/Rate:	Yes	Match Requirement:	None
Application Deadline:	2/10/2023	Total Project Cost:	\$250,000
Award Start Date:	Upon allocation	Other Deadlines and Description:	N/A
Award End Date:	6/30/2023		
Completed By:	Adam Brown	Program Income Requirements:	N/A
Pre-Application Meeting Schedule:			

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

N/A - One-time funds for rehabilitation/renovation/conversion as part of the broader Project Turnkey 2.0 program.

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

None.

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?

This supports the Department's goal to provide critical housing opportunities and supportive services for individuals and families on their path to improved health, wellness, prosperity and inclusion.

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

N/A.

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

To improve the physical condition of the hotel the county intends to acquire for use as transitional housing as part of the Project Turnkey 2.0 program.

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

Not directly, but it supports the acquisition transitional housing capacity that will represent an expansion of that programming.

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.

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

Not directly, although the county's efforts to provide critical housing options for homeless members of our community requires support and partnership from many different agencies, jurisdictions, and community-based organizations.

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.)?

N/A.

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.)?

No, but it supports the acquisition transitional housing capacity that will represent an expansion of that programming funded by the Metro Supportive Housing Services Measure.

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?

Similar to that of other funding administered by Oregon Department of Housing & Community Services that the county receives.

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?

Based on completion of the completion of the rehabilitation/renovation/conversion work.

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

Unknown at this time.

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.

Similar to that of other funding administered by Oregon Department of Housing & Community Services that the county receives.

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.)?

N/A.

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?

Yes, up to 15% of the award.

Other information necessary to understand this award, if any.

Program Approval:

Adam Brown

2/8/2023

Adam Brown

Digitally signed by Adam Brown
Date: 2023.02.08 14:55:45 -08'00'

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)

Name (Typed/Printed)	Date	Signature
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DEPARTMENT DIRECTOR (or designee, if applicable)

Adam Brown	2/8/2023	Adam Brown <small>Digitally signed by Adam Brown Date: 2023.02.08 14:55:59 -08'00'</small>
Name (Typed/Printed)	Date	Signature

FINANCE ADMINISTRATION

Elizabeth Comfort	2/8/2023	Elizabeth Comfort
Name (Typed/Printed)	Date	Signature

EOC COMMAND APPROVAL **WHEN NEEDED FOR DISASTER OR EMERGENCY RELIEF APPLICATIONS ONLY**

Name (Typed/Printed)	Date	Signature
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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 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.

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.