



August 11, 2022

Board of County Commissioners  
Clackamas County

**Approval of a Grant Application by Water Environment Services to the National Oceanic and Atmospheric Administration’s Transformational Habitat Restoration and Coastal Resilience Grant for Construction of the 3-Creeks Floodplain Enhancement Project. Total grant request amount is \$3,800,000.00. County General Funds are not involved.**

<b>Purpose/Outcome</b>	Approval of a Grant Application by Water Environment Services to the National Oceanic and Atmospheric Administration’s Transformational Habitat Restoration and Coastal Resilience Grant for Construction of the 3-Creeks Floodplain Enhancement Project. Total grant request amount is \$3,800,000.00. County General Funds are not involved.
<b>Dollar Amount and Fiscal Impact</b>	The Grant Request is \$3,800,000.00 to support construction of stream and floodplain restoration elements of the project.
<b>Funding Source</b>	National Oceanic and Atmospheric Administration’s Transformational Habitat Restoration and Coastal Resilience grant funds. County General Funds are not involved.
<b>Duration</b>	Grant agreement would be effective through December 2026.
<b>Previous Board Action/Review</b>	This item was presented at Issues on August 9, 2022.
<b>Strategic Plan Alignment</b>	<ol style="list-style-type: none"> <li>1. This project supports the WES Strategic Plan by restoring the floodplain to help 30% of streams within WES’ jurisdiction to meet or exceed water quality standards.</li> <li>2. This project supports the County Strategic Plan by utilizing federal grant money to Invest in our Natural Resources and Building Strong Infrastructure County residents have access to a healthy environment.</li> </ol>
<b>Counsel Review</b>	Review Date: Counsel review is not required. Counsel: N/A
<b>Procurement Review</b>	<ol style="list-style-type: none"> <li>1. Was the item processed through Procurement? No</li> <li>2. If no, provide brief explanation: Item is a grant application.</li> </ol>
<b>Contact Person</b>	Ron Wierenga, WES Assistant Director, 503-742-4581
<b>Contract No.</b>	N/A

**BACKGROUND:**

Clackamas Water Environment Services (WES) is interested in pursuing a National Oceanic and Atmospheric Administration (NOAA) Transformational Habitat Restoration and Coastal Resilience grant for construction of the 3-Creeks Floodplain Enhancement Project. WES would like to submit an application requesting \$3,800,000.00 in funding for the 3-Creeks Project.

The 3-Creeks Natural Area is an approximately 80-acre regional natural area marked by the confluence of Mt. Scott, Phillips, and Dean Creeks in Northern Clackamas County. It includes a large flood control facility, wetlands, uplands, open space areas, and related facilities. The flood control structure consists of an active flow-control gate system and a large passive storage pool that can fill during large rainfall events and inundate much of the site. WES has been working with a consultant team to evaluate options to optimize the existing flow control system and restore the creek and floodplain within the natural area. The goals for optimization and restoration of the 3-Creeks Natural Area are to help protect downstream areas from flooding during the long rainy season and enhance seasonal stream and floodplain habitat for aquatic species. The proposed adjustments will also improve water quality and increase wetland habitat, making the natural area a better home for wildlife.

WES has allocated capital funds for completion of the flow control structure modifications and a portion of the natural area restoration. If awarded, the NOAA funding would be used to expand on the proposed project, and complete the design and construction of the stream restoration and floodplain enhancement. If NOAA funding is not awarded, WES will continue with the original restoration project and look for other funding options to maximize the opportunities of this site at a later date.

If approved then WES will submit the grant application via the online portal by the due date of September 6, 2022.

**RECOMMENDATION:**

WES staff recommends the Board, acting as the governing body of Water Environment Services, approve the Grant Application by Water Environment Services to the National Oceanic and Atmospheric Administration's Transformational Habitat Restoration and Coastal Resilience Grant for Construction of the 3-Creeks Floodplain Enhancement Project.

Respectfully submitted,



Ron Wierenga, Assistant Director  
Water Environment 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: \_\_\_\_\_

**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: \_\_\_\_\_

Funding Source: Federal State Local

Requestor Information (Name of staff person initiating form): \_\_\_\_\_

Requestor Contact Information: \_\_\_\_\_

Department Fiscal Representative: \_\_\_\_\_

Program Name and prior project # (please specify): \_\_\_\_\_

Brief Description of Project:

Name of Funding Agency: \_\_\_\_\_

Agency's Web Address for funding agency Guidelines and Contact Information:

**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	
CFDA(s), if applicable:	_____	Funding Agency Award Notification Date:	_____
Announcement Date:	_____	Announcement/Opportunity #:	_____
Grant Category/Title:	_____	Max Award Value:	_____
Allows Indirect/Rate:	_____	Match Requirement:	_____
Application Deadline:	_____	Other Deadlines:	_____
Award Start Date:	_____	Other Deadline Description:	_____
Award End Date:	_____		_____
Completed By:	_____	Program Income Requirement:	_____
Pre-Application Meeting Schedule:	_____		_____

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

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

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

**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. What, 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 sunseting 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. Will we realize more benefit than this financial assistance will cost to administer?

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.

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.)?

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?

Program Approval:



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**

<b>DIVISION DIRECTOR (or designee, if applicable)</b>		
Name (Typed/Printed)	Date	Signature

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

<b>FINANCE ADMINISTRATION</b>		
		
Name (Typed/Printed)	Date	Signature

<b>EOC COMMAND APPROVAL (DISASTER OR EMERGENCY RELIEF APPLICATIONS ONLY)</b>		
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:**

<b>COUNTY ADMINISTRATOR</b>	Approved:	Denied:
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:

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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: \_\_\_\_\_