

September 28, 2023

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


Board of County Commissioners  
 Clackamas County

**Approval to Apply for a Grant to continue providing Services as a Federally Qualified Health Center. Anticipated value is \$7,563,951 for 3 years. Funding is through the Health Resources and Services Administration. No County General Funds are involved.**

<b>Previous Board Action/Review</b>	October 13, 2016-BCC last approved the application for this grant on, agenda item 101316-A3. September 26, 2023-Briefed at Issues		
<b>Performance Clackamas</b>	1. Improve the health of the underserved communities and vulnerable populations		
<b>Counsel Review</b>	No	<b>Procurement Review</b>	No
<b>Contact Person</b>	Sarah Jacobson	<b>Contact Phone</b>	503-742-5303

**EXECUTIVE SUMMARY:** The Health Centers Division of the Health, Housing & Human Services Department requests approval to apply for the Service Area Competition (SAC), Section 330 Grant with the Health Resources and Services Administration (HRSA). This grant program aims to improve the health of underserved communities and vulnerable populations by assuring continued access to comprehensive, culturally competent, quality primary health care services. These grant funds will continue to support costs such as salaries, fringe, supplies, equipment, continuing education, office space, utilities, travel expenses, and Division/County indirect charges associated with delivering primary care and related services.

**RECOMMENDATION:** Staff recommends the Board approve the application for this HRSA SAC 330 grant to continue the vital work of our Health Centers Division.

Respectfully submitted,  
  
 Rodney A. Cook  
 Director of Health, Housing & Human Services

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, III 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>	253 - H3S-Health Centers Division
<b>Name of Funding Opportunity:</b>	HRSA-24-070

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

Requestor Information: (Name of staff initiating form)	Jennifer Stone
Requestor Contact Information:	503-742-5967 or JStone@clackamas.us
Department Fiscal Representative:	Jennifer Stone
Program Name & Prior Project #: (please specify)	Finance & Administrative Services (400501); 400523202

**Brief Description of Project:**

This notice announces the opportunity to apply for funding under the Health Center Program's Service Area Competition (SAC). The Health Center Program supports domestic public or private, nonprofit community-based and patient-directed organizations that provide primary health care services to the Nation's medically underserved populations. The purpose of the SAC notice of funding opportunity (NOFO) is to ensure continued access to comprehensive, culturally competent, high-quality primary health care services for communities and populations currently served by the Health Center Program. Award will establish grant year 23.

Name of Funding Agency: Health Resources and Service Administration (HRSA)

Notification of Funding Opportunity Web Address: <https://bphc.hrsa.gov/funding/funding-opportunities/service-area-competition>

**OR**

Application Packet Attached:      Yes       No

Completed By: Jennifer Stone      Date: 8-28-2023

**\*\* 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:	93.224	Funding Agency Award Notification Date:	February 2024
Announcement Date:	8-17-2023	Announcement/Opportunity #:	HRSA-24-070
Grant Category/Title	Service Area Competition (SAC)	Funding Amount Requested:	\$2,521,317.00
Allows Indirect/Rate:	N/A	Match Requirement:	N/A
Application Deadline:	11-15-2023	Total Project Cost:	\$2,521,317.00
Award Start Date:	5-1-2024	Other Deadlines and Description:	Phase 1 Grants.gov application 10-16-2023
Award End Date:	4-30-2027		
Completed By:	Jennifer Stone	Program Income Requirements:	Additive
Pre-Application Meeting Schedule:	8-21-2023		

Additional funding sources available to fund this program? Please describe:  
Program income generated through being a recipient of this grant.

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

How much Fund Balance will be used to cover costs in this program, including indirect expenses?  
N/A

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:

Adam Kearnl

08/28/2023



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)

Sarah Jacobson

08/28/2023

*Sarah Jacobson*

Name (Typed/Printed)

Date

Signature

DEPARTMENT DIRECTOR (or designee, if applicable)

Denise Swanson

Aug 31, 2023

*Denise Swanson*  
Denise Swanson (Aug 31, 2023 09:11 PDT)

Name (Typed/Printed)

Date

Signature

FINANCE ADMINISTRATION

Elizabeth Comfort

Sep 7, 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

**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 up to and including \$150,000 email form to Tracy Moreland at [TracyMor@clackamas.us](mailto:TracyMor@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](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.