



**Daniel Nibouar**  
Interim Director

**Disaster Management**  
1710 Red Soils Ct., Ste. 225  
Oregon City, OR 97045

T 503-655-8378

[clackamas.us](http://clackamas.us)

December 2, 2021

Board of County Commissioners  
Clackamas County

Members of the Board:

**Approval of Amendment #3 to the Personal Services Agreement with Advantage Nurse Staffing of Oregon, Inc. to Provide On-Call Temporary Medical Staffing Services to Respond to the COVID-19 Pandemic**

|  |   |
|--|---|
| <b>Purpose/Outcome</b>                 | Extend the term and add funds.  |
| <b>Dollar Amount and Fiscal Impact</b> | Increase by \$5,100,000. Bringing total contract value to \$7,100,000.  |
| <b>Funding Source</b>                  | Reimbursement for these expenses are covered by Public Health ARPA and FEMA funds   |
| <b>Duration</b>                        | Amendment #3 is effective upon signature and expires on 12/31/2022  |
| <b>Previous Board Action/Review</b>    | The Board previously approved this Agreement on January 5, 2021, Agenda item 010521-VI. 1, March 23, 2021, and June 22, 2021. |
| <b>Strategic Plan Alignment</b>        | 1. Sustaining Public Health and Wellness.<br>2. Keep vulnerable residents safe and healthy.                                   |
| <b>Counsel Review</b>                  | Counsel approval 11/16/21 by AN   |
| <b>Procurement Review</b>              | Was the item process through Procurement? <input checked="" type="checkbox"/> yes    no                                       |
| <b>Contact Person</b>                  | Philip Mason-Joyner , 503-742-5956 or Jeanne Weber x5350  |
| <b>Contract No.</b>                    | Cobblestone #3607-03 – H3S #9829  |

**Background:**

In order for the County to respond the COVID-19 pandemic, the Public Health and the Health Centers Divisions of Health Housing and Human Services needed to quickly contract with firms to provide registered nurses to conduct contact tracing and to potentially provide clinical services. The original contracts were authorized under the emergency declaration issued by the Board. As the COVID-19 pandemic has not subsided, the department needed to establish longer-term contracts for services to ensure continuity of services and allow for rapid expansion of services as needed. The department worked with Procurement to issue a Request for Proposals Process to retain three firms for on-call services. Reimbursement for these expenses are covered by ARPA and FEMA funds.

Due to nationwide health care staffing shortages, registered nurses and certified medical assistants may be unavailable because they are being offered higher compensation at other organizations. To ensure availability of temporary medical staffing services provided under this Contract, it is necessary for the County to make allowances for increased rates for temporary medical staffing services ("Surge Rates")

Amendment #3 extends the term and adds \$5,100,000 to the Agreement. The Amendment is effective upon signature and terminates on December 31, 2022.

**Procurement Process:**

On September 30, 2020, Procurement published a RFP #2020-80 for Temporary Medical Staffing Services in accordance with LCRB C-047-0260. Proposals were received from thirty (30) firms. An evaluation team with representatives from Public Health and Health Centers evaluated the proposals and recommended an award of three (3) contracts to the highest scoring firms. The recommendation to award to three firms was based on the need to have sufficient access to nurses and certified medical assistants to respond to the COVID-19 pandemic. The Notice of Intent to Award was issued on December 1, 2020 and no protests were received.

**Recommendation:**

Staff respectfully recommends that the Board approve and execute the Advantage Nurse Staffing of Oregon, Inc. Amendment #03 for On-Call Temporary Medical Staffing Services.

Sincerely,

A handwritten signature in cursive script, appearing to read "Daniel Nibouar".

Daniel Nibouar  
Interim Director

**AMENDMENT #3  
TO THE CONTRACT DOCUMENTS WITH ADVANTAGE NURSE STAFFING OF OREGON, INC.  
FOR TEMPORARY NURSE STAFFING.  
Cobblestone Contract #3607 – H3S Contract #9829**

This Amendment #3 is entered into between **Advantage Nurse Staffing of Oregon, Inc.** (“Contractor”) and Clackamas County (“County”) and shall become part of the Contract documents entered into between both parties on **December 29, 2020** (“Contract”).

The Purpose of this Amendment #3 is to make the following changes to the Contract:

1. ARTICLE I, Section 1 **Effective Date and Duration**, is hereby amendment as follows:

By execution of this Amendment #3, County is hereby exercising the first of four (4) optional one-year renewals. The Contract expiration date is hereby changed from December 31, 2021 to **December 31, 2022**.

2. ARTICLE I, Section 3. **Consideration** is hereby amended as follows:

County is authorizing an additional Five Million One Hundred Thousand Dollars (\$5,100,000.00) as compensation for Contractor to continue to perform the Work under the Contract. Following execution of this Amendment #3, the total not to exceed amount authorized under the Contract is Seven Million One Hundred Thousand Dollars (\$7,100,000.00).

|                        |                        |
|------------------------|------------------------|
| ORIGINAL CONTRACT      | \$ 1,000,000.00        |
| AMENDMENT #1           | \$ 1,000,000.00        |
| AMENDMENT #2           | Revised Exhibit A      |
| AMENDMENT #3           | <u>\$ 5,100,000.00</u> |
| TOTAL AMENDED CONTRACT | \$ 7,100,000.00        |

3. Exhibit A **Scope of Work** is replaced in its entirety with the attached Exhibit A:

Except as expressly amended above, all other terms and conditions of the Contract shall remain in full force and effect. By signature below, the parties agree to this Amendment #3, effective upon the date of the last signature below.

**Signatures on next page**

**ADVANTAGE NURSE STAFFING  
OF OREGON, INC.**

**CLACKAMAS COUNTY**

**Richard B. Evans**

Digitally signed by Richard B. Evans  
DN: cn=Richard B. Evans, o=Advantage Nurse Staffing, ou,  
email=ricket@advantagenursestaffing.com, c=US  
Date: 2021.11.18 16:21:05 -08'00'

Richard B. Evans, VP/COO

Commissioner: Tootie Smith, Chair  
Commissioner: Sonya Fischer  
Commissioner: Paul Savas  
Commissioner: Martha Schrader  
Commissioner: Mark Shull

Date

641460-88 / DBC Oregon  
Oregon Business Registry

503-432-1383  
Phone

Board Chair

Date

Recording Secretary

Approved as to Form

11/22/2021

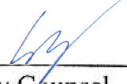
  
County Counsel

EXHIBIT A  
PERSONAL SERVICES CONTRACT  
SCOPE OF WORK

Contractor to provide Oregon licensed registered nurses and certified medical assistants on an on-call basis. All registered nurses and certified medical assistants shall be employees of Contractor and covered under Contractor's insurance (as required in Article II, Section 9 above). Services shall be provided in accordance with the Scope of Work outlined in Exhibit D (RFP#2020-80 Temporary Medical Staffing Services) and Exhibit E (Contractor's proposal to RFP #2020-80 Temporary Medical Staffing Services).

Hourly Rates:

Due to nationwide staffing shortages, registered nurses and certified medical assistants may be unavailable because they are being offered higher rates at other organizations. To ensure availability of temporary medical staffing services provided under this Contract, County may, in its sole administrative discretion, authorize Contractor to charge increased rates for temporary medical staffing services ("Surge Rates") as set forth in the table below. If County authorizes Surge Rates, it will indicate the Surge Rate when it issues a Task Order for the Work. County will provide Contractor two week's written notice when electing to change between standard rates and Surge Rates for current temporary staff.

|                                  | All Shifts Standard Rates | All Shifts Surge Rates |
|----------------------------------|---------------------------|------------------------|
| Certified Medical Assistant      | \$34.00                   | \$47.00                |
| Certified Medical Assistant Lead | \$37.00                   | \$54.00                |
| LPN                              | \$53.00                   | \$70.00                |
| RN Tracers Remote                | \$72.00                   | \$99.00                |
| RN Tracer SME                    | \$74.00                   | \$104.00               |
| Supervisor/Lead RN               | \$83.50                   | \$111.00               |
| RN Vaccinators                   | \$78.00                   | \$117.00               |
| RN COVID Testing                 | \$80.00                   | \$136.00               |

Overtime (over 40 hours per week) will be billed at the standard of time and one-half.

Holiday pay will be billed at the standard of time and one-half for all hours worked on the following holidays:

New Year's Day; Martin Luther King, Jr Day; President's Day; Memorial Day, Juneteenth Day, Independence Day; Labor Day; Veteran's Day, Thanksgiving Day, Christmas Day"

This Contract is on an "on-call" or "as-needed basis" for Work.

When the County wishes Contractor to perform the Work, the County will submit an official County Task Order form (found at: <https://www.clackamas.us/finance/terms.html>) detailing the scope of Work, the entity on whose behalf the Work will be performed, and the total compensation, pursuant to the fee schedule set forth in this Contract. Contractor may not perform Work until the County Task Order form has been executed by the parties. In the event a project authorized under the County Task Order extends beyond the expiration of this Contract, the County Task Order shall remain in effect under the terms of this Contract until the completion or expiration of the authorized task.

No task order shall modify or amend the terms and conditions of this Contract.

The County Contract administrator for this Contract is the County Procurement and Contract Services Division. For each authorized Task Order, a project specific department representative shall be identified for coordination of the work.



**Daniel Nibouar**  
Interim Director

**Disaster Management**  
1710 Red Soils Ct., Ste. 225  
Oregon City, OR 97045

T 503-655-8378

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**December 2, 2021**

Board of County Commissioners  
Clackamas County

Members of the Board:

Approval to apply for FEMA Flood Mitigation Assistance Program (FMA) funds to  
Acquire and demolish a Severe Repetitive Loss (SRL) residential property.


|  |   |
|--|---|
| <b>Purpose/Outcome</b>                 | Disaster Management requests approval to apply for FEMA FMA funds to buyout a flood-prone property, demolish and remove all improvements, and return the property to open space, with 100% of eligible costs covered by the FEMA grant.   |
| <b>Dollar Amount and Fiscal Impact</b> | This residential property at 9490 SE Wichita Avenue along Johnson Creek has flooded the prior owner four times (2003, 2007, 2009 and 2015) in the last 18 years and is listed in a National Flood Insurance Program (NFIP) database as an SRL property and therefore qualifies for 100% costs coverage under the FMA grant.<br>Project Total \$543,391, with 100% FMA coverage for SRL properties |
| <b>Funding Source</b>                  | General funds will initially be used with 100% reimbursement submitted monthly  |
| <b>Duration</b>                        | Grant performance period is three years   |
| <b>Previous Board Action/Review</b>    | No previous action.   |
| <b>Strategic Plan Alignment</b>        | <ol style="list-style-type: none"> <li>1. Flood buyouts foster community resilience by avoiding future property losses, personal injury, and improving environmental health.</li> <li>2. Flood buyouts improve community welfare by minimizing the need for emergency services and recovery efforts.</li> </ol>   |
| <b>Counsel Review</b>                  | Council review is not required until agreement is awarded   |
| <b>Procurement Review</b>              | Grant application. Procurement review is not required.  |
| <b>Contact Person</b>                  | Jay Wilson, 503-723-4848  |

**BACKGROUND:** The current owner voluntarily reached out to the County in 2020 seeking sponsorship for the FEMA grant and prefers to have the property bought out rather than sell it to another buyer and perpetuate the flood losses.

**RECOMMENDATION:**

Staff recommends that the BCC approve that Disaster Management staff apply for the FEMA FMA grant dollars to buyout a Severe Repetitive Loss property.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Daniel Nibouar". The signature is fluid and cursive, with the first name "Daniel" and last name "Nibouar" clearly distinguishable.

Daniel Nibouar  
Interim Director

Attachments:

Pre-application for FMA-21 grant  
Grant Lifecycle Form

## Hazard Mitigation Assistance Pre-Application Form/Letter of Intent

Submitting this form ensures that your proposal is reviewed by the Mitigation Team. This document is the first step in the grant sub-application process. By submitting this form alone, it **does not guarantee funding**. To be considered for the grant funding, complete this form and submit it to [shmo@mil.state.or.us](mailto:shmo@mil.state.or.us). This form will also be used for the Interagency Hazard Mitigation Team (IHMT) review panel if/when activated for applicable grant program/grant round (shaded boxes to the right are for official use only for scoring/ranking pre-applications).

### A. Hazard Mitigation Assistance Grant Programs

Select the grant program you are seeking funding under (*select one*):

- Pre-Disaster (Annual):** Building Resilient Infrastructure and Communities (BRIC)
- Pre-Disaster (Annual):** Flood Mitigation Assistance (FMA)
- Post-Disaster:** Hazard Mitigation Grant Program (HMGP): [Click here to enter text.](#)
- Post-Disaster:** Hazard Mitigation Grant Program (HMGP) Post Fire (PF): [Click here to enter text.](#)

### B. Activity Type

Select the applicable activity type you are pursuing (*select all that apply*):

#### **BRIC**

- Capability- and Capacity-Building
  - Project Scoping
  - Building Codes
  - Partnerships
  - Planning
- Mitigation Project
- Technical Assistance

#### **FMA**

- Project Scoping
- Community Flood Mitigation Project
- Flood Hazard Mitigation Planning
- Individual Flood Mitigation Project
- Technical Assistance

#### **HMGP and HMGP-PF**

- Advance Assistance
- Plan
- Project
- 5 Percent Initiative

### C. Subapplicant Information

1. County or Tribal Land your entity is based in: [Clackamas County](#)

2. Select the type of entity you fall under that is seeking HMA funding (*select one*):

- State Government
- Tribal Government
- Local Government
- Private Nonprofit (PNP)
- Special District
- Other [Please specify](#)

3. Subapplicant: [Clackamas County Disaster Management](#)

Point of Contact Name and Job Title: [Jay Wilson, Resilience Coordinator](#)

Phone Number: [503-209-2812](#) E-mail Address: [jaywilson@clackamas.us](mailto:jaywilson@clackamas.us)

Street Address: [1710 Red Soils Ct #225](#)

City: [Oregon City](#) State: [OR](#) Zip: [97045](#)

### D. Mitigation Plan

1. Identify which FEMA-approved hazard mitigation plan your entity is included in below.

Plan Name: [Clackamas County Multi-Jurisdictional NHMP](#) Expiration Date: [4/11/2024](#)

2. If this is a **proposal for a planning-related activity**, please identify Plan Type you will be pursuing funding for (*select one*):

- State Hazard Mitigation Plan
- Local Hazard Mitigation Plan
- Local Multijurisdictional Hazard Mitigation Plan
- Never had a Hazard Mitigation Plan
- Tribal Hazard Mitigation Plan
- Tribal (Local) Hazard Mitigation Plan
- Tribal (Local) Multijurisdictional Hazard Mitigation Plan
- Other planning-related activity: [Please specify](#)



**E. Proposal**

Proposal Title: [Property Acquisition and Structure Demolition - SRL Residential – 9490 SE Wichita Ave](#)

Estimated Overall/Total Cost: **\$\$\$543,391**

Do you anticipate a non-federal cost share exceeding 25%?

- Yes
- No
- Unsure

If yes, please provide a brief narrative and estimated percentage your jurisdiction intends on putting forth for the local cost share/match: [The County expects this SRL project to be funded 100% by federal share funds.](#)

Estimated Local Management Cost (is up to 5% of the amount listed above): [Click here to enter text.](#)

Brief Proposal Description: [This project is for the flood acquisition of a Severe Repetitive Loss \(SRL\) residential property along Johnson Creek in the northern area of unincorporated Clackamas County. This property meets the FMA definition of SRL, as stated in the 2021 FMA NOFO, by having NFIP coverage and having at least four flood claims that each equal or exceed \\$5,000 and the cumulative amount of all claims exceeds \\$20,000.](#)

**F. Community Lifelines**

Select all applicable community lifelines that your proposal will reduce risk to:

- Safety and Security** (law enforcement/security, fire services, search and rescue, government services, and community safety)
- Food, Water, Shelter** (food, water, shelter, agriculture)
- Health and Medical** (medical care, patient movement, public health, fatality management, medical supply chain)
- Energy** (power (grid) and fuel)
- Communications** (infrastructure, alerts, warnings, and messages, 911 and dispatch, responder communications, finance)
- Transportation** (highway, roadway, motor vehicle, mass transit, railway, aviation, maritime)
- Hazardous Material** (facilities, HAZMAT, pollutants, contaminants)
- Not Applicable**

**G. Natural Hazards**

Select all applicable natural hazards that your proposal will reduce/mitigate the risk of:

- Coastal Erosion
- Heat Wave
- Wildfire
- Drought
- Landslide
- Windstorm
- Earthquake
- Tsunami
- Winter Storm
- Flood
- Volcano
- Other: [Please specify](#)

**H. Climate Change**

Will this proposal enhance climate change adaptation and resilience?

*Climate change is defined as “Changes in average weather conditions that persist over multiple decades or longer. Climate change encompasses both increases and decreases in temperature, as well as shifts in precipitation, changing risk of certain types of severe weather events, and changes to other features of the climate system.”*

- Yes
- No
- Unsure
- Not Applicable

If yes, please provide brief description how your proposal will enhance climate change adaptation and resilience: [By removing a severe repetitive loss property from the Johnson Creek floodplain, the 0.87 acres of this property will be restored with native species to provide riparian habitat, improved stream functions, and minimize future residential flood impacts to the creek.](#)

**I. National Floodplain Insurance Program (NFIP)**

Does this proposal involve mitigating a National Floodplain Insurance Program (NFIP) property?

*The National Flood Insurance Program (NFIP) aims to reduce the impact of flooding on private and public structures. It does so by encouraging communities to adopt and enforce floodplain management regulations. In exchange, flood insurance is made available to property owners and renters. These efforts help mitigate the effects of flooding on new and improved structures.*

Yes                       No                       Unsure                       Not Applicable

If yes, please provide further information regarding the property (is the property in a Special Flood Hazard Area, is it considered a Severe Repetitive Loss Property or a Repetitive Loss Property, etc.): [This property is listed in the 2021 FEMA RL/SRL database as both an NFIP and FMA Severe Repetitive Loss property and is in the SFHA with much of the non-improved property inside the mapped floodway.](#)

### J. Community

Select all items listed below that are applicable to the community that the proposal will benefit:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Limited water and sanitation access and affordability   | <input type="checkbox"/> High unemployment and underemployment                            | <input type="checkbox"/> High housing cost burden and substandard housing                           |
| <input type="checkbox"/> High and/or persistent poverty  | <input type="checkbox"/> Low income   | <input type="checkbox"/> Limited access to health care  |
| <input type="checkbox"/> Rural community   | <input type="checkbox"/> Linguistic isolation   | <input type="checkbox"/> Distressed neighborhoods   |
| <input type="checkbox"/> Jobs lost through the energy transition   | <input type="checkbox"/> Disproportionate impacts from climate                            | <input type="checkbox"/> All geographic areas within Tribal jurisdictions                           |
| <input type="checkbox"/> High energy cost burden and low energy access   | <input type="checkbox"/> High transportation cost burden and/or low transportation access | <input type="checkbox"/> Disproportionate environmental stressor burden and high cumulative impacts |
| <input type="checkbox"/> Racial and ethnic segregation particularly where the segregation stems from discrimination by government entities | <input checked="" type="checkbox"/> Not Applicable  |   |

### K. Additional Information

#### **1. Is this an infrastructure project?**

*Infrastructure is defined as critical physical structures, facilities, and systems that provide support to a functioning community, its population, and its economy.*

Yes                       No                       Unsure                       Not Applicable

If yes, please provide further information regarding what type of infrastructure: [Click here to enter text.](#)

#### **2. Does this project incorporate nature-based solutions?**

*Nature-based solutions are sustainable planning, design, environmental management, and engineering practices that weave natural features or processes into the built environment to promote adaptation and resilience. Such solutions enlist natural features and processes in efforts to combat climate change, reduce flood risks, improve water quality, protect coastal property, restore and protect wetlands, stabilize shorelines, reduce urban heat, add recreational space, and more.*

Yes                       No                       Unsure                       Not Applicable

If yes, please describe how it will incorporate nature-based solutions: [The Johnson Creek Watershed Council is interested in using this site for immediate and long-term floodplain and bank restoration opportunities.](#)

#### **3. Does your entity have Building Code Effectiveness Grading Schedule (BCEGS) Rating of 1 to 5?**

*The Building Code Effectiveness Grading Schedule (BCEGS®) assesses the building codes in effect in a particular community and how the community enforces its building codes, with special emphasis on mitigation of losses from natural hazards. For more information regarding this question, please go to <https://www.isomitigation.com/bcegs/>.*

Yes                       No                       Unsure                       Not Applicable

If yes, please provide more information regarding your rating: The County has a 2020 score of 2.

**4. Is this proposal from a previous FEMA HMA advance assistance or project scoping award, High Hazard Potential Dams (HHPD) award, or DHS Cybersecurity and Infrastructure Security Agency's (CISA) Regional Resiliency Assessment Program (RRAP), or a previous recipient of BRIC non-financial Direct Technical Assistance?**

- Yes                       No                       Unsure                       Not Applicable

If yes, please identify which award and brief description: [Click here to enter text.](#)

**5. Does this proposal increase resilience and reduce risk of injuries, loss of life, and damage and destruction of property, including critical services, and facilities?**

- Yes                       No                       Unsure                       Not Applicable

If yes, please briefly describe how the project will effectively reduce risk and increase resilience, realize benefits, and leverage innovation. Potential benefits could include how this project will address inequities and provide the greatest support to those with greatest need: [The acquisition and removal of the residential improvements that have experienced multiple flood losses will minimize the potential loss of life and property damage from future floods that are expected to increase in frequency and severity due to climate change.](#)

**6. Will this proposal utilize innovative techniques to facilitate implementation?**

- Yes                       No                       Unsure                       Not Applicable

If yes, please provide brief description on how you intend to implement this proposal: [Demolition of the SRL residence will include deconstruction practices to salvage any reusable building materials, such as lumber and fixtures, from this 1930s era single family home.](#)

**7. Will this proposal include an outreach strategy?**

- Yes                       No                       Unsure                       Not Applicable

If yes, please provide brief description how your proposal will enhance climate change adaptation and resilience: [Click here to enter text.](#)

**8. Will your entity be incorporating any partnerships (e.g., state, tribal, private, local community, etc.) that will ensure the proposal meets community needs, including those of disadvantaged populations?**

- Yes                       No                       Unsure                       Not Applicable

If yes, please provide brief description how your proposal will incorporate partnerships and what is the anticipated outcome of those partnerships (e.g., leveraging resources such as financial, material, and educational resources, coordinating multi-jurisdictional projects, heightened focus on equity related issues, etc.): [We will partner with the Johnson Creek Watershed Council for long-term site restoration and maintenance as open space in the floodplain.](#)

\*\*\*\*\*

*(For official use only)*

**Total Pre-application Score:**

# 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: \_\_\_\_\_

Total project cost is \$543,391.

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: _____ \$543,391.00           |
| Allows Indirect/Rate: _____             | _____                     | _____ | Match Requirement: _____ No match             |
| 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? General funds will be used initially with 100% reimbursement submitted monthly

How much Fund Balance will be used to cover costs in this program, including indirect expenses? This will be a project for next fiscal year and will be included in the budget request for next year.

**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?

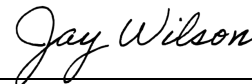
2. Are other revenue sources required, available or will be used to fund the program? Have they already been secured? Please name other sources, including General Fund or Fund Balance and amounts.

General fund will be used to cover cost with 100% reimbursement from this grant. Reimbursement requests will be completed monthly.

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**

|  |      |           |
|--|------|-----------|
| DIVISION DIRECTOR (or designee, if applicable) |      |           |
| Name (Typed/Printed)                           | Date | Signature |

|  |            |  |
|--|------------|--|
| DEPARTMENT DIRECTOR (or designee, if applicable) |            |  |
| Daniel Nibouar                                   | 11/23/2021 |  |
| Name (Typed/Printed)                             | Date       | Signature  |

|                        |      |  |
|------------------------|------|--|
| FINANCE ADMINISTRATION |      |  |
|                        |      |  |
| 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: | 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.