

August 18, 2022

Board of County Commissioners
Clackamas County

Approval to Apply for Funding Opportunity: Business Oregon Community Development Block Grant COVID-19 Impact Assistance Program for Child Care Assistance. Total value is \$250,000 for one year. Funding through Business Oregon CDBG CARES Act Funding. County General Funds are not involved.

Purpose/Outcome	The Children, Family and Community Connections (CFCC) Division of Clackamas County requests the board grant approval to apply for a one-year Business Oregon grant to subsidize child care costs for low-to-middle income families and allow CFCC to move forward with the application process. This opportunity is one-time only, funded through federal CARES Act to respond to the impacts of the COVID-19 pandemic.
Dollar Amount and Fiscal Impact	\$250,000 for one year. No county general funds are involved. Existing staff will manage this short-term program.
Funding Source	Business Oregon funds for COVID relief, through federal Community Development Block Grant (CBDG).
Duration	One year (Effective upon signing. Anticipated Date October 1, 2022)
Previous Board Action/Review	BCC Issues: 8/16/22 BCC Town Hall on Child Care, October 6, 2021.
Strategic Plan Alignment	1. Increase access to and enrollment in quality child care. 2. Grow a Vibrant Economy. Child Care is a key workforce need.
Finance Review	Date of Counsel review: 6/15/2022 / Elizabeth Comfort
Procurement Review	(Please check yes or no for procurement review. If the answer is "no," please provide an explanation.) 1. Was the item processed through Procurement? yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Revenue grant application
Contact Person	Dani Stamm Thomas (971) 288-8264
Contract No.	H3S #10790

BACKGROUND: Children, Family and Community Connections (CFCC) Division is the backbone organization of the Early Learning Hub of Clackamas County. Early Learning Hubs are supported by the state Early Learning Division to meet the following goals: 1. Aligned, coordinated, and family-centered early childhood system; 2. Children receive the early learning experiences they need to thrive and be successful in school and life; and 3. Families receive the support they need to be healthy, stable and attached. The funding will allow CFCC to provide subsidies for low-to-middle income families for child care. The Business Oregon funds will allow low-to-middle income families access child care which in turn will assist them in finding and/or maintaining employment.

RECOMMENDATION: Staff recommends the Board approve this grant application and allow CFCC to move forward with the application process as required by the funder.

Healthy Families. Strong Communities.

Respectfully submitted,

Denise Swanson

Rodney A. Cook, Director
Health, Housing & Human Services

Determination of Categorical Exclusion (not subject to Section 58.5)
Determination of activities per 24 CFR 58.35(b)

Activity Name and Grant Number: Clackamas County Child Care Scholarships

Address: 112 11th St, Oregon City, OR 97045

Activity Description: Child care scholarship support for families of children under 12 in Clackamas County with low to moderate income.

Estimated total Activity cost: \$ \$250,000

Funding Source: CDBG Other: _____

The activity falls into the category listed below, which is listed at 24 CFR 58.35(b) as a Categorically Excluded activity not subject to Section 58.5.

- 1. Tenant-based rental assistance
- 2. Supportive Public Services (including but not limited to): Provision of services associated with a funded community facility
 - Health care • Housing services • Permanent housing placement
 - Day care • Nutritional services
 - Short-term payments for rent / mortgage / utility costs
 - Assistance in gaining access to government benefits / services
- 3. Operating Costs:
 - Maintenance • Security • Operation • Utilities
 - Furnishings • Equipment • Supplies • Staff training and recruitment
- 4. Economic Development Activities:
 - Equipment purchase • Inventory financing
 - Interest subsidy • Operating costs
 - Other expenses not associated with construction or expansion
- 5. Approval of supplemental assistance (including insurance or guarantee) to a project previously approved under Part 58, if: the same responsible entity conducted the environmental review on the original project and re-evaluation of the environmental findings is not required under Section 58.47

Compliance Checklist for the "Other Requirements" in 24 CFR 58.6

The requirements under § 58.6 may be applicable to § 58.35(b) and § 58.34 determinations. The following format is suggested to document compliance with § 58.6 in completing the environmental review process.

FLOOD INSURANCE / FLOOD DISASTER PROTECTION ACT ([Guidance](#))

1. Does the project involve the acquisition, construction or rehabilitation of structures, buildings or mobile homes?

No; flood insurance is not required. The review of this factor is completed.

Yes; continue.

2. Is the structure or part of the structure located in a FEMA designated Special Flood Hazard Area?

No. Source Document (FEMA/FIRM floodplain zone designation, panel number, date):

(Factor review completed).

Yes. Source Document (FEMA/FIRM floodplain zone designation, panel number, date):

(Continue review).

3. Is the community participating in the National Insurance Program (or has less than one year passed since FEMA notification of Special Flood Hazards)?

Yes - Flood Insurance under the National Flood Insurance Program must be obtained and maintained or the economic life of the project, in the amount of the total project cost. A copy of the flood insurance policy declaration must be kept in the Environmental Review Record.

No (**Federal assistance may not be used in the Special Flood Hazards Area**).

COASTAL BARRIERS RESOURCES ACT ([Guidance](#))

Section 58.6 also requires compliance with the Coastal Barrier Resources Act. There are no Coastal Barrier Resource Areas in Washington, Oregon, Alaska, or Idaho. Therefore, the Act does not apply.

1. Is the project located in a coastal barrier resource area?
(See www.fema.gov/faq-details/Coastal-Barrier-Resources-System).

No; Cite Source Documentation:

(This element is completed).

Yes - **Federal assistance may not be used in such an area.**

AIRPORT RUNWAY CLEAR ZONES AND CLEAR ZONES DISCLOSURES ([Guidance](#))

1. Does the project involve the sale or acquisition of existing property within a Civil Airport's Runway Clear Zone, Approach Protection Zone or a Military Installation's Clear Zone?

No; cite SD, page: _____
Project complies with 24 CFR 51.303(a)(3).

Yes; **Disclosure statement must be provided** to buyer and a copy of the signed disclosure statement must be maintained in this Environmental Review Record.

Certification	
A Request for Release of Funds (RROF) is not required. The activity may be initiated without further environmental review beyond 24 CFR Part 58.6.	
Responsible Entity's Certifying Officer Signature	
Date	
Certifying Officer Name and Title (print)	Tootie Smith, Clackamas County Board Chair

Determination of Exemption 24 CFR 58.34(a) and 58.35(b)	
Activity Name:	Clackamas County Child Care Scholarships
Grant Number:	
Address:	112 11th Street, Oregon City, OR
Activity Description:	Providing scholarships for child care for low and middle income families

Funding Source: CDBG HOME ESG HOPWA EDI ICDBG NAHASDA Other: _____

The activity falls into the category below, which is listed at 24 CFR 58.34(a) as Exempt. (select only one)													
<input type="checkbox"/>	1. Environmental and other studies, resource identification, and development of plans and strategies												
<input type="checkbox"/>	2. Information and financial services												
<input type="checkbox"/>	3. Administrative and management activities												
<input checked="" type="checkbox"/>	4. Public services that will not have a physical impact or result in any physical changes including but not limited to services concerned with: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">• Employment</td> <td style="width: 33%;">• Health</td> <td style="width: 33%;">• Education</td> </tr> <tr> <td>• Crime prevention</td> <td>• Recreation needs</td> <td>• Counseling</td> </tr> <tr> <td>• Child care</td> <td>• Drug abuse</td> <td>• Energy conservation</td> </tr> <tr> <td>• Other: _____</td> <td></td> <td>• Welfare</td> </tr> </table>	• Employment	• Health	• Education	• Crime prevention	• Recreation needs	• Counseling	• Child care	• Drug abuse	• Energy conservation	• Other: _____		• Welfare
• Employment	• Health	• Education											
• Crime prevention	• Recreation needs	• Counseling											
• Child care	• Drug abuse	• Energy conservation											
• Other: _____		• Welfare											
<input type="checkbox"/>	5. Inspections and testing of properties for hazards or defects												
<input type="checkbox"/>	6. Purchase of insurance												
<input type="checkbox"/>	7. Purchase of tools												
<input type="checkbox"/>	8. Engineering or design costs												
<input type="checkbox"/>	9. Technical assistance and training												
<input type="checkbox"/>	10. Temporary or permanent improvements that do not alter environmental conditions and are limited to activities to protect, repair or arrest the effects of disasters or imminent threats to public safety, including those resulting from physical deterioration.												
<input type="checkbox"/>	11. Payment of principal and interest on loans made or obligations guaranteed by HUD												

In addition to making a written determination of exemption, the Responsible Entity must also determine whether any of the requirements of 24 CFR 58.6 are applicable and address as appropriate.

Section 1. Flood Disaster Protection Act		
Are funds for acquisition (including equipment) or construction (including repair and rehabilitation) purposes?	Yes Continue	No Proceed to Section 2. Act does not apply.
Is the Activity in an area identified as having special flood hazards (SFHA)?	Yes Document and Continue	No. Document and Proceed to Section 2. Act does not apply.
Identify FEMA flood map used to make this determination:		
Community Name and Number		
Map panel number and date		
Is the Community participating in the National Insurance Program (or has less than one year passed since FEMA notification of Special Flood Hazards)?	Yes Document and follow instructions below.	No - Federal Assistance may not be used for this project.
Flood Insurance under the National Flood Insurance Program must be obtained and maintained for the economic life of the project in the amount of the total project cost. A copy of the flood insurance policy declaration must be kept on file.		

Section 2. Airport Runway Clear Zones (Civil) and Accident Potential Zones (Military)		
Does the project involve HUD assistance, subsidy or insurance for the purchase or sale of an existing property?	Yes Continue	No Proceed to Section 3. Regulation does not apply.
Is the project located within 2,500 feet of a civil airport or 15,000 feet of a military airfield?	Yes Continue	No. Document and Proceed to Section 3. Regulation does not apply.
Is the project located within an FAA-designated civilian airport Runway Clear Zone (RCA) or Runway Protection Zone, or within the military Airfield Clear Zone (CZ) or Accident Potential Zone/Approach Protection Zone (APZ), based upon information from the airport or military airfield administrator identifying the boundaries of such zones?	Yes Continue	No. Document and Proceed to Section 3. Regulation does not apply.
Comply with 24 CFR Part 51, Subpart D. This may include providing a written notice to a prospective buyer or leaser of the potential hazards from airplane accidents and the potential that an airfield operator may wish to purchase the property. Maintain copies of the signed notice. For properties located in a military clear zone, make and document a determination of whether the use of the property is consistent with DOD guidelines. Notice Sample: Environmental Review on Airport Hazards		

Section 3. Coastal Barrier Resources Act

Section 58.6 also requires compliance with the Coastal Barrier Resources Act. There are no Coastal Barrier Resource Areas in Washington, Oregon, Alaska, or Idaho. Therefore, the Act does not apply.

Certification

A Request for Release of Funds (RROF) is not required for this project or this portion of the project. The activity may be initiated without further environmental review beyond 24 CFR Part 58.6.

Name of project	CDBG Cares for Child Care
Responsible Entity Signature	
Name and Title (print)	Tootie Smith, Clackamas County Board Chair
Date	

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: _____

Notification of Funding Opportunity Web Address:

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: _____

Funding Amount Requested: _____

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.

[Empty text box]

Reporting Requirements

1. What are the program reporting requirements for this grant/funding opportunity?

[Empty text box]

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?

[Empty text box]

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

[Empty text box]

Fiscal

1. Will we realize more benefit than this financial assistance will cost to administer?

[Empty text box]

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.

[Empty text box]

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.)?

[Empty text box]

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?

[Empty text box]

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)		
Adam S. Freer	6.8.22	
Name (Typed/Printed)	Date	Signature

DEPARTMENT DIRECTOR (or designee, if applicable)		
Denise Swanson	6/14/22	
Name (Typed/Printed)	Date	Signature

FINANCE ADMINISTRATION		
Elizabeth Comfort	6.15.2022	
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:

County Administration Attestation

County Administration: re-route to department contact when fully approved.
Department: keep original with your grant file.

AGREEMENTS/CONTRACTS

X	New Agreement/Contract
	Amendment/Change Order Original Number _____

ORIGINATING COUNTY

**DEPARTMENT: Health, Housing Human Services
Children, Family & Community Co**

PURCHASING FOR: Contracted Services _____

OTHER PARTY TO

CONTRACT/AGREEMENT: Business Oregon _____

BOARD AGENDA ITEM

NUMBER/DATE: _____

DATE: 8/18/2022 _____

PURPOSE OF

CONTRACT/AGREEMENT: The Children, Family and Community Connections (CFCC) Division of Clackamas County requests approval to apply for a one-year Business Oregon grant to subsidize child care costs for low-to-middle income families. This opportunity is one-time only, funded through federal CARES Act to respond to the impacts of the COVID-19 pandemic.

H3S CONTRACT NUMBER: 10790 _____