

October 31, 2024

BCC Agenda Date/Item: _____

Housing Authority Board of Commissioners
 Clackamas County

Approval of a Grant Renewal Application for the Family Self-Sufficiency Grant from the US Department of Housing and Urban Development for Family Self-Sufficiency staff and programming. Grant Value is \$192,418 for 1 year. Funding is through the US Department of Housing and Urban Development. No County General Funds are involved.

Previous Board Action/Review	Item briefed at Issues, October 29, 2024		
Performance Clackamas	This funding helps ensure safe, healthy, and secure communities by increasing the economic independence of Housing Authority participants.		
Counsel Review	No	Procurement Review	No
Contact Person	Elizabeth Miller, Resident Services Supervisor	Contact Phone	971-201-0467

EXECUTIVE SUMMARY: The Housing Authority of Clackamas County (HACC), a component unit within the Housing and Community Development Division of the Health, Housing and Human Services Department, requests approval to apply for renewal funding for the Family Self Sufficiency (FSS) Program from the US Department of Housing and Urban Development (HUD). The FSS grant funds two staff and programming to assist Housing Authority participants in working towards increasing their economic independence.

HACC has been operating the FSS Program since 1999. The goal of the FSS program is to promote self-sufficiency strategies for low-income families encourage the growth of saving accounts, and/or build credit for assisted households. This grant opportunity would renew funding for the current two full-time FSS Coordinators. The role of an FSS Coordinators is to ensure that FSS program participants are connected to the supportive services they need, to complete annuals and interim reexaminations of rent assistance, and to assist participants in working toward graduating from assistance.

There are no match funding requirements with this grant. Funds received would cover costs to staff the positions to serve 120 participants. The application deadline is November 1, 2024. The grant award amount is determined by HUD based on the number of FSS participants enrolled.

RECOMMENDATION: Staff respectfully requests that the Housing Authority Board direct staff to apply for FSS program funding for 2025 and authorize Chair Smith to sign the Lifecycle form on behalf of the Housing Authority.

Respectfully submitted,

Rodney A. Cook

Rodney A. Cook
 Director of Health Housing and 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, 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

Lead Fund # and Department:	610 Housing Authority of Clackamas County
Name of Funding Opportunity:	Family Self Sufficiency Grant for 2025

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

Requestor Information: (Name of staff initiating form)	Elizabeth Miller
Requestor Contact Information:	971-201-0467
Department Fiscal Representative:	Darren Chilton
Program Name & Prior Project #: (please specify)	Family Self-Sufficiency Grant Program Annual Funding

Brief Description of Project:

Renewal application for continued Family Self-Sufficiency (FSS) Program funding for two FSS Coordinators for 2025. The Family Self Sufficiency staff assist Housing Authority residents connect with public and private resources that help them progress toward economic independence. Renewal or expanded funding will be determined by formula based on the number of participants in the FSS Program.

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

Assistance Listing Number (ALN), if applicable:	TBD	Funding Agency Award Notification Date:	TBD
Announcement Date:	September 24, 2024	Announcement/Opportunity #:	PIH-2024-33
Grant Category/Title	FSS Program Funding - Fed Grant	Funding Amount Requested:	192,418
Allows Indirect/Rate:	Yes	Match Requirement:	No
Application Deadline:	November 1, 2024	Total Project Cost:	
Award Start Date:	January 1, 2025	Other Deadlines and Description:	Renewal app due 11/1/24 - HUD's grant solutions system
Award End Date	December 31, 2025		
Completed By:	Elizabeth Miller	Program Income Requirements:	Participants cannot exceed 80% AMI
Pre-Application Meeting Schedule:	N/A		

Additional funding sources available to fund this program? Please describe:
 none, grant covers staff and program expenses and funding is determined based on the number of program participants.

How much General Fund will be used to cover costs in this program, including indirect expenses?
 0

How much Fund Balance will be used to cover costs in this program, including indirect expenses?
 100% - Funds from this grant provides all funding needed for staff and programing for FSS each year.

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:

Elizabeth Miller

10/10/24

Elizabeth Miller

Name (Typed/Printed)

Date

Signature

**** NOW READY FOR PROGRAM MANAGER SUBMISSION TO DIVISION DIRECTOR****

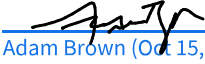
****ATTACH ANY CERTIFICATIONS REQUIRED BY THE FUNDING AGENCY. COUNTY FINANCE OR ADMIN WILL SIGN****

Section IV: Approvals

DIVISION DIRECTOR (or designee, if applicable)

Shannon Callahan	10/14/24	<i>Shannon Callahan</i>
Name (Typed/Printed)	Date	Signature

DEPARTMENT DIRECTOR (or designee, if applicable)

Adam Brown	Oct 15, 2024	 Adam Brown (Oct 15, 2024 11:55 PDT)
Name (Typed/Printed)	Date	Signature

FINANCE ADMINISTRATION

Elizabeth Comfort	Oct 16, 2024	<i>Elizabeth Comfort</i>
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 \$150,000 and below:

COUNTY ADMINISTRATOR	Approved:	Denied:
Name (Typed/Printed)	Date	Signature

For applications up to and including \$150,000 email form to BCC staff at CA-Financialteam@clackamas.us for Gary Schmidt's approval.

For applications \$150,000.01 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.










HACC-Lifecycle _Fund 610_Family Self Sufficiency Grant

Final Audit Report

2024-10-16

Created:	2024-10-15
By:	Qudsia Sediq (QSediq@clackamas.us)
Status:	Signed
Transaction ID:	CBJCHBCAABAAv-6wdVr4rkjhVL0zm0z-6JgU0ZX8VZQt

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-  Document created by Qudsia Sediq (QSediq@clackamas.us)
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-  Signer abrown@clackamas.us entered name at signing as Adam Brown
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-  Document e-signed by Elizabeth Comfort (ecomfort@clackamas.us)
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