

**CLACKAMAS COUNTY BOARD OF COUNTY COMMISSIONERS**

**Staff Presentation Worksheet**

**Presentation Date:** 5/11/13      **Approx Start Time:** 11:00 am      **Approx Length:** 30 min.

**Presentation Title:** Grants Information

**Department:** County Administration

**Presenters:** Nancy Newton, Deputy County Administrator; Christa Bosserman Wolfe, Audit Manager; Cindy Becker, Director, Health, Housing & Human Services; Ellen Crawford, Director, Juvenile Department

**Other Invitees:** Marc Gonzales, Finance Director

**WHAT ACTION ARE YOU REQUESTING FROM THE BOARD?**

This study session is informational only; no action is requested from the Board.

**EXECUTIVE SUMMARY:**

Clackamas County receives a number of funding sources and mechanisms that are defined as "grants." These grants typically come from State and Federal sources and may be competitive or allocated funds. There are also instances when the County is merely the governmental agency through which the grant is disbursed and thus serves as a "pass through" for funding.

This study session seeks to provide clarity to the Board regarding the various types of grants in the County, the administrative/policy decision making used in the grant application and administration process and the next steps in County grants policies.

**FINANCIAL IMPLICATIONS (current year and ongoing):**

n/a; this study session is informational only

**LEGAL/POLICY REQUIREMENTS:**

n/a; this study session is informational only

**PUBLIC/GOVERNMENTAL PARTICIPATION:**

All grants application requests are submitted to the County Administrator who, based on a number of financial and policy factors may bring the issue to the Board or independently approve or deny the application request.

**OPTIONS:**

n/a; this study session is informational only

**RECOMMENDATION:**

n/a; this study session is informational only

**ATTACHMENTS:**

List of attachments:

**SUBMITTED BY:**

Division Director/Head Approval \_\_\_\_\_

Department Director/Head Approval \_\_\_\_\_

County Administrator Approval \_\_\_\_\_

For information on this issue or copies of attachments, please contact Nancy Newton @ 503-742-5918

## Fiscal Impact Form

**RESOURCES:**

Is this item in your current work plan and budget?

- YES  
 NO

**START-UP EXPENSES AND STAFFING (if applicable):**

**ONGOING OPERATING EXPENSES/SAVINGS AND STAFFING (if applicable):**

**ANTICIPATED RESULTS:**

**COSTS & BENEFITS:**

<b>Costs:</b>						
Item	Hours	Start-up Capital	Other Start-up	Annual Operations	Annual Capital	TOTAL
<b>Total Start-up Costs</b>						
<b>Ongoing Annual Costs</b>						
<b>Benefits/Savings:</b>						
Item	Hours	Start-up Capital	Other Start-up	Annual Operations	Annual Capital	TOTAL
<b>Total Start-up Benefit/Savings</b>						
<b>Ongoing Annual Benefit/Savings</b>						