

April 3, 2025

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

Board of County Commissioners  
Clackamas County

**Approval of a Grant Renewal Application to the Oregon Department of Human Services for Supplemental Nutrition Assistance training and employment programs. Grant Value is \$175,000 for 1 year. Funding is through the Oregon Department of Human Services, with a 50% required match funded by Supportive Housing Services Measure Funds and \$42,000 of budgeted County General Funds.**

<b>Previous Board Action/Review</b>	None		
<b>Performance Clackamas</b>	Access to Services - Increased ability of individuals & families to access health & human services Poverty Rate - Reduced number of people with income below the poverty line		
<b>Counsel Review</b>	NA	<b>Procurement Review</b>	NA-Finance Review Yes
<b>Contact Person</b>	Jennifer Harvey	<b>Contact Phone</b>	503.867.7500

**EXECUTIVE SUMMARY:** The Children, Family & Community Connections (CFCC) Division of the Health, Housing and Human Services Department, in its role as the Workforce services provider for Clackamas County, requests approval of a Grant Renewal Application to the Oregon Department of Human Services for the Supplemental Nutrition Assistance (SNAP) Training & Employment Program (STEP). STEP helps recipients gain skills and find work, moving them toward self-sufficiency. Participants have access to training, support services, and job placement to help them enter and move up the workforce.

This funding opportunity provides a direct 1:1 match of funding, allowing CFCC to double the impact of the funding provided by the County. CFCC has received STEP funding for the past eight fiscal years. This would allow for the continuation of employment services to those leaving incarceration and expand the program through the addition of Supportive Housing Services funding to provide employment services to individuals within the Urban Growth Boundary who are homeless, have experienced homelessness within the past three years, or at high risk of homelessness.

In FY23-24, CFCC provided employment services to 140 County residents who received SNAP benefits. 101 residents entered employment with an average hourly starting wage of \$19.98. Job placement by industry: 38% manufacturing, 18% construction, and 9% wholesale trade are among the industry business sectors benefiting from this program.

The grant application has a maximum value of \$175,000 for 1 year. The 1:1 match requirement is met with \$133,000 from Metro Supportive Housing funds and \$42,000 in budgeted County General Funds from Clackamas County Sheriff's Office. The grant period is October 1, 2025 – September 30, 2026.

**RECOMMENDATION:** The Staff respectfully requests that the Board of County Commissioners approve the Lifecycle Form and authorize Chair Roberts or his designee to sign on behalf of Clackamas County.

Respectfully submitted,  
*Mary Rumbaugh*

Mary Rumbaugh  
Director of Health, Housing and Human Services

# 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

<b>Lead Fund # and Department:</b>	H3S-CFCC, CLACK 240
<b>Name of Funding Opportunity:</b>	SNAP TRAINING AND EMPLOYMENT PROGRAM (STEP) PROVIDER PROPOSAL

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

Requestor Information: (Name of staff initiating form)	Jennifer Harvey
Requestor Contact Information:	jharvey@clackamas.us, 503.867.7500
Department Fiscal Representative:	Scott Vandecoevering/Cade Windell
Program Name & Prior Project #: (please specify)	STEP (SNAP Employment & Training Program) 240-40-4003-400303-25301

**Brief Description of Project:**

For the continuation of enhanced employment and trainings services including job placement to underserved populations receiving SNAP (Supplemental Nutrition Assistance Program; formerly food stamps) benefits. This is a fund matching opportunity that provides a 1:1 match which the workforce unit has leveraged for over eight years. Approximately 120 residents will be served. Prioritized populations include individuals who are homeless, have experienced homelessness within the past three years or at high risk of homelessness, those exiting prison and individuals in recovery programs.

Name of Funding Agency: Oregon Dept of Human Services--Self-Sufficiency Program

Notification of Funding Opportunity Web Address: None

**OR**

Application Packet Attached: Yes  No

Completed By: Jennifer Harvey Date: 2/20/2025

**\*\* 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:	N/A	Funding Agency Award Notification Date:	July 2025
Announcement Date:	January, 2025	Announcement/Opportunity #:	None
Grant Category/Title	Employment Services	Funding Amount Requested:	\$175,000
Allows Indirect/Rate:	Yes/standard federal rules	Match Requirement:	50%
Application Deadline:	April 15, 2025	Total Project Cost:	\$350,000
Award Start Date:	October 1, 2025	Other Deadlines and Description:	<b>None</b>
Award End Date:	September 30, 2026		
Completed By:	Jennifer Harvey	Program Income Requirements:	N/A
Pre-Application Meeting Schedule:	NA		

**Additional funding sources available to fund this program? Please describe:**

\$133k from Supportive Housing Services to serve those who are or have recently experienced homelessness, or who are at-risk of homelessness and \$42,000 in funding from Community Corrections to provide employment services to those leaving incarceration.

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

\$42,000 in budgeted CGF pass through from CCSO Community Corrections

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

\$0

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.)?

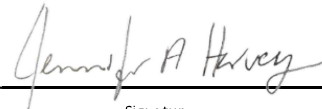
3. Does this grant/financial assistance cover indirect costs? If yes, is there a rate cap? If no, can additional funds be obtained to support indirect expenses and what are those sources?

Other information necessary to understand this award, if any.

Program Approval:

Jennifer Harvey

3/5/2025



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 Freer

3.5.25

*Adam Freer*

Name (Typed/Printed)

Date

Signature

DEPARTMENT DIRECTOR (or designee, if applicable)

Denise Swanson

Mar 10, 2025

*Denise Swanson*  
Denise Swanson (Mar 10, 2025 17:26 PDT)

Name (Typed/Printed)

Date

Signature

FINANCE ADMINISTRATION

Elizabeth Comfort

Mar 12, 2025

*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 \$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](mailto: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](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.