

September 12, 2024

Board of County Commissioners  
Clackamas County

**Approval of Amendment # 1 to a Subrecipient Agreement with the Senior Citizens Council of Clackamas County for older adult services. Amendment value is \$179,550 for 1 year. Agreement value increased to \$350,550 for two years. Funding is through the federal Older Americans Act and \$99,965 of budgeted County General Funds.**

<b>Previous Board Action/Review</b>	Original agreement Approved 9/7/23, Ill.C.20 Briefed at Issues – 9/10/24		
<b>Performance Clackamas</b>	1. This funding aligns with the strategic priority to increase self-sufficiency for our clients. 2. This funding aligns with the strategic priority to ensure safe, healthy, and secure communities by addressing the needs of older adults in the community.		
<b>Counsel Review</b>	Yes	<b>Procurement Review</b>	No
<b>Contact Person</b>	Brenda Durbin, Director	<b>Contact Phone</b>	503-655-8641

**EXECUTIVE SUMMARY:** The Social Services Division of the Health, Housing and Human Services Department requests approval of an Amendment to a Subrecipient Agreement with the Senior Citizens Council of Clackamas County to provide Older American Act (OAA) funded services for persons living in Clackamas County. Additional grant funds are provided to support critical services for individuals with disabilities who are not eligible for OAA-funded services. These services help older and disabled individuals to remain independent in the community while protecting their financial well-being.

The Senior Citizens Council provides support for at-risk seniors and adults with disabilities who are in danger of abuse, neglect, and exploitation. Services include guardianship, conservatorship, and diversion. Clients are often initially isolated with no one else to care for them and are referred to the Senior Citizens Council by social services agencies, police departments, and the court system. These low-cost interventions often avoid costly interventions such as adjudication. The Senior Citizens Council services preserve client dignity, promote independence to every extent possible, and enhance the quality of their clients' lives.

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**RECOMMENDATION:** The staff respectfully requests that the Board of County Commissioners approve this amendment to the agreement (11259) and authorize Chair Smith to sign on behalf of Clackamas County.

Respectfully submitted,

*Rodney A. Cook*

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

Subrecipient Amendment (FY24-FY27)  
Clackamas County, Department of Health, Housing and Human Services

<u>Subrecipient Agreement Number: 24-013</u>	<u>Board Order Number:</u>
<u>Department/Division: H3S, Social Services Division</u>	<u>Amendment No. 1</u>
<u>Subrecipient: Senior Citizens Council of Clackamas County Inc.</u>	<u>Amendment Requested By: Brenda Durbin</u>
Changes: <input type="checkbox"/> Scope of Service	<input checked="" type="checkbox"/> Agreement Budget
<input type="checkbox"/> Agreement Time	<input type="checkbox"/> Other:

**Justification for Amendment:**

Amendment #1 to Subrecipient Agreement 24-013 ("Agreement") with the Senior Citizens Council of Clackamas County Inc. ("SUBRECIPIENT") includes budget adjustments for ongoing delivery of services for fiscal year 2025 and results in an increase to the budget by an additional \$179,550, for a total Agreement amount of \$350,550.

This Amendment #1 is effective upon signature and continues through June 30, 2027.

Except as amended hereby, all other terms and conditions of the Agreement remain in full force and effect. COUNTY has identified the changes with "***bold/italic***" font for easy reference.

**AMEND the following portions of Section 4, Grant Funds:**

- 4. Grant Funds.** COUNTY's funding for this Agreement is a combination of Federal, State and Local dollars as specified below by title and Assistance Listing Number ("ALN") number as appropriate. The maximum, not to exceed, grant amount COUNTY will pay for one year is **\$171,000**. Payments will be made on a unit-of-service basis, the award is conditional upon compliance with the terms herein and disbursements will be made in accordance with the schedule and requirements contained in Exhibit D: Reimbursement Request. Failure to comply with the terms of this Agreement may result in withholding of payment.
- 1.1. Grant Funds: COUNTY's funding of **\$71,035** funds for this Agreement is the Older Americans Act (ALN: 93.044) issued to COUNTY by the State of Oregon, Department of Human Services ("ODHS"), Adults and People with Disabilities ("APD"), Community Services & Solutions Unit ("CSSU").
  - 1.2. Other Funds: COUNTY's funding of **\$99,965** for guardianship, conservatorship, and guardianship outlined in this Agreement are County General Funds as awarded by the Board of County Commissioners.

**TO READ:**

- 4. Grant Funds.** COUNTY's funding for this Agreement is a combination of Federal, State and Local dollars as specified below by title and Assistance Listing Number ("ALN") number as appropriate. The maximum, not to exceed, grant amount COUNTY will pay for the entire term of the Agreement is **\$350,550**. Payments will be made on a unit-of-service basis, the award is conditional upon compliance with the terms herein and disbursements will be made in accordance with the schedule and requirements contained in Exhibit D: Reimbursement Request. Failure to comply with the terms of this Agreement may result in withholding of payment.
- 4.1. Grant Funds: COUNTY's funding of **\$150,620** in grant funds for this Agreement is the Older Americans Act (ALN: 93.044) issued to COUNTY by the State of Oregon, Department of Human Services ("ODHS"), Adults and People with Disabilities ("APD"), Community Services & Solutions Unit ("CSSU").

4.2. Other Funds: COUNTY's funding of **\$199,930** for guardianship, conservatorship, and guardianship outlined in this Agreement are County General Funds as awarded by the Board of County Commissioners.

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**AMEND EXHIBIT B – SUBRECIPIENT Program Budget**, to add the following additional budget for fiscal year 2024-25:

**SENIOR CITIZENS COUNCIL OF CLACKAMAS COUNTY, INC.**

Fiscal Year 2025, Amendment 1

	III B Funds	OAA Match	County Gen. Fund	NO. OF UNITS	Maximum Total Award	REIMBURSEMENT RATE
Federal ALN	93.044					
Service Category						
Guardian/Conservator						
Guardian Diversion	\$ 79,585	\$ 8,850	\$ 99,965	5700	\$ 179,550	\$31.50
Case Management						

Source of OAA Match - Staff time

Agreement Amount: \$179,550

Federal Award Total: \$ 79,585

REPLACE EXHIBIT H with the following:

**2 CFR 200.332(a) REQUIRED INFORMATION**

<b>Federal award identification</b>	
<b>SUBRECIPIENT Name:</b>	<b>Senior Citizens Council of Clackamas County</b>
<b>SUBRECIPIENT Unique Entity Identifier:</b>	<b>NEF5ZKHFEKJ6</b>
<b>Federal Award Identification Number (FAIN):</b>	<b>Unavailable</b>
<b>Federal award date:</b>	<b>Unavailable</b>
<b>Period of Performance (This Agreement):</b>	<b>7/1/2023 – 6/30/2027</b>
<b>Budget Period (This Agreement):</b>	<b>7/1/2023 – 6/30/2025</b>
<b>Amount of federal funds obligated for this ALN by this action to SUBRECIPIENT:</b>	<b>\$150,620</b>
<b>Total amount of all federal funds obligated to SUBRECIPIENT including the current financial obligation:</b>	<b>\$150,620</b>
<b>Total amount of all federal award to SUBRECIPIENT:</b>	<b>\$150,620</b>
<b>Federal award project description:</b>	<b>Older Americans Act</b>
<b>Federal awarding agency:</b>	<b>Administration for Community Living</b>
<b>Name of pass-through entity:</b>	<b>Clackamas County</b>
<b>Pass-through entity award identifying number to SUBRECIPIENT:</b>	<b>NVWKAVB8JND6</b>
<b>Assistance Listing Number (ALN) &amp; Title:</b>	<b>93.044 Title III, Part B</b>
<b>Is Award for Research and Development?</b>	<b>No</b>
<b>SUBRECIPIENT indirect cost rate on this Agreement:</b>	<b>N/A</b>

**SIGNATURE PAGE**

IN WITNESS WHEREOF, the parties hereto have caused this Amendment #1 to be executed by their duly authorized officers.

CLACKAMAS COUNTY

Senior Citizens Council of Clackamas County Inc.

By: \_\_\_\_\_


By: Cindy Crowell - executive Director

Its: \_\_\_\_\_

Its: \_\_\_\_\_

Dated: \_\_\_\_\_

Dated: 8/19/2024

Approved to Form: 

By: \_\_\_\_\_  
County Counsel

Dated: 08/20/2024

