

January 17, 2019

Board of Commissioners  
Clackamas County

Members of the Board:

**Approval to Apply for Grants from Oregon Department of Transportation Statewide Transportation Improvement Fund (STIF) - Human Services Transportation funds through TriMet for Services Provided by Clackamas County Social Services Division for Clackamas County Seniors and People with Disabilities**

<b>Purpose/Outcomes</b>	Agreement with TriMet to provide funding for project specific transportation services to seniors and/or people with disabilities residing in Clackamas County.
<b>Dollar Amount and Fiscal Impact</b>	The maximum grant award is \$297,181. The contract is funded through the TriMet agreement with the Oregon Dept. of Transportation (ODOT).
<b>Funding Source</b>	FY19-21 Statewide Transportation Improvement Fund (STIF) - Human Services Transportation Funds - no County General Funds are involved.
<b>Duration</b>	Effective July 1, 2019 and terminates on June 30, 2021
<b>Previous Board Action</b>	None
<b>Strategic Plan Alignment</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 needs of older adults in the community.
<b>Contact Person</b>	Brenda Durbin, Director, Social Services Division 503-655-8641
<b>Contract No.</b>	

The Social Services Division of the Health, Housing, and Human Services Department requests approval to apply for grant funds from Oregon Department of Transportation FY19-21 Statewide Transportation Improvement Fund (STIF) - Human Services Transportation Funds through TriMet for services provided by Clackamas County Social Services Division, Transportation Reaching People program (TRP). TRP is part of the Clackamas County Transportation Consortium which currently includes agencies consisting of elderly and disabled (E&D) transportation providers, advocates and five small transit agencies. This body has been designated as the local coordinating council for Clackamas County. This grant will provide funding for TRP in the amount of \$297,181 over two years for enhanced transportation services. Transportation services are offered to area seniors and persons with disabilities that have limited or no access to public transportation .

This project was originally funded by STF Discretionary funds as a Pilot Project. This grant request is for on-going funding specific to the portion of the operation that provides dedicated dialysis and

dedicated non-emergency medical transportation services to riders living inside the TriMet district. The dedicated non-emergency medical transportation service (\$154,004) and the dedicated dialysis transportation service (\$143,177) pilot projects would then be able to continue providing services. The grand total of this proposed two year application will be up to \$297,181.

The grant would provide funding for (2) full-time equivalent drivers to each service. No County General Funds are involved. This STIF funding, if awarded, will provide ongoing funding for these projects with Clackamas County Social Services Division, Transportation Reaching People. The initial award would fund FY19/20 and 20/21 services.

RECOMMENDATION:

We recommend the approval to apply for this grant and further recommend the acceptance of the award if funded, and that Richard Swift be authorized to sign all documents necessary to accomplish this action on behalf of the Board of Commissioners.

Respectfully submitted,

Richard Swift  
Director

# Grant Application Lifecycle Form

Use this form to track your potential grant from conception to submission.

Sections of this form are designed to be completed in collaboration between department program and fiscal staff.

## \*\* CONCEPTION \*\*

*Note: The processes outlined in this form are not applicable to disaster recovery grants.*

### Section I: Funding Opportunity Information - To be completed by Requester

Lead Department: H3S/SSD Application for:  Subrecipient funds  Direct Grant  
Grant Renewal?  Yes  No  
**If renewal, complete sections 1, 2, & 4 only**

Name of Funding Opportunity: FY19-21 STIF Human Services Transportation Funding Applications  
Funding Source:  Federal  State  Local: \_\_\_\_\_  
Requestor Information (Name of staff person initiating form): Stefanie Reid-Danielson  
Requestor Contact Information: 503-655-8330 stefanierei@clackamas.us  
Department Fiscal Representative: Teresa Christopherson  
Program Name or Number (please specify): Various (05342 & 05344)  
Brief Description of Project:

Oregon Department of Transportation (ODOT) Statewide Transportation Improvement Fund (STIF) Human Services Transportation funds from TriMet to convert (2) pilot projects to ongoing for transportation services provided by Transportation Reaching People (TRP) for County older adults (persons age 60+) and people with disabilities who need access to transportation for dialysis treatment and/or non-emergency medical care.

Name of Funding (Granting) Agency: ODOT/TriMet

Agency's Web Address for Grant Guidelines and Contact Information:

<https://trimet.org/meetings/hb2017/>

**OR**

Application Packet Attached:  Yes  No

Completed By: Stefanie Reid-Danielson Date: 1/8/2019

**\*\* NOW READY FOR SUBMISSION TO DEPARTMENT FISCAL REPRESENTATIVE \*\***

### Section II: Funding Opportunity Information - To be completed by Department Fiscal Rep

Competitive Grant  Non-Competing Grant  Other Funding Agency Award Notification Date: 12/5/2018  
CFDA(s), if applicable: N/A  
Announcement Date: 12/17/2019 Announcement/Opportunity #: N/A  
Grant Category/Title: STIF Human Svcs Transportation Max Award Value: \$297,181  
Allows Indirect/Rate: Yes Match Requirement: None  
Application Deadline: 1/11/2019 Other Deadlines: \_\_\_\_\_  
Grant Start Date: 7/1/2019 Other Deadline Description: \_\_\_\_\_  
Grant End Date: 6/30/2021  
Completed By: Stefanie Reid-Danielson Program Income Requirement: None  
Pre-Application Meeting Schedule: \_\_\_\_\_ N/A

**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 support the Department and/or Division's Mission/Purpose/Goals?

This funding aligns with the strategic priority to increase self-sufficiency for our clients as well as the priority to ensure safe, healthy and secure communities by addressing transportation needs of older adults and persons with disabilities in the community.

2. What, if any, are the community partners who might be better suited to perform this work?

Not at this time.

3. What are the objectives of this grant? How will we meet these objectives?

To provide an alternative cost-effective option to paratransit, or inaccessible fix-route service, to older adults and persons with disabilities in the areas that have limited access to public transit as well as those in unserved areas of the County inside the TriMet service district. Providing these dedicated priority services frees up other funds to provide rides to other consumers for nutrition, shopping and personal business.

4. Does the grant proposal fund an existing program? If yes, which program? If no, what is the purpose of the program?

Yes - If awarded this will create ongoing funding for this project within the TRP Programs.

**Organizational Capacity:**

1. Does the organization have adequate and qualified staff? If no, can staff be hired within the grant timeframe?

Yes.

2. Are there partnership efforts required? If yes, who are we partnering with and what are their roles and responsibilities?

No partnerships are required and all rides are provided by TRP.

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.)?

N/A

4. If funded, this grant would 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.)?

N/A

**Collaboration**

1. List County departments that will collaborate on this award, if any.

N/A

**Reporting Requirements**

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

Quarterly reports to TriMet

2. How will grant 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?

Existing data sources maintained by Social Services Admin Staff

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

Quarterly reports to TriMet

**Fiscal**

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

Should this funding not be applied for the community-based transportation services would be negatively impacted as the Dialysis and non-emergency Medical transportation pilot projects would be terminated. This would, in turn, reduce access to transportation for medical/life sustaining medical needs as well as transportation for other needs such as nutrition, shopping and access to other supportive service programs offered by the County and State of Oregon.

2. Are other revenue sources required? Have they already been secured?

N/A

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.)?

N/A

4. Does this grant cover indirect costs? If yes, is there a rate cap? If no, can additional funds be obtained to support indirect expenses and what are they?

No, Indirects are already covered by other funding.

Program Approval:

Teresa Christopherson

1/8/2019



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)		
Brenda Durbin	1-8-15	
Name (Typed/Printed)	Date	Signature

DEPARTMENT DIRECTOR (or designee, if applicable)		
Richard Swift	1/9/19	
Name (Typed/Printed)	Date	Signature

FINANCE GRANT MANAGER (or designee, if applicable; FOR FEDERALLY-FUNDED 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: <input type="checkbox"/>	Denied: <input type="checkbox"/>
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.**

January 17, 2019

Board of Commissioners  
Clackamas County

Members of the Board:

**Approval to Apply for a Continuation Grant for Oregon Department of Transportation Special Transportation Formula Funds through Ride Connection, Inc., for Services Provided by Members of the Transportation Consortium of Clackamas County for Clackamas County Seniors and People with Disabilities**

<b>Purpose/Outcomes</b>	Agreement with Ride Connection, Inc to provide funding for Transportation Services to seniors and/or people with disabilities residing in Clackamas County.
<b>Dollar Amount and Fiscal Impact</b>	The maximum grant award is \$997,075. The contract is funded through the Ride Connection, Inc agreement with TriMet and the Oregon Dept. of Transportation.
<b>Funding Source</b>	State Special Transportation Formula Funds - no County General Funds are involved.
<b>Duration</b>	Effective July 1, 2021 and terminates on June 30, 2022
<b>Previous Board Action</b>	None
<b>Strategic Plan Alignment</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 needs of older adults in the community.
<b>Contact Person</b>	Brenda Durbin, Director, Social Services Division 503-655-8641
<b>Contract No.</b>	

The Social Services Division of the Health, Housing, and Human Services Department requests approval to apply for a continuation grant for Oregon Department of Transportation Special Transportation Formula (STF) Funds through Ride Connection, Inc. for services provided by members of the Transportation Consortium of Clackamas County for area older adults (persons age 60+) and people with disabilities. The consortium includes 25 agencies consisting of community-based elderly and disabled (E&D) transportation providers, advocates and five transit agencies. With the completion of the Regional Elderly and Disabled Transportation Plan, the Consortium was designated as the local coordinating council for Clackamas County. This grant would provide funding for Clackamas County Transportation Consortium rural program partners in the amount of \$629,269 for transportation services and \$367,807 for Consortium urban program partners. Transportation services are offered to area older adults and persons with disabilities that have limited or no access to public transportation. This is the fifteenth funding cycle that Social Services is applying for continuation funding for transportation services to elderly and disabled transportation programs provided by some members of the Clackamas County Transportation Consortium.

The initial two-year grant for expanded service was approved by the BCC at the November 24, 1999 meeting and renewed biannually thereafter. The grand total amount of this proposed two year

*Healthy Families. Strong Communities.*

renewal application will be up to \$997,075. The grant, if awarded, would have no effect on staffing. No County General Funds are involved. This STF funding will fund the Clackamas County Transportation Consortium for FY20/21 and FY21/22 for the following services:

Rural transportation programs operated by Clackamas senior/community centers and the Transportation Reaching People program provide transportation services to older adults and persons with disabilities who live outside of the TriMet district or outside the centers regular service area. Rides are provided by senior center vans and volunteer drivers using their own vehicles. Rides are provided to nutrition sites, medical appointments, personal business and social activities. The specific centers and services included in this Special Transportation Formula Funds for transportation services are the following: Canby Adult Center, Estacada Community Center, NCPR-Milwaukie Center, Molalla Senior Center, Hoodland Senior Center, Pioneer Community Center, Sandy Senior and Community Center, and Transportation Reaching People. The urban funding portion of this grant is for the Transportation Reaching People program providing the same types of rides seniors and persons with disabilities who live inside of the TriMet district. Funding is also provided to Social Services for administrative costs.

**RECOMMENDATION:**

We recommend the approval to apply for this grant and further recommend the acceptance of the award if funded, and that Richard Swift be authorized to sign all documents necessary to accomplish this action on behalf of the Board of Commissioners.

Respectfully submitted

Richard Swift, Director  
Health, Housing & Human Services Dept.



# Grant Application Lifecycle Form

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## \*\* CONCEPTION \*\*

*Note: The processes outlined in this form are not applicable to disaster recovery grants.*

### Section I: Funding Opportunity Information - To be completed by Requester

Lead Department: H3S/SSD Application for:  Subrecipient funds  Direct Grant  
Grant Renewal?  Yes  No  
**If renewal, complete sections 1, 2, & 4 only**

Name of Funding Opportunity: FY20-21 STF Formula and Section 5310 Funding Applications  
Funding Source:  Federal  State  Local: \_\_\_\_\_  
Requestor Information (Name of staff person initiating form): Stefanie Reid-Danielson  
Requestor Contact Information: 503-655-8330 stefanierei@clackamas.us  
Department Fiscal Representative: same  
Program Name or Number (please specify): Various (05339, 05340, 05346, 05347)  
Brief Description of Project:

Continuation grant for Oregon Department of Transportation Special Transportation Formula (STF) Funds passed through Ride Connection, Inc. for transportation services provided by members of the Transportation Consortium of Clackamas County for area older adults (persons age 60+) and people with disabilities.

Name of Funding (Granting) Agency: Ride Connection via TriMet & ODOT

Agency's Web Address for Grant Guidelines and Contact Information:

<https://trimet.org/meetings/stfac/grants.htm>

**OR**

Application Packet Attached:  Yes  No

Completed By: Stefanie Reid-Danielson Date: 1/8/2019

**\*\* NOW READY FOR SUBMISSION TO DEPARTMENT FISCAL REPRESENTATIVE \*\***

### Section II: Funding Opportunity Information - To be completed by Department Fiscal Rep

Competitive Grant  Non-Competing Grant  Other Funding Agency Award Notification Date: 12/5/2018  
CFDA(s), if applicable: N/A  
Announcement Date: 12/5/2018 Announcement/Opportunity #: N/A  
Grant Category/Title: STF E&D Transportation Max Award Value: \$997,075  
Allows Indirect/Rate: \_\_\_\_\_ Match Requirement: None  
Application Deadline: 1/3/2019 Other Deadlines: \_\_\_\_\_  
Grant Start Date: 7/1/2020 Other Deadline Description: \_\_\_\_\_  
Grant End Date: 6/30/2022  
Completed By: Stefanie Reid-Danielson Program Income Requirement: None  
Pre-Application Meeting Schedule: \_\_\_\_\_

**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 support the Department and/or Division's Mission/Purpose/Goals?

This grant provides funding for ongoing transportation services that are offered to area older adults and persons with disabilities that have limited or no access to public transportation.

2. What, if any, are the community partners who might be better suited to perform this work?

While there are no community partners better suited to manage these funds as a whole Social Services partners with Canby Adult Center, Estacada Community Center, NCPR-Milwaukie Center, Molalla Senior Center, Hoodland Senior Center, Pioneer Community Center, and the Sandy Senior and Community Center for the delivery of these transportation services

3. What are the objectives of this grant? How will we meet these objectives?

To provide an alternative option to paratransit, or inaccessible fix-route service, to older adults and persons with disabilities in the areas that have limited public transit as well as those in unserved areas of the County outside the TriMet service district.

4. Does the grant proposal fund an existing program? If yes, which program? If no, what is the purpose of the program?

Yes - this is ongoing funding for the indicated transportation programs.

**Organizational Capacity:**

1. Does the organization have adequate and qualified staff? If no, can staff be hired within the grant timeframe?

Yes.

2. Are there partnership efforts required? If yes, who are we partnering with and what are their roles and responsibilities?

While no partnerships are required, Social Services partners with Canby Adult Center, Estacada Community Center, NCPR-Milwaukie Center, Molalla Senior Center, Hoodland Senior Center, Pioneer Community Center, and the Sandy Senior and Community Center for the most efficient delivery of these transportation services

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.)?

N/A

4. If funded, this grant would 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.)?

N/A

**Collaboration**

1. List County departments that will collaborate on this award, if any.

NCPRD - Milwaukie Center

**Reporting Requirements**

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

Monthly reports to Ride Connection the pass through entity

2. How will grant 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?

Existing data sources maintained by Social Services ADS Contracts Admin Staff

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

Monthly reports to Ride Connection the pass through entity

**Fiscal**

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

2. Are other revenue sources required? Have they already been secured?

N/A


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.)?

N/A

4. Does this grant cover indirect costs? If yes, is there a rate cap? If no, can additional funds be obtained to support indirect expenses and what are they?

Limited - there is a 10% cap for Admin.


Program Approval:


Teresa Christopherson	1/8/2019	
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)		
	1-8-15	Brenda Durbin
Name (Typed/Printed)	Date	Signature

DEPARTMENT DIRECTOR (or designee, if applicable)		
Richard Swift	1/9/19	
Name (Typed/Printed)	Date	Signature

FINANCE GRANT MANAGER (or designee, if applicable; FOR FEDERALLY-FUNDED 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: <input type="checkbox"/>	Denied: <input type="checkbox"/>
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.**

# Special Transportation Fund Subrecipient Application

This application is a tool provided to Subrecipients, who want to apply to their STF agencies for STF projects.

## A. Applicant Information

### Transit Agency

**Transit Agency Name**

Ride Connection, Inc.; DBA, Ride Connection

**Address**

9955 NE Glisan Street

Address Line 1

Portland

City

Oregon

State

97220

Zip Code

**Agency Web Address**

www.rideconnection.org

**Name of Application Contact**

Dean Orr, Assets

**Title of Application Contact**

Dean Orr, Assets

**Phone of Application Contact**

(503) 528-1728

**Email of Application Contact**

dorr@rideconnection.org

### Special Transportation Fund Agency

**Special Transportation Fund Agency**

Tri County Metropolitan Transportation District of Oregon

**STF Agency Contact Name**

Vanessa Vissar

**STF Agency Contact Title**

Senior Planner

**STF Agency Contact Phone Number**

(503) 962-2290

**STF Agency Contact Email**

vissarv@trimet.org

*This email address will receive the completed STF subrecipient application.*

## B. Transit Agency and Project Descriptions

### Project 1

Project Title

STF: TRP Paid Driver Services

**Project Description**

TRP rides provided using two wheelchair accessible vans, two wheelchair accessible buses and, on a limited basis, a non-wheelchair accessible sedan with paid drivers operating all vehicles. This grant provides funding specific to the operation of this portion of the TRP transportation services. This program allows seniors and adults with disabilities in Clackamas County to maintain their independence by providing reliable transportation to medical appointments and personal business. All riders receive Door to Door service.

**Total STF funds awarded to project**

\$318,348.00

**Project Type**

Operating

**Recipient Agency Name**

Clackamas County Social Services Division

**Address**

2051 Kaen Rd., PO Box 2950

Address Line 1

Oregon City

City

Oregon

State

97045

Zip Code

**Recipient Agency Contact Name**

Teresa Christopherson

**Recipient Agency Contact Title**

Administrative Services Manager

**Recipient Agency Contact Email**

teresachr@co.clackamas.or.us

**Recipient Agency Contact  
Phone**

(503) 650-5718

**Recipient Agency  
Contact Fax**

(503) 655-8889

**Project 2**

**Project Title**

STF: TRP School/Work Access Services

**Project Description**

This project is specific to the operation of TRP services that replaced the former Job Access/Reverse Commute (JARC) program, providing rides to between 9 and 11 riders who are disabled and have no other transportation resources available to them. This program is designed to continue JARC services to residents who would otherwise not have access to transportation. This project promotes participation in activities that increase self-sufficiency; such as school and employment related classes/events. All riders receive Door to Door service.

**Total STF funds awarded to project**

\$63,595.00

**Project Type**

Operating



**Recipient Agency Name**

Clackamas County Social Services Division

**Address**

2051 Kaen Rd., PO Box 2950

Address Line 1

Oregon City

Oregon

97045

City

State

Zip Code

**Recipient Agency Contact Name**

Teresa Christopherson

**Recipient Agency Contact Title**

Administrative Services Manager

**Recipient Agency Contact Email**

teresachr@co.clackamas.or.us

**Recipient Agency Contact Phone**

(503) 650-5718

**Recipient Agency Contact Fax**

(503) 655-8889

**Project 3**

**Project Title**

STF: TRP Volunteer Mileage Support

**Project Description**

This project specifically supports the TRP rides that are provided by volunteer drivers transporting clients in their own personal vehicle. The project provides funding specific to the mileage reimbursement to volunteer driver of the TRP program. These drivers are dispatched by either the TRP staff at the Oregon City central office or, for the rural drivers, by Staff at the local Community Center where the volunteer lives. All riders receive Door to Door service.

**Total STF funds awarded to project**

\$62,907.00

**Project Type**

Operating

**Recipient Agency Name**

Clackamas County Social Services Division; Transportation Consortium

**Address**

2051 Kaen Rd., PO Box 2950

Address Line 1

Oregon City

Oregon

97045

City

State

Zip Code

**Recipient Agency Contact Name**

Teresa Christopherson

**Recipient Agency Contact Title**

Administrative Services Manager

**Recipient Agency Contact Email**

**Recipient Agency Contact**

**Recipient Agency**

teresachr@co.clackamas.or.us

**Phone**  
(503) 650-5718

**Contact Fax**  
(503) 655-8889

## Project 4

### Project Title

STF: Out of District Base Service

### Project Description

Service is provided all Clackamas County resident who lives outside of the TriMet district who are either 60 plus or have a disability. Rides are provided using both paid and volunteer drivers. Providers: Canby Adult Ctr., Estacada Comm. Ctr., Hoodland Sr. Ctr., Molalla Adult Comm. Ctr., Pioneer Comm. Ctr., Sandy Sr. & Comm. Ctr., and the Transportation Reaching People (TRP) Volunteer Driver program. The ride must originate within the service area, anywhere in Clackamas County, but can go to a destination outside the service area. All riders receive door to door service.

### Total STF funds awarded to project

\$329,940.00

### Project Type

Operating

### Recipient Agency Name

Clackamas County Social Services Division; Transportation Consortium

### Address

2051 Kaen Rd., PO Box 2950

Address Line 1

Oregon City

City

Oregon

State

97045

Zip Code

### Recipient Agency Contact Name

Teresa Christopherson

### Recipient Agency Contact Title

Administrative Services Manager

### Recipient Agency Contact Email

teresachr@co.clackamas.or.us

### Recipient Agency Contact Phone

(503) 650-5718

### Recipient Agency Contact Fax

(503) 655-8889

## Project 5

### Project Title

STF: Senior Center Specialized Services

### Project Description

Project provides rides to any Clackamas County adult resident who is 60 plus or an adult with disabilities living in the historically un-served targeted areas of Hoodland-Welches School District; NCPRD-Milwaukie-Happy Valley and Rock Creek areas of North Clackamas County; Molalla-Molalla River School District; Sandy-Oregon Trail School District, exclusive of Hoodland, and historically under-served areas in the Gresham/Barlow School District that are within Clackamas County. Trips must originate within service area but can go to a destination outside the area.

**Total STF funds awarded to project**

\$318,348.00

**Project Type**

Operating

**Recipient Agency Name**

Clackamas County Social Services Division; Transportation Consortium

**Address**

2051 Kaen Rd., PO Box 2950

Address Line 1

Oregon City

City

Oregon

State

97045

Zip Code

**Recipient Agency Contact Name**

Teresa Christopherson

**Recipient Agency Contact Title**

Administrative Services Manager

**Recipient Agency Contact Email**

teresachr@co.clackamas.or.us

**Recipient Agency Contact Phone**

(503) 650-5718

**Recipient Agency Contact Fax**

(503) 655-8889

## Submitting Your Application

**Subrecipient Agencies: submit your application to your STF Agency by using the "Submit" button, attaching any supporting documents.**

**Additional Supporting Documents (Optional)**

fy-20-21-stfact-applicant-information-form Consortium STF.pdf

STF App - Consortium STF Ctrs Specialized.docx

STF App - Consortium STF Out of District.docx

STF App - TRP Pd Dr Service.docx

STF App - TRP Sch-Wrk Access.docx

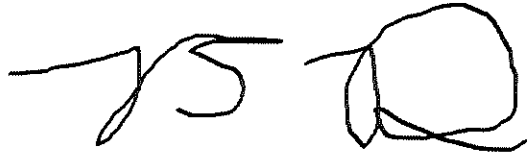
STF App - TRP Vol Milage Support.docx

The person signing this form must have the legal authority to submit this application on behalf of the

applicant.

By electronically signing and submitting this form, the agency representative certifies that the information on the application is true and accurate to the best of his or her knowledge.

**Signature**

A handwritten signature in black ink, consisting of a stylized 'J' followed by a 'S' and a large, rounded 'D'.

**Print Name**

Brenda Durbin

January 17, 2019

Board of County Commissioners  
Clackamas County

Members of the Board:

Approval of an Agency Services Contract with  
Hillside Christian Fellowship for Warming Center Services

<b>Purpose/Outcomes</b>	Contractor will provide overnight warming center services to un-housed individuals in Clackamas County during periods of extreme cold.
<b>Dollar Amount and Fiscal Impact</b>	\$173,580
<b>Funding Source</b>	Oregon Housing and Community Services Department, State Homeless Assistance Program (SHAP) funds
<b>Safety Impact</b>	None
<b>Duration</b>	December 2, 2018 through April 15, 2019
<b>Previous Board Action</b>	None
<b>Strategic Plan Alignment</b>	1. This funding aligns with H3S's strategic priority to increase self-sufficiency for our clients. 2. This funding aligns with the County's strategic priority to ensure safe, healthy and secure communities.
<b>Contact Person</b>	Brenda Durbin, Director – Social Services Division – (503) 655-8641
<b>Contract No.</b>	9065

**BACKGROUND:**

Social Services Division of the Health, Housing and Human Services Department requests approval of a Grant Agreement with Hillside Christian Fellowship (HCF) to provide overnight warming center services to un-housed individuals in Clackamas County during periods of extreme cold and to coordinate volunteers for the network of warming centers.

This agreement is funded with State of Oregon SHAP funds from the Oregon Housing and Community Services Department to provide emergency shelter bednights to unhoused individuals.

This agreement is effective December 2, 2018 through April 15, 2019. The value of the agreement is \$173,580. This agreement was approved by County Counsel on October 18, 2018. The agreement is retroactive due to challenges HCF faced in finalizing operations and start-up funding needs. There are no County General Funds involved.

**RECOMMENDATION:**

Staff recommends approval of this agreement and that Richard Swift, H3S Director, be authorized to sign on behalf of Clackamas County.

Respectfully submitted,

Richard Swift, Director  
Health, Housing and Human Services Department

*Healthy Families. Strong Communities.*

## AGENCY SERVICE CONTRACT

### Contract # 9065

This contract is between Clackamas County, acting by and through its department of Health, Housing, & Human Services, Social Services Division, hereinafter called "COUNTY," and Hillside Christian Fellowship, hereinafter called "AGENCY."

#### I. SCOPE OF SERVICES

- A. AGENCY agrees to accomplish the following work under this contract:

Provide 2 overnight warming center sites to serve un-housed individuals in Clackamas County during periods of extreme cold as more fully described in **Exhibit A: Scope of Work & Performance Standards** attached hereto.

- B. Services required under the terms of this agreement shall commence **December 2, 2018** of this agreement and shall terminate **April 15, 2019**.

#### II. COMPENSATION AND RECORDS

1. Compensation. COUNTY shall compensate the AGENCY for satisfactorily performing the services identified in **Exhibit A** and completing the requirements of **Exhibit B: Reporting Requirements** attached hereto.

Total maximum compensation under this contract shall not exceed **\$173,580** as follows:

- a. Start-up/operating support not to exceed **\$22,800**.
- b. Bednights are paid at **\$26.00** per occupied bed on each night the warming centers are opened under conditions as described and as authorized by COUNTY in **Exhibit A**.  
  
Total for bednights not to exceed **\$133,380**.
- c. HMIS software licensing and fees will be paid to AGENCY upon submittal of invoices AGENCY paid to Clackamas County Community Development Division for actual HMIS costs. Estimated reimbursement will be up to **\$2,000** to AGENCY to cover 3 users and 3 licenses, based on actual expenses charged by Community Development.
- d. Payroll for volunteer coordinator not to exceed **\$15,400** (including taxes and fringe benefits).

Payment shall be full compensation for work performed, for services rendered, and for all labor, materials, supplies, equipment, travel expenses, mileage, and incidentals necessary to perform the work and services.

- B. Method of Payment. To receive payment, AGENCY shall submit invoices and accompanying reports as follows:

As required in **Exhibit B: Reporting Requirements** and **Exhibit C: Budget**.

Withholding of Contract Payments. Notwithstanding any other payment provision of this agreement, should AGENCY fail to submit required reports when due, or submit reports which appear patently inaccurate or inadequate on their face, or fail to perform or document the performance of contracted services, COUNTY shall immediately withhold payments hereunder. Such withholding of payment for causes may continue until AGENCY submits required reports,



performs required services, or establishes COUNTY's satisfaction that such failure arose out of causes beyond the control, and without the fault or negligence, of AGENCY.

- C. Record and Fiscal Control System. All payroll and financial records pertaining in whole or in part to this contract shall be clearly identified and readily accessible. Such records and documents should be retained for a period of three (3) years after receipt of final payment under this contract and all other pending matters are closed.
- D. Access to Records. COUNTY, the State of Oregon and the Federal Government, and their duly authorized representatives shall have access to the books, documents, papers, and records of AGENCY which are directly pertinent to this contract for the purpose of making audit, examination, excerpts, and transcripts.

If an audit discloses that payments to AGENCY were in excess of the amount to which AGENCY was entitled, then AGENCY shall repay the amount of the excess to COUNTY.

### III. MANNER OF PERFORMANCE

- A. Compliance with Applicable Laws and Regulations, and Special Federal Requirements. AGENCY shall comply with all Federal and State regulations and laws, Oregon Administrative Rules, local laws and ordinances applicable to work performed under this agreement, including, but not limited to, all applicable Federal and State civil rights and rehabilitation statutes, rules and regulations, and as listed in **Exhibit D, Special Requirements**, attached hereto and incorporated herein. AGENCY must, throughout the duration of this contract and any extensions, comply with all tax laws of this state and all applicable tax laws of any political subdivision of this state. Any violation of this section shall constitute a material breach of this contract. Further, any violation of AGENCY'S warranty, in this contract that AGENCY has complied with the tax laws of this state and the applicable tax laws of any political subdivision of this state also shall constitute a material breach of this Contract. Any violation shall entitle COUNTY to terminate this contract, to pursue and recover any and all damages that arise from the breach and the termination of this contract, and to pursue any or all of the remedies available under this contract, at law, or in equity, including but not limited to:
  - 1. Termination of this contract, in whole or in part;
  - 2. Exercise of the right of setoff, and withholding of amounts otherwise due and owing to AGENCY, in an amount equal to COUNTY'S setoff right, without penalty; and
  - 3. Initiation of an action or proceeding for damages, specific performance, declaratory or injunctive relief. COUNTY shall be entitled to recover any and all damages suffered as the result of AGENCY'S breach of this contract, including but not limited to direct, indirect, incidental and consequential damages, costs of cure, and costs incurred in securing replacement performance.

These remedies are cumulative to the extent the remedies are not inconsistent, and COUNTY may pursue any remedy or remedies singly, collectively, successively, or in any order whatsoever.

- B. Precedence. When a requirement is listed both in the main boilerplate of the contract and in an Exhibit, the Exhibit shall take precedence.
- C. Subcontracts. AGENCY shall not enter into any subcontracts for any of the work scheduled under this contract without obtaining prior written approval from COUNTY.
- D. Independent Contractor. AGENCY certifies that it is an independent contractor and not an employee or agent of Clackamas County, State or Oregon or Federal government. AGENCY is not an officer, employee or agent of Clackamas County as those terms are used in ORS 30.265. Responsibility for all taxes, assessments, and any other charges imposed upon employers shall be the sole responsibility of AGENCY.

E. Tax Laws. AGENCY represents and warrants that, for a period of no fewer than six calendar years preceding the effective date of this Contract, has faithfully complied with:

1. All tax laws of this state, including but not limited to ORS 305.620 and ORS chapters 316, 317, and 318;
2. Any tax provisions imposed by a political subdivision of this state that applied to AGENCY, to AGENCY'S property, operations, receipts, or income, or to AGENCY'S performance of or compensation for any work performed by AGENCY;
3. Any tax provisions imposed by a political subdivision of this state that applied to AGENCY, or to goods, services, or property, whether tangible or intangible, provided by AGENCY; and
4. Any rules, regulations, charter provisions, or ordinances that implemented or enforced any of the foregoing tax laws or provisions.

IV. GENERAL CONDITIONS

A. Indemnification. AGENCY agrees to indemnify, save, hold harmless, and defend COUNTY and its officers, commissioners and employees from and against all claims and actions, and all expenses incidental to the investigation and defense thereof, arising out of actions, suits, claims or demands attributable in whole or in part to the acts or omissions of AGENCY, and AGENCY's officers, agents and employees, in performance of this contract.

If AGENCY is a public body, AGENCY's liability under this contract is subject to the limitations of the Oregon Tort Claims Act.

B. Insurance.

1. Commercial General Liability Insurance

Required by COUNTY       Not required by COUNTY

AGENCY shall obtain, at AGENCY's expense, and keep in effect during the term of this contract, Commercial General Liability Insurance covering bodily injury and property damage on an "occurrence" form in the amount of not less than \$1,000,000 per occurrence/\$2,000,000 general aggregate for the protection of COUNTY, its officers, commissioners, and employees. This coverage shall include Contractual Liability insurance for the indemnity provided under this contract. This policy(s) shall be primary insurance as respects to the COUNTY. Any insurance or self-insurance maintained by COUNTY shall be excess and shall not contribute to it.

2. Commercial Automobile Insurance

Required by COUNTY       Not required by COUNTY

AGENCY shall also obtain, at AGENCY's expense, and keep in effect during the term of the contract, "Symbol 1" Commercial Automobile Liability coverage including coverage for all owned, hired, and non-owned vehicles. The combined single limit per occurrence shall not be less than \$1,000,000.

3. Professional Liability Insurance

Required by COUNTY       Not required by COUNTY

AGENCY agrees to furnish COUNTY evidence of Professional Liability Insurance in the amount of not less than \$1,000,000 combined single limit per occurrence/ \$2,000,000 general annual aggregate for malpractice or errors and omissions coverage for the protection of COUNTY, its officers, commissioners and employees against liability for damages because of personal injury, bodily injury, death, or damage to property, including loss of use thereof, and damages because of negligent acts, errors and omissions in any way related to this contract. COUNTY, at its option, may require a complete copy of the above policy.

4. Tail Coverage. If liability insurance is arranged on a "claims made" basis, "tail" coverage will be required at the completion of this contract for a duration of thirty-six (36) months or the maximum time period the AGENCY's insurer will provide "tail" coverage as subscribed, or continuous "claims made" liability coverage for thirty-six (36) months following the contract completion. Continuous "claims made" coverage will be acceptable in lieu of "tail" coverage, provided its retroactive date is on or before the effective date of this contract.
5. Additional Insured Provision. The insurance, other than Professional Liability, Workers' Compensation, and Personal Automobile Liability insurance, shall include "Clackamas County, its agents, officers, and employees" as an additional insured.
6. Notice of Cancellation. There shall be no cancellation, material change, exhaustion of aggregate limits or intent not to renew insurance coverage without 60 days' written notice COUNTY. Any failure to comply with this provision will not affect the insurance coverage provided to COUNTY. The 60 days' notice of cancellation provision shall be physically endorsed on to the policy.
7. Insurance Carrier Rating. Coverages provided by AGENCY must be underwritten by an insurance company deemed acceptable by COUNTY. Insurance coverage shall be provided by companies admitted to do business in Oregon or, in the alternative, rated A- or better by Best's Insurance Rating. COUNTY reserves the right to reject all or any insurance carrier(s) with an unacceptable financial rating.
8. Certificates of Insurance. As evidence of the insurance coverage required by this contract, AGENCY shall furnish a Certificate of Insurance to county. No contract shall be in effect until the required certificates have been received, approved and accepted by COUNTY. A renewal certificate will be sent to COUNTY 10 days prior to coverage expiration.
9. Primary Coverage Clarification. AGENCY's coverage will be primary in the event of a loss.
10. Cross-Liability Clause. A cross-liability clause or separation of insureds condition will be included in all general liability, professional liability, and errors and omissions policies required by this contract.

- C. Governing Law; Consent to Jurisdiction. This agreement shall be governed by and construed in accordance with the laws of the State of Oregon. Any claim, action, or suit between COUNTY and AGENCY that arises out of or relates to performance under this agreement shall be brought and conducted solely and exclusively within the Circuit Court for Clackamas County, State of Oregon. Provided, however, that if any such claim, action or suit may be brought only in a federal forum, it shall be brought and conducted solely and exclusively within the United States District Court for the District of Oregon. AGENCY by execution of this agreement consents to the in personam jurisdiction of said courts.

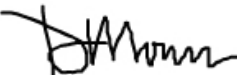
- D. Amendments. The terms of this contract shall not be waived, altered, modified, supplemented or amended, in any manner whatsoever, except by written instrument signed by AGENCY and COUNTY.
- E. Severability. If any term or provision of this agreement is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms or provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the agreement did not contain the particular term or provision held to be invalid.
- F. Waiver. The failure of either party to enforce any provision of this agreement shall not constitute a waiver of that or any other provision.
- G. Future Support. COUNTY makes no commitment of future support and assumes no obligation for future support for the activity contracted herein except as set forth in this agreement.
- H. Oregon Constitutional Limitations. This contract is expressly subject to the debt limitation of Oregon counties set forth in Article XI, Section 10 of the Oregon Constitution, and is contingent upon funds being appropriated therefore. Any provision herein, which would conflict with such law, is deemed inoperative to that extent.
- I. Oregon Public Contracting Requirements. Pursuant to the requirements of ORS 279B.020 and ORS 279B.220 through 279B.235 the following terms and conditions are made a part of this contract:
  - 1. AGENCY shall:
    - a. make payments promptly, as due, to all persons supplying to AGENCY labor or materials for the prosecution of the work provided for in this contract.
    - b. pay all contributions or amounts due the Industrial Accident Fund from such agency or subcontractor incurred in performance of this contract.
    - c. not permit any lien or claim to be filed or prosecuted against COUNTY on account of any labor or material furnished.
    - d. pay to the Department of Revenue all sums withheld from employees pursuant to ORS 316.167.
  - 2. If AGENCY fails, neglects, or refuses to make prompt payment of any claim for labor or services furnished to AGENCY or a subcontractor by any person in connection with this contract as such claim becomes due, the proper officer representing COUNTY may pay such claim to the person furnishing the labor or services and charge the amount of the payment against funds due or to become due AGENCY by reason of this contract.
  - 3. No person shall be employed for more than ten (10) hours in any one day, or more than forty (40) hours in any one week, except in cases of necessity, emergency or where the public policy absolutely requires it, and in such cases, except in cases of contracts for personal services as defined in ORS 279A.055, the employee shall be paid at least time and one-half pay:
    - a. for all overtime in excess of eight (8) hours a day or 40 hours in any one week when the work week is five consecutive days, Monday through Friday;
    - b. for all overtime in excess of 10 hours in any one day or 40 hours in any one week when the work week is four consecutive days, Monday through Friday; and
    - c. for all work performed on Saturday and on any legal holiday specified in ORS 279B.020.

4. AGENCY shall pay employees at least time and a half for all overtime work performed under this agreement in excess of 40 hours in any one week, except for individuals under person services contracts who are excluded under ORS 653.010 to 653.261 and the Fair Labor Standards Act of 1938 (29 U.S.C. 201 to 209) from receiving overtime.
  5. As required by ORS 279B.230, AGENCY shall promptly, as due, make payment to any person, co-partnership, association, or corporation furnishing medical, surgical, and hospital care services or other needed care and attention, incident to sickness or injury, to the employees of AGENCY, of all sums that AGENCY agrees to pay for the services and all moneys and sums that AGENCY collected or deducted from the wages of its employees under any law, contract or agreement for the purpose of providing or paying for the services.
  6. **Workers' Compensation.** All subject employers working under this agreement must either maintain workers' compensation insurance as required by ORS 656.017, or qualify for an exemption under ORS 656.126. AGENCY shall maintain employer's liability insurance with limits of \$500,000 each accident, \$500,000 disease each employee, and \$500,000 each policy limit.
- J. Ownership of Work Product. All work products of the AGENCY which result from this contract are the exclusive property of COUNTY.
- K. Integration. This contract contains the entire agreement between COUNTY and AGENCY and supersedes all prior written or oral discussions or agreements.
- L. Successors in Interest. The provisions of this contract shall not be binding upon or inure to the benefit of AGENCY's successors in interest without COUNTY's explicit written consent.
- V. **TERMINATION**
- A. Termination Without Cause. This agreement may be terminated by mutual consent of both parties, or by either party upon thirty (30) business days' notice, in writing and delivered by certified mail or in person.
- B. Termination With Cause. COUNTY, by written notice of default (including breach of contract) to AGENCY, may terminate this agreement effective upon delivery of written notice to AGENCY, or at such later date as may be established by COUNTY, under any of the following conditions:
1. If COUNTY funding from Federal, State, or other sources is not obtained and continued at levels sufficient to allow for purchase of the indicated quantity of services, the contract may be modified to accommodate a reduction in funds.
  2. If Federal or State regulations or guidelines are modified, changed, or interpreted in such a way that the services are no longer allowable or appropriate for purchase under this contract or are no longer eligible for the funding authorized by this agreement.
  3. If any license or certificate required by law or regulation to be held by AGENCY to provide the services required by this agreement is for any reason denied, revoked, or not renewed.
  4. If AGENCY fails to provide services, outcomes, reports as specified by COUNTY in this agreement.
  5. If AGENCY fails to perform any of the other provisions of this contract, or so fails to pursue the work as to endanger performance of this contract in accordance with its terms, and after receipt of written notice from COUNTY, fails to correct such failures within 10 days or such longer period as COUNTY may authorize.

This contract consists of five (5) sections plus the following attachments which by this reference are incorporated herein:

- Exhibit A: Scope of Work and Performance Standards
- Exhibit B: Reporting Requirements
- Exhibit C: Budget
- Exhibit D: Special Requirements
- Attachment 1: Invoice Template
- Attachment 2: HMIS Data Collection Forms for Entry
- Attachment 3: HMIS Data Collection Forms for Re-Entry
- Attachment 4: Sign-In Sheets

**AGENCY**  
**HILLSIDE CHRISTIAN FELLOWSHIP**

By:   
\_\_\_\_\_  
David Michael Morris, Lead Pastor  
Hillside Christian Fellowship

January 7, 2019

\_\_\_\_\_  
Date

\_\_\_\_\_  
12042 SE Sunnyside Rd #535  
Street Address

\_\_\_\_\_  
Clackamas OR 97015  
City / State / Zip

\_\_\_\_\_  
(971) 221-2613 /  
Phone / Fax

**Tax ID#: 20-1125844**  
**State of Oregon Registry #: 223099-91**

**CLACKAMAS COUNTY**

Commissioner: Jim Bernard, Chair  
Commissioner: Sonya Fischer  
Commissioner: Ken Humberston  
Commissioner: Paul Savas  
Commissioner: Martha Schrader

Signing on Behalf of the Board:

\_\_\_\_\_  
Richard Swift, Director  
Health, Housing and Human Services Department

\_\_\_\_\_  
Date



January 17, 2019

Board of County Commissioner  
Clackamas County

Members of the Board:

Approval of Amendment #3 to a Professional Services Agreement with  
Laboratory Corporation of America (LabCorp) for  
laboratory services for Clackamas County Health Centers Division (CCHCD).

<b>Purpose/Outcomes</b>	Contractor will provide clinical laboratory services to CCHCD clinics.
<b>Dollar Amount and Fiscal Impact</b>	Contract maximum is being increased by \$150,000, bringing the contract maximum to \$700,000.
<b>Funding Source</b>	No County General Funds are involved. Fee for service through Health Centers clinics.
<b>Duration</b>	Effective April 1, 2014 and terminates on March 31, 2020
<b>Previous Board Action</b>	The Board previously viewed this contract on November 29, 2018 – agenda item 112918 – A4
<b>Strategic Plan Alignment</b>	1. Individuals and families in need are healthy and safe 2. Ensure safe, healthy and secure communities
<b>Contact Person</b>	Deborah Cockrell, Health Center Director – 503-742-5495
<b>Contract No.</b>	6521_03

**BACKGROUND:**

Clackamas County Health Centers Division (CCHCD) of the Health, Housing & Human Services Department requests the approval of Amendment #3 to a Professional Services Agreement with LabCorp for clinical laboratory services for CCHCD related to Primary Care and Behavioral Health patient services.

LabCorp will provide professional laboratory services including: testing, specimen collection(s), testing reports of specimens collected, laboratory specimen pick-up, supplies, and consultations.

Additional funding is needed to ensure no break in services until the term of the agreement. Amendment #3 adds \$150,000, bringing the maximum value of this contract to \$700,000. This Amendment is effective upon signature and terminates on March 31, 2020. A RFP is being developed for solicitation in accordance with ORS and LCRB Rules.

**Recommendation**

Staff recommends the Board approval of this agreement and authorizes Richard Swift, H3S Director to sign on behalf of Clackamas County.

Respectfully submitted,

Richard Swift, Director  
Health, Housing and Human Services