



**Daniel Nibouar**

*Interim Director*

**Disaster Management**  
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June 15, 2023

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

Board of County Commissioners  
Clackamas County

**Approval to apply for FY23 State Homeland Security Grant. Total requested is \$605,113.50 for multiple projects, for term ending September 30, 2025 . Funding through Department of Homeland Security, Federal Emergency Management Agency. No County General Funds are involved.**

<b>Previous Board Action/Review</b>	No previous board action.		
<b>Performance Clackamas</b>	1. This item will provide funding to enhance the preparedness, response efforts of multiple departments to ensure safe, healthy, and secure communities.		
<b>Counsel Review</b>	N/A	<b>Procurement Review</b>	N/A
<b>Contact Person</b>	Jamie Poole	<b>Contact Phone</b>	503-278-9150

**EXECUTIVE SUMMARY:** The SHSP grant program supports implementation of state homeland security strategies to address planning, organization, equipment, training and exercise needs to prevent, prepare for, protect against, and respond to, acts of terrorism and other catastrophic events. The dollars the program is applying for are for Clackamas County government as well as other Clackamas jurisdictions as required by OEM. However, jurisdictions that receive awards will have their own agreement with OEM.

The state has allocated \$139,113.50 to Clackamas County from the State Homeland Security Grant Program. The Clackamas County Homeland Security Task Force voted to move two projects forward for the allocated projects: 1) Clackamas County Mass Care Plan (Disaster Management and H3S) for \$120,000, 2) Critical Information System Threat Detection (Technology Services) for \$19,113.50.

The other projects moving forward to the state's competitive process include three for Clackamas County: 1) Continuity of Operations Plan Gap Analysis and Planning (Disaster Management and Technology Services) for \$100,000, 2) Elections Front Office Security (Elections) for \$140,000, 3) Inter-agency SWAT Night Vision Equipment (Sheriff's Office) for \$226,000. Three more projects will be included in the application packet for agencies within Clackamas County: 1) Virtual Reality Multi-Casualty Training (Clackamas Fire) for \$61,510, 2) Emergency Preparedness Kits for Schools (Oregon City School District) for \$106,715, 3) Emergency Operations Center Upgrades (Oregon City School District) for \$32,730.

All of these projects will support the county's ability to adequately prepare, respond, and recover from the impacts of natural and manmade disasters including terrorism and cyber-attacks.

**RECOMMENDATION:** Staff recommends the BCC approve the grant application to move forward.

Respectfully submitted,

Daniel Nibouar  
Interim Director

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, complete sections 1, 2 & 4 only. If direct appropriation, complete page 1 and Dept/Finance signatures only.**

**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

Direct Appropriation (no application)

Award type:                      Subrecipient Award              Direct Award

Award Renewal?              Yes              No

<b>Lead Fund # and Department:</b>	
<b>Name of Funding Opportunity:</b>	

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

Requestor Information: (Name of staff initiating form)	
Requestor Contact Information:	
Department Fiscal Representative:	
Program Name & Prior Project #: (please specify)	

Brief Description of Project:

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:		Funding Agency Award Notification Date:	
Announcement Date:		Announcement/Opportunity #:	
Grant Category/Title		Funding Amount Requested:	
Allows Indirect/Rate:		Match Requirement:	
Application Deadline:		Total Project Cost:	
Award Start Date:		Other Deadlines and Description:	
Award End Date			
Completed By:		Program Income Requirements:	
Pre-Application Meeting Schedule:			

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

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

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

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:

		
Name (Typed/Printed)	Date	Signature

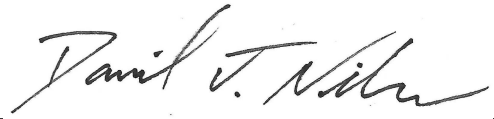
<b>** NOW READY FOR PROGRAM MANAGER SUBMISSION TO DIVISION DIRECTOR **</b>
<b>**ATTACH ANY CERTIFICATIONS REQUIRED BY THE FUNDING AGENCY. COUNTY FINANCE OR ADMIN WILL SIGN**</b>

**Section IV: Approvals**

DIVISION DIRECTOR (or designee, if applicable)

Daniel Nibouar

6/6/2023



Name (Typed/Printed)

Date

Signature

DEPARTMENT DIRECTOR (or designee, if applicable)

Name (Typed/Printed)

Date

Signature

FINANCE ADMINISTRATION

Elizabeth Comfort

6.5.2023



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 less than \$150,000:**

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

**For applications under \$150,000 email form to Christina Fadenrecht at [CFadenrecht@clackamas.us](mailto:CFadenrecht@clackamas.us) for Gary Schmidt's approval.**

**For applications \$150,000 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.