

June 23, 2022

Board of Commissioners
Clackamas County

Members of the Board:

Approval of the HOME Grant application

Purpose/Outcomes	Approval of the annual HOME Grant Application.
Dollar Amount and Fiscal Impact	Submission of grant application materials will enable the County to receive \$1,133,026 in HOME funds during the 2022 program year.
Funding Source	U.S. Department of Housing and Urban Development grant funds. No County General Funds are involved.
Safety Impact	N/A
Duration	Effective July 1, 2022 and terminates on June 30, 2026.
Previous Board Action	A Public Hearing with a review of the past performance of the Community Development program, proposed Consolidated Plan, proposed Action Plan, and public testimony on the County's housing and community development needs was held on April 7, 2022.
Strategic Plan Alignment	<ol style="list-style-type: none"> 1. Ensure safe, healthy and secure communities. 2. Build a strong infrastructure
Contact Person	Mark Sirois, Community Development Manager - (503) 351-7240
Contract No.	NA

BACKGROUND:

The annual HOME Investments Partnership (HOME) Grant application funding affordable housing projects, tenant based rental assistance and funding for community housing development organizations (CHDOs). Multifamily housing projects to be determined were listed in the 2022 Action Plan that implements the goals and objectives of the 2022-2026 Consolidated Plan and serves as the annual application for HUD funding. The Consolidated Plan also includes a list of the 2022-2024 Funding Recommendations for projects and services.

The Consolidated and Annual Action Plans were posted and available for public comment beginning March 16th until Monday April 11th. No changes to the Plan were required due to comments received. All public comments were accepted and added to the Plan.

On Tuesday, May 17th, HUD announced annual allocations for the CDBG, HOME and ESG programs for all of the United States including Clackamas County.

Healthy Families. Strong Communities.

2051 Kaen Road, Oregon City, OR 97045 • Phone (503) 650-5697 • Fax (503) 655-8677

www.clackamas.us

RECOMMENDATION:

Staff recommends that the Board of County Commissioners take the following actions:

- 1) Place the HOME grant application on the consent agenda for approval;
- 2) After approval, sign the HOME grant application and certifications required for submittal to HUD.

Thank you.

Rodney Cook,
Director

Attachments:

- HOME grant application.
- HOME grant certifications
- Financial Assistance Life Cycle form

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/>	4. Applicant Identifier: CLACKAMAS COUNTY 2022 HOME	
5a. Federal Entity Identifier: NVWKAVB8JND6	5b. Federal Award Identifier: M22-UC-41-0201	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: CLACKAMAS COUNTY, OREGON		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 93-6002286	* c. Organizational DUNS: 0969926560000	
d. Address:		
* Street1: 2051 KAEN ROAD #245	<input type="text"/>	
Street2:	<input type="text"/>	
* City: OREGON CITY	<input type="text"/>	
County/Parish:	<input type="text"/>	
* State:	OR: Oregon	
Province:	<input type="text"/>	
* Country:	USA: UNITED STATES	
* Zip / Postal Code: 97045-4035	<input type="text"/>	
e. Organizational Unit:		
Department Name: HEALTH, HOUSING & HUMAN SERVICES	Division Name: HOUSING SRVS & DEVELOPMENT	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: MARK	
Middle Name:	<input type="text"/>	
* Last Name: SIROIS	<input type="text"/>	
Suffix:	<input type="text"/>	
Title: MANAGER		
Organizational Affiliation: CLACKAMAS COUNTY		
* Telephone Number: 503-650-5664	Fax Number: 503-655-8563	
* Email: MARKSTR@CLACKAMAS.US		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

11. Catalog of Federal Domestic Assistance Number:

14-239

CFDA Title:

HOME - HOME INVESTMENT PARTNERSHIP PROGRAM

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

ANNUAL APPLICATION FOR HOME INVESTMENT PARTNERSHIP PROGRAM

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,133,026.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,133,026.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- Yes
- No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

ASSURANCES - CONSTRUCTION PROGRAMS

OMB Number: 4040-0009
Expiration Date: 01/31/2019

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0042), Washington, DC 20503.




PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the Awarding Agency. Further, certain Federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will not dispose of, modify the use of, or change the terms of the real property title or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure non-discrimination during the useful life of the project.
4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progressive reports and such other information as may be required by the assistance awarding agency or State.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards of merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
9. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
10. Will comply with all Federal statutes relating to non-discrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

11. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
12. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
13. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333) regarding labor standards for federally-assisted construction subagreements.
14. Will comply with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
16. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
17. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq).
18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
20. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE 
APPLICANT ORGANIZATION CLACKAMAS COUNTY, OREGON	DATE SUBMITTED 

Specific HOME Certifications

The HOME participating jurisdiction certifies that:

Tenant Based Rental Assistance -- If it plans to provide tenant-based rental assistance, the tenant-based rental assistance is an essential element of its consolidated plan.

Eligible Activities and Costs -- It is using and will use HOME funds for eligible activities and costs, as described in 24 CFR §§92.205 through 92.209 and that it is not using and will not use HOME funds for prohibited activities, as described in §92.214.

Subsidy layering -- Before committing any funds to a project, it will evaluate the project in accordance with the guidelines that it adopts for this purpose and will not invest any more HOME funds in combination with other Federal assistance than is necessary to provide affordable housing;

Signature of Authorized Official

Date

Title

APPENDIX TO CERTIFICATIONS

INSTRUCTIONS CONCERNING LOBBYING CERTIFICATION:

Lobbying Certification

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Financial Assistance 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

Application for: Subrecipient Assistance Direct Assistance
Grant Renewal? Yes No

Lead Department: HEALTH HOUSING AND HUMAN SERVICES

If renewal, complete sections 1, 2, & 4 only
If Disaster or Emergency Relief Funding, EOC will need to approve prior to being sent to the BCC

Name of Funding Opportunity: COMMUNITY DEVELOPMENT BLOCK GRANT

Funding Source: Federal State Local

Requestor Information (Name of staff person initiating form): MARK SIROIS

Requestor Contact Information: marksir@clackamas.us

Department Fiscal Representative: Adam Brown

Program Name or Number (please specify): CFDA 14.218 COMMUNITY DEVELOPMENT BLOCK GRANT COVID

Brief Description of Project:

The Department of Health, Housing and Human Services (H3S) to the impacts of this public health crisis, which includes increases in homelessness, unemployment, and food insecurity. The current plan for use of HOME partnership grant funds is as follows: staff expenses to administer the program, tenant based rental assistance and funding for 2-3 loans for affordable housing projects

Name of Funding Agency: U.S Department of Housing and Urban Development (HUD)

Agency's Web Address for funding agency Guidelines and Contact Information:

<https://www.hudexchange.info/programs/home/>

OR

Application Packet Attached: Yes No

Completed By: Mark Sirois Date _____

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

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

Competitive Application <input type="checkbox"/>	Non-Competing Application <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
CFDA(s), if applicable: _____	CFDA 14.218	Funding Agency Award Notification Date: _____
Announcement Date: _____	May 17, 2022	Announcement/Opportunity #: _____
Grant Category/Title: _____	HOME Partnership Grant Program	Max Award Value: _____
Allows Indirect/Rate: _____	yes	Match Requirement: _____
Application Deadline: _____	NA	Other Deadlines: _____
Award Start Date: _____	When SF 424 signed by HUD or July 1, 2022	Other Deadline Description: _____
Award End Date: _____	9/30/2030	Program Income Requirement: _____
Completed By: _____	Mark Sirois	None expected - Any program income goes back into CDBG activities
Pre-Application Meeting Schedule: _____	NA	

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?

The Department of Health, Housing and Human Services works with numerous low income and vulnerable populations throughout the county. These funds help provide services and build affordable housing projects in Clackamas County.

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

The H3S Community Development Division will work with community partners and non profit housing developers to fund affordable housing projects.

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

The HOME grant funds may be used for services and affordable housing projects.

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

Yes for program administration and monitoring of past loans. New affordable housing projects will be selected for funding.

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?

The Department H3S working with County numerous divisions and community organizations are adequately staffed to utilized these HOME funds as intended by HUD.

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

No partnerships are required however funding agreements and contracts will be established with non-profit organizations and community based organizations.

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.)?

Not a pilot project.

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.)?

This is an annual allocation of funds to Clackamas County.

Collaboration

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

Department of Health, Housing and Human Services (several divisions) housing services.

Reporting Requirements

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

The Community Development Division staff will coordinate reporting. Project setup in the HUD Database: Integrated Disbursement and Information System (IDIS), financial reporting and project accomplishment reports in IDIS.

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?

Each activity funded will be tracked in the HUD Database: Integrated Disbursement and Information System (IDIS), financial reporting and project accomplishment reports in IDIS.

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

Financial reporting will be completed in the HUD IDIS system. County Finance will provide information on expenditures.

Fiscal

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

Yes. County staff costs charged to this grant will increase the county's allocated costs revenue.

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

No other revenues are required.

3. For applications with a match requirement, how much is required (in dollars), and what type of funding will be used to meet it (Cash-CGF, In-kind meaning the value from a 3rd party/non-county entity, Local Grant, etc.)?

Yes a 25% match requirement which we provide every year through the value of foregone property taxes on each of the past projects funded.

4. 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 they?

Yes the grant does cover indirect costs through administration/staff costs

Program Approval:

Mark Sirois

5/18/2022

Mark Sirois

Digitally signed by Mark Sirois
DN: cn=Mark Sirois, o=Clackamas County, ou=Community Development Division, email=marksi@clackamas.us, c=US
Date: 2022.05.23 16:52:40 -0700

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)		
Mark Sirois	5/18/2022	Mark Sirois
Name (Typed/Printed)	Date	Signature

Digitally signed by Mark Sirois
DN: cn=Mark Sirois, o=Clatsop County, ou=Community Development Division, email=marksirois@clatsop.us, c=US
Date: 2022.05.18 17:25:43 -0700

DEPARTMENT DIRECTOR (or designee, if applicable)		
Adam Brown	05/25/2022	Adam Brown
Name (Typed/Printed)	Date	Signature

Digitally signed by Adam Brown
Date: 2022.05.25 16:59:04 -0700

FINANCE GRANT MANAGER		
Elizabeth Comfort, Finance Director	5.25.2022	Elizabeth Comfort
Name (Typed/Printed)	Date	Signature

Digitally signed by Elizabeth Comfort
Date: 2022.05.25 18:07:45 -0700

EOC COMMAND APPROVAL (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: <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.