

September 7, 2022

Board of County Commissioners
Clackamas County

Members of the Board:

Approval to Amend Application related to Funding Opportunity: Workforce Ready Grants, Round One: Building Capacity for Workforce Programs through the State of Oregon Higher Education Coordinating Commission (HECC) to Increase the Capacity of the County’s Workforce Unit. Amount requested up to \$250,000. No County General Funds Involved.

Purpose/Outcome	The Children, Family and Community Connections (CFCC) Division of Clackamas County requests amendment to the Workforce Ready Grant Application. The original application was approved at the Board’s business meeting on August 11, 2022. The Application Certification Sheet (Attachment D) was inadvertently omitted as part of the packet submitted to the BCC that is required to apply for the one-time grant to increase the capacity of the County’s Workforce Services Unit. The opportunity is funded through the Governor’s Future Ready Oregon initiative and requires the Certification Sheet as part of the application.
Dollar Amount and Fiscal Impact	Grant Application requesting up to \$250,000. No County General Funds are involved.
Funding Source	State of Oregon, acting by and through the Higher Education Coordinating Commission (HECC): Future Ready Oregon
Duration	Grant would fund capacity building July 1, 2022 to June 30, 2023
Previous Board Action/Review	BCC Issues: 8/9/2022 – moved to consent agenda BCC Business Meeting: 8/11/22 – approved
Strategic Plan Alignment	1. Ensure safe, healthy and secure communities 2. Grow a vibrant economy
Counsel Review	Reviewed and approved by County Counsel: Date: 8/11/22 by K.R. Reviewed and signed by Finance: Date: 7/21/2022 by Elizabeth Comfort
Procurement Review	Was the item processed through Procurement? No. Approval to Apply – Revenue Lifecycle Form
Contact Person	Adam Freer 971-533-4929
Contract No.	H3S #10767

BACKGROUND:

The Children, Family & Community Connections (CFCC) Division of the Health, Housing and Human Services Department requested and gained approval to apply for funding Workforce Ready Grants, Round One: Building Capacity for Workforce Programs through the State of Oregon Higher Education Coordinating Commission (HECC) on August 11th 2022. The Application Certification Sheet was inadvertently left out of the packet that went to the BCC (Attachment D), so we are bringing this item back in front of the BCC to complete the process. If funded, the grant would allow CFCC to increase its capacity to meet the high demand for employment services

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www.clackamas.us

working through a variety of supports, including purchase of new technology (computers, iPads, copier), client tracking software and consultation services that will strengthen the unit's ability to place residents in newly prioritized sectors – healthcare, technology and manufacturing.

RECOMMENDATION:

Staff recommends the Board approval of this request to apply and authorization for Tootie Smith, Board Chair, to sign the Application Certification (Attachment D) on behalf of Clackamas County.

Respectfully submitted,

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

ATTACHMENT D
APPLICATION CERTIFICATION SHEET

Legal Name of Applicant: Clackamas County

Address: 2051 Kaen Road **City, State, Zip:** Oregon City, OR 97045

State of Incorporation: Oregon **Entity Type:** Government/ Workforce Services

Contact Name: Adam Freer **Telephone:** 971.533.4929 **Email:** afreer@clackamas.us

Any individual signing below hereby certifies they are an authorized representative of Applicant and that:

1. If awarded a Grant, Applicant agrees to perform the scope of work and meet the performance standards set forth in the final negotiated scope of work of the Grant.
2. I have knowledge regarding Applicant's payment of taxes and by signing below I hereby certify that, to the best of my knowledge, Application is not in violation of any tax laws of the state or a political subdivision of the state, including, without limitation, ORS 305.620 and ORS chapters 316, 317 and 318.
3. Applicant does not discriminate in its employment practices or service delivery with regard to race, color, creed, age, religious affiliation, political affiliation or belief, gender, disability, sexual orientation, national origin or citizenship status. When awarding subgrants, Applicant does not discriminate against any business certified under ORS 200.055 as a disadvantaged business enterprise, a minority-owned business, a woman-owned business, a business that a service-disabled veteran owns or an emerging small business. If applicable, Applicant has, or will have prior to grant agreement execution, a written policy and practice, that meets the requirements described in ORS 279A.112, of preventing sexual harassment, sexual assault and discrimination against employees who are members of a protected class. HECC may not enter into an agreement with an anticipated grant price of \$150,000 or more with an Applicant that does not certify it has such a policy and practice. See <https://www.oregon.gov/DAS/Procurement/Pages/hb3060.aspx> for additional information and sample policy template.
4. Applicant and Applicant's employees, agents, and subcontractors are not included on:
 - A. the "Specially Designated Nationals and Blocked Persons" list maintained by the Office of Foreign Assets Control of the United States Department of the Treasury found at: <https://www.treasury.gov/ofac/downloads/sdnlist.pdf>, or
 - B. the government-wide exclusions lists in the System for Award Management found at: <https://www.sam.gov/SAM>
5. Applicant certifies that, to the best of its knowledge, there exists no actual or potential conflict between the business or economic interests of Applicant, its employees, or its agents, on the one hand, and the business or economic interests of the State, on the other hand, arising out of, or relating in any way to, the subject matter of the RFA. If any changes occur with respect to Applicant's status regarding conflict of interest, Applicant shall promptly notify the State in writing.

ATTACHMENT D
APPLICATION CERTIFICATION SHEET

6. Applicant certifies that all contents of the Application (including any other forms or documentation, if required under this RFA) and this Application Certification Sheet are truthful and accurate and have been prepared independently from all other Applicants, and without collusion, fraud, or other dishonesty.
7. Applicant understands that any statement or representation it makes, in response to this RFA, if determined to be false or fraudulent, a misrepresentation, or inaccurate because of the omission of material information could result in a "claim" (as defined by the Oregon False Claims Act, ORS 180.750(1)), made under Contract being a "false claim" (ORS 180.750(2)) subject to the Oregon False Claims Act, ORS 180.750 to 180.785, and to any liabilities or penalties associated with the making of a false claim under that Act.
8. Applicant certifies it will comply with the Pay Equity law, ORS 652.220, if applicable.
9. Applicant is registered, or will be registered if awarded a grant agreement, in the state's electronic procurement system, called OregonBuys. [Registration is free, by clicking the blue "Register" button found here: <https://oregonbuys.gov/bs/>.]

Authorized Signature

Date

Tootie Smith – Clackamas County Board
Chair

(Printed Name and Title)

COVER SHEET

- New Agreement/Contract
- Amendment/Change/Extension to _____
- Other _____

Originating County Department: _____

Other party to contract/agreement: _____

Description:

After recording please return to: _____

County Admin

Procurement

If applicable, complete the following:

Board Agenda Date/Item Number: _____

Contract Transmittal Form

Health, Housing & Human Services Department

H3S Contract #: 10767 Board Order #:	Division: CFCC Contact: Freer, Adam Program Contact: Harvey, Jennifer	<input type="checkbox"/> Subrecipient <input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Amend # \$ <input type="checkbox"/> Procurement Verified <input type="checkbox"/> Aggregate Total Verified
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Non BCC Item
 BCC Agenda
 Date: August 11, 2022

CONTRACT WITH: Enter Contractor Name Here

CONTRACT AMOUNT: \$250,000.00

TYPE OF CONTRACT

<input type="checkbox"/> Agency Service Contract	<input type="checkbox"/> Memo of Understanding/Agreement
<input type="checkbox"/> Construction Agreement	<input type="checkbox"/> Professional, Technical & Personal Services
<input type="checkbox"/> Intergovernmental Agreement	<input type="checkbox"/> Property/Rental/Lease
<input type="checkbox"/> Interagency Services Agreement	<input type="checkbox"/> One Off

DATE RANGE

<input checked="" type="checkbox"/> Full Fiscal Year	7/1/2022 - 6/30/2023	<input type="checkbox"/> 4 or 5 Year	_____ - _____
<input type="checkbox"/> Upon Signature	_____ - _____	<input type="checkbox"/> Biennium	_____ - _____
<input type="checkbox"/> Other	_____ - _____	<input type="checkbox"/> Retroactive Request?	_____ - _____

INSURANCE What insurance language is required?

Checked Off
 N/A

Commercial General Liability:
 Yes
 No, not applicable
 No, waived
 If no, explain why: _____

Business Automobile Liability:
 Yes
 No, not applicable
 No, waived
 If no, explain why: _____

Professional Liability:
 Yes
 No, not applicable
 No, waived
 If no, explain why: _____

Approved by Risk Mgr _____

Risk Mgr's Initials and Date

BOILER PLATE CHANGE

Has contract boilerplate language been altered, added, or deleted?

No
 Yes (must have CC approval-next box)
 N/A (Not a County boilerplate - must have CC approval)

If yes, what language has been altered, added, or deleted and why: _____

County Finance

Yes by: Elizabeth Comfort
 Date Approved: 7/20/2022

OR

This contract does not require approval by County Counsel per established Counsel processing standards.

SIGNATURE OF DIVISION REPRESENTATIVE: Stephanie Radford
 Date: 7/21/2022

H3S Admin Only	Date Received: _____ Date Signed: _____ Date Sent: _____
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AGREEMENTS/CONTRACTS

	New Agreement/Contract
	Amendment/Change Order Original Number _____

ORIGINATING COUNTY

**DEPARTMENT: Health, Housing Human Services
Children, Family & Community Co**

PURCHASING FOR: Approval to Apply - Workforce Capacity

OTHER PARTY TO

CONTRACT/AGREEMENT: State of Oregon - HECC

BOARD AGENDA ITEM

NUMBER/DATE: _____ DATE: _____

PURPOSE OF

CONTRACT/AGREEMENT: Approval to Apply for Funding Opportunity:
Workforce Ready Grants, Round One: Capacity Building for Workforce Programs through the State of Oregon Higher Education Coordinating Commission (HECC) to increase the capacity of the County's Workforce Unit. Funding would allow CFCC to increase its capacity to meet the high demand for employment services to strengthen the unit's ability to place residents in newly prioritized sectors - healthcare, technology, and manufacturing.

H3S CONTRACT NUMBER: 10767

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.

**** CONCEPTION ****

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

Award type: Direct Appropriation (no application)
Subrecipient Award Direct Award
Award Renewal? Yes No

Lead Department & Fund #: _____

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

Name of Funding Opportunity: _____

Funding Source: Federal State Local

Requestor Information (Name of staff person initiating form): _____

Requestor Contact Information: _____

Department Fiscal Representative: _____

Program Name and 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

CFDA(s), if applicable: _____

Funding Agency Award Notification Date: _____

Announcement Date: _____

Announcement/Opportunity #: _____

Grant Category/Title: _____

Funding Amount Requested: _____

Allows Indirect/Rate: _____

Match Requirement: _____

Application Deadline: _____

Other Deadlines: _____

Award Start Date: _____

Other Deadline Description: _____

Award End Date: _____

Completed By: _____

Program Income Requirement: _____

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? _____

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. What, 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 sunseting 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. Will we realize more benefit than this financial assistance will cost to administer?

2. Are other revenue sources required, available or will be used to fund the program? Have they already been secured? Please name other sources, including General Fund or Fund Balance and amounts.

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.)?

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 those sources?

Program Approval:

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)		
		
Name (Typed/Printed)	Date	Signature

DEPARTMENT DIRECTOR (or designee, if applicable)		
Rodney A. Cook	7/19/22	<i>Denise Swanson for</i>
Name (Typed/Printed)	Date	Signature

FINANCE ADMINISTRATION		
Elizabeth Comfort	7.20.2022	<i>Elizabeth Comfort</i>
Name (Typed/Printed)	Date	Signature

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:	Denied:
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.