



**Daniel Nibouar**

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January 11, 2024

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

Board of County Commissioners  
Clackamas County

**Approval to apply for Urban Area Security Initiative Fiscal Year 2024 grant funds. Anticipated grant value is \$792,223. Funding through the Urban Area Security Initiative Grant Program. No County General funds are involved.**

<b>Previous Board Action/Review</b>	Briefed at Issues 01/09/2024		
<b>Performance Clackamas</b>	1. Healthy, Safe & Secure Communities		
<b>Counsel Review</b>	N/A	<b>Procurement Review</b>	N/A
<b>Contact Person</b>	Daniel Nibouar, Director	<b>Contact Phone</b>	503-655-8665

**EXECUTIVE SUMMARY:**

The Portland Urban Area Security Initiative (UASI) is comprised of the City of Portland and the contiguous counties of Clackamas, Multnomah, Washington, and Columbia in Oregon and Clark County in Washington. Agencies within the UASI region may apply for the UASI grant funds. Disaster Management is applying for Citizen Corps equipment and training (\$41,150), Elections is applying for elections security enhancements (\$278,030), and the Sheriff's Office is applying Air Support Unit equipment (\$473,043). All projects total \$792,223.

**RECOMMENDATION:**

Staff respectfully recommends BCC approval to apply for the FY24 UASI grant.

Respectfully submitted,

Daniel Nibouar, 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 or direct appropriation, complete sections I, II, IV & V only. Section III is not required.**

**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>

