

July 1, 2021

Board of County Commissioners
Clackamas County

Members of the Board:

Approval of Amendment #5, to Intergovernmental Subrecipient Agreement
with City of Sandy – Sandy Senior & Community Center to Provide Social
Services for Clackamas County Residents

| | |
|--|--|
| Purpose/Outcomes | Subrecipient Agreement, Amendment #5 with the City of Sandy – Senior & Community Center to provide Older American Act (OAA) funded services for persons in the Sandy service area. |
| Dollar Amount and Fiscal Impact | This amendment decreases the contract maximum by \$23,278; for a revised agreement maximum of \$181,124 for the FY20/21 funding. The contract is funded through the Social Services Division Program agreements with the Oregon Department of Human Services and various transportation agreements with TriMet & Ride Connection, Inc. |
| Funding Source | The Older American Act (OAA) and Ride Connection pass-through funds - no County General Funds are involved. |
| Duration | Effective July 1, 2020 and terminates on June 30, 2021 |
| Previous Board Action | 051619-A2, 060420-A2, 070920-A2, 072320-A3 |
| Strategic Plan Alignment | <ol style="list-style-type: none"> 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. |
| County Council | <ol style="list-style-type: none"> 1. Date of Counsel review: 5/17/21 2. Initials of County Counsel performing review: KR |
| Procurement Review | <ol style="list-style-type: none"> 1. Was this time processed through Procurement? No 2. In no, provide brief explanation: This is a Subrecipient Grant agreement. Not subject to Procurement Review. |
| Contact Person | Brenda Durbin, Director, Social Services Division 503-655-8641 |
| Contract No. | H3S #9264; Subrecipient #20-009 |

BACKGROUND:

The Social Services Division of the Health, Housing and Human Services request approval of the Subrecipient Agreement Amendment #5 with the City of Sandy – Senior & Community Center to provide Older American Act (OAA) funded services for qualified persons living in the Sandy service area. The services provided include congregate and home delivered meals, evidence-based health promotion activities, transportation, and information and referral activities. These services link residents with resources to meet their individual needs. This helps them to remain independent and interactive in the community.

This is a budget adjustment that adjusts the OAA Title III-C Nutrition Services and Nutrition Services Incentive Program (NSIP) funding to align with the current State of Oregon Department of Human Services, Community Services & Supports Unit Allocation. This also rebalances projected meals served to be closer to anticipated actuals. This results in a decrease to the total contract budget. This amendment reduces the award by \$23,278, primarily in projected Medicaid funded meals from the State of Oregon, Dept. of Human Services, for an updated grant maximum of \$181,124 for FY20/21. This amendment was approved by County Counsel on 5/17/21.

RECOMMENDATION:

Staff recommends the Board approval of this agreement and that Tootie Smith, Chair; or her designee, be authorized to sign on behalf of Clackamas County.

Respectfully submitted,

A handwritten signature in black ink that reads "Mary Rowland for Rodney A. Cook". The signature is written in a cursive style.

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

Contract Transmittal Form

Health, Housing & Human Services Department

| | | |
|---|--|---|
| H3S Contract #: 9264 Board Order #: Prior Board Order #051619-A2, 060420-A2, 070920-A2, 072320-A4 | Division: SS Contact: Reid, Stefanie Program Contact: Reid, Stefanie | <input checked="" type="checkbox"/> Subrecipient <input type="checkbox"/> Revenue <input checked="" type="checkbox"/> Amend # 5 \$ (\$23,278.00) <input type="checkbox"/> Procurement Verified <input type="checkbox"/> Aggregate Total Verified |
|---|--|---|

Non BCC Item
 BCC Agenda
 Date: Thursday, June 3, 2021

CONTRACT WITH: 19-21 City of Sandy-Sandy Community Center

CONTRACT AMOUNT: \$387,277.00

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 checked="" type="checkbox"/> Intergovernmental Agreement | <input type="checkbox"/> Property/Rental/Lease |
| <input type="checkbox"/> Interagency Services Agreement | <input type="checkbox"/> One Off |

DATE RANGE

| | |
|--|---|
| <input type="checkbox"/> Full Fiscal Year _____ - _____ | <input type="checkbox"/> 4 or 5 Year _____ - _____ |
| <input checked="" type="checkbox"/> Upon Signature _____ - 6/30/2021 | <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 COUNSEL

Yes by: _____ Date Approved: _____
 OR
 This contract is in the format approved by County Counsel.

SIGNATURE OF DIVISION REPRESENTATIVE: _____

Date: _____

| | |
|-------------------|--|
| H3S Admin Only | Date Received: _____ Date Signed: _____ Date Sent: _____ |
|-------------------|--|

AGREEMENTS/CONTRACTS

| | |
|---|--|
| | New Agreement/Contract |
| X | Amendment/Change Order Original Number |

ORIGINATING COUNTY

DEPARTMENT: Health, Housing Human Services
Social Services

PURCHASING FOR: Contracted Services

OTHER PARTY TO

CONTRACT/AGREEMENT: 19-21 City of Sandy-Sandy Community Center

BOARD AGENDA ITEM

NUMBER/DATE: _____ **DATE:** 6/3/2021

PURPOSE OF

CONTRACT/AGREEMENT: OAA & Transportation Services for area served by
Sandy Senior Center

Budget adjustment that adjusts the III-C and NSIP funding to align with the current State of Oregon Department of Human Services, Community Services & Supports Unit Allocation and more closely aligns contracted meals with projected actuals.

H3S CONTRACT NUMBER: 9264

Subrecipient Grant Agreement Amendment
Health, Housing and Human Services

H3S Contract#: 9264

Subrecipient #: 20-009

Board Agenda #: 051619-A2, 060420-A2, 070920-A2

Amendment Number: 5

Division: Social Services

Contractor: City of Sandy – Sandy Senior & Community Center

Amendment Requested By: Brenda Durbin, CCSS Director

Changes: (X) Subrecipient Grant Agreement Budget & Language

Justification for Amendment:

This is a budget adjustment that adjusts the III-C and NSIP funding to align with the current State of Oregon Department of Human Services, Community Services & Supports Unit Allocation. This also rebalances projected meals served to be closer to anticipated actuals. This results in a decrease to the award budget of \$23,278.

This Amendment #5, when signed by the City of Sandy – Sandy Senior & Community Center ("SUBRECIPIENT") the Health, Housing and Human Services Department, Social Services Division on behalf of Clackamas County ("COUNTY") will become part of the award documents, superseding the original to the applicable extent indicated.

WHEREAS, SUBRECIPIENT and COUNTY entered into those certain Subrecipient Agreement documents for the provision of services dated July 1, 2020 as may be amended ("agreement");

NOW, THEREFORE, County and Subrecipient hereby agree that the Agreement is amended as follows:

- I. **Amend:** The maximum not-to-exceed compensation payable to Subrecipient under this agreement for the period of July 1, 2020 through June 30, 2021 is:
 4. **Grant Funds.** The maximum, not to exceed, compensation COUNTY will pay for the period of July 1, 2020 through June 30, 2021 is **\$204,402**. This is a cost reimbursement agreement and disbursements will be made in accordance with the requirements contained in Exhibit 5 – Reporting Requirements and Exhibit 6 – Budget and Units of Services. Failure to comply with the terms of this Agreement may result in withholding of payment. (The split between funding sources is outlined in Exhibit 6 – Budget and Units of Services.)
 - a. **Grant Funds.** The COUNTY's funding of **\$79,744** in grant funds for this Agreement is the Older Americans Act (CFDA: 93.043, 93.044, 93.052, 93.053) issued to COUNTY by the State of Oregon, Department of Human Services, Community Services & Supports Unit and **\$34,800** from Federal Transportation Administration funds (Federal Statute: 49 USC 5310;

CFDA: 20.513) issued to the COUNTY by Ride Connection, Inc., an Oregon nonprofit corporation, and TriMet.

- b. **Other Funds.** COUNTY's funding of **\$65,796** for transportation services outlined in this agreement are from Elderly and Disabled Transportation funds issued to COUNTY by Ride Connection, Inc. and TriMet. The **\$20,562** in Medicaid funds for Medicaid Home Delivered Meals issued to the SUBRECIPIENT by the State of Oregon, Department of Human Services, Adults and Persons with Disabilities. The **\$3,500** in for Low Income Home Energy Assistance application assistance outlined in this Agreement are issued to the COUNTY from HEAT Oregon, an Oregon nonprofit organization.

To Read:

- 4. **Grant Funds.** The maximum, not to exceed, compensation COUNTY will pay for the period of July 1, 2020 through June 30, 2021 is **\$181,124**. This is a cost reimbursement agreement and disbursements will be made in accordance with the requirements contained in Exhibit 5 – Reporting Requirements and Exhibit 6 – Budget and Units of Services. Failure to comply with the terms of this Agreement may result in withholding of payment. (The split between funding sources is outlined in Exhibit 6 – Budget and Units of Services.)
 - c. **Grant Funds.** The COUNTY's funding of **\$59,015** in grant funds for this Agreement is the Older Americans Act (CFDA: 93.043, 93.044, 93.052, 93.053) issued to COUNTY by the State of Oregon, Department of Human Services, Community Services & Supports Unit and **\$34,800** from Federal Transportation Administration funds (Federal Statute: 49 USC 5310; CFDA: 20.513) issued to the COUNTY by Ride Connection, Inc., an Oregon nonprofit corporation, and TriMet.
 - d. **Other Funds.** COUNTY's funding of **\$65,796** for transportation services outlined in this agreement are from Elderly and Disabled Transportation funds issued to COUNTY by Ride Connection, Inc. and TriMet. The **\$3,500** in for Low Income Home Energy Assistance application assistance outlined in this Agreement are issued to the COUNTY from HEAT Oregon, an Oregon nonprofit organization. The **\$18,013** in Medicaid funds for Medicaid Home Delivered Meals issued to the SUBRECIPIENT by the State of Oregon, Department of Human Services, Adults and Persons with Disabilities.

City of Sandy – Sandy Senior & Community Center
 Subrecipient Grant Agreement #20-009, Amendment 5

TO READ: Exhibit 6 – Budget and Units of Services – Unit Cost Schedule

CITY OF SANDY - SENIOR CENTER
 Fiscal Year 2020-21

| Federal Award Numbers | CFDA Number | Service Category | OAA 1116 | | OAA 1117 | | OAA 1118 | | OAA 1119 | | OAA 1120 | | OAA 1121 | | OAA 1122 | | OAA 1123 | | OAA 1124 | | OAA 1125 | | TOTAL COST | NO. OF UNITS | TOTAL REVERSE MERIT RATE | |
|-----------------------|-------------|------------------------------------|----------|---------|----------|----------|----------|---------|----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--------|----------|--------|------------|--------------|--------------------------|--|
| | | | Funds | 1116 | Funds | 1117 | Funds | 1118 | Funds | 1119 | Funds | 1120 | Funds | 1121 | Funds | 1122 | Funds | 1123 | Funds | 1124 | Funds | 1125 | | | | |
| | | | 91,044 | 91,045 | 91,045 | 91,045 | 91,043 | 91,043 | 91,043 | 91,043 | 91,043 | 91,043 | 91,043 | 91,043 | 91,043 | 91,043 | 91,043 | 91,043 | 91,043 | 91,043 | 91,043 | 91,043 | | | | |
| | | | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | | | | | |
| | | Case Management (Hours) | \$3,295 | | | | | | \$366 | | | | | | | | | | | | | | 92 | \$3,661 | \$35.81 | |
| | | Reassurance (Contacts) | \$1,434 | | | | | | \$159 | | | | | | | | | | | | | | 55 | \$1,593 | \$25.90 | |
| | | Info. & Assistance | \$1,029 | | | | | | \$381 | | | | | | | | | | | | | | 188 | \$3,810 | \$18.27 | |
| | | Transportation OAA | \$3,244 | | | | | | \$583 | | | | | | | | | | | | | | 1,311 | \$5,827 | \$4.00 | |
| | | Physical Activity/Falls Prevention | | | | | \$2,880 | | \$0 | | | | | | | | | | | | | | 57 Classes | \$2,880 | \$50.00 | |
| | | Family Cntr. Respite | | | | | | \$5,536 | \$1,284 | | | | | | | | | | | | | | 475 | \$5,920 | \$11.70 | |
| | | Trans - Ride Con. Out of Dist | | | | | | | \$0 | | | \$22,190 | | | | | | | | | | | 690 | \$22,190 | \$31.75 | |
| | | Transportation - Special Needs | | | | | | | \$0 | | | \$40,525 | | | | | | | | | | | 1,099 | \$40,525 | \$39.00 | |
| | | Transportation - Boring Lifetime | | | | | | | \$0 | | | \$3,081 | | | | | | | | | | | 848 | \$3,081 | \$3.00 | |
| | | Transport - T19 Non-Med. | | | | | | | \$0 | | | | | | | | | | | | | | 0 | \$0 | \$0.00 | |
| | | Ride Con - Vehicle Maint | | | | | | | \$1,200 | | | \$4,800 | | | | | | | | | | | N/A | \$6,000 | N/A | |
| | | OAA HDM Assessment | | | | | | | \$0 | | | | | | | | | | | | | | 70 | \$2,907 | \$35.81 | |
| | | OAA Meal Site Management | | | | | | | \$3,000 | | | | | | | | | | | | | | 21,782 | \$44,283 | \$2.78 | |
| | | Food Service - Frozen HDHM | | | | | | | \$0 | | | | | | | | | | | | | | 0 | \$0 | \$0.00 | |
| | | Medicaid Meals - DHS/APP | | | | | | | (\$446) | | | | | | | | | | | | | | 1,533 | \$10,596 | \$7.46 | |
| | | JEAP Indirects | | | | | | | \$0 | | | | | | | | | | | | | | 140 | \$0 | \$25.00 | |
| | | TOTALS | \$13,402 | \$4,691 | \$16,301 | \$15,453 | \$2,880 | \$5,536 | \$6,631 | (\$1,200) | \$0 | \$65,796 | \$4,800 | \$30,000 | \$0 | \$18,013 | \$3,500 | \$25,382 | \$18,255 | | | | | | | |



CFDA Number 20.513 & Federal Award Number applies to Ride Connection Vehicle Maintenance funds only
 Source of OAA Match - Staff Time & Units of Service in excess of contract

Contract Amount: \$181,124
 Federal Award Total \$93,615

City of Sandy – Sandy Senior & Community Center
Subrecipient Grant Agreement #20-009, Amendment 5

Except as set forth herein, COUNTY and SUBRECIPIENT ratify the remainder of this Agreement and affirm that no other changes are made hereby.

IN WITNESS HEREOF, the parties hereto have caused this Amendment to be executed by their duly authorized officers.

| | |
|---|---|
| City of Sandy – Sandy Senior & Community Center | CLACKAMAS COUNTY |
| By:  Jordan Wheeler, City Manager | Commissioner: Tootie Smith, Chair Commissioner: Sonya Fischer Commissioner: Paul Savas Commissioner: Martha Schrader Commissioner: Mark Shull |
| 4/26/2021 | Signing on Behalf of the Board: |
| Date | _____ |
| Approved as to Program Content: | _____ |
|  Tanya Richardson, Comm. Services Director | Tootie Smith, Chair |
| 4/23/21 | _____ |
| Date | Date |

July 1, 2021

Board of County Commissioner
Clackamas County

Members of the Board:

Approval of Amendment #5, to Agency Subrecipient Agreement with Friends
of Canby Adult Center to Provide Social Services for
Clackamas County Residents

| | |
|--|---|
| Purpose/Outcomes | Subrecipient Agreement, Amendment #5 with the Friends of Canby Adult Center to provide Older American Act (OAA) funded services for persons in the Canby service area. |
| Dollar Amount and Fiscal Impact | The maximum value is increased by \$19,565; for a revised agreement maximum of \$247,991. The contract is funded through the Social Services Division Program agreements with the Oregon Department of Human Services and various transportation agreements with TriMet & Ride Connection, Inc. |
| Funding Source | The Older American Act (OAA), Ride Connection pass-through funds and Low Income Home Energy Assistance Program (LIHEAP) funds - no County General Funds are involved. |
| Duration | Effective July 1, 2020 and terminates on June 30, 2021 |
| Previous Board Action | 060619-A3, 043020-A5, 070920-A2, 073020-A7 |
| Strategic Plan Alignment | 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. |
| Counsel Review | 1. Date of Counsel review: 5/17/21 2. Initials of County Counsel performing review: KR |
| Procurement Review | 1. Was this time processed through Procurement? No 2. In no, provide brief explanation: This is a Subrecipient Grant agreement. Not subject to Procurement Review. |
| Contact Person | Brenda Durbin, Director, Social Services Division 503-655-8641 |
| Contract No. | H3S#9269; Subrecipient #20-001 |

BACKGROUND:

The Social Services Division of the Health, Housing and Human Services request approval of the Subrecipient Agreement, Amendment #5 with the Friends of Canby Adult Center to provide Older American Act (OAA) funded services for persons living in the Canby area. The services provided include congregate and home delivered meals, evidence-based health promotion activities, transportation, and information and referral activities. These services link residents with resources to meet their individual needs. This helps them to remain independent and interactive in the community.

This is a budget adjustment that adjusts the OAA Title III-C Nutrition Services and Nutrition Services Incentive Program (NSIP) funding to align with the current State of Oregon Department of Human Services, Community Services & Supports Unit Allocation. This also rebalances projected meals served to be closer to anticipated actuals. This results in an increase to the contract budget of \$19,565.

This amendment adds \$19,565 in funding for an updated grant maximum of \$247,991 through June 30, 2021. This amendment was approved by County Counsel on 5/17/21.

RECOMMENDATION:

Staff recommends the Board approval of this agreement and that Tootie Smith, Board Chair; or her designee, be authorized to sign on behalf of Clackamas County.

Respectfully submitted,

A handwritten signature in black ink that reads "Mary Rumbarger for Rodney A. Cook". The signature is written in a cursive style.

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

Contract Transmittal Form

Health, Housing & Human Services Department

| | | |
|---|--|--|
| H3S Contract #: 9269 Board Order #: Prior Board Order# 060619-A3, 043020-A5, 070920-A2, 073020-A7 | Division: SS Contact: Stefanie Reid Program Contact: Stefanie Reid | <input checked="" type="checkbox"/> Subrecipient <input type="checkbox"/> Revenue <input checked="" type="checkbox"/> Amend # 5 \$ \$19,565.00 <input type="checkbox"/> Procurement Verified <input type="checkbox"/> Aggregate Total Verified |
|---|--|--|

Non BCC Item
 BCC Agenda
 Date: Thursday, May 20, 2021

CONTRACT WITH: 19-21 Canby Adult Center

CONTRACT AMOUNT: \$539,844.00

TYPE OF CONTRACT

| | |
|---|--|
| <input checked="" 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 _____ - _____ | <input type="checkbox"/> 4 or 5 Year _____ - _____ |
| <input type="checkbox"/> Upon Signature _____ - _____ | <input type="checkbox"/> Biennium _____ - _____ |
| <input type="checkbox"/> Other _____ - _____ | <input checked="" type="checkbox"/> Retroactive Request? 7/1/2020 - 6/30/2021 |

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 COUNSEL

Yes by: _____ Date Approved: _____
 OR
 This contract is in the format approved by County Counsel.

SIGNATURE OF DIVISION REPRESENTATIVE: Brenda Durbin
 Digitally signed by Brenda Durbin
 Date: 2021.04.22 12:40:56 -07'00'
 Date: _____

| | |
|----------------|--|
| H3S Admin Only | Date Received: _____ Date Signed: _____ Date Sent: _____ |
|----------------|--|

AGREEMENTS/CONTRACTS

| | |
|---|--|
| | <input type="checkbox"/> New Agreement/Contract |
| X | <input checked="" type="checkbox"/> Amendment/Change Order Original Number |

ORIGINATING COUNTY

**DEPARTMENT: Health, Housing Human Services
Social Services**

PURCHASING FOR: Contracted Services

OTHER PARTY TO

CONTRACT/AGREEMENT: 19-21 Canby Adult Center

BOARD AGENDA ITEM

NUMBER/DATE: _____ DATE: 5/20/2021

PURPOSE OF

CONTRACT/AGREEMENT: Aging services subrecipient agreement for the delivery of community-based services to older adults in the Canby area.

Budget adjustment that adjusts the III-C and NSIP funding to align with the current State of Oregon Department of Human Services, Community Services & Supports Unit Allocation

H3S CONTRACT NUMBER: 9269

Subrecipient Agreement Amendment
Health, Housing and Human Services

H3S Contract#: 9269

Subrecipient #: 20-001

Board Agenda #: 060619-A3, 043020-A5, 062520-A5

Amendment Number: 5

Division: Social Services

Contractor: Canby Adult Center, The Friends of the

Amendment Requested By: Brenda Durbin, CCSS Director

Changes: (X) Subrecipient Agreement Budget & Language

Justification for Amendment:

This is a budget adjustment that adjusts the III-C and NSIP funding to align with the current State of Oregon Department of Human Services, Community Services & Supports Unit Allocation. This also rebalances projected meals served to be closer to anticipated actuals. This results in an increase to the contract budget of \$19,565.

This Amendment #5, when signed by the Canby Adult Center ("SUBRECIPIENT") the Health, Housing and Human Services Department, Social Services Division on behalf of Clackamas County ("COUNTY") will become part of the contract documents, superseding the original to the applicable extent indicated.

WHEREAS, the SUBRECIPIENT and COUNTY entered into those certain Subrecipient Agreement documents for the provision of services dated July 1, 2020 as may be amended ("agreement");

NOW, THEREFORE, the COUNTY and SUBRECIPIENT hereby agree that the Agreement is amended as follows:

- I. **Amend:** The maximum not-to-exceed compensation payable to Subrecipient under this agreement for the period of July 1, 2020 through June 30, 2021 is:
 4. **Grant Funds.** The maximum, not to exceed, compensation COUNTY will pay for the period of July 1, 2020 through June 30, 2021 is **\$228,425**. This is a cost reimbursement agreement and disbursements will be made in accordance with the requirements contained in Exhibit 5 – Reporting Requirements and Exhibit 6 – Budget and Units of Services. Failure to comply with the terms of this Agreement may result in withholding of payment. (The split between funding sources is outlined in Exhibit 6 – Budget and Units of Services.)
 - a. **Grant Funds.** COUNTY's funding of **\$194,375** in grant funds for this Agreement is the Older Americans Act (CFDA: 93.043, 93.044, 93.052, 93.053) issued to COUNTY by the State of Oregon, Department of Human Services, State Unit on Aging and **\$4,800** from Federal Transportation Administration funds (Federal Statute: 49 USC 5310; CFDA: 20.513) issued to the COUNTY by Ride Connection, Inc., an Oregon nonprofit corporation.

- b. **Other Funds.** COUNTY's funding of **\$26,525** for transportation services outlined in this agreement are from Elderly and Disabled Transportation funds issued to COUNTY by Ride Connection, Inc. and TriMet. COUNTY's funding of **\$2,100** for National Diabetes Prevention Program are from Oregon Wellness Network, and **\$625** for Low Income Home Energy Assistance application assistance outlined in this Agreement are from HEAT Oregon, an Oregon nonprofit organization.

TO READ:

- 4. **Grant Funds.** The maximum, not to exceed, compensation COUNTY will pay for the period of July 1, 2020 through June 30, 2021 is **\$247,991**. This is a cost reimbursement agreement and disbursements will be made in accordance with the requirements contained in Exhibit 5 – Reporting Requirements and Exhibit 6 – Budget and Units of Services. Failure to comply with the terms of this Agreement may result in withholding of payment. (The split between funding sources is outlined in Exhibit 6 – Budget and Units of Services.)
 - a. **Grant Funds.** COUNTY's funding of **\$213,716** in grant funds for this Agreement is the Older Americans Act (CFDA: 93.043, 93.044, 93.052, 93.053) issued to COUNTY by the State of Oregon, Department of Human Services, State Unit on Aging and **\$4,800** from Federal Transportation Administration funds (Federal Statute: 49 USC 5310; CFDA: 20.513) issued to the COUNTY by Ride Connection, Inc., an Oregon nonprofit corporation.
 - b. **Other Funds.** COUNTY's funding of **\$26,525** for transportation services outlined in this agreement are from Elderly and Disabled Transportation funds issued to COUNTY by Ride Connection, Inc. and TriMet. COUNTY's funding of **\$2,100** for National Diabetes Prevention Program are from Oregon Wellness Network, and **\$625** for Low Income Home Energy Assistance application assistance outlined in this Agreement are from HEAT Oregon, an Oregon nonprofit organization.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

The Friends of the Canby Adult Center
Subrecipient Grant Agreement #20-001, Amendment 5

I. **Amend:** Exhibit 6 – Budget and Units of Services - Unit Cost Schedule

CANBY ADULT CENTER
Fiscal Year 2020-21

| | OAA III B Funds | | OAA III C1 Funds | | OAA III C2 Funds | | OAA III C2 Funds | | OAA III D Funds | | Required Match | NSIP Funds | | State Funds | | Other Funds | | Ride Connection | | TriMet STF Funds | | MEDICAID Funds | | LIEAP Funds | | Program Income | | NO. OF UNITS | | TOTAL COST | | Reimbursement Rate | | | | |
|---|-----------------|-----------|------------------|-----------|------------------|----------|------------------|----------|-----------------|----------|----------------|-------------|----------|-------------|----------|-------------|----------|-----------------|----------|------------------|----------|----------------|----------|-------------|----------|----------------|----------|--------------|----------|------------|-----------|--------------------|-----|-----|-----|--|
| | Fund Number | Amount | Fund Number | Amount | Fund Number | Amount | Fund Number | Amount | Fund Number | Amount | Amount | Fund Number | Amount | Fund Number | Amount | Fund Number | Amount | Fund Number | Amount | Fund Number | Amount | Fund Number | Amount | Fund Number | Amount | Fund Number | Amount | Units | Cost | Rate | Rate | | | | | |
| Federal Award Numbers | 16AORT3SS | 16AORT3CM | 16AORT3D | 16AORT3PH | 16AORT3A | 16AORT3B | 16AORT3C | 16AORT3E | 16AORT3F | 16AORT3G | | 16AORT3H | 16AORT3I | 16AORT3J | 16AORT3K | 16AORT3L | 16AORT3M | 16AORT3N | 16AORT3O | 16AORT3P | 16AORT3Q | 16AORT3R | 16AORT3S | 16AORT3T | 16AORT3U | 16AORT3V | 16AORT3W | 16AORT3X | 16AORT3Y | 16AORT3Z | 16AORT3AA | 16AORT3AB | | | | |
| CFDA Number | 93.044 | 93.045 | 93.045 | 93.045 | 93.045 | 93.045 | 93.045 | 93.045 | 93.043 | | | 93.053 | N/A | 20.513 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| Service Category | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) | (21) | (22) | (23) | (24) | (25) | (26) | (27) | (28) | (29) | (30) | | | | | | |
| Case Management | \$2,035 | | | | | | | | \$225 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reassurance | \$1,022 | | | | | | | | \$114 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Info. & Assistance | \$9,010 | | | | | | | | \$1,002 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Public Outreach | \$150 | | | | | | | | \$17 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transportation - OAA | \$0 | | | | | | | | \$0 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evidence Based Health & Wellness Program | | | | | | | | | \$0 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| National Diabetes Prevention Program | | | | | | | | | \$5,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trans - Ride Con. Out of Dist Non-Medical Trip Transportation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ride Connection Vehicle Maintenance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OAA Meal Site Management | \$18,600 | \$26,306 | \$25,339 | \$4,994 | \$1,200 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | |
| Food Service - OAA & NSIP | \$27,819 | \$40,141 | \$14,089 | \$7,557 | \$24,665 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| LIEAP Intakes | \$12,217 | \$46,419 | \$39,428 | \$66,447 | \$15,109 | \$24,665 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| TOTALS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Source of OAA Match - Staff time

CFDA Number 20.513 & Federal Award Number only applies to Ride Connection Vehicle Maintenance funds only

Contracted Amount: \$228,425

Federal Award Totals 199,175

The Friends of the Canby Adult Center
Subrecipient Grant Agreement #20-001, Amendment 5

TO READ: Exhibit 6 – Budget and Units of Services – Unit Cost Schedule

CANBY ADULT CENTER
Fiscal Year 2020-21

| Federal Award Numbers CFDA Number Service Category | OAA III B | OAA III C1 | OAA III C2 | OAA III C2 | OAA III C2 | OAA III D | Required Match | NSIP Funds | Slate Funds | Other Funds | Ride Connection | TriMet STIF Funds | MEDICAID Funds | LEAP Funds | Program Income | NO. OF UNITS | TOTAL COST | Reimbursement Rate |
|--|-------------------|--------------|--------------|--------------|--------------|--------------|----------------|--------------|--------------|--------------------|--------------------|--------------------|----------------|---------------|----------------|--------------|------------|--------------------|
| | Funds (1) | Funds (2) | Funds (3) | Funds (4) | Funds (5) | Funds (6) | Funds (7) | Funds (8) | Funds (9) | STIF Funds (10) | 5310 Funds (11) | STIF Funds (12) | Funds (13) | Funds (14) | Funds (15) | | | |
| Case Management | 16AORT3SS \$2,035 | | | | | | \$226 | | | | | | | | | 88.02 | \$2,261 | \$23.12/hr |
| Reassurance | 16AORT3SS \$1,022 | | | | | | \$114 | | | | | | | | | 49 | \$1,136 | \$20.86 |
| Info. & Assistance | 16AORT3SS \$9,010 | | | | | | \$1,002 | | | | | | | | | 663 | \$10,012 | \$13.58 |
| Public Outreach | 16AORT3SS \$160 | | | | | | \$17 | | | | | | | | | 7 | \$167 | \$21.43 |
| Transportation - OAA | 16AORT3SS \$0 | | | | | | \$0 | | | | | | | | \$842 | 1,684 | \$842 | \$0.00 |
| Evidence Based Health & Wellness Program | | | | | | \$5,200 | \$0 | | | | | | | | | 104 | \$5,200 | \$50.00 |
| National Diabetes Prevention Program | | | | | | | \$0 | | | \$2,100 | | | | | \$0 | 28 | \$2,100 | \$75.00 |
| Trans - Ride Con. Out of Dist. | | | | | | | \$0 | | | | \$25,475 | | | | \$1,456 | 2,911 | \$26,931 | \$9.75 |
| Non-Medical T19 Transportation | | | | | | | \$0 | | | | | 344 | 931 | | | 75 | \$1,275 | \$17.00 |
| RIDE CONNECTION VEHICLE MAINTENANCE | | | | | | | \$0 | | | | | | | | | | | |
| OAA PDJW ASSESSMENTS | | | | | | | \$1,200 | | | | \$4,800.00 | | | | | | \$6,000 | N/A |
| OAA Meal Site Management | | \$42,539 | \$34,734 | \$25,339 | | | \$6,571 | | | | | | | | | 145 | \$3,352 | \$23.12 |
| Food Service - OAA & NSIP | | \$25,570 | \$20,977 | \$14,089 | | | \$5,176 | \$29,699 | | | | | | | \$38,270 | 39,865 | \$110,983 | \$2.57 |
| LEAP Intakes | | | | | | | \$0 | | | | | | | \$625 | | 25 | \$625 | \$25.00 |
| TOTALS | \$12,217 | \$67,909 | \$55,711 | \$42,760 | \$5,200 | \$15,505 | \$15,505 | \$29,899 | \$0 | \$2,100 | \$4,800 | \$344 | \$931 | \$625 | \$40,568 | | \$304,964 | |

Source of OAA Match - Staff time

CFDA Number 20.513 & Federal Award Number only applies to Ride Connection Vehicle Maintenance funds only

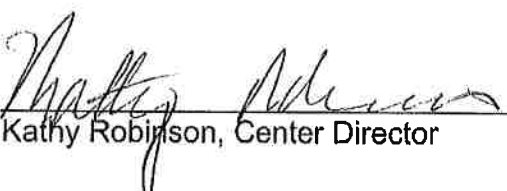

Contracted Amount: \$247,991

Federal Award Totals 218,516

The Friends of the Canby Adult Center
Subrecipient Grant Agreement #20-001, Amendment 5

Except as set forth herein, COUNTY and SUBRECIPIENT ratify the remainder of the Contract and affirm that no other changes are made hereby.

IN WITNESS HEREOF, the parties hereto have caused this Amendment to be executed by their duly authorized officers.

| | |
|--|---|
| The Friends of the Canby Adult Center | CLACKAMAS COUNTY |
| By:  Kathy Robinson, Center Director | Commissioner: Tootie Smith, Chair Commissioner: Sonya Fischer Commissioner: Paul Savas Commissioner: Martha Schrader Commissioner: Mark Shull |
|  Date | Signing on Behalf of the Board: _____ Tootie Smith, Chair _____ Date |

July 1, 2021

Board of County Commissioners
Clackamas County

Members of the Board:

Approval of Amendment #5, to Intergovernmental Subrecipient Agreement
with City of Lake Oswego – Lake Oswego Adult Community Center to
Provide Social Services for Clackamas County Residents

| | |
|--|--|
| Purpose/Outcomes | Subrecipient Agreement, Amendment #5 with the City of Lake Oswego – Lake Oswego Adult Community Center to provide Older American Act (OAA) funded services for persons in the Lake Oswego service area. |
| Dollar Amount and Fiscal Impact | This amendment adds \$42497; for a revised agreement maximum of \$125,726 for the FY20/21 funding. The contract is funded through the Social Services Division Program agreements with the Oregon Department of Human Services and various transportation agreements with TriMet & Ride Connection, Inc. |
| Funding Source | The Older American Act (OAA) and Ride Connection pass-through funds - no County General Funds are involved. |
| Duration | Effective July 1, 2020 and terminates on June 30, 2021 |
| Previous Board Action | 080819-A1, 060420-A1, 071620-A2, 081320-A3 |
| Strategic Plan Alignment | 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. |
| County Council | 1. Date of Counsel review: 5/17/21 2. Initials of County Counsel performing review: KR |
| Procurement Review | 1. Was this time processed through Procurement? No 2. In no, provide brief explanation: This is a Subrecipient Grant agreement. Not subject to Procurement Review. |
| Contact Person | Brenda Durbin, Director, Social Services Division 503-655-8641 |
| Contract No. | H3S #9271; Subrecipient #20-011 |

BACKGROUND:

The Social Services Division of the Health, Housing and Human Services request approval of the Subrecipient Agreement Amendment #5 with City of Lake Oswego – Lake Oswego Adult Community Center to provide Older American Act (OAA) funded services for persons living in the Lake Oswego area. The services provided include congregate and home delivered meals, evidence-based health promotion activities, transportation, and information and referral activities. These services link residents with resources to meet their individual needs. This helps them to remain independent and interactive in the community.

This is a budget adjustment that adjusts the OAA Title III-C Nutrition Services and Nutrition Services Incentive Program (NSIP) funding to align with the current State of Oregon Department of Human Services, Community Services & Supports Unit Allocation. This also rebalances projected meals served to be closer to anticipated actuals. This results in an increase to the total contract budget. This amendment adds \$42,497 in funding for an updated grant maximum of \$125,726 for FY20/21. This amendment was approved by County Counsel on 5/17/21.

RECOMMENDATION:

Staff recommends the Board approval of this agreement and that Tootie Smith, Chair; or her designee, be authorized to sign on behalf of Clackamas County.

Respectfully submitted,

A handwritten signature in black ink that reads "Mary Eubank for Rodney A. Cook". The signature is written in a cursive style.

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

Contract Transmittal Form

Health, Housing & Human Services Department

| | | |
|--|---|---|
| H3S Contract #: 9272 | Division: SS | <input checked="" type="checkbox"/> Subrecipient |
| Board Order #: | Contact: Reid, Stefanie | <input type="checkbox"/> Revenue |
| Prior Board Order # 080819-A1, 060420-A1, 071620-A2, 081320-A3 | Program Contact: Reid, Stefanie | <input checked="" type="checkbox"/> Amend # 5 \$ 42,497.00 |
| | | <input type="checkbox"/> Procurement Verified |
| | | <input type="checkbox"/> Aggregate Total Verified |

Non BCC Item **BCC Agenda** **Date:** Thursday, May 20, 2021

CONTRACT WITH: 19-21 City of Lake Oswego-Lake Oswego Adult Community Center

CONTRACT AMOUNT: \$269,679.00

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 checked="" type="checkbox"/> Interagency Services Agreement | <input type="checkbox"/> One Off |

DATE RANGE

| | |
|---|--|
| <input checked="" type="checkbox"/> Full Fiscal Year _____ - _____ | <input type="checkbox"/> 4 or 5 Year _____ - _____ |
| <input type="checkbox"/> Upon Signature _____ - _____ | <input type="checkbox"/> Biennium _____ - _____ |
| <input type="checkbox"/> Other _____ - _____ | <input checked="" type="checkbox"/> Retroactive Request? 7/1/2020 - 6/30/2021 |

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 COUNSEL

Yes by: _____ Date Approved: _____
OR

This contract is in the format approved by County Counsel.

SIGNATURE OF DIVISION REPRESENTATIVE: Brenda Durbin Digitally signed by Brenda Durbin
Date: 2021.04.22 12:41:34 -07'00'

Date: _____

| | |
|-----------------------|----------------------|
| H3S Admin Only | Date Received: _____ |
| | Date Signed: _____ |
| | Date Sent: _____ |

AGREEMENTS/CONTRACTS

| | |
|---|--|
| | New Agreement/Contract |
| X | Amendment/Change Order Original Number |

ORIGINATING COUNTY

DEPARTMENT: Health, Housing Human Services
Social Services

PURCHASING FOR: Contracted Services

OTHER PARTY TO

CONTRACT/AGREEMENT: 19-21 City of Lake Oswego-Lake Oswego Adult Comm

BOARD AGENDA ITEM

NUMBER/DATE: _____ **DATE:** 5/20/2021

PURPOSE OF

CONTRACT/AGREEMENT: Aging services subrecipient agreement for the delivery of community-based services to older adults in the Lake Oswego area.

Budget adjustment that adjusts the III-C and NSIP funding to align with the current State of Oregon Department of Human Services, Community Services & Supports Unit Allocation

H3S CONTRACT NUMBER: 9272

Subrecipient Agreement Amendment
Health, Housing and Human Services

H3S Contract#: 9272

Subrecipient #: 20-007

Board Agenda #: 080819-A1, 060420-A1, 071620-A

Amendment Number: 5

Division: Social Services

Contractor: City of Lake Oswego – Lake Oswego Adult Community Center

Amendment Requested By: Brenda Durbin, CCSS Director

Changes: (X) Subrecipient Agreement Budget & Language

Justification for Amendment:

This is a budget adjustment that adjusts the III-C and NSIP funding to align with the current State of Oregon Department of Human Services, Community Services & Supports Unit Allocation. This also rebalances projected meals served to be closer to anticipated actuals. This results in an increase to the award budget of \$42,497.

This Amendment #5, when signed by the City of Lake Oswego – Lake Oswego Adult Community Center (“SUBRECIPIENT”) the Health, Housing and Human Services Department, Social Services Division on behalf of Clackamas County (“COUNTY”) will become part of the award documents, superseding the original to the applicable extent indicated.

WHEREAS, SUBRECIPIENT and COUNTY entered into those certain Subrecipient Agreement documents for the provision of services dated July 1, 2020 as may be amended (“agreement”);

NOW, THEREFORE, County and Subrecipient hereby agree that the Agreement is amended as follows:

- I. **Amend:** The maximum not-to-exceed compensation payable to Subrecipient under this agreement for the period of July 1, 2020 through June 30, 2021 is:
 4. **Grant Funds.** The maximum, not to exceed, compensation COUNTY will pay for the period of July 1, 2020 through June 30, 2021 is **\$83,229**. This is a cost reimbursement agreement and disbursements will be made in accordance with the requirements contained in Exhibit 5 – Reporting Requirements and Exhibit 6 – Budget and Units of Services. Failure to comply with the terms of this Agreement may result in withholding of payment. (The split between funding sources is outlined in Exhibit 6 – Budget and Units of Services.)
 - a. **Grant Funds.** The COUNTY’s funding of **\$70,772** in grant funds for this Agreement is the Older Americans Act (CFDA: 93.043, 93.044, 93.052, 93.053) issued to the COUNTY by the State of Oregon, Department of Human Services, Community Services & Supports Unit.

- b. **Other Funds.** The COUNTY's funding of **\$12,457** for transportation services outlined in this agreement are from Elderly and Disabled Transportation funds issued to the COUNTY by Ride Connection, Inc. and TriMet.

To Read:

- 4. **Grant Funds.** The maximum, not to exceed, compensation COUNTY will pay for the period of July 1, 2020 through June 30, 2021 is **\$125,726**. This is a cost reimbursement agreement and disbursements will be made in accordance with the requirements contained in Exhibit 5 – Reporting Requirements and Exhibit 6 – Budget and Units of Services. Failure to comply with the terms of this Agreement may result in withholding of payment. (The split between funding sources is outlined in Exhibit 6 – Budget and Units of Services.)
- c. **Grant Funds.** The COUNTY's funding of **\$107,733** in grant funds for this Agreement is the Older Americans Act (CFDA: 93.043, 93.044, 93.052, 93.053) issued to the COUNTY by the State of Oregon, Department of Human Services, Community Services & Supports Unit.
- d. **Other Funds.** The COUNTY's funding of **\$12,457** for transportation services outlined in this agreement are from Elderly and Disabled Transportation funds issued to the COUNTY by Ride Connection, Inc. and TriMet.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

TO READ: Exhibit 6 – Budget and Units of Services – Unit Cost Schedule

Lake Oswego Adult Community Center
 Fiscal Year 2020-21

To Read

| Federal Award Numbers | OAA III B Funds | OAA III C Funds | OAA III C1 Funds | OAA III C2 Funds | OAA III C2 Funds | OAA III C2 Funds | OAA III D Funds | OAA III E Funds | OAA Match Funds | NSIP Funds | Ride Connection | | Other State Funds | NO. OF UNITS | TOTAL COST | REIMBURSE- MENT RATE |
|----------------------------|--------------------|--------------------|---------------------|---------------------|---------------------|---------------------|--------------------|--------------------|--------------------|---------------|-----------------|------------|----------------------|-----------------|---------------|-------------------------|
| | | | | | | | | | | | FFCRA Acts | FFCRA Acts | | | | |
| | \$3,044 | \$3,045 | \$3,045 | \$3,045 | \$3,045 | \$3,045 | \$3,043 | \$3,052 | N/A | \$3,053 | | | | | | |
| CFDA Number | (1) | (2) | (3) | (4) | (5) | (6) | (6) | (7) | (8) | (9) | | | | (14) | (15) | (16) |
| Service Category | | | | | | | | | | | | | | | | |
| Case Management | 4,770 | | | | | | | | 530 | | | | | 162 | 5,300 | \$29.45 |
| Reassurance | 5,575 | | | | | | | | 620 | | | | | 189 | 6,195 | \$29.45 |
| Info. & Assistance | 3,922 | | | | | | | | 436 | | | | | 242 | 4,358 | \$16.23 |
| Transportation - OAA III-B | 0 | | | | | | | | 0 | | | | | 0 | 0 | \$5.00 |
| Evidence-based Programming | | | | | | | 480 | | 0 | | | | | 8,000 | 480 | \$60.00 |
| FCSP Respite | | | | | | | | 5,536 | 1,946 | | | | | 147 | 7,382 | \$7.65 |
| Trans - Ride Con In Dist | | | | | | | | | 0 | | | 6,957 | | 843 | 7,379 | \$8.25 |
| Trans - Ride Con STF | | | | | | | | | 0 | | | | | 667 | 5,500 | \$8.25 |
| OAA HDW Assessments | | | | | 2,945 | | | | 0 | | | | | 100 | 2,945 | \$29.45 |
| OAA Meal Site Mgmt | | | 824 | 24,933 | 17,548 | | | | 92 | | | | | 15,980 | 58,718 | \$3.68 |
| Food Service - OAA & NSIP | | 7,739 | | 15,057 | | | | | | 23,940 | | | | 15,980 | 46,736 | \$2.93 |
| TOTALS | \$14,267 | \$7,739 | \$824 | \$30,990 | \$20,493 | \$480 | \$480 | \$5,536 | \$3,324 | \$23,940 | \$0 | \$6,957 | \$5,500 | 144,933 | \$15,743 | |

Source of OAA Match - Staff time

Total Contract Amount: \$125,726

Federal Award Totals \$65,540

City of Lake Oswego – Adult Comm. Center
 Subrecipient Grant Agreement #20-007, Amendment 5

I. **Amend:** Exhibit 6 – Budget and Units of Services - Unit Cost Schedule

Lake Oswego Adult Community Center
 Fiscal Year 2020-21

| Federal Award Numbers CFDA Number Service Category | OAA III B | OAA III C1 | OAA III C2 | OAA III D | OAA III E | OAA Match | NSIP | Other State | Ride Con | Program | NO. OF UNITS | TOTAL COST | REIMBURSE- MENT RATE | |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|----------------|-------------------------------|--------------|-----------------|----------------|-----------------|---------------|-------------------------|-----|
| | Funds 16AAORT3SS 93.044 | Funds CARES Acts 93.045 | Funds CARES Acts 93.045 | Funds 16AAORT3PH 93.043 | Funds 16AAORT3FC 93.052 | Funds N/A | Funds 16AAORNSIP 93.053 | Funds N/A | Funds N/A | Income N/A | | | | (9) |
| Case Management | 3,426 | | | | | 381 | | | | | 116 | 3,807 | \$29.45 | |
| Reassurance | 2,231 | | | | | 248 | | | | | 76 | 2,479 | \$29.45 | |
| Info. & Assistance | 3,922 | | | | | 436 | | | | | 242 | 4,358 | \$16.23 | |
| Transportation - OAA III-B | 4,687 | | | | | 521 | | | | 469 | 937 | 5,677 | \$5.00 | |
| Evidence-based Programming | | | | 480 | | 0 | 0 | | | | 8.00 | 480 | \$60.00 | |
| FCSP Respite | | | | | 5,536 | 1,946 | | | | | 147 | 7,362 | \$37.65 | |
| Trans - Ride Con In Dist | | | | | | 0 | | | 12,457 | 755 | 1,510 | 13,212 | \$8.25 | |
| OAA Meal Site Mgmt | | 291 | 12,627 | | | 32 | | | | | 5,167 | 12,950 | \$2.51 | |
| Site Purchased Meals-Restaurant | | 533 | 3,406 | | | | | | | | 404 | 3,939 | \$9.75 | |
| NSIP Meals | | | | | | 0 | 33,633 | | | | 21,000 | 33,633 | \$1.60 | |
| TOTALS | \$14,266 | \$824 | \$16,033 | \$480 | \$5,536 | \$3,464 | \$33,633 | \$0 | \$12,457 | \$1,224 | | 87,917 | | |

Source of OAA Match - Staff time



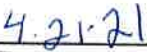
Total Contract Amount: \$83,229

Federal Award Totals \$70,772

City of Lake Oswego – Adult Comm. Center
Subrecipient Grant Agreement #20-007, Amendment 5

Except as set forth herein, COUNTY and SUBRECIPIENT ratify the remainder of this Agreement and affirm that no other changes are made hereby.

IN WITNESS HEREOF, the parties hereto have caused this Amendment to be executed by their duly authorized officers.

| | |
|---|---|
| City of Lake Oswego – Lake Oswego Adult Community Center | CLACKAMAS COUNTY |
| By:  Martha Bennett, City Manager | Commissioner: Tootie Smith, Chair Commissioner: Sonya Fischer Commissioner: Paul Savas Commissioner: Martha Schrader Commissioner: Mark Shull |
| Date Approved as to Content: | Signing on Behalf of the Board: |
|  Maria Bigelow, Interim Center Manager | _____ Tootie Smith, Chair |
|  Date | _____ Date |

July 1, 2021

Board of Commissioners
Clackamas County

Members of the Board:

Approval to Apply for Grant from Portland General Electric (PGE) Drive Change Fund
to Purchase Electric Vehicles to Provide Services for Seniors, Persons with Disabilities
and Low Income Households

| | |
|--|---|
| Purpose/Outcomes | Agreement with PGE to provide funding for project specific electric vehicles to enhance transportation services to seniors and/or people with disabilities residing in Clackamas County. |
| Dollar Amount and Fiscal Impact | The maximum agreement is \$425,000. These funds will be used to pay for two new electric transit vans for the Transportation Reaching People (TRP) program and for case managers in H3S. |
| Funding Source | Oregon Clean Fuels program administered by Oregon Dept. of Environmental Quality - no County General Funds are involved. |
| Duration | Anticipated award December 16, 2021 and terminates on December 31, 2022 |
| Previous Board Action | None |
| Strategic Plan Alignment | 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. |
| County Counsel | This is a Grant application. Not subject to County Counsel Review |
| Procurement Review | 1. Was this time processed through Procurement? No 2. In no, provide brief explanation: This is a Grant application. Not subject to Procurement Review. |
| Contact Person | Brenda Durbin, Director, Social Services Division 503-655-8641 |
| Contract No. | N/A |

Background

The Social Services Division of the Health, Housing, and Human Services Department requests approval to apply for grant funds from the Portland General Electric (PGE) Drive Change Fund to enhance electric vehicle options in rural areas of Clackamas County that provide services to seniors, persons with disabilities and low income households. Social Services proposes purchasing two electric, or hybrid, vehicles for use in the Transportation Reaching People (TRP) program and by case managers within H3S. TRP provides rides to seniors and persons with disabilities countywide to medical appointments and other essential services that allow them to remain in their homes and communities throughout Clackamas County. Case managers provide home and community based services to vulnerable residents' countywide.

Social Services is working with Fleet Services, Facilities Management and DTD-Sustainability & Solid Waste on this project to coordinate county campus improvements as well as working toward the County's objective of reducing emissions and providing alternative to traditional transportation modes regionally.

The grant would provide funding for up to (2) electric or electric hybrid vehicles. No County General Funds are involved. The PGE funding, if awarded, will provide increased transportation options for Clackamas County Social Services Division.

Total amount of the application is \$425,000. No County General Funds are involved.

Recommendation

We recommend the approval to apply for this grant and further recommend the acceptance of the award if funded, and that the H3S Director; or their designee, be authorized to sign all documents necessary to accomplish this action on behalf of the Board of Commissioners.

Respectfully submitted,

Mary Rumbaut for Rodney A. Cook

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

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

Lead Department & Fund: H3S/SSD Application for: Subrecipient Assistance Direct Assistance
 Grant Renewal? Yes No

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: PGE Drive Change Fund

Funding Source: Federal State Local

Requestor Information (Name of staff person initiating form): Kristina Babcock

Requestor Contact Information: kbabcock@clackamas.us / 971-349-0481

Department Fiscal Representative: Jennifer Snok

Program Name or Number (please specify): PGE Grant

Brief Description of Project:

The grant would provide funding for up to (2) electric or electric hybrid vehicles. One vehicle to be used by the Transportation Reaching People Program and one vehicle to be used by Social Services' case managers to conduct home visits. The PGE funding, if awarded, will provide increased transportation options for Clackamas County Social Services Division's Transportation Reaching People program and case managers while decreasing emissions of these programs.

Name of Funding Agency: Portland General Electric (PGE)

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

<https://portlandgeneral.com/about/who-we-are/community/drive-change-fund>

OR

Application Packet Attached: Yes No

Completed By: Kristina Babcock 5/24/21
Date

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

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

| | | |
|---|--|--|
| Competitive Application <input checked="" type="checkbox"/> | Non-Competing Application <input type="checkbox"/> | Other <input type="checkbox"/> |
| CFDA(s), if applicable: | | Funding Agency Award Notification Date: <u>December 16, 2021</u> |
| Announcement Date: <u>4/30/21</u> | | Announcement/Opportunity #: _____ |
| Grant Category/Title: <u>PGE Drive Change Fund</u> | | Max Award Value: <u>\$425,000.00</u> |
| Allows Indirect/Rate: <u>N/A</u> | | Match Requirement: <u>N/A</u> |
| Application Deadline: <u>7/2/2021</u> | | Other Deadlines: _____ |
| Award Start Date: <u>Upon Award</u> | | Other Deadline Description: _____ |
| Award End Date: <u>12/31/2021</u> | | Program Income Requirement: <u>None</u> |
| Completed By: _____ | | |
| 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/funding opportunity support the Department and/or Division's Mission/Purpose/Goals?

These funds would increase the Divisions ability to provide transportation services to low income households, older adults and people with disabilities, thus increasing their independence and quality of life. The grant would also support the County's goal of decreasing fossil fuel emissions.

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

At this time there are no community partners better suited to take the lead.

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

To increase the electric vehicle use in the PGE service area, with a focus on low income and rural communities. This objective will be met by prioritizing rural communities served by TRP in Clackamas County, and providing enhanced services to older adults and persons with a disability.

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

These funds will support existing transportation programs operated by the County. Funds will also expand the number of electric vehicles available to Social Services' staff.

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?

Yes

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

No

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, 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.)?

N/A

Collaboration

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

Fleet Services, Facilities, H3S, and DTD-Sustainability and Solid Waste

Reporting Requirements

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

Quarterly reporting as the project progresses followed by a completion report after vehicles are purchased and in service. After the completion report is submitted, an annual report will be due for 3 years for the vehicles.

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?

Performance will be measured by rides delivered, miles driver and cost per mile/hr when compared to existing vehicles.

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

see #1 above.

Fiscal

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

Yes, this grant will provide up to \$425,000 to purchase additional electric vehicles. The costs of administering the grant are minimal.

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

No other revenue sources 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 (CGF, In-kind, Local Grant, etc.)?

No match is required

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?

Up to 10% of Administrative costs will be included

Program Approval:

Teresa Christopherson

6/1/21

Teresa D.
Christopherson

Digitally signed by Teresa D.
Christopherson
Date: 2021.06.01 07:33:24 -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 SHOW ****

Section IV: Approvals

| | | |
|---|------|---|
| DIVISION DIRECTOR (or designee, if applicable) | | |
| Brenda Durbin | | Brenda Durbin <small>Digitally signed by Brenda Durbin Date: 2021.06.01 17:54:11 -0700'</small> |
| Name (Typed/Printed) | Date | Signature |

| | | |
|---|------|---|
| DEPARTMENT DIRECTOR (or designee, if applicable) | | |
| Mary Rumbaugh for Rodney A Cook 6-2-2021 | | Mary Rumbaugh <small>Digitally signed by Mary Rumbaugh Date: 2021.06.02 07:12:14 -0700'</small> |
| Name (Typed/Printed) | Date | Signature |

| | | |
|-------------------------------|----------|---|
| FINANCE ADMINISTRATION | | |
| Elizabeth Comfort | 6.2.2021 | Elizabeth Comfort <small>Digitally signed by Elizabeth Comfort Date: 2021.06.02 12:32:08 -0700'</small> |
| 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: <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.**

July 1, 2021

Board of County Commissioners
Clackamas County

Members of the Board:

Approval of a Subrecipient Grant Amendment #3 with Todos Juntos
for Youth Marijuana and Substance Prevention services in Rural Clackamas County

| | |
|--|--|
| Purpose/Outcome | Todos Juntos will continue to provide Youth Marijuana and Substance Abuse (YSAP) prevention services in Rural Clackamas County to middle and high school students. YSAP activities promote student engagement in learning, resiliency, and social-emotional well-being to reduce the risk of youth substance use/abuse and increase youth resistance skills. |
| Dollar Amount and Fiscal Impact | Amendment #3 adds \$60,000 for a maximum value of \$240,000 and extends the end date to June 30, 2022. |
| Funding Source | Marijuana Tax Revenue |
| Duration | July 1, 2021 through June 30, 2022 |
| Previous Board Action/Review | 081320 |
| Strategic Plan Alignment | 1. Ensure safe, healthy and secure communities |
| Counsel Review | This Subrecipient Grant amendment has been reviewed and approved by County Counsel on 6/2/21, KR |
| Procurement Review | Was the item processed through Procurement? No. Subrecipient grant amendment, selected through a competitive process |
| Contact Person | Adam Freer, 971-533-4929 |
| Contract No. | CFCC -9096 |

BACKGROUND:

The Children, Family and Community Connections Division of the Health, Housing & Human Services Department requests the approval of a Local Subrecipient Grant Amendment #3 with Todos Juntos for youth marijuana and substance abuse awareness and prevention programs in Rural Clackamas County. The primary goals will be to increase awareness of marijuana and other drug effects, incorporate anti-marijuana campaigns and provide case management for at-risk youth. Student participants will demonstrate 80% increased perception of harm and increased resistance skills of marijuana/drug use as measured by pre/post-tests.

This amendment is funded with Marijuana Tax Revenue funds. This Amendment becomes effective July 1, 2021 and extends the Agreement through June 30, 2022 and adds \$60,000 for a maximum value of \$240,000. It has been reviewed and approved by County Counsel.

RECOMMENDATION:

Staff recommends the Board approval of this Amendment and authorization for Tootie Smith, Board Chair, to sign on behalf of Clackamas County.

Respectfully submitted,

May Roubault for Rodney A. Cook

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

Contract Transmittal Form

Health, Housing & Human Services Department

| | | |
|-----------------------------|---|--|
| H3S Contract #: 9096 | Division: CFCC | <input checked="" type="checkbox"/> Subrecipient |
| Board Order #: | Contact: Jessica Duke | <input type="checkbox"/> Revenue |
| | Program Contact: McCrary, Brian | <input checked="" type="checkbox"/> Amend # 3 \$ 60,000.00 |
| | | <input type="checkbox"/> Procurement Verified |
| | | <input type="checkbox"/> Aggregate Total Verified |

Non BCC Item BCC Agenda **Date:** Thursday, July 1, 2021

CONTRACT WITH: Todos Juntos

CONTRACT AMOUNT: \$240,000.00

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 7/1/2021 - 6/30/2022 | <input checked="" 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 COUNSEL

Yes by: Rastetter, Kathleen Date Approved: Wednesday, June 2, 2021

OR

This contract is in the format approved by County Counsel as part of the H3S contract standardization project.

SIGNATURE OF DIVISION REPRESENTATIVE:  Jessica E.A. Duke, Prevention Unit Manager

Date: June 3, 2021

| | |
|-----------------------|----------------------|
| H3S Admin Only | Date Received: _____ |
| | Date Signed: _____ |
| | Date Sent: _____ |

AGREEMENTS/CONTRACTS

| | |
|---|--|
| | New Agreement/Contract |
| X | Amendment/Change Order Original Number _____ |

ORIGINATING COUNTY

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

PURCHASING FOR: Contracted Services

OTHER PARTY TO

CONTRACT/AGREEMENT: Todos Juntos

BOARD AGENDA ITEM

NUMBER/DATE: _____

DATE: 7/1/2021

PURPOSE OF

CONTRACT/AGREEMENT: Todos Juntos will provide and implement strategies to reduce youth marijuana and substance use and abuse, change community norms around the use of drug/alcohol, and increase youth resistance skills in rural Clackamas County in Molalla/Canby & Sandy/Estacada middle and high school students.

Amendment #3 adds additional funds to continue Youth Substance Abuse Prevention services. Todos Juntos will continue to provide activities that promote student engagement in learning and resilience to reduce the risk of youth substance use/abuse and increase youth resistance skills.

H3S CONTRACT NUMBER: 9096

Local Subrecipient Grant Amendment (FY 21-22)
H3S – Children, Family & Community Connections Division

| | |
|---|---|
| Local Grant Agreement Number: 9096 | Board Order Number: 081320 |
| Department/Division: H3S-CFCC | Amendment No. 3 |
| Local Recipient: Todos Juntos | Amendment Requested By: Adam Freer |
| Changes: <input checked="" type="checkbox"/> Scope of Service <input checked="" type="checkbox"/> Agreement Time | <input checked="" type="checkbox"/> Agreement Budget <input type="checkbox"/> Other: |

Justification for Amendment:

This Amendment 3 adds additional funds to continue Youth Substance Abuse Prevention services. Todos Juntos will continue to provide activities that promote student engagement in learning, resiliency, and social-emotional well-being to reduce the risk of youth substance use/abuse and increase youth resistance skills.

This Amendment adds to the maximum compensation and extends the duration of the grant.

Maximum compensation is increased by \$60,000 for a revised maximum of \$240,000. It becomes effective July 1, 2021 and terminates June 30, 2022.

Except as amended hereby, all other terms and conditions of the contract remain in full force and effect. The County has identified the changes with ***“bold/italic”*** font for easy reference.

AMEND:

- 1. Term and Effective Date.** This Agreement shall become effective on the date it is fully executed and approved as required by applicable law. Funds issued under this Agreement may be used to reimburse subrecipient for expenses approved in writing by County relating to the project incurred no earlier than December 1, 2018 and not later than June 30, 2020, unless this Agreement is sooner terminated or extended pursuant to the terms hereof. No grant funds are available for expenditures after the expiration date of this Agreement.

TO READ:

- 1. Term and Effective Date.** *This Amendment shall become effective on July 1, 2021. Funds issued under this Agreement may be used to reimburse Subrecipient for expenses incurred from July 1, 2021 to June 30, 2022, unless this Agreement is sooner terminated or extended pursuant to the terms hereof. No grant funds are available for expenditures after the expiration date of this Agreement.*

AMEND:

- 4. Grant Funds.** The COUNTY's funding for this Agreement is the Marijuana Tax Revenue Funds. The maximum, not to exceed, grant amount that the COUNTY will pay on this Agreement is \$180,000 (\$90,000 for Cedar Ridge, Estacada Middle Schools, and \$90,000 for Molalla River, Baker Prairie Middle Schools).

TO READ:

- 4. Grant Funds.** COUNTY's funding for this Agreement is the Marijuana Tax Revenue Funds. The maximum, not to exceed, grant amount that COUNTY will pay on this Agreement is ***\$240,000 for Cedar Ridge, Estacada, Molalla River, and Baker Prairie Middle Schools.***

REPLACE:

Exhibit B: Todos Juntos – YSAP Budget

WITH:

| EXHIBIT B: RECIPIENT BUDGET | | |
|--|--|---------------------|
| Organization: Todos Juntos | | |
| Program Name: Youth Substance Abuse Prevention | | 9096 Amend 3 |
| Program Contact: Eric Johnston | | |
| Agreement Term: July 1, 2021 - June 30 2022 (12 months) | | |
| Approved Award Budget Categories | | Total Budget |
| Personnel Services | | |
| Program Staff .24 FTE | | \$ 12,000.00 |
| Support Staff .5 FTE | | \$ 20,000.00 |
| Program Supervision and Oversight .07 FTE | | \$ 6,000.00 |
| Tax @ 11% | | \$ 4,400.00 |
| Total Personnel Services | | \$ 42,400.00 |
| Administration | | |
| Payroll/consultants/bookkeeping | | \$ 5,000.00 |
| Program Costs | | |
| Supplies and Materials | | \$ 10,000.00 |
| Insurance | | \$ 600.00 |
| Mileage | | \$ 2,000.00 |
| Total Programmatic Costs | | \$ 17,600.00 |
| Total Approved Budget | | \$ 60,000.00 |

ADD:

Exhibit C-1: Todos Juntos – YSAP Request for Reimbursement July '21 – June '22

| Exhibit C-1 REQUEST FOR DISBURSEMENT | | | | |
|--|---------------------|----------------------------|----------------------|---------------------|
| Requests for reimbursement and supporting documentation are due monthly by the 15th of the month, including: <ul style="list-style-type: none"> • Request for Reimbursement with an authorized signature • General Ledger backup to support the requested amount • Monthly Activity Report (Exhibit D-2) showing numbers served and activities conducted during the month of request (<i>The Monthly Activity Report is NOT required on months when quarterly reports are due</i>). | | | | |
| Organization: Todos Juntos | | Contract #: 9096 - Amend 3 | | |
| Address: PO Box 645 Canby, OR 97013 | | Reporting Period: | | |
| Contact Person: Eric Johnston | | | | |
| Phone Number: (503) 544-1513 | | | | |
| E-mail: etodosjuntos2@gmail.com | | | | |
| Budget Category | Budget | Current Draw Request | Previously Requested | Balance Remaining |
| Personnel | | | | |
| Program Staff .24 FTE | \$ 12,000.00 | \$ - | \$ - | \$ 12,000.00 |
| Support Staff .5 FTE | \$ 20,000.00 | \$ - | \$ - | \$ 20,000.00 |
| Program Supervision and Oversight .07 FTE | \$ 6,000.00 | \$ - | \$ - | \$ 6,000.00 |
| Tax @ 11% | \$ 4,400.00 | \$ - | \$ - | \$ 4,400.00 |
| Total Personnel | \$ 42,400.00 | | \$ - | \$ 42,400.00 |
| Administration | | | | |
| Payroll/consultants/bookkeeping | \$ 5,000.00 | \$ - | \$ - | \$ 5,000.00 |
| Program Supplies | | | | |
| Supplies and Materials | \$ 10,000.00 | \$ - | \$ - | \$ 10,000.00 |
| Insurance | \$ 600.00 | \$ - | \$ - | \$ 600.00 |
| Mileage | \$ 2,000.00 | \$ - | \$ - | \$ 2,000.00 |
| Total Program | \$ 17,600.00 | | \$ - | \$ 17,600.00 |
| Total Grant Costs | \$ 60,000.00 | \$ - | \$ - | \$ 60,000.00 |
| Clackamas County retains the right to inspect all financial records and other books, documents, papers, plans, records of shipments and payments and writings of Recipient that are pertinent to this Agreement. | | | | |
| CERTIFICATION | | | | |
| By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and represents actual expenditures, disbursements and cash receipts for the purposes and objectives set forth in the terms of the agreement. | | | | |
| Prepared by: | | | | |
| Authorized Signer: | | | | |
| Date: | | | | |
| Department Review: | | | | |
| CFCC Program Planner Elizabeth White | | | | |
| Signature | | Date | | |

ADD:

Exhibit A-2: Todos Juntos – Youth Substance Abuse Work Plan Quarterly Report July 1, 2021 – June 30, 2022

**Clackamas County – Children, Family & Community Connections
 Work Plan and Quarterly Report**

Provider: Todos Juntos
 Activity: Youth Substance Abuse Prevention (YSAP) Afterschool Activities
 Contact: Eric Johnston
 Contract Period: July 1, 2021 – June 30, 2022

| Activities/Outputs* | Intermediate Outcomes/Measurement Tool | Measurement | July-Sept | Oct-Dec | Jan-March | Apr-June | Yearly Total |
|---|---|--|-----------|---------|-----------|----------|--------------|
| By June 30, 2022, staff will have met with 2 school administrators in 4 school districts (8 total: Molalla River, Oregon Trail, Canby and Estacada School Districts) to discuss/advance alternative approaches to disciplinary action related to student substance use/misuse. Schools will be encouraged to establish new or revise existing policies to better align/support positive youth development for these students such as requiring an A&D assessment and implementation of Restorative Justice practices. | Reported as Yes/No in the quarter this conversation occurs. Meeting details, the response of administrators and outcome, will be included in monthly reports. | | | | | | |
| By June 30, 2022, provide enrichment activities to help student become more engaged in their learning. Programs for 40 > students. | Students will participate in activities that promote engagement in learning. Types of activities include Homework assistance, STEM activities, and creative arts. | # students participating # of activities # of sessions held during the quarter | | | | | |
| By June 30, 2022, provide activities to support students' social-emotional learning. Programs for 30 > students. | Students will participate in activities that support their social-emotional development and promote engagement in learning. Types of activities include LifeSkills, Boy's Council, and Girls Circle. | # students participating # of activities # of sessions held during the quarter | | | | | |
| By June 30, 2022, provide activities that build student competence, confidence, connection, caring/compassion and character. Programs for 40 > students. | Students will participate in activities that promote positive youth development and increase protective factors. Types of activities include Service to Careers and Diversity Club. | # students participating # of activities # of sessions held during the quarter | | | | | |

*Completed virtually or in-person. Monthly reports will describe activities and include number of student participants per school site.

PERFORMANCE REPORTING SCHEDULE AND WORK PLAN QUARTERLY REPORT

PERFORMANCE REPORTING SCHEDULE

Todos Juntos will submit a Quarterly Activity Report (Exhibit C-2) to the Clackamas County Program Manager, no later than the 15th day of the month following the end of the quarter.

The Activity Report will include the following metrics.

- a) Number of youth served
- b) Number and type of activities conducted during the month.

A true accounting of program expenses for the previous quarter and receipts should be submitted with each request for funds using Exhibit C-3 Actual Expense Report.

Todos Juntos will submit a quarterly Performance Report, to the Clackamas County Program Manager, no later than the 15th day of the month following the end of the calendar quarter. Quarterly reports must be submitted electronically on the Work Plan Quarterly Reporting document template (Exhibit A-2).

Due dates are as follows:

- | | |
|---------------------------------|----------------------|
| • July 1 – September 30, 2021 | due October 15, 2021 |
| • October 1 – December 31, 2021 | due January 15, 2022 |
| • January 1 – March 31, 2022 | due April 15, 2022 |
| • April 1 – June 30, 2022 | due July 15, 2022 |

The Final Performance Report should be submitted no later than July 15, 2022

In addition to the Quarterly Performance Reports, Todos Juntos must notify Clackamas County Program Manager of developments that have a significant impact on the grant-supported activities Todos Juntos must inform Clackamas County Program Manager as soon as problems, delays or adverse conditions become known which will materially impair the ability to meet the outputs/outcomes specified above. This notification shall include a statement of the action taken or contemplated and any assistance needed to resolve the situation.

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be executed by their duly authorized officers.

AGENCY

Todos Juntos
PO Box 645
Canby, OR 97013

By: 
Eric Johnston, Executive Director

Date: 6-2-21

CLACKAMAS COUNTY

Commissioner: Tootie Smith, Chair
Commissioner: Sonya Fischer
Commissioner: Paul Savas
Commissioner: Martha Schrader
Commissioner: Mark Shull

Signing on Behalf of the Board:

Tootie Smith, Board Chair
Clackamas County

Date: _____

July 1, 2021

Board of County Commissioners
Clackamas County

Members of the Board:

Approval of Amendment #02 to Intergovernmental Agreement #166036 with the State of Oregon, Acting by and through its Oregon Health Authority, for the Operation and Financing of Community Mental Health, Addiction Treatment, Recovery & Prevention Services, and Problem Gambling Programs

| | |
|--|--|
| Purpose/Outcomes | This Agreement provides funding for the local administration and operation of behavioral health and addiction program services to residents of Clackamas County. |
| Dollar Amount and Fiscal Impact | Amendment adds \$14,000.00 to the Agreement, increasing the maximum value to \$8,746,212.18. Funds provided through this Amendment will increase capacity of youth and families served by the Crisis and Acute Transition Services (CATS) program. |
| Funding Source | No County General Funds are involved. Funding provided by State of Oregon, Oregon Health Authority. |
| Duration | Effective March 1, 2021 and terminates November 30, 2021. |
| Previous Board Action | 2021 Agreement reviewed and approved May 20, 2021, Agenda Item 052021-A4. |
| Strategic Plan Alignment | Ensuring healthy, safe and secure communities through increased capacity of existing services. |
| Counsel Review | Reviewed and approved by Counsel June 2, 2021 (KR) |
| Procurement Review | Was this item reviewed by Procurement? No. Item is an amendment to an intergovernmental revenue agreement. |
| Contact Person | Mary Rumbaugh, Director – Behavioral Health Division (503) 742-5305 |
| Contract No. | 9973 |

BACKGROUND:

The Behavioral Health Division of the Health, Housing & Human Services Department requests the approval of Amendment #02 to Intergovernmental Agreement #166036 with the State of Oregon, acting by and through its Oregon Health Authority for the financing and operation of Community Mental Health, Addiction Treatment, Recovery & Prevention Services and Program Gambling programs in Clackamas County. The Board of County Commissioners is the Local Mental Health Authority for Clackamas County that operates a Community Mental Health Program funded by this Agreement. The Behavioral Health Division ensures that the funds are administered according to the terms set forth by this Agreement to provide local administration, behavioral health and addiction services to Clackamas County.

Amendment #02 provides funds to increase the capacity of the Crisis and Acute Transition Services (CATS) program by two (2) to three (3) youth and families. The CATS program provides brief crisis services, stabilization, and transition to community-based supports when children and youth from birth to eighteen (18) years of age present to emergency department or crisis centers and are at risk of admission for psychiatric or behavioral crises.

This Amendment is effective March 1, 2021 and terminates November 30, 2021, with a value of \$14,000.00, increasing the maximum Agreement value to \$8,746,212.18.

RECOMMENDATION:

Staff recommends Board approval of this Amendment.

Respectfully submitted,

A handwritten signature in black ink that reads "Mary Loubauf for Rodney A. Cook". The signature is written in a cursive, flowing style.

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

Contract Transmittal Form

Health, Housing & Human Services Department

| | | |
|-----------------------------|--|--|
| H3S Contract #: 9973 | Division: BH | <input type="checkbox"/> Subrecipient |
| Board Order #: | Contact: Russell, Angela | <input checked="" type="checkbox"/> Revenue |
| | Program Contact: Brink, Angela | <input checked="" type="checkbox"/> Amend # 2 \$ \$14,000.00 |
| | | <input type="checkbox"/> Procurement Verified |
| | | <input type="checkbox"/> Aggregate Total Verified |

Non BCC Item BCC Agenda **Date:** Thursday, July 1, 2021

CONTRACT WITH: State of Oregon, Oregon Health Authority

CONTRACT AMOUNT: \$8,746,212.18

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 checked="" 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 _____ - _____ | <input type="checkbox"/> 4 or 5 Year _____ - _____ |
| <input type="checkbox"/> Upon Signature _____ - _____ | <input type="checkbox"/> Biennium _____ - _____ |
| <input type="checkbox"/> Other _____ - _____ | <input checked="" type="checkbox"/> Retroactive Request? 3/1/2021 - 11/30/2021 |

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

BOKER 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 COUNSEL

Yes by: Rastetter, Kathleen Date Approved: Wednesday, June 2, 2021

OR

This contract is in the format approved by County Counsel.

SIGNATURE OF DIVISION REPRESENTATIVE: _____
Date: _____

| | |
|-----------------------|--|
| H3S Admin Only | Date Received: _____ Date Signed: _____ Date Sent: _____ |
|-----------------------|--|



In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to dhs-oha.publicationrequest@state.or.us or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

**SECOND AMENDMENT TO
OREGON HEALTH AUTHORITY
2020-2021 INTERGOVERNMENTAL AGREEMENT FOR THE FINANCING OF MENTAL
HEALTH, ADDICTION TREATMENT, RECOVERY, & PREVENTION, AND PROBLEM
GAMBLING SERVICES AGREEMENT #166036**

This Second Amendment to Oregon Health Authority 2021 Intergovernmental Agreement for the Financing of Community Mental Health, Addiction Treatment, Recovery, & Prevention, and Problem Gambling Services effective as of January 1, 2021 (as amended, the “Agreement”), is entered into, as of the date of the last signature hereto, by and between the State of Oregon acting by and through its Oregon Health Authority (“OHA”) and Clackamas County (“County”).

RECITALS

WHEREAS, OHA and County wish to modify the Financial Assistance Award set forth in Exhibit C of the Agreement.

NOW, THEREFORE, in consideration of the premises, covenants and agreements contained herein and other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

AGREEMENT

1. The financial and service information in the Financial Assistance Award are hereby amended as described in Attachment 1 attached hereto and incorporated herein by this reference. Attachment 1 must be read in conjunction with the portion of Exhibit C of the Agreement that describes the effect of an amendment of the financial and service information.
2. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
3. County represents and warrants to OHA that the representations and warranties of County set forth in section 4 of Exhibit F of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
4. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
5. This Amendment may be executed in any number of counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Amendment so executed shall constitute an original.

IN WITNESS WHEREOF, the parties hereto have executed this amendment as of the dates set forth below their respective signatures.

5. Signatures.

COUNTY: YOU WILL NOT BE PAID FOR SERVICES RENDERED PRIOR TO NECESSARY STATE APPROVALS

Clackamas County

By:

Authorized Signature

Printed Name

Title

Date

State of Oregon acting by and through its Oregon Health Authority

By:

Authorized Signature

Printed Name

Title

Date

Approved by: Director, OHA Health Systems Division

By:

Authorized Signature

Printed Name

Title

Date

Approved for Legal Sufficiency:

Approved by Steven Marlowe, Senior Assistant Attorney General, Department of Justice, Tax and Finance Section, on April 30, 2019; e-mail in contract file.

OHA Program:

Approved by Shawn Kintner on April 28, 2021; e-mail in contract file.

**ATTACHMENT 1
EXHIBIT C
Financial Pages**

MODIFICATION INPUT REVIEW REPORT

MOD#: M0313

CONTRACT#: 166036 CONTRACTOR: CLACKAMAS COUNTY

INPUT CHECKED BY: _____ DATE CHECKED: _____

PROJ _____ EFFECTIVE DATE _____ SLOT CHANGE/TYPE _____

SE# FUND CODE CENS PROVIDER DATE RATE OPERATING DOLLARS STARTUP PARI PARI PAAF CLIENT CODE CD BASE SE#

CALENDAR YEAR: 2021

BASE CRISIS AND ACUTE TRA

| | | | | | | | | | | | | |
|---|-----|------|-----------------------|---|-----|--------|-------------|--------|---|---|---|---|
| 8 | 804 | CATS | 3/1/2021 - 11/30/2021 | 0 | /NA | \$0.00 | \$14,000.00 | \$0.00 | C | 1 | N | 1 |
|---|-----|------|-----------------------|---|-----|--------|-------------|--------|---|---|---|---|

TOTAL FOR SE# 8

TOTAL FOR 2021

TOTAL FOR M0313 166036

\$14,000.00

\$0.00

\$14,000.00

\$0.00

\$14,000.00

OREGON HEALTH AUTHORITY
Financial Assistance Award Amendment (FAAA)

CONTRACTOR: CLACKAMAS COUNTY
DATE: 04/02/2021

Contract#: 166036
REF#: 002

REASON FOR FAAA (for information only):

Crisis and Acute Transition Services (CATS) - (MHS 8), funds are awarded.

The following special condition(s) apply to funds as indicated by the special condition number in column 9. Each special condition set forth below may be qualified by a full description in the Financial Assistance Award.

M0313 1A) These funds are for MHS 08 Crisis and Acute Transition Services to increase capacity to serve an additional 2-3 youth and their families from March 2021- November 2021. B) The financial assistance subject to this special condition will be disbursed to Clackamas County in one lump sum within 30 days after the date this Agreement becomes executed.

July 1, 2021

Board of County Commissioners
 Clackamas County

Members of the Board:

Approval to Apply to the 2021-2023 Request for Grant Proposals (RFGP) with State of Oregon Criminal Justice Commission (CJC) for Specialty Court Grant Program – Mental Health Court

| | |
|--|--|
| Purpose/Outcomes | To improve the legitimacy, efficiency, and effectiveness of state and local criminal justice system. Health Centers Division intends to utilize funds to support the existing Mental Health Court program. |
| Dollar Amount and Fiscal Impact | The maximum agreement value is \$254,768; this is the current biennial funding level and no change in funding level is anticipated. |
| Funding Source | Oregon Criminal Justice Commission (CJC). No County General Funds are involved. |
| Duration | Effective July 1, 2021 and terminates on June 30, 2023 |
| Previous Board Action | No Previous Board Actions have been taken. |
| Strategic Plan Alignment | 1. Improve Community Safety and Health 2. Ensure safe, healthy and secure communities |
| Counsel Review | Not required, renewal application only |
| Procurement Review | 1. Was the item process through Procurement? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 2. This is a direct procurement of a grant. |
| Contact Person | Deborah Cockrell, Health Center Director – 503-742-5495 |
| Contract No. | 10221 |

BACKGROUND:

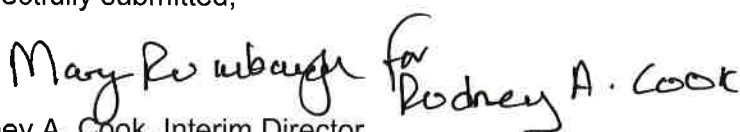
Clackamas County Health Centers Division (CCHCD) of the Health, Housing & Human Services Department requests the approval to the 2021-2023 Request for Grant Proposals issued by the Oregon Criminal Justice Commission (CJC). CCHCD has been a recipient of this biennial funding for multiple cycles. This would be a renewal application to continue financial support of the existing Clackamas County Mental Health Treatment program and will help fund treatment, housing, and other supportive services to participants. The State will determine the level of funding based established funding priorities.

This funding opportunity has a maximum value of \$254,768. It is effective July 1, 2021 and terminates on June 30, 2023.

RECOMMENDATION:

Staff recommends approval of this agreement and authorizes the Director of Health, Housing and Human Services to sign this agreement.

Respectfully submitted,



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

Healthy Families. Strong Communities.

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

Clackamas.us/h3s

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

Lead Department & Fund: H3S-Health Centers Division - Fund 253 Application for: Subrecipient Assistance Direct Assistance
Grant Renewal? Yes No

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: 2021-2023 Oregon Criminal Justice Commission Specialty Court Grant Program

Funding Source: Federal State Local

Requestor Information (Name of staff person initiating form): Jennifer Rees, Mental Health Program Supervisor

Requestor Contact Information: JRees@clackamas.us; 503-722-6502

Department Fiscal Representative: Jennifer Stone

Program Name or Number (please specify): Mental Health Court Program 08115

Brief Description of Project:

The Oregon Criminal Justice Commission (CJC) is providing funding for evidence-based problem-solving court strategies designed to address the root causes of criminal activity and substance use disorders by coordinating efforts of the judiciary, prosecution, defense, probation, law enforcement, mental health and substance use disorder treatment, and social services. The courts offer non-violent offenders an alternative to incarceration and provide treatment, education and resources to reduce recidivism and provide for healthier communities. This grant will help fund treatment, housing, and other supportive services for Clackamas County Mental Health Treatment Court participants.

Name of Funding Agency: Oregon Criminal Justice Commission

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

<https://www.oregon.gov/cjc/CJC%20Document%20Library/21-23SpecialtyCourtSolicitation.pdf>

OR

Application Packet Attached: Yes No

Completed By: Jennifer Stone Date: 5-17-2021

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

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

| | | | |
|---|--|---|---|
| Competitive Application <input checked="" type="checkbox"/> | Non-Competing Application <input type="checkbox"/> | Other <input type="checkbox"/> | |
| CFDA(s), if applicable: | <u>N/A</u> | Funding Agency Award Notification Date: | <u>Late July - Intent to Award Letters</u> |
| Announcement Date: | <u>4-1-2021</u> | Announcement/Opportunity #: | <u>2021-2023 RFGP Specialty Court Grant Program</u> |
| Grant Category/Title: | <u>Specialty Court Grant Program</u> | Max Award Value: | <u>Amount not provided by State</u> |
| Allows Indirect/Rate: | <u>Yes/may not exceed 10%</u> | Match Requirement: | <u>N/A</u> |
| Application Deadline: | <u>6-15-2021 @ 1pm</u> | Other Deadlines: | <u>N/A</u> |
| Award Start Date: | <u>7-1-2021</u> | Other Deadline Description: | <u>N/A</u> |
| Award End Date: | <u>6-30-2023</u> | Program Income Requirement: | <u>N/A</u> |
| Completed By: | <u>Jennifer Stone</u> | | |
| Pre-Application Meeting Schedule: | <u>4-27-2021</u> | | |

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? Have they already been secured?

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 they?

Program Approval:

Jennifer Rees

5/26/21

Jennifer Rees

Digitally signed by Jennifer Rees
Date: 2021.05.26 08:16:34 -07'00'

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) | | |
| Deborah Cockrell | 5/26/2021 | Deborah Cockrell <small>Digitally signed by Deborah Cockrell Date: 2021.05.26 09:36:21 -0700</small> |
| Name (Typed/Printed) | Date | Signature |

| | | |
|---|-----------|--|
| DEPARTMENT DIRECTOR (or designee, if applicable) | | |
| Mary Rumbaugh for Rod Cook | 5/26/2021 | Mary Rumbaugh <small>Digitally signed by Mary Rumbaugh Date: 2021.05.26 10:37:57 -0700</small> |
| Name (Typed/Printed) | Date | Signature |

| | | |
|-------------------------------|-----------|--|
| FINANCE ADMINISTRATION | | |
| Elizabeth Comfort | 5.26.2021 | Elizabeth Comfort <small>Digitally signed by Elizabeth Comfort Date: 2021.05.26 11:54:16 -0700</small> |
| Name (Typed/Printed) | Date | Signature |

| | | |
|--|-----------|-----------|
| EOC COMMAND APPROVAL (DISASTER OR EMERGENCY RELIEF APPLICATIONS ONLY) | | |
| N/A | 5/26/2021 | |
| 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.**

July 1, 2021

Board of County Commissioners
 Clackamas County

Members of the Board:

Approval to Apply to the 2021-2023 Request for Grant Proposals (RFGP) with State of Oregon Criminal Justice Commission (CJC) for Specialty Court Grant Program – Adult Drug Court

| | |
|--|---|
| Purpose/Outcomes | To improve the legitimacy, efficiency, and effectiveness of state and local criminal justice system. Health Centers Division intends to utilize funds to support the existing Adult Drug Court program. |
| Dollar Amount and Fiscal Impact | The maximum agreement value is \$242,484; this is the current biennial funding level and no change in funding level is anticipated. |
| Funding Source | Oregon Criminal Justice Commission (CJC). No County General Funds are involved. |
| Duration | Effective July 1, 2021 and terminates on June 30, 2023 |
| Previous Board Action | No Previous Board Actions have been taken. |
| Strategic Plan Alignment | 1. Improve Community Safety and Health 2. Ensure safe, healthy and secure communities |
| Counsel Review | Not required, renewal application only |
| Procurement Review | 1. Was the item process through Procurement? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 2. This is a direct procurement of a grant. |
| Contact Person | Deborah Cockrell, Health Center Director – 503-742-5495 |
| Contract No. | 10223 |

BACKGROUND:

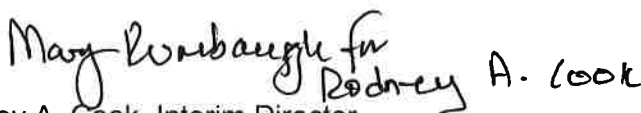
Clackamas County Health Centers Division (CCHCD) of the Health, Housing & Human Services Department requests the approval to the 2021-2023 Request for Grant Proposals issued by the Oregon Criminal Justice Commission (CJC). CCHCD has been a recipient of this biennial funding for multiple cycles. This would be a renewal application to continue financial support of the existing Clackamas County Adult Drug Treatment program and will help fund treatment, housing, and other supportive services to participants. The State will determine the level of funding based established funding priorities.

This funding opportunity has a maximum value of \$242,484. It is effective July 1, 2021 and terminates on June 30, 2023.

RECOMMENDATION:

Staff recommends approval of this agreement and authorizes the Director of Health, Housing and Human Services to sign this agreement.

Respectfully submitted,



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

Healthy Families. Strong Communities.

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

Clackamas.us/h3s

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

Lead Department & Fund: HHS-Health Centers Division - Fund 253

Application for: Subrecipient Assistance Direct Assistance
Grant Renewal? Yes No
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: 2021-2023 Oregon Criminal Justice Commission Specialty Court Grant Program

Funding Source: Federal State Local

Requestor Information (Name of staff person initiating form): Jennifer Rees, Mental Health Program Supervisor

Requestor Contact Information: JRees@clackamas.us; 503-722-6502

Department Fiscal Representative: Jennifer Stone

Program Name or Number (please specify): Adult Drug Court Program 08634

Brief Description of Project:

The Oregon Criminal Justice Commission (CJC) is providing funding for evidence-based problem-solving court strategies designed to address the root causes of criminal activity and substance use disorders by coordinating efforts of the judiciary, prosecution, defense, probation, law enforcement, mental health and substance use disorder treatment, and social services. These courts offer non-violent offenders an alternative to incarceration and provide treatment, education, and resources to reduce recidivism and provide for healthier communities. This grant will help fund treatment, housing, and other supportive services for Clackamas County Adult Drug Treatment Court participants.

Name of Funding Agency: Oregon Criminal Justice Commission

Agency's Web Address for funding agency Guidelines and Contact Information:
<https://www.oregon.gov/cjc/CJC%20Document%20Library/21-23SpecialtyCourtSolicitation.pdf>

OR

Application Packet Attached: Yes No

Completed By: Jennifer Stone 5-17-2021
Date

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

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

| | | | |
|---|--|---|---|
| Competitive Application <input checked="" type="checkbox"/> | Non-Competing Application <input type="checkbox"/> | Other <input type="checkbox"/> | |
| CFDA(s), if applicable: | <u>N/A</u> | Funding Agency Award Notification Date: | <u>Late July - Intent to Award Letters</u> |
| Announcement Date: | <u>4-1-2021</u> | Announcement/Opportunity #: | <u>2021-2023 RFGP Specialty Court Grant Program</u> |
| Grant Category/Title: | <u>Specialty Court Grant Program</u> | Max Award Value: | <u>Amount not provided by State</u> |
| Allows Indirect/Rate: | <u>Yes/may not exceed 10%</u> | Match Requirement: | <u>N/A</u> |
| Application Deadline: | <u>6-15-2021 @ 1pm</u> | Other Deadlines: | <u>N/A</u> |
| Award Start Date: | <u>7-1-2021</u> | Other Deadline Description: | <u>N/A</u> |
| Award End Date: | <u>6-30-2023</u> | | |
| Completed By: | <u>Jennifer Stone</u> | Program Income Requirement: | <u>N/A</u> |
| Pre-application Meeting Schedule: | <u>4-27-2021</u> | | |

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? Have they already been secured?

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 they?

Program Approval:

Jennifer Rees

5/26/21

Jennifer Rees

Digitally signed by Jennifer Rees
Date: 2021.05.26 08:00:29 -07'00'

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) | | |
| Deborah Cockrell | 5/26/2021 | Deborah Cockrell <small>Digitally signed by Deborah Cockrell Date: 2021.05.26 09:33:40 -07'00'</small> |
| Name (Typed/Printed) | Date | Signature |

| | | |
|---|-----------|--|
| DEPARTMENT DIRECTOR (or designee, if applicable) | | |
| Mary Rumbaugh for Rod Cook | 5/26/2021 | Mary Rumbaugh <small>Digitally signed by Mary Rumbaugh Date: 2021.05.26 10:34:28 -07'00'</small> |
| Name (Typed/Printed) | Date | Signature |

| | | |
|-------------------------------|-----------|--|
| FINANCE ADMINISTRATION | | |
| Elizabeth Comfort | 5.26.2021 | Elizabeth Comfort <small>Digitally signed by Elizabeth Comfort Date: 2021.05.26 11:47:14 -07'00'</small> |
| Name (Typed/Printed) | Date | Signature |

| | | |
|--|-----------|-----------|
| EOC COMMAND APPROVAL (DISASTER OR EMERGENCY RELIEF APPLICATIONS ONLY) | | |
| N/A | 5/26/2021 | |
| 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.

July 1, 2021

Board of County Commissioners
 Clackamas County

Members of the Board:

Approval to Apply to the 2021-2023 Request for Grant Proposals (RFGP) with the State of Oregon
Criminal Justice Commission (CJC) for Specialty Court Grant Program – DUII Court

| | |
|--|---|
| Purpose/Outcomes | To improve the legitimacy, efficiency, and effectiveness of state and local criminal justice system. Health Centers Division intends to utilize funds to support the existing DUII Treatment Court program. |
| Dollar Amount and Fiscal Impact | The maximum agreement value is yet to be determined by the State. |
| Funding Source | Oregon Criminal Justice Commission (CJC). No County General Funds are involved. |
| Duration | Effective July 1, 2021 and terminates on June 30, 2023 |
| Previous Board Action | No Previous Board Actions have been taken. |
| Strategic Plan Alignment | 1. Improve Community Safety and Health 2. Ensure safe, healthy and secure communities |
| Counsel Review | Not required, renewal application only |
| Procurement Review | 1. Was the item process through Procurement? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 2. This is a direct procurement of a grant. |
| Contact Person | Deborah Cockrell, Health Center Director – 503-742-5495 |
| Contract No. | 10220 |

BACKGROUND:

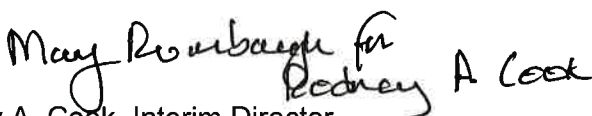
Clackamas County Health Centers Division (CCHCD) of the Health, Housing & Human Services Department requests the approval to the 2021-2023 Request for Grant Proposals issued by the State of Oregon Criminal Justice Commission (CJC). CCHCD Adult Drug Court Treatment program has been a recipient of biennial funding for multiple cycles. This application would fund an expansion of treatment court services within Health Centers to include the DUII Treatment Court program and will help fund treatment, housing, and other supportive services to participants. The State will determine the level of funding based established funding priorities.

This funding opportunity has a maximum value of a yet undetermined amount. It is effective July 1, 2021 and terminates on June 30, 2023.

RECOMMENDATION:

Staff recommends approval of this agreement and authorizes the Director of Health, Housing and Human Services to sign this agreement.

Respectfully submitted,



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

Healthy Families. Strong Communities.

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

Clackamas.us/h3s

Financial Assistance Application Lifecycle Form

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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 & Fund: H3S-Health Centers Division - Fund 253

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

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: 2021-2023 Oregon Criminal Justice Commission Specialty Court Grant Program

Funding Source: Federal State Local

Requestor Information (Name of staff person initiating form): Jennifer Rees, Mental Health Program Supervisor

Requestor Contact Information: JRees@clackamas.us; 503-722-6502

Department Fiscal Representative: Jennifer Stone

Program Name or Number (please specify): 08634 DUII Court Program

Brief Description of Project:

The Oregon Criminal Justice Commission (CJC) is providing funding for evidence-based problem-solving court strategies designed to address the root causes of criminal activity and substance use disorders by coordinating efforts of the judiciary, prosecution, defense, probation, law enforcement, mental health and substance use disorder treatment, and social services. These courts offer non-violent offenders an alternative to incarceration and provide treatment, education, and resources to reduce recidivism and provide for healthier communities. This grant will help fund treatment, housing, and other supportive services for Clackamas County DUII Court participants.

Name of Funding Agency: Oregon Criminal Justice Commission

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

<https://www.oregon.gov/cjc/CJC%20Document%20Library/21-23SpecialtyCourtSolicitation.pdf>

OR

Application Packet Attached: Yes No

Completed By: Jennifer Stone

5-17-2021

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: | <u>N/A</u> | Funding Agency Award Notification Date: | <u>Late July - Intent to Award Letters</u> |
| Announcement Date: | <u>4-1-2021</u> | Announcement/Opportunity #: | <u>2021-2023 RFGP Specialty Court Grant Program</u> |
| Grant Category/Title: | <u>Specialty Court Grant Program</u> | Max Award Value: | <u>Amount not provided by State</u> |
| Allows Indirect/Rate: | <u>Yes/may not exceed 10%</u> | Match Requirement: | <u>N/A</u> |
| Application Deadline: | <u>6-15-2021 @ 1pm</u> | Other Deadlines: | <u>N/A</u> |
| Award Start Date: | <u>7-1-2021</u> | Other Deadline Description: | <u>N/A</u> |
| Award End Date: | <u>6-30-2023</u> | Program Income Requirement: | <u>N/A</u> |
| Completed By: | <u>Jennifer Stone</u> | | |
| Pre-Application Meeting Schedule: | <u>4-27-2021</u> | | |

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?

Enhance our ability to divert individuals away from the justice system and into treatment, to promote overall health & wellness.

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

It will take systems working together in order to accomplish this work, including Community Corrections, Clackamas County Circuit Court, Clackamas Indigent Defense Corporation, Clackamas County Health Centers, and community providers.

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

Utilize evidence-based practices and principles to enhance the provision of treatment services and other recovery supports to promote access to health services, and reduce recidivism. Objectives will be met by implementing these principles.

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

Yes, the current program being funded is the DUII Treatment Court 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?

Health Centers-Behavioral Health has adequate and qualified staff.

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

Partnerships are already operational and collaborative between all essential agencies. Roles and responsibilities are identified in treatment court policies and procedures, program handbook, and MOU.

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.)?

This is not a pilot project but an expansion of treatment court services within Health Centers to now include the DUII Treatment Court Program.

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.)?

No, it will not create a new program. It would enhance CHC's involvement in the DUII court program and allow it to become the primary treatment provider for this specialty court track. Services provided by existing CHC staff will be reimbursed by billing insurance and will continue once funding is exhausted.

Collaboration

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

Community Corrections, H3S, and the District Attorney's Office.

Reporting Requirements

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

• Quarterly and Yearly Data Report to the CJC including information regarding new charges, new convictions, participant sanctions, participant involvement in treatment services and recovery activities in the community.
• Peer Review: Fidelity to 10 Key Components of Drug Courts completed by Oregon Criminal Justice Commission

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?

Court database (SCMC system), outcomes measures (program phases & requirements to track client progress), and treatment goals (track through individualized service plans)

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

Quarterly Fiscal Reports

Fiscal

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

Yes, the cost to administer the grant will be minimal.

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

Yes, staff will generate revenue from billing for services in combination with the grant funding.

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/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?

No, the grant/financial assistance does not cover indirect costs.

Program Approval:

Jennifer Rees

5/26/21

Jennifer Rees

Digitally signed by Jennifer Rees
Date: 2021.05.26 09:24:50 -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) | | |
| Deborah Cockrell | 5.27.2021 | Deborah Cockrell |
| <small>Name (Typed/Printed)</small> | <small>Date</small> | <small>Signature</small> |
| <small>Digitally signed by Deborah Cockrell Date: 2021.05.27 09:22:38 -07'00'</small> | | |

| | | |
|--|---------------------|--------------------------|
| DEPARTMENT DIRECTOR (or designee, if applicable) | | |
| Mary Rumbaugh for Rodney A Cook | 5-28-2021 | Mary Rumbaugh |
| <small>Name (Typed/Printed)</small> | <small>Date</small> | <small>Signature</small> |
| <small>Digitally signed by Mary Rumbaugh Date: 2021.05.27 12:30:29 -07'00'</small> | | |

| | | |
|--|---------------------|--------------------------|
| FINANCE ADMINISTRATION | | |
| Elizabeth Comfort | 6.1.2021 | Elizabeth Comfort |
| <small>Name (Typed/Printed)</small> | <small>Date</small> | <small>Signature</small> |
| <small>Digitally signed by Elizabeth Comfort Date: 2021.06.01 16:10:20 -07'00'</small> | | |

| | | |
|--|---------------------|--------------------------|
| EOC COMMAND APPROVAL (DISASTER OR EMERGENCY RELIEF APPLICATIONS ONLY) | | |
| N/A | | |
| <small>Name (Typed/Printed)</small> | <small>Date</small> | <small>Signature</small> |

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"/> |
| <small>Name (Typed/Printed)</small> | <small>Date</small> | <small>Signature</small> |

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.

July 1, 2021

Board of County Commissioners
Clackamas County

Members of the Board:

Approval of Intergovernmental Agreement #169358 with the
State of Oregon, acting by and through its Department of Human Services (DHS), for the
Job Opportunity & Basic Skills (JOBS) program

| | |
|--|--|
| Purpose/Outcomes | This revenue Intergovernmental Agreement (IGA) provides funding to continue the Job Opportunity and Basic Skills (JOBS) workforce program in the County. |
| Dollar Amount and Fiscal Impact | This agreement is for \$1,150,550.75. |
| Funding Source | State of Oregon Department of Human Services. No County General Funds are involved. |
| Duration | Effective July 1, 2021 and terminates on June 30, 2023 |
| Previous Board Action | The last biennium revenue agreement was approved by the Board of County Commissioners on June 6, 2019 |
| Strategic Plan Alignment | 1. Grow a Vibrant Economy--Provide customized employment services to individuals experiencing barriers to employment, so they can obtain and retain meaningful, career path employment. Connects a diverse qualified workforce to business partners. 2. Ensure safe, healthy and secure communities—Provides wrap around services for job seekers including access to housing resources, behavioral health and addiction care services. |
| Counsel Review | This revenue agreement has been reviewed and approved by County Counsel on 6/7/21, KR |
| Procurement Review | Was the item processed through Procurement? No. |
| Contact Person | Adam Freer 971-533-4929 |
| Contract No. | H3S / CFCC 10219 |

BACKGROUND:

Children, Family & Community Connections Division (CFCC) of the Health, Housing and Human Services Department, requests the approval of the Intergovernmental Agreement #169358, with the State of Oregon, acting by and through its Department of Human Services for the Job Opportunity & Basic Skills (JOBS) program. CFCC will continue responsibility for service management to ODHS referred clientele. Agreement requirements include employment plan development; job preparation and placement; transition services; and self-sufficiency services. All contract services are to assist adult clients with employment and wrap around services.

This revenue intergovernmental agreement is effective upon signature by all parties for services starting on July 1, 2021 and terminating on June 30, 2023. This agreement has a maximum value of \$1,150,550.75.

RECOMMENDATION:

Staff recommends the Board approval of this Agreement and authorizes Tootie Smith, Board Chair, to sign on behalf of Clackamas County.

Respectfully submitted,

Mary Rowbaugh for Rodney A. Cook

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

Contract Transmittal Form

Health, Housing & Human Services Department

| | | |
|------------------------------|---|---|
| H3S Contract #: 10219 | Division: CFC | <input type="checkbox"/> Subrecipient |
| Board Order #: | Contact: Vandecoevering, Scott | <input checked="" type="checkbox"/> Revenue |
| | Program Contact: Harvey, Jennifer | <input type="checkbox"/> Amend # \$ |
| | | <input type="checkbox"/> Procurement Verified |
| | | <input type="checkbox"/> Aggregate Total Verified |

Non BCC Item BCC Agenda **Date:** Thursday, July 1, 2021

CONTRACT WITH: State of Oregon DHS Self Sufficiency #169358

CONTRACT AMOUNT: \$1,150,550.75

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 checked="" 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 _____ - _____ | <input checked="" type="checkbox"/> 4 or 5 Year _____ - _____ |
| <input checked="" type="checkbox"/> Upon Signature _____ - _____ | <input checked="" type="checkbox"/> Biennium _____ - _____ |
| <input checked="" type="checkbox"/> Other 7/1/2021 - 6/30/2023 | <input checked="" 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 COUNSEL

Yes by: Kathleen Rastetter Date Approved: Monday, June 7, 2021
OR
 This contract is in the format approved by County Counsel.

SIGNATURE OF DIVISION REPRESENTATIVE:  _____
Date: 6.7.21

| | |
|-----------------------|----------------------|
| H3S Admin Only | Date Received: _____ |
| | Date Signed: _____ |
| | Date Sent: _____ |

AGREEMENTS/CONTRACTS

| | |
|---|--|
| X | New Agreement/Contract |
| | Amendment/Change Order Original Number _____ |

ORIGINATING COUNTY

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

PURCHASING FOR: Contracted Services

OTHER PARTY TO

CONTRACT/AGREEMENT: State of Oregon DHS Self Sufficiency #169358

BOARD AGENDA ITEM

NUMBER/DATE: _____

DATE: 7/1/2021

PURPOSE OF

CONTRACT/AGREEMENT: Revenue agreement with State of Oregon DHS to administer the Jobs Opportunity and Basic Skills (JOBS) workforce program, serving participants on Temporary Assistance for Needy Families (TANF)

H3S CONTRACT NUMBER: 10219



Agreement Number 169358

**STATE OF OREGON
INTERGOVERNMENTAL AGREEMENT**

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to dhs-oha.publicationrequest@state.or.us or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

This Agreement is between the State of Oregon, acting by and through its Oregon Department of Human Services, hereinafter referred to as “ODHS” and

**Clackamas County
Acting by and through its Health, Housing and Human Services,
Children, Family & Community Connections Division
112 11th Street
Oregon City, OR 97045
Attention: Jennifer Harvey
Telephone: 503-655-8842
Fax: 503-655-8841
E-mail address: jharvey@clackamas.us**

hereinafter referred to as “County.”

Work to be performed under this Agreement relates principally to ODHS’

**Office of Self-Sufficiency Programs
District 15/Clackamas County
315 Beaver Creek Road
Oregon City, OR, 97045
Agreement Administrator: Theresa Pruett or delegate
Telephone: 503-422-2216
E-mail address: theresa.w.pruett@state.or.us**

1. Effective Date and Duration.

This Agreement , when fully executed by every party, regardless of the date of execution by every party, shall become effective on the date this Agreement has been approved by Department of Justice or on **July 1, 2021**, whichever date is later. Unless extended or terminated earlier in accordance with its terms, this Agreement shall expire on **June 30, 2023**. Agreement termination or expiration shall not extinguish or prejudice either party's right to enforce this Agreement with respect to any default by the other party that has not been cured.

2. Agreement Documents.

a. This Agreement consists of this document and includes the following listed exhibits which are incorporated into this Agreement:

- (1) Exhibit A: Definitions
- (2) Exhibit B, Part 1: Work Requirements and Standards
- (3) Exhibit B, Part 2: JOBS Services
- (4) Exhibit C: Payments and Financial Requirements
- (5) Exhibit D: Outcome Measures and Performance Deliverables
- (6) Exhibit E: Budget Summary
- (7) Exhibit F: Special Provisions
- (8) Exhibit G: Standard Terms and Conditions
- (9) Exhibit H: Insurance Requirements
- (10) Exhibit I: Federal Terms and Conditions
- (11) Exhibit J: Subcontractor Provisions
- (12) Exhibit K: JOBS Business Plan Sample Template
- (13) Attachment 1: Oregon SSP Districts Map
- (14) Exhibit L: Privacy and Security Agreement
- (15) Exhibit L-1: Third Party Information System Access Request (Form MSC 0785)

This Agreement constitutes the entire agreement between the parties on the subject matter in it; there are no understandings, agreements, or representations, oral or written, regarding this Agreement that are not specified herein.

b. In the event of a conflict between two or more of the documents comprising this Agreement, the language in the document with the highest precedence shall control. The precedence of each of the documents comprising this Agreement is as follows, listed from highest precedence to lowest precedence: this Agreement without Exhibits, Exhibit I, Exhibit G, Exhibit B, Exhibit C, Exhibit D, Exhibit L, Exhibit E, Exhibit F, Exhibit A, Exhibit H, Exhibit J, Exhibit K, and Attachment 1.

3. Consideration.

a. The maximum not-to-exceed amount payable to County under this Agreement, which includes any allowable expenses, is **\$1,150,550.75**. ODHS will not pay County any amount in excess of the not-to-exceed amount for completing the Work, and will not pay for Work until this Agreement has been signed by all parties.

- b. ODHS will pay only for completed Work under this Agreement, and may make interim payments as provided for in Exhibit A. For purposes of this Agreement, “Work” means specific work to be performed or services to be delivered by County as set forth in Exhibit A.

4. Contractor or Subrecipient Determination. In accordance with the State Controller’s Oregon Accounting Manual, policy 30.40.00.104, ODHS’ determination is that:

County is a subrecipient County is a contractor Not applicable

Catalog of Federal Domestic Assistance (CFDA) #(s) of federal funds to be paid through this Agreement: 93.558

5. The Agreement representatives for this Agreement shall be as follows:

a. ODHS:

Contract Administrator: Theresa Pruett
 315 Beavercreek Road
 Oregon City, OR 97045
 Phone: 503-422-2216
 E-mail:..... theresa.w.pruett@state.or.us
 District Manager: Seth Lyon, 971-444-0144, seth.lyon@state.or.us
 SSP Program Manager: Cristina Gonzales-Perry, 503-975-7681, cristina.gonzales-perry@state.or.us

b. County:

Contact: Jennifer Harvey
 112 11th Street
 Oregon City, OR 97045
 Phone: 503-655-8842
 E-mail:..... jharvey@clackamas.us

- (5) County is not listed on the non-procurement portion of the General Service Administration's "List of Parties Excluded from Federal procurement or Non-procurement Programs" found at: <https://www.sam.gov/SAM>;
- (6) County is not subject to backup withholding because:
 - (a) County is exempt from backup withholding;
 - (b) County has not been notified by the IRS that County is subject to backup withholding as a result of a failure to report all interest or dividends; or
 - (c) The IRS has notified County that County is no longer subject to backup withholding; and
- (7) County's Federal Employer Identification Number (FEIN) provided is true and accurate. If this information changes, County is required to provide ODHS with the new FEIN within 10 days.

EACH PARTY, BY EXECUTION OF THIS AGREEMENT, HEREBY ACKNOWLEDGES THAT IT HAS READ THIS AGREEMENT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

COUNTY: YOU WILL NOT BE PAID FOR WORK PERFORMED PRIOR TO NECESSARY STATE APPROVALS

7. **Signatures.** This Agreement and any subsequent amendments may be executed in several counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of the Agreement and any amendments so executed shall constitute an original.

Clackamas County, Acting by and through its Health, Housing and Human Services Children, Family & Community Connections Division

By:

Authorized Signature Printed Name

Title Date

State of Oregon, acting by and through its Oregon Department of Human Services

By:

Authorized Signature Printed Name

Title Date

Approved for Legal Sufficiency:

Approved via e-mail by Jeffrey J. Wahl, Assistant Attorney General June 4, 2021
Department of Justice Date