

Mary Rumbaugh Director

May 8, 2025

BCC Agenda Date/Item: _____

Board of County Commissioners Clackamas County

Approval of a Grant Application to Oregon Housing and Community Services for redevelopment of Housing Authority properties in disposition. Application Value is \$1,093,892 for 3 years. Funding is through Oregon Housing and Community Services. No County General Funds are involved.

| Previous Board Action/Review | Issues 4/29/25 | | | |
|---------------------------------|--|--------------------|--------------|--|
| Performance | 1. Which indicator of success does this item affect? | | | |
| Clackamas | Safe and Secure Communities | | | |
| Counsel Review | Yes, Jane Vetto | Procurement Review | NA | |
| Contact Person | Mark Sirois | Contact Phone | 503-351-7240 | |

EXECUTIVE SUMMARY: On behalf of the Housing and Community Development Division (HCDD), Health, Housing & Human Services requests approval to apply for funding from the Oregon Housing and Community Services (OHCS) Department for Neighborhood Stabilization Program (NSP) funds.

On January 10, 2025, OHCS contacted several jurisdictions regarding available NSP-1 funds. Staff identified the possible use of these funds to assist a non-profit housing developer redevelop one or two of the Housing Authority public housing disposition properties. HCDD staff have discussed eligible NSP grant activities with OHCS program staff and have been asked to provide a Funding Reservation Request.

Enclosed are the internal lifecycle form and the Funding Reservation materials for applications that require signature. If OHCS approves the funding request, a grant agreement will be brought back to the board for approval at a future business meeting as a consent agenda item.

RECOMMENDATION: Staff respectfully request that the Board of County Commissioners approve the OHCS NSP Grant funds application and fund reservation and authorize Chair Roberts to sign on behalf of Clackamas County.

Respectfully submitted,

Mary Rumbaugh

Mary Rumbaugh Director of Health Housing and Human Services

For Filing Use Only

Financial Assistance Application Lifecycle Form

Use this form to track your potential award from conception to submission.

Sections of this form are designed to be completed in collaboration between department program and fiscal staff.

If renewal or direct appropriation, complete sections I, II, IV & V only. Section III is not required.

If Disaster or Emergency Relief Funding, EOC will need to approve prior to being sent to the BCC

CONCEPTION

| Section I: Funding Opportunity Information - To Be Completed by Requester | | | | Award type: | | t Appropriation (ecipient Award | (no application) |
|---|--|--|---|--|-------------------------------------|---|---|
| | | | | Award Renewal? | Yes | No No | |
| Lead Fund # and Department: | 240-H3S-H | CDD | | | | | |
| Name of Funding Opportunity: | Neighborho | od Stabilization Pro | ogram | | | | |
| Funding Source: Federal – Direc | ct 🔽 | Federal – Pass through | State | L | .ocal | | |
| Requestor Information: (Name of staff initiating form) Mark Sirois | | | | | | | |
| Requestor Contact Information: | marksir@clackamas.us | 503-35 | 51-7240 | | | | |
| Department Fiscal Representative: Darren Chilton | | | | | | | |
| Program Name & Prior Project #: (please | Program Name & Prior Project #: (please specify) OHCS Neighborhood Stabilization Program | | | | | | |
| Brief Description of Project: | | | | | | | |
| NSP funding was created in 2008 dur three rounds of NSP through which it has remaining funding available from NSP Map areas within Clackamas Cc assistance, and rehabilitation projects | allocated the funding to the Neighborhood Stal ounty. Clackamas Cour | o local jurisdictions that could awar bilization Program (NSP) that Clack ity Housing and Community Develo | rd the funds kamas Cou opment Div | s to eligible projects. inty may request for vision (HCDD) was a | . In 2025 eligible h warded f | Oregon Housin housing re-deve these funds in th | g and Community Services lopment projects situated in ne past, for down payment |

Name of Funding Agency: State Of Oregon - Housing and Community Services Department

Notification of Funding Opportunity Web Address: https://www.hud.gov/program_offices/comm_planning/nsp

OR

Project.

Application Packet Attached:

Yes No

Completed By: Mark Sirois

Date: 3/25/2025

Other

** 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

| Assistance Listing Number (ALN), if applicable: | 14.218 | Funding Agency Award Notification Date: | email on January 10, 2025 |
|---|------------------------------------|---|---|
| Announcement Date: | NA | Announcement/Opportunity #: | NA |
| Grant Category/Title | Neighborhood Stabilization Program | Funding Amount Requested: | \$1,093,892 |
| Allows Indirect/Rate: | NA | Match Requirement: | NA |
| Application Deadline: | NA | Total Project Cost: | \$1,093,892 |
| Award Start Date: | When grant award is signed | Other Deadlines and Description: | NA |
| Award End Date | When funds are expended | | INA |
| Completed By: | NA | Program Income Requirements: | Program Income returned to fund other eligible activities |
| Pre-Application Meeting Schedule: | NA | | |

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

These NSP funds will be part of the overall budget to redevelop HACC disposition housing units

How much General Fund will be used to cover costs in this program, including indirect expenses? None

How much Fund Balance will be used to cover costs in this program, including indirect expenses? None

In the next section, limit answers to space available.

Section III: Funding Opportunity Information - To Be Completed at Pre-Application Meeting by Dept Program and Fiscal Staff

Fiscal
1. Are there other revenue sources required, available, or will be used to fund the program? Have they already been secured? Please list
all funding sources and amounts.
None

2. For applications with a match requirement, how much is required (in dollars) and what type of funding will be used to meet it (CGF, In-kind, local grant, etc.)? NA

3. Does this grant/financial assistance cover indirect costs? If yes, is there a rate cap? If no, can additional funds be obtained to support indirect expenses and what are those sources? Administration funds can cover indirect costs

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 be part of the overall redevelopment of the HACC Disposition and redevelopment of housing units

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. HCDD administers NSP and CDBG funds.

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

N/A - funding passed through to the Community Development Agency which is under the Housing and Community Development Division of the Health Housing and Human Services Department. HACC will provide these funds to a non-profit housing developer to complete the redevelopment work.

3. If this is a pilot project, what is the plan for sun setting the project and/or staff if it does not continue (e.g. making staff positions temporary or limited duration, etc.)?

Not a pilot project

4. If funded, would this grant/financial assistance create a new program, does the department intend for the program to continue after initial funding is exhausted? If yes, how will the department ensure funding (e.g. request new funding during the budget process, supplanted by a different program, etc.)?

No new program

Collaboration

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

Health, Housing and Human Services and community non-profit housing developers

Reporting Requirements

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

Oregon State Housing Services (OHCS) will report accomplishments to HUD. Clackamas County HCDD will provide expenditure reports to OHCS. Reporting requirements will be detailed in the grant agreement

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?

Reporting requirements will be detailed in the grant agreement

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

Reporting requirements will be detailed in the grant agreement

Mission/Purpose:

1. How does the grant/funding opportunity support the Department and/or Division's Mission/Purpose/Goals? This NSP grant funding will assist in completing H3S and Housing Authority goals to redevelop housing

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

3. What are the objectives of this funding opportunity? How will we meet these objectives? Affordable housing construction and redevelopment

Other information necessary to understand this award, if any.

Name (Typed/Printed)

NA

Program Approval:

Mark Sirois

4-8-2025 Date

Mark Sirois

Signature

** NOW READY FOR PROGRAM MANAGER SUBMISSION TO DIVISION DIRECTOR**

ATTACH ANY CERTIFICATIONS REQUIRED BY THE FUNDING AGENCY. COUNTY FINANCE OR ADMIN WILL SIGN

| DIVISION DIRECTOR (or designee, if applicable) | | Clagarana Callalagu |
|---|---|--|
| Shannon Callahan | Apr 16, 2025 | Shannon Callahan (Apr 16, 2025 15:23 PDT) |
| Name (Typed/Printed) | Date | Signature |
| DEPARTMENT DIRECTOR (or designee, if applicable) | Apr 16, 2025 | Denise Swanson (Apr 16, 2025 17:45 PDT) |
| Name (Typed/Printed) | Date | Signature |
| FINANCE ADMINISTRATION Elizabeth Comfort | Apr 16, 2025 | Clizabeth Comfort |
| Name (Typed/Printed) | Date | Signature |
| EOC COMMAND APPROVAL (WHEN NEEDED FOR DISASTE | R OR EMERGENCY RELIEF APPLICATIONS <u>ONLY</u>) | |
| Name (Typed/Printed) | Date | Signature |
| Section V: Board of County Commissioners/C | ounty Administration | |
| (Required for all grant applications. If your grant is awarded, all grant | awards must be approved by the Board on their weekly consent ag | enda regardless of amount per local budget law 294.338.) |
| For applications \$150,000 and below: | | |
| COUNTY ADMINISTRATOR | Approved: | Denied: |
| | | |
| Name (Typed/Printed) | Date | Signature |
| For applications up to and including \$150,000 | email form to BCC staff at <u>CA-Financialteam</u> | @clackamas.us for Gary Schmidt's |

For applications \$150,000.01 and above, email form with Staff Report to the Clerk to the Board at <u>ClerktotheBoard@clackamas.us</u> to be brought to the consent agenda.

BCC Agenda item #:

Date:

OR

approval.

Policy Session Date:

County Administration Attestation

County Administration: re-route to department at

and

Grants Manager at financegrants@clackamas.us

when fully approved.

| Department: | keen | original | with | vour | grant | file |
|-------------|------|----------|--------|------|-------|------|
| Department. | Keep | Unginar | WVILII | your | Siant | me. |

STATE OF OREGON OREGON HOUSING AND COMMUNITY SERVICES

Funding Reservation Request for Neighborhood Stabilization Program (circle one)



 This Request, when fully executed, establishes a funding reservation between the State of Oregon, acting by and through its Oregon Housing and Community Services Department, together with its successors and assigns hereinafter referred to collectively as "OHCS", and <u>Clackamas County</u>, a governmental entity, together with its successors and assigns hereinafter referred to collectively as "Subgrantee".

This Funding Reservation Request expires sixty days from the date this Request has been signed by all parties and was approved by OHCS, or on funding obligation date, whichever date occurs first.

2. Project/Activity. (Complete all applicable criteria.)

| Activity Type (circle one): | А | В | С | DE | |
|--------------------------------|-------|----------------|---------|-----------------|----------------------------------|
| Project Address including City | & Zip | Code: <u>S</u> | Scatter | ed Site Propert | ies located in Clackamas County. |

| Estimated Costs: | | | | |
|---------------------|------------------|-----------|----------------------------|---------|
| Acquisition | <u>2,000,000</u> | | | |
| Rehabilitation | <u> </u> | | | |
| Other § | 5 | | | |
| Total Program Fund | ds Requested \$ | 1,093,892 | Admin Funds Requested: \$0 | |
| Total NSP Funds R | equested \$ | 1,093,892 | | |
| Other Funds Levera | nged \$_ | | | |
| Purchase Agreemer | nt Date: | | | |
| Proposed Closing E | Date: | | | |
| Expected Start Date | e: _Q | 3 2025 | Expected Completion Date: | Q4 2026 |
| Number of Housing | g Units: | 6 | | |
| LH or LMMI: | I | LMMH | | |

Oregon Housing and Community Services North Mall Office Building 725 Summer St NE Ste B, Salem OR 97301 PH: 503-986-2000 Fax: 503-986-2020 page 1 of 2

Brief Project Narrative: <u>The Housing Authority of Clackamas County (HACC), a division of Clackamas</u> County, owns 145 scattered-site properties located throughout the county. With approval from HUD, HACC is implementing a plan to sell these properties as part of a broader effort to transition away from public housing. The initiative focuses on converting as many of these homes as possible into affordable homeownership opportunities by collaborating directly with current tenants and Community Land Trusts (CLTs). HACC plans to use the NSP funds as acquisition/redevelopment funding for developers to purchase 3 duplexes located in Oregon City and redevelop these properties as permanently affordable homes. We are pursuing Activity E – Redevelopment.

Attachments. Submit and return all applicable attachments including but not limited to:

- Purchase Agreement fully executed
- Proof of Foreclosure
- Proof of Property in Eligible NSP Target Area

OHCS reserves the right to request additional information as deemed necessary prior to approving this Request.

- 3. Except as expressly amended above, all other terms and conditions of Agreement #<u>1088</u>_ are still in full force and effect. The parties expressly affirm and ratify the Agreement as herein amended. Subgrantee certifies that the representations, warranties and certifications contained in the original Grant Agreement are true and correct as of the effective date of this Funding Reservation Request and with the same effect as though made at the time of this Funding Reservation Request.
- 4. Grant Funds

Subgrantee shall assume sole liability for breach of the conditions of the grant by Subgrantee or any of its subrecipients, and shall, upon breach of grant conditions that requires the State to return funds to the grantor, whether such breach is by Subgrantee or by its subrecipient(s), hold harmless and indemnify the State for an amount equal to the grant funds received under this Agreement; or if there are legal limitations on the indemnification ability of the Subgrantee, the indemnification amount shall be the maximum amount of funds available for expenditure, including any available contingency funds or other available non-appropriated funds, up to the amount of grant funds received under this Agreement.

Funding Request Approved:

| SUBGRANTEE |
|------------|
|------------|

| Authorized by:Chai | | Chair, Board of County Con | mmissioners |
|--------------------|----------------------------------|-------------------------------|-------------|
| | Signature | Title | |
| | Craig Roberts | | |
| | Printed Name | Date | |
| OREGON H | OUSING AND COMMUNITY | SERVICES | |
| | Alycia Howell, NSP Program Ad | lministrator | Date |
| Approved by: | | | |
| | Talia Kahn-Kravis, Assistant Dir | rector Homeownership Programs | Date |

| Property Address | NSP-1 Amount | NSP-3 Amount | Total |
|---|--------------|-----------------|----------------|
| 1052 Birchwood Drive Oregon City, OR 97045 | \$165,648.67 | \$16,666.67 | \$182,315.33 |
| 1056 Birchwood Drive Oregon City, OR 97045 | \$165,648.67 | \$16,666.67 | \$182,315.33 |
| 1054 Birchwood Drive Oregon City OR 97045 | \$165,648.67 | \$16,666.67 | \$182,315.33 |
| 1058 Birchwood Drive Oregon City, OR 97045 | \$165,648.67 | \$16,666.67 | \$182,315.33 |
| 1060 Birchwood Drive Oregon City, OR 97045 | \$165,648.67 | \$16,666.67 | \$182,315.33 |
| 1062 Birchwood Drive Oregon City, OR 97045 | \$165,648.67 | \$16,666.67 | \$182,315.33 |
| | \$993,892.00 | \$100,000.00 | \$1,093,892.00 |

Funding Reservation Request – Clackamas County

H3S-HCD_Lifecycle_Fund 240_Neighborhood Stabilization Program 4.8.25

Final Audit Report

2025-04-17

| Created: | 2025-04-16 |
|-----------------|--|
| By: | Qudsia Sediq (QSediq@dackamas.us) |
| Status: | Signed |
| Transaction ID: | CBJCHBCAABAA8eKSstthKd6_NxmKSM7U21XETiKjtNZL |

"H3S-HCD_Lifecycle_Fund 240_Neighborhood Stabilization Pro gram 4.8.25" History

- Document created by Qudsia Sediq (QSediq@clackamas.us) 2025-04-16 - 0:37:36 AM GMT- IP address: 198.245.132.3
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- Signer scallahan@clackamas.us entered name at signing as Shannon Callahan 2025-04-16 - 10:23:48 PM GMT- IP address: 198.245.132.3
- Document e-signed by Shannon Callahan (scallahan@clackamas.us)
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- Signer dswanson@clackamas.us entered name at signing as Denise Swanson 2025-04-17 - 0:45:45 AM GMT- IP address: 198.245.132.3
- Document e-signed by Denise Swanson (dswanson@clackamas.us) Signature Date: 2025-04-17 - 0:45:47 AM GMT - Time Source: server- IP address: 198.245.132.3
- Document emailed to Elizabeth Comfort (ecomfort@clackamas.us) for signature 2025-04-17 - 0:45:49 AM GMT

Adobe Acrobat Sign

- Email viewed by Elizabeth Comfort (ecomfort@clackamas.us) 2025-04-17 - 0:45:53 AM GMT- IP address: 52.3.199.226
- Document e-signed by Elizabeth Comfort (ecomfort@clackamas.us)
 Signature Date: 2025-04-17 0:54:48 AM GMT Time Source: server- IP address: 198.245.132.3
- Agreement completed. 2025-04-17 - 0:54:48 AM GMT