Rodney A. Cook
Director

Health, Housing
& Human Services
CLACKAMAS COUNTY

July 7, 2022

Board of County Commissioners
Clackamas County

Members of the Board:

Approval to Apply for Funding Opportunity: Prosperity 10,000 Adult & Dislocated Workforce Services from Clackamas Workforce Partnership (CWP) to Increase Employment Services in Clackamas County. Amount requested is $149,999 for one year.
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Purpose/Outcome	The Children, Family and Community Connections (CFCC) Division of Clackamas County requests approval to apply for a one-year renewable local grant to increase employment services for adults in Clackamas County. The Prosperity 10,000 program is funded through the Governor's Future Ready Oregon initiative.
Dollar Amount and Fiscal Impact	Grant Application requesting $149,999 with the potential for renewal No County General Funds are involved.
Funding Source	Clackamas Workforce Partnership
Duration	July 1, 2022-June 30, 2023
Previous Board Action/Review	BCC Issues: 7/5/2022
Strategic Plan Alignment	1. Ensure safe, healthy and secure communities 2. Grow a vibrant economy
Counsel Review	This Financial Assistance Application Lifecycle Form has been reviewed and approved by County Finance: 6/15/2022 EC
Procurement Review	Was the item processed through Procurement? No. Revenue Grant Application
Contact Person	Adam Freer 971-533-4929
Contract No.	n/a

BACKGROUND:
The Children, Family & Community Connections (CFCC) Division of the Health, Housing and Human Services Department requests approval to apply for funding through the Prosperity 10,000 Adult & Dislocated Workforce Services program coordinated by Clackamas Workforce Partnership (CWP) to Increase Employment Services in Clackamas County. The funding would allow CFCC to increase its capacity to meet the high demand for employment services working in close partnership with a wide range of non-profits to provide wrap-around and educational/training services to ensure individuals are stabilized, prepared for and employed in their desired careers.

Healthy Families. Strong Communities.
2051 Kaen Road, Oregon City, OR 97045 • Phone (503) 650-5697 • Fax (503) 655-8677
www.clackamas.us

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

Respectfully submitted,

Rodney A. Cook

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

Financial Assistance Application Lifecycle Form

Use this form to track your potential award from conception to submission.
Sections of this form are designed to be completed in collaboration between department program and fiscal staff.

** CONCEPTION **

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

Award type: Direct Appropriation (no application)

Subrecipient Award   Direct Award

Lead Department & Fund #: _____

Award Renewal?   Yes   No

If renewal, complete sections 1, 2, & 4 only. If Direct Appropriation, complete page 1 and Dept/Finance signatures only.

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

Name of Funding Opportunity: _____

Funding Source: Federal   State   Local

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

Requestor Contact Information: _____

Department Fiscal Representative: _____

Program Name and prior project # (please specify): _____

Brief Description of Project:

_____

Name of Funding Agency: _____

Notification of Funding Opportunity Web Address:

_____

OR

Application Packet Attached: Yes   No

Completed By: _____

Date

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

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

Competitive Application   Non-Competing Application   Other

CFDA(s), if applicable: _____	Funding Agency Award Notification Date: _____
Announcement Date: _____	Announcement/Opportunity #: _____
Grant Category/Title: _____	Funding Amount Requested: _____
Allows Indirect/Rate: _____	Match Requirement: _____
Application Deadline: _____	Other Deadlines: _____
Award Start Date: _____	Other Deadline Description: _____
Award End Date: _____	
Completed By: _____	Program Income Requirement: _____
Pre-Application Meeting Schedule: _____	

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

How much General Fund will be used to cover costs in this program, including indirect expenses? _____

How much Fund Balance will be used to cover costs in this program, including indirect expenses? _____

Section III: Funding Opportunity Information - **To be completed at Pre-Application Meeting by Dept Program and Fiscal Staff**

Mission/Purpose:
1. How does the grant/funding opportunity support the Department and/or Division's Mission/Purpose/Goals?

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

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

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

Organizational Capacity:
1. Does the organization have adequate and qualified staff? If no, can staff be hired within the grant/financial assistance funding opportunity timeframe?

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

3.If this is a pilot project, what is the plan for sunsetting 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.

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Reporting Requirements

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

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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?

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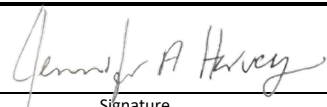
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Fiscal

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

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

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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.)?

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

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Program Approval:

Name (Typed/Printed)	Date	Signature

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

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

Section IV: Approvals

DIVISION DIRECTOR (or designee, if applicable)

Adam S. Freer	6.8.22	
Name (Typed/Printed)	Date	Signature

DEPARTMENT DIRECTOR (or designee, if applicable)

Denise Swanson 6/14/22		Denise Swanson
Name (Typed/Printed)	Date	Signature

FINANCE ADMINISTRATION

Elizabeth Comfort	6.15.2022	Elizabeth Comfort
Name (Typed/Printed)	Date	Signature

EOC COMMAND APPROVAL *(DISASTER OR EMERGENCY RELIEF APPLICATIONS ONLY)*

Name (Typed/Printed)	Date	Signature

Section V: Board of County Commissioners/County Administration

(Required for all grant applications. If your grant is awarded, all grant __awards__ must be approved by the Board on their weekly consent agenda regardless of amount per local budget law 294.338.)

For applications less than $150,000:

COUNTY ADMINISTRATOR Approved: Denied:

Name (Typed/Printed)	Date	Signature

For applications greater than $150,000 or which otherwise require BCC approval:

BCC Agenda item #: [   ]   Date: [   ]

OR

Policy Session Date: [   ]

County Administration Attestation

County Administration: re-route to department contact when fully approved.
Department: keep original with your grant file.