

September 8, 2022

Board of County Commissioner  
Clackamas County

Members of the Board:

Approval of a Grant Agreement US Department of Housing and Urban  
Development for the Homeless Management Information System.  
Total grant award of \$70,862. Funding through a federal grant.  
No County general funds are involved.

<b>Purpose/Outcomes</b>	Authorization to execute a grant award agreement with U.S. Department of Housing and Urban Development (HUD) for funds used to operate and administer the Homeless Management Information System (HMIS) in Clackamas County.
<b>Dollar Amount and Fiscal Impact</b>	Federal grant amount of \$70,862 with a 25% match of Supportive Housing Services funds.
<b>Funding Source</b>	U.S. Department of Housing & Urban Development (HUD)
<b>Duration</b>	7/1/22 to 6/30/2023
<b>Previous Board Action</b>	9/30/2021 – Board approved the CoC application 9/7/2022 – Grant award agreement presented at issues
<b>Strategic Plan Alignment</b>	1. Houseless individuals served by CoC programs will move to or maintain stable housing. 2. Ensure safe, healthy and secure communities
<b>Counsel Review</b>	8/24/22, Andrew Naylor
<b>Procurement Review</b>	1. Was the item processed through Procurement? yes <input type="checkbox"/> no <input checked="" type="checkbox"/> 2. If no, provide brief explanation: Item is a federal grant
<b>Contact Person</b>	Raina Smith-Roller, CoC Lead, 971-352-2684
<b>Contract No.</b>	H3S: 10812                      HUD: OR0099L0E072114

**BACKGROUND:**

The Housing and Community Development Division of the Health, Housing and Human Services Department requests the authorization to execute grant award agreement with U.S. Department of Housing and Urban Development for Continuum of Care Homeless Management Information System (HMIS) funding. The Continuum of Care is a HUD-mandated administrative and organizational local response to homelessness.

HUD requires that Clackamas County maintains a Homeless Management Information System (HMIS) to collect data on all the homeless programs and services in Clackamas County. Housing and Community Development staff manage this database for our partner

*Healthy Families. Strong Communities.*

agencies. We use this system to track outcomes, analyze data, and ensure appropriate use of HUD CoC grant funds by our community partners.

The application for this grant was submitted to HUD as part of the annual CoC NOFO application last fall.

**RECOMMENDATION:**

Staff recommends the Board approve the CoC HMIS grant agreement and authorize Commissioner Tootie Smith, Chair to sign all documents necessary to accomplish this action on behalf of the Board of County Commissioners.

Respectfully submitted,

*Adam Brown*

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



U.S. Department of Housing and Urban Development  
Office of Community Planning and Development  
1220 SW 3rd Avenue  
Suite 400  
Portland, OR 97204-2830

**Grant Number: OR0099L0E072114**  
**Tax ID Number: 93-6002286**  
**Unique Entity Identifier [SAM]: NVWKA VB8JND6**

## **CONTINUUM OF CARE PROGRAM (CDFA# 14.267) GRANT AGREEMENT**

This Grant Agreement (“this Agreement”) is made by and between the United States Department of Housing and Urban Development (“HUD”) and Clackamas County Department of Health, Housing and Human Services (the “Recipient”).

This Agreement, the use of funds provided under this Agreement (the “Grant” or “Grant Funds”), and the operation of projects assisted with Grant Funds are governed by

1. title IV of the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11301 et seq. (the “Act”);
2. the Continuum of Care Program rule at 24 CFR part 578 (the “Rule”), as amended from time to time;
3. and the Notice of Funding Opportunity for the fiscal year in which the funds were awarded.

The terms “Grant” or “Grant Funds” mean the funds that are provided under this Agreement. The term “Application” means the application submissions on the basis of which the Grant was approved by HUD, including the certifications, assurances, technical submission documents, and any information or documentation required to meet any grant award condition. Capitalized terms that are not defined in this agreement shall have the meanings given in the Rule.

The Application is incorporated herein as part of this Agreement, except that only the project (those projects) listed below are funded by this Agreement. In the event of any conflict between any application provision and any provision contained in this Agreement, this Agreement shall control.

HUD’s total funding obligation authorized by this grant agreement is \$70,862, allocated between the project(s) listed below (each identified by a separate grant number) and, within those projects, between budget line items, as shown below. The Grant Funds an individual project will receive are as shown in the Application on the final HUD-approved Summary Budget for the project. Recipient shall use the Grant Funds provided for the projects listed below, during the budget period(s) period stated below.

<b>Grant No.</b>	<b>Grant Term</b>	<b>Performance Period</b>	<b>Budget Period</b>	<b>Total Amount</b>
OR0099L0E072114	12 months	07-01-2022 - 06-30-2023	07-01-2022 - 06-30-2023	\$70,862
a. Continuum of Care planning activities				\$0
b. Acquisition				\$0
c. Rehabilitation				\$0
d. New construction				\$0
e. Leasing				\$0
f. Rental assistance				\$0
g. Supportive services				\$0
h. Operating costs				\$0
i. Homeless Management Information System				\$66,372
j. Administrative costs				\$4,490
k. Relocation Costs				\$0
l. HPC homelessness prevention activities:				
Housing relocation and stabilization services				\$0
Short-term and medium-term rental assistance				\$ 0

## Pre-award Costs for Continuum of Care Planning

The Recipient may, at its own risk, incur pre-award costs for continuum of care planning awards, after the date of the HUD selection notice and prior to the effective date of this Agreement, if such costs: a) are consistent with 2 CFR 200.458; and b) would be allowable as a post-award cost; and c) do not exceed 10 percent of the total funds obligated to this award. The incurrence of pre-award costs in anticipation of an award imposes no obligation on HUD either to make the award, or to increase the amount of the approved budget, if the award is made for less than the amount anticipated and is inadequate to cover the pre-award costs incurred.

These provisions apply to all Recipients:

If any new projects funded under this Agreement are for project-based rental assistance for a term of fifteen (15) years, the funding provided under this Agreement is for the performance period stated herein only. Additional funding is subject to the availability of annual appropriations.

The budget period and performance period of renewal projects funded by this Agreement will begin immediately at the end of the budget period and performance period of the grant being renewed. Eligible costs incurred between the end of Recipient's budget period and performance period under the grant being renewed and the date this Agreement is executed by both parties may be reimbursed with Grants Funds from this Agreement. No Grant Funds for renewal projects may be drawn down by Recipient before the end date of the project's budget period and performance period under the grant that has been renewed.

For any transition project funded under this Agreement the budget period and performance period of the transition project(s) will begin immediately at the end of the Recipient's final operating year under the grant being transitioned. Eligible costs, as defined by the Act and the Rule incurred between the end of Recipient's final operating year under the grant being transitioned and the execution of this Agreement may be paid with funds from the first operating year of this Agreement.

HUD designations of Continuums of Care as High-performing Communities (HPCS) are published in the HUD Exchange in the appropriate Fiscal Years' CoC Program Competition Funding Availability page. Notwithstanding anything to the contrary in the Application or this Agreement, Recipient may only use grant funds for HPC Homelessness Prevention Activities if the Continuum that designated the Recipient to apply for the grant was designated an HPC for the applicable fiscal year.

The Recipient must complete the attached "Indirect Cost Rate Schedule" and return it to HUD with this Agreement. The Recipient must provide HUD with a revised schedule when any change is made to the rate(s) included in the schedule. The schedule and any revisions HUD receives from the Recipient will be incorporated into and made part of this Agreement, provided that each rate included satisfies the applicable requirements under 2 CFR part 200 (including appendices).

This Agreement shall remain in effect until the earlier of 1) written agreement by the parties; 2) by HUD alone, acting under the authority of 24 CFR 578.107; 3) upon expiration of the budget period and performance period for all projects funded under this Agreement; or 4) upon the expiration of the period of availability of Grant Funds for all projects funded under this Agreement.

HUD notifications to the Recipient shall be to the address of the Recipient as stated in the Recipient's applicant profile in e-snaps. Recipient notifications to HUD shall be to the HUD Field Office executing the Agreement. No right, benefit, or advantage of the Recipient hereunder may be assigned without prior written approval of HUD.

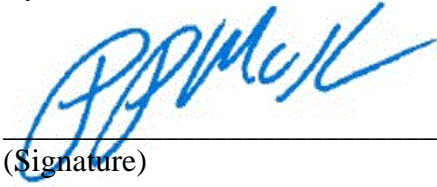
The Agreement constitutes the entire agreement between the parties, and may be amended only in writing executed by HUD and the Recipient.

By signing below, Recipients that are states and units of local government certify that they are following a current HUD approved CHAS (Consolidated Plan).

This agreement is hereby executed on behalf of the parties as follows:

**UNITED STATES OF AMERICA,  
Secretary of Housing and Urban Development**

By:



---

Phillip McKeough, Acting CPD Director  
(Typed Name and Title)

July 29, 2022  
(Date)

**RECIPIENT**

Clackamas Dept. Health, Housing & Human Svcs  
(Name of Organization)

By:

---

(Signature of Authorized Official)

Commissioner Tootie Smith, Chair  
(Typed Name and Title of Authorized Official)

---

(Date)

### Indirect Cost Schedule

Agency/Dept./Major Function	Indirect Cost Rate	Direct Cost Base
Health, Housing and Human Services	Up to 7%	\$66,372

This schedule must include each indirect cost rate that will be used to calculate the Recipient’s indirect costs under the grant. The schedule must also specify the type of direct cost base to which each included rate applies (for example, Modified Total Direct Costs (MTDC)). Do not include indirect cost rate information for subrecipients.

For government entities, enter each agency or department that will carry out activities under the grant, the indirect cost rate applicable to each department/agency (including if the de minimis rate is used per 2 CFR §200.414), and the type of direct cost base to which the rate will be applied.

For nonprofit organizations that use the Simplified Allocation Method for indirect costs or elects to use the de minimis rate of 10% of Modified Total Direct Costs in accordance with 2 CFR §200.414, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

For nonprofit organizations that use the Multiple Base Allocation Method, enter each major function of the organization for which a rate was developed and will be used under the grant, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

To learn more about the indirect cost requirements, see 24 CFR 578.63; 2 CFR part 200, subpart E; Appendix IV to Part 200 (for nonprofit organizations); and Appendix VII to Part 200 (for state and local governments).



# 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: Health, Housing and Human Services

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: HUD Continuum of Care Program competition FY 2020

Funding Source: Federal  State  Local

Requestor Information (Name of staff person initiating form): Pamela Anderson

Requestor Contact Information: panderson@dclackamas.us

Department Fiscal Representative: Ed Johnson

Program Name or Number (please specify): FY 2020 Continuum of Care

Brief Description of Project:

The Health, Housing and Human Services Department, Community Development and Social Services Division request BCC approval to sign HUD's Continuum of Care (CoC) grant agreement for FY 2020 CoC program funding with the U.S. Department of Housing and Urban Development (HUD). There was no formal application process for this grant opportunity due to COVID-19. HUD is renewing existing applications. The CoC is a HUD-mandated administrative and organizational local response to homelessness that must follow the administrative requirements provided by HUD.

Name of Funding Agency: U.S. Department of Housing and Urban Development (HUD)

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

[https://www.hud.gov/program\\_offices/comm\\_planning/coc/regulations](https://www.hud.gov/program_offices/comm_planning/coc/regulations)

**OR**

Application Packet Attached:  Yes  No

Completed By: Pamela Anderson

July 8, 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 type="checkbox"/>	Non-Competing Application <input type="checkbox"/>	Other <input checked="" type="checkbox"/>
CFDA(s), if applicable: <u>14.267</u>	Funding Agency Award Notification Date: <u>June 8, 2021</u>	
Announcement Date: <u>due to covid, no competitive application, renewal only</u>	Announcement/Opportunity #: <u>due to covid, no competitive application, renewal of existing applications only</u>	
Grant Category/Title: <u>HUD Continuum of Care</u>	Max Award Value: <u>\$1,276,308</u>	
Allows Indirect/Rate: <u>yes - 1.54%</u>	Match Requirement: <u>yes - 25% cash match or in-kind contribution</u>	
Application Deadline: <u>n/a</u>	Other Deadlines: _____	
Award Start Date: _____	Other Deadline Description: _____	
Award End Date: _____	Program Income Requirement: <u>no</u>	
Completed By: <u>Pamela Anderson</u>		
Pre-Application Meeting Schedule: <u>n/a</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 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.

**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 (Cash-CGF, In-kind meaning the value from a 3rd party/non-county entity, 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:

Name (Typed/Printed)	Date	Signature
<b>** NOW READY FOR PROGRAM MANAGER SUBMISSION TO DIVISION DIRECTOR **</b>		
<b>**ATTACH ANY CERTIFICATIONS REQUIRED BY THE FUNDING AGENCY. COUNTY FINANCE OR ADMIN WILL SIGN.**</b>		

**Section IV: Approvals**

<b>DIVISION DIRECTOR (or designee, if applicable)</b>		
Erika Silver & Pamela Anderson	July 12, 2021	Erika Silver <small>Digitally signed by Erika Silver Date: 2021.07.12 17:02:21 -07'00'</small>
Name (Typed/Printed)	Date	Signature

<b>DEPARTMENT DIRECTOR (or designee, if applicable)</b>		
Name (Typed/Printed)	Date	Signature

<b>FINANCE GRANT MANAGER</b>		
Name (Typed/Printed)	Date	Signature

<b>EOC COMMAND APPROVAL (DISASTER OR EMERGENCY RELIEF APPLICATIONS ONLY)</b>		
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:**

<b>COUNTY ADMINISTRATOR</b>	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 #: A.4

Date: 8/5/2021

OR

Policy Session Date:

*Tootie Smith*

County Administration Attestation

**Clackamas County Board of Commissioners, Tootie Smith, Chair**

County Administration: re-route to department contact when fully approved.

Department: keep original with your grant file.

COVER SHEET

- New Agreement/Contract
- Amendment/Change/Extension to \_\_\_\_\_
- Other \_\_\_\_\_

Originating County Department: \_\_\_\_\_

Other party to contract/agreement: \_\_\_\_\_

Description:

After recording please return to: \_\_\_\_\_

- County Admin
- Procurement

If applicable, complete the following: \_\_\_\_\_

Board Agenda Date/Item Number: \_\_\_\_\_