

March 9, 2023

BCC Agenda Date/Item: _____

Board of County Commissioners
 Clackamas County

Approval to apply for SNAP Training and Employment Program funding to increase Employment Services in Clackamas County. Anticipated Grant value is \$163,000 for 1 year, with a match of \$163,000. Funding is through Oregon Department of Human Services, Metro Supportive Housing Services Funds, and and \$42,000 in budgeted County General Funds from Community Corrections.

Previous Board Action/Review	BCC Issues 3/7/23		
Performance Clackamas	Access to Services - Increased ability of individuals & families to access health & human services Poverty Rate - Reduced number of people with income below the poverty line		
Counsel Review	No	Procurement Review	No
Contact Person	Jennifer Harvey	Contact Phone	503.867.7500

EXECUTIVE SUMMARY: The Children, Family & Community Connections (CFCC) Division of the Health, Housing and Human Services Department, in its role as the Workforce services provider for Clackamas County, requests approval to re-apply for funding from the Oregon Department of Human Services for the Supplemental Nutrition Assistance Training (SNAP) Training & Employment Program (STEP). The program helps recipients gain skills and find work that moves them toward self-sufficiency. Participants have access to training, support services, and job placement to help them enter and move up in the workforce.

CFCC has received STEP funding for the past six fiscal years. This funding opportunity provides a direct 1:1 match of funding, allowing CFCC to double the impact of funding. The re-application would allow for the continuation of employment services to those leaving incarceration and expansion of the program through the addition of Supportive Housing Services funding to provide employment services to individuals within the Urban Growth Boundary who are homeless, have experienced homelessness within the past three years or at high risk of homelessness. Additional matching funds are provided by the Clackamas County Sheriff's Office to provide employment services to those leaving incarceration.

CFCC provided employment services to 174 County residents who received SNAP benefits in FY 21-22. Approval to apply for a total of \$163,000 is requested. The grant period is October 1, 2023 – September 30, 2024.

RECOMMENDATION: Staff recommends Board approval of this Request to apply for funding.

Respectfully submitted,

Rodney A. Cook, Director
 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, 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

****CONCEPTION****

Section I: Funding Opportunity Information - To Be Completed by Requester

Award type: Direct Appropriation (no application)
 Subrecipient Award Direct Award

Award Renewal? Yes No

Lead Fund # and Department:	H3S-CFCC, CLACK 240
Name of Funding Opportunity:	SNAP TRAINING AND EMPLOYMENT PROGRAM (STEP) PROVIDER PROPOSAL

Funding Source: Federal – Direct Federal – Pass through State Local

Requestor Information: (Name of staff initiating form)	Jennifer Harvey
Requestor Contact Information:	jharvey@clackamas.us, 503.867.7500
Department Fiscal Representative:	Scott Vandecoevering
Program Name & Prior Project #: (please specify)	STEP (SNAP Employment & Training Program) 246-6321-04548; Current: Workforce, 400303

Brief Description of Project:

Enhanced employment and trainings services including job placement to underserved populations receiving SNAP (Supplemental Nutrition Assistance Program; formerly food stamps) benefits. This is a fund matching opportunity that provides a 1:1 match which the workforce unit has leveraged for over six years. Approximately 120 residents will be served. Prioritized populations include individuals who are homeless, have experienced homelessness within the past three years or at high risk of homelessness, those exiting prison and individuals in recovery programs.

Name of Funding Agency: Oregon Dept of Human Services--Self-Sufficiency Program

Notification of Funding Opportunity Web Address: None

OR

Application Packet Attached: Yes No

Completed By: Adam Freer Date: 2.13.23

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

Section II: Funding Opportunity Information - To Be Completed by Department Fiscal Rep

Competitive Application Non-Competing Application Other

Assistance Listing Number (ALN), if applicable:	N/A	Funding Agency Award Notification Date:	July 2023
Announcement Date:	January 2023	Announcement/Opportunity #:	None
Grant Category/Title	Employment Services	Funding Amount Requested:	\$163,000
Allows Indirect/Rate:	Yes/ standard federal rules	Match Requirement:	50%
Application Deadline:	April 15, 2023	Total Project Cost:	\$326,0000
Award Start Date:	10.1.23	Other Deadlines and Description:	None
Award End Date	9.30.24		
Completed By:	Jennifer Harvey	Program Income Requirements:	N/A
Pre-Application Meeting Schedule:			

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

\$121,000 from Supportive Housing Services to serve those who are or have recently experienced homelessness, or who are at-risk of homelessness and \$42,000 in funding from Community Corrections to provide employment services to those leaving incarceration.

How much General Fund will be used to cover costs in this program, including indirect expenses?
 \$0

How much Fund Balance will be used to cover costs in this program, including indirect expenses?
 \$0

In the next section, limit answers to space available.

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

Mission/Purpose:

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

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

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

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

Organizational Capacity:

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

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

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

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

Collaboration

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

Reporting Requirements

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

2. How will performance be evaluated? Are we using existing data sources? If yes, what are they and where are they housed? If not, is it feasible to develop a data source within the grant timeframe?

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

Fiscal

1. Are there other revenue sources required, available, or will be used to fund the program? Have they already been secured? Please list all funding sources and amounts.

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

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

Other information necessary to understand this award, if any.

Program Approval:

Adam S. Freer

2.13.23



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

2.13.23

Adam S. Freer

Name (Typed/Printed)

Date

Signature

DEPARTMENT DIRECTOR (or designee, if applicable)

Denise Swanson

Feb 14, 2023

Denise Swanson
Denise Swanson (Feb 14, 2023 09:26 PST)

Name (Typed/Printed)

Date

Signature

FINANCE ADMINISTRATION

Elizabeth Comfort

Feb 15, 2023

Elizabeth Comfort

Name (Typed/Printed)

Date

Signature

EOC COMMAND APPROVAL **WHEN NEEDED FOR 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 under \$150,000 email form to Christina Fadenrecht at CFadenrecht@clackamas.us for Gary Schmidt's approval.

For applications \$150,000 and above, email form with Staff Report to the Clerk to the Board at ClerktotheBoard@clackamas.us to be brought to the consent agenda.

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OR

Policy Session Date:

County Administration Attestation

County Administration: re-route to department at
and
Grants Manager at financegrants@clackamas.us
when fully approved.

Department: keep original with your grant file.