

September 8, 2022

Board of County Commissioners  
Clackamas County

Approval of a Non-Federal Subrecipient Blueprint Grant with Providence Willamette Falls Medical Foundation for Better Outcomes through Bridges (BOB) Program. Total value is \$74,663. Funding through FY22 restricted fund balance.  
County General Funds are not involved.

<b>Purpose/Outcome</b>	The BOB Clackamas County Program aims to reduce Emergency Department visits for those with Medicaid who are experiencing mental health concerns with a focus on BIPOC populations, those with limited English proficiency, those living in rural areas, and individuals with chronic health conditions by connecting and reducing barriers to access supportive services.
<b>Dollar Amount and Fiscal Impact</b>	\$74,663. Funding through FY22 restricted fund balance. No County General Funds are used.
<b>Funding Source</b>	FY22 restricted fund balance.
<b>Duration</b>	Award period is January 1, 2022, through June 30, 2023.
<b>Previous Board Action/Review</b>	No previous board action.
<b>Strategic Plan Alignment</b>	1. Outreach to high priority populations 2. Reduce barriers to program access
<b>Counsel Review</b>	Date of Counsel review: August 1, 2022 Name of County Counsel performing review. Kathleen Rastetter
<b>Procurement Review</b>	(Please check yes or no for procurement review. If the answer is "no," please provide an explanation.) 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 Non-Federal Subrecipient Blueprint Grant Agreement
<b>Contact Person</b>	Philip Mason-Joyner, Director of Public Health 503-742-5956
<b>Contract No.</b>	10578

**BACKGROUND:**

The Clackamas County Public Health Division (CCPHD) of the Health, Housing & Human Services Department requests the approval of Non-Federal Subrecipient Blueprint Grant Agreement with Providence Willamette Falls Medical Center Foundation "Better Outcomes through Bridges Program. Funding from FY22 restricted fund balance. County General Funds are not involved.

**RECOMMENDATION**

This Agreement has a maximum value of \$74,663. This Agreement is effective upon signature for the performance period January 1, 2022, and continues through June 30, 2023. Staff recommends the Board approve the attached Non-Federal Subrecipient Blueprint Grant Agreement.

Respectfully submitted,

*Rodney A. Cook*

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

**CLACKAMAS COUNTY, OREGON  
LOCAL SUBRECIPIENT GRANT AGREEMENT PH-22-008**

Program Name: ***Providence Willamette Falls Medical Center Foundation Better Outcomes through Bridges program***

Program/Project Number: **#10578**

This Agreement is between **Clackamas County, Oregon**, acting by and through its Public Health Division (COUNTY) and **Providence Willamette Falls Medical Center Foundation** (SUBSUBRECIPIENT), an Corporate Entity.

**COUNTY Data**

Grant Accountant: <b><i>Sherry Olson</i></b>	Program Manager: <b><i>Susan Berns-Norman</i></b>
Clackamas County Public Health Division Business Services and Finance Manager 2051 Kaen Rd., Suite 367 Oregon City, OR 97045 (503) 742-5342 SOlson4@clackamas.us	Clackamas County Public Health Division Program Manager Population Health Strategies 2051 Kaen Rd., Suite 367 Oregon City, OR 97045 (503) 936-2415 SusanB@clackamas.us

**SUBRECIPIENT Data**

Finance/Fiscal Representative: <b><i>Tiffanie Gillespie</i></b>	Program Representative: <b><i>Jenny Lind</i></b>
Providence Willamette Falls Medical Center Foundation 1500 Division Street W Oregon City, OR 97045 (503) 650-6809 Tiffany.gillespie@providence.org	Providence Willamette Falls Medical Center Foundation 1500 Division Street W Oregon City, OR 97045 (971) 232-9757 Jennifer.lind@providence.org
FEIN: TE17NA6UJ3F9	

**RECITALS**

1. The Blueprint for a Healthy Clackamas County is the county's external facing initiative to help coordinate, connect, and align priorities for partners to collectively make an impact on improving the health and quality of life for residents within our communities.

Over the past year, Clackamas County Public Health has convened community members and organizations to prioritize the goals, objectives, and strategies within the Blueprint report.

The Blueprint for a Healthy Clackamas County Community Grants fund community-driven projects that can work to implement the identified goals, objectives, and strategies within the plan. There is an emphasis on funding projects that will create coalitions in advancing health equity and trauma-informed approaches within specific communities in Clackamas County.

2. Providence Willamette Falls Medical Center Foundation has been selected to receive a grant for their project "Better Outcomes through Bridges Program". This Agreement provides funding for the Award Period of January 1, 2022 through June 30, 2023.

3. This Grant Agreement of financial assistance sets forth the terms and conditions pursuant to which SUBSUBRECIPIENT agrees on delivery of the Program.

NOW THEREFORE, according to the terms of this Local Grant Agreement the COUNTY and SUBSUBRECIPIENT agree as follows:

#### AGREEMENT

1. **Term and Effective Date.** This Agreement shall become effective upon signature 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 **January 1, 2022** and not later than **June 30, 2023**, 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.
2. **Program.** The Program is described in Attached Exhibit A: SUBRECIPIENT Statement of Program Objectives. SUBRECIPIENT agrees to perform the Program in accordance with the terms and conditions of this Agreement.
3. **Standards of Performance.** SUBRECIPIENT shall perform all activities and programs in accordance with the requirements set forth in this Agreement and all applicable laws and regulations. Furthermore, SUBRECIPIENT shall comply with the requirements of the Clackamas County Public Health Division, Grant Agreement that is the source of the grant funding, in addition to compliance with the statutory requirements.
4. **Grant Funds.** The COUNTY's funding for this Agreement is the **Blueprint Grant** issued by **Clackamas County**. The maximum, not to exceed, grant amount that the COUNTY will pay is **\$74,663**.
5. **Disbursements.** Disbursements will be made in accordance with the following schedule:  
  
This is a cost reimbursement grant and disbursements will be made monthly in accordance with the requirements contained in Exhibit D: Request for Reimbursement.  
  
Failure to comply with the terms of this Agreement may result in withholding of payment.
6. **Amendments.** The terms of this Agreement shall not be waived, altered, modified, supplemented, or amended, in any manner whatsoever, except by written instrument signed by both parties. **SUBRECIPIENT must submit a written request including a justification for any amendment to the COUNTY in writing at least forty-five (45) calendar days before this Agreement expires.** No payment will be made for any services performed before the beginning date or after the expiration date of this Agreement. If the maximum compensation amount is increased by amendment, the amendment must be fully effective before SUBRECIPIENT performs work subject to the amendment.
7. **Termination.** This Agreement may be terminated by the mutual consent of both parties or by a party upon written notice from one to the other. This notice may be transmitted in person, by mail, facsimile, or by email, with confirming record of delivery confirmation through electronic mail return-receipt, or by confirmation that the electronic mail was accessed, downloaded, or printed.
8. **Funds Available and Authorized.** The COUNTY certifies that it has been awarded funds sufficient to finance the costs of this Agreement. SUBRECIPIENT understands and agrees that payment of amounts under this Agreement is contingent on the COUNTY receiving appropriations or other expenditure authority sufficient to allow the COUNTY, in the exercise of its reasonable administrative

discretion, to continue to make payments under this Agreement.

9. **Future Support.** COUNTY makes no commitment of future support and assumes no obligation for future support for the activity contracted herein except as set forth in this agreement.
10. **Administrative Requirements.** SUBRECIPIENT agrees to its status as a SUBRECIPIENT, and accepts among its duties and responsibilities the following:
  - a) **Financial Management.** SUBRECIPIENT shall comply with Generally Accepted Accounting Principles (GAAP) or another equally accepted basis of accounting, use adequate internal controls, and maintain necessary sources documentation for all costs incurred.
  - b) **Revenue Accounting.** Grant revenue and expenses generated under this Agreement should be recorded in compliance with generally accepted accounting principles and/or governmental accounting standards. This requires that the revenues are treated as unearned income or "deferred" until the compliance requirements and objectives of the grant have been met. Revenue may be recognized throughout the life cycle of the grant as the funds are "earned". All grant revenues not fully earned and expended in compliance with the requirements and objectives at the end of the period of performance must be returned to the County within 15 days.
  - c) **Budget.** SUBRECIPIENT use of funds may not exceed the amounts specified in the Exhibit B: SUBRECIPIENT Program Budget. SUBRECIPIENT may not transfer grant funds between budget lines without the prior written approval of the COUNTY. At no time may budget modifications change the scope of the original grant application or agreement.
  - d) **Allowable Uses of Funds.** SUBRECIPIENT shall use funds only for those purposes authorized in this Agreement.
  - e) **Period of Availability.** SUBRECIPIENT may charge to the award only allowable costs resulting from obligations incurred during the term and effective date. Cost incurred prior or after this date will be disallowed.
  - f) **Match.** Matching funds are not required for this Agreement.
  - g) **Payment.** Routine requests for reimbursement should be submitted monthly by the 15<sup>th</sup> of the following month using the form and instructions in Exhibit D: Request for Reimbursement. SUBRECIPIENT must submit a final request for payment no later than fifteen (15) days after the end date of this Agreement.
  - h) **Performance and Financial Reporting.** SUBRECIPIENT must submit Performance Reports according to the schedule specified in Exhibit C: SUBRECIPIENT Performance Reporting. SUBRECIPIENT must submit Financial Reports according to the schedule specified in Exhibit D: Request for Reimbursement. All reports must be submitted on SUBRECIPIENT letterhead, must reference this agreement number, and be signed and dated by an authorized official of SUBRECIPIENT.
  - i) **Audit.** SUBRECIPIENT shall comply with the audit requirements prescribed by State and Federal law.
  - j) **Monitoring.** SUBRECIPIENT agrees to allow access to conduct site visits and inspections of financial and programmatic records for the purpose of monitoring. COUNTY, the Public Health Division, the Secretary of the State of Oregon Health Authority, and their duly authorized

representatives shall have access to such records and other books, documents, papers, plans, records of shipments and payments and writings of SUBRECIPIENT that are pertinent to this Agreement, whether in paper, electronic or other form, to perform examinations and audits and make excerpts, copies and transcripts. Monitoring may be performed onsite or offsite, at the COUNTY's discretion.

- k) **Record Retention.** SUBRECIPIENT will retain and keep accessible all such financial records, books, documents, papers, plans, records of shipments and payments and writings for a minimum of six (6) years following the Project End Date (June 30, 2023), or such longer period as may be required by applicable law, or until the conclusion of any audit, controversy or litigation arising out of or related to this Agreement, whichever date is later.
- l) **Failure to Comply.** SUBRECIPIENT acknowledges and agrees that this agreement and the terms and conditions therein are essential terms in allowing the relationship between COUNTY and SUBRECIPIENT to continue, and that failure to comply with such terms and conditions represents a material breach of the original contract and this agreement. Such material breach shall give rise to the COUNTY's right, but not obligation, to withhold SUBRECIPIENT grant funds until compliance is met, reclaim grant funds in the case of omissions or misrepresentations in financial or programmatic reporting, or to terminate this relationship including the original contract and all associated amendments.

#### 11. Compliance with Applicable Laws

- a) **Public Policy.** SUBRECIPIENT expressly agrees to comply with all public policy requirements, laws, regulations, and executive orders issued by the Federal government, to the extent they are applicable to the Agreement: (i) Titles VI and VII of the Civil Rights Act of 1964, as amended; (ii) Sections 503 and 504 of the Rehabilitation Act of 1973, as amended; (iii) the Americans with Disabilities Act of 1990, as amended; (iv) Executive Order 11246, as amended; (v) the Health Insurance Portability and Accountability Act of 1996; (vi) the Age Discrimination in Employment Act of 1967, as amended, and the Age Discrimination Act of 1975, as amended; (vii) the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended; (viii) all regulations and administrative rules established pursuant to the foregoing laws; and (ix) all other applicable requirements of federal and state civil rights and rehabilitation statutes, rules and regulations; and as applicable to SUBRECIPIENT.
- b) **State Statutes.** SUBRECIPIENT expressly agrees to comply with all statutory requirements, laws, rules, and regulations issued by the State of Oregon, to the extent they are applicable to the agreement. SUBRECIPIENT shall comply with the terms of the Grant Management Handbook available at [http://www.oregon.gov/cjc/grants/Documents/2015\\_CJC\\_Grants\\_Management\\_Handbook.pdf](http://www.oregon.gov/cjc/grants/Documents/2015_CJC_Grants_Management_Handbook.pdf) and incorporated herein by reference.
- c) **Conflict Resolution.** If conflicts are discovered among federal, state and local statutes, regulations, administrative rules, executive orders, ordinances and other laws applicable to the Services under the Agreement, SUBRECIPIENT shall in writing request COUNTY resolve the conflict. SUBRECIPIENT shall specify if the conflict(s) create a problem for the design or other Services required under the Agreement.

#### 12. State Procurement Standards

- a) County's performance under the Agreement is conditioned upon SUBRECIPIENT's compliance with, and SUBRECIPIENT shall comply with, the obligations applicable to public contracts under the Local Contract Review Board ("LCRB") regulations (Appendix C of Clackamas County Code, located at <http://www.clackamas.us/code/>), which are incorporated by reference herein. [IF

STATE FUNDED, PASS THROUGH APPLICABLE STATE CONTRACTING RULES, PER YOUR GRANT AWARD.]

- b) Procurements for goods and services under this award shall use processes as outlined below:

\$0-\$5,000	Direct procurement	One vendor contact
\$5,000-\$50,000	Intermediate procurement	Obtain & document three quotes, award on best value
\$50,000-\$150,000	Intermediate Plus procurement	Issue request for quotes or other appropriate form of solicitation, award on best value
+\$150,000	Formal	Formal solicitation process following written procurement policies

- c) All procurement transactions, whether negotiated or competitively bid and without regard to dollar value, shall be conducted in a manner so as to provide maximum open and free competition. All sole-source procurements in excess of \$5,000 must receive prior written approval from County in addition to any other approvals required by law applicable to the SUBRECIPIENT. Justification for sole-source procurement in excess of \$5,000 should include a description of the project and what is being contracted for, an explanation of why it is necessary to contract noncompetitively, time constraints and any other pertinent information. Intergovernmental agreements are excluded from this provision.
- d) SUBRECIPIENT shall be alert to organizational conflicts of interest or non-competitive practices among contractors that may restrict or eliminate competition or otherwise restrain trade. SUBRECIPIENT shall follow chapter 244 of the Oregon Government Ethics Law relating to conflicts of interest. Contractors that develop or draft specifications, requirements, statements of work, and/or solicitations for proposals for a proposed procurement shall be excluded from bidding or submitting a proposal to compete for the award of such procurement. Any request for exemption must be submitted in writing to COUNTY.
- e) SUBRECIPIENT agrees that, to the extent they use contractors or subcontractors, SUBRECIPIENT shall use small, minority-owned, and/or women-owned businesses when possible.

**13. General Agreement Provisions.**

- a) **Indemnification.** SUBRECIPIENT agrees to indemnify and hold COUNTY harmless with respect to any claim, cause, damage, action, penalty or other cost (including attorney's and expert fees) arising from or related to SUBRECIPIENT's negligent or willful acts or those of its employees, agents or those under SUBRECIPIENT's control. SUBRECIPIENT is responsible for the actions of its own agents and employees, and COUNTY assumes no liability or responsibility with respect to SUBRECIPIENT's actions, employees, agents or otherwise with respect to those under its control.
- b) **Insurance.** During the term of this agreement, SUBRECIPIENT shall maintain in force, at its own expense, each insurance noted below:
- 1) **Commercial General Liability.** SUBRECIPIENT shall obtain, at SUBRECIPIENT's expense, and keep in effect during the term of this agreement, Commercial General Liability Insurance covering bodily injury, death, and property damage on an "occurrence" form in the amount of not less than \$1,000,000 per occurrence/ \$2,000,000 general aggregate for the protection of COUNTY, its officers, commissioners, and employees. This coverage shall include Contractual Liability insurance for the indemnity

provided under this agreement. This policy(s) shall be primary insurance as respects to the COUNTY. Any insurance or self-insurance maintained by COUNTY shall be excess and shall not contribute to it.

- 2) **Commercial Automobile Liability.** If the Agreement involves the use of vehicles, SUBRECIPIENT shall obtain at SUBRECIPIENT expense, and keep in effect during the term of this agreement, Commercial Automobile Liability coverage including coverage for all owned, hired, and non-owned vehicles. The combined single limit per occurrence shall not be less than \$1,000,000.
- 3) **Professional Liability.** If the Agreement involves the provision of professional services, SUBRECIPIENT shall obtain and furnish the COUNTY evidence of Professional Liability Insurance covering any damages caused by an error, omission, or negligent act related to the services to be provided under this agreement, with limits not less than \$2,000,000 per occurrence for the protection of the COUNTY, its officers, commissioners and employees against liability for damages because of personal injury, bodily injury, death, or damage to property, including loss of use thereof, and damages because of negligent acts, errors and omissions in any way related to this agreement. COUNTY, at its option, may require a complete copy of the above policy.
- 4) **Workers' Compensation.** Insurance in compliance with ORS 656.017, which requires all employers that employ subject workers, as defined in ORS 656.027, to provide workers' compensation coverage for those workers, unless they meet the requirement for an exemption under ORS 656.126(2). If contractor is a subject employer, as defined in ORS 656.023, contractor shall obtain employers' liability insurance coverage limits of not less than \$1,000,000.
- 5) **Additional Insured Provisions.** All required insurance, other than Professional Liability, Workers' Compensation, and Personal Automobile Liability and Pollution Liability Insurance, shall include "Clackamas County, its agents, officers, and employees" as an additional insured, but only with respect to SUBRECIPIENT's activities under this agreement.
- 6) **Notice of Cancellation.** There shall be no cancellation, material change, exhaustion of aggregate limits or intent not to renew insurance coverage without 30 days written notice to the COUNTY. Any failure to comply with this provision will not affect the insurance coverage provided to COUNTY. The 30-day notice of cancellation provision shall be physically endorsed on to the policy.
- 7) **Insurance Carrier Rating.** Coverage provided by SUBRECIPIENT must be underwritten by an insurance company deemed acceptable by COUNTY. Insurance coverage shall be provided by companies admitted to do business in Oregon or, in the alternative, rated A- or better by Best's Insurance Rating. COUNTY reserves the right to reject all or any insurance carrier(s) with an unacceptable financial rating.
- 8) **Certificates of Insurance.** As evidence of the insurance coverage required by this agreement, SUBRECIPIENT shall furnish a Certificate of Insurance to COUNTY. No agreement shall be in effect until the required certificates have been received, approved, and accepted by COUNTY. A renewal certificate will be sent to COUNTY 10 days prior to coverage expiration.
- 9) **Primary Coverage Clarification.** SUBRECIPIENT coverage will be primary in the event of a loss and will not seek contribution from any insurance or self-insurance maintained by, or provided to, the additional insureds listed above.



- 10) **Cross-Liability Clause.** A cross-liability clause or separation of insured's condition will be included in all general liability, professional liability, and errors and omissions policies required by the agreement.
- 11) **Waiver of Subrogation.** SUBRECIPIENT agrees to waive their rights of subrogation arising from the work performed under this Agreement.
- c) **Assignment.** SUBRECIPIENT shall not enter into any subcontracts or subawards for any of the Program activities required by the Agreement without prior written approval. This Agreement may not be assigned in whole or in part with the express written approval of the COUNTY.
- d) **Independent Status.** SUBRECIPIENT is independent of the COUNTY and will be responsible for any federal, state, or local taxes and fees applicable to payments hereunder. SUBRECIPIENT is not an agent of the COUNTY and undertakes this work independent from the control and direction of the COUNTY excepting as set forth herein. SUBRECIPIENT shall not seek or have the power to bind the COUNTY in any transaction or activity.
- e) **Notices.** Any notice provided for under this Agreement shall be effective if in writing and (1) delivered personally to the addressee or deposited in the United States mail, postage paid, certified mail, return receipt requested, (2) sent by overnight or commercial air courier (such as Federal Express), (3) sent by facsimile transmission, with the original to follow by regular mail; or, (4) sent by electronic mail with confirming record of delivery confirmation through electronic mail return-receipt, or by confirmation that the electronic mail was accessed, downloaded, or printed. Notice will be deemed to have been adequately given three days following the date of mailing, or immediately if personally served. For service by facsimile or by electronic mail, service will be deemed effective at the beginning of the next working day.
- f) **Governing Law.** This Agreement is made in the State of Oregon and shall be governed by and construed in accordance with the laws of that state. Any litigation between the COUNTY and SUBRECIPIENT arising under this Agreement or out of work performed under this Agreement shall occur, if in the state courts, in the Clackamas County court having jurisdiction thereof, and if in the federal courts, in the United States District Court for the State of Oregon.
- g) **Severability.** If any provision of this Agreement is found to be illegal or unenforceable, this Agreement nevertheless shall remain in full force and effect and the provision shall be stricken.
- h) **Counterparts.** This Agreement may be executed in any number of counterparts, all of which together will constitute one and the same agreement. Facsimile copy or electronic signatures shall be valid as original signatures.
- i) **Third Party Beneficiaries.** Except as expressly provided in this Agreement, there are no third-party beneficiaries to this Agreement. The terms and conditions of this Agreement may only be enforced by the parties.
- j) **Binding Effect.** This Agreement shall be binding on all parties hereto, their heirs, administrators, executors, successors and assigns.
- k) **Integration.** This agreement contains the entire agreement between COUNTY and SUBRECIPIENT and supersedes all prior written or oral discussions or agreements.

(Signature Page Attached)

SIGNATURE PAGE TO SUBRECIPIENT AGREEMENT

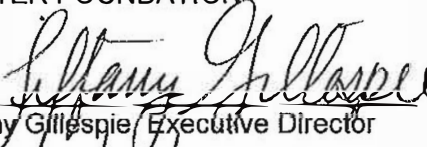
(CLACKAMAS COUNTY)

AGREED as of the Effective Date.

CLACKAMAS COUNTY, OREGON

PROVIDENCE WILAMETTE FALLS MEDICAL  
CENTER FOUNDATION

By: \_\_\_\_\_  
Chair

By:   
Tiffany Gillespie, Executive Director

Dated: \_\_\_\_\_

Dated: 8/15/2022

By: \_\_\_\_\_  
Recording Secretary

Dated: \_\_\_\_\_

Approved to Form

By:   
County Counsel

Date: 8/1/2022

- Exhibit A: SUBRECIPIENT Statement of Program Objectives
- Exhibit B: SUBRECIPIENT Program Budget
- Exhibit C: Performance Reporting
- Exhibit D: Request for Reimbursement

**EXHIBIT A**  
**STATEMENT OF PROGRAM OBJECTIVES**

Providence Willamette Falls Hospital Better Outcomes through Bridges (BOB) Program

Background:

The BOB Clackamas County Program, at the highest level, aims to reduce Emergency Department visits for those with Medicaid who are experiencing mental health concerns – with a focus on BIPOC populations, those with limited English proficiency, those living in rural areas, and individuals with chronic health conditions. This is in line with Clackamas “Blueprint” Community Focus Area K: Reduce ED visits for those with Medicaid Experiencing mental health concerns. The program will implement the following strategies to reach its objective.

Strategy 1. Screen, connect, and reduce barriers to access to supportive resources and services (including mental healthcare, SUD treatment, temporary and permanent housing, food, etc.) through both Outreach Specialists and Peer Support Specialist.

Strategy 2. Provide all mental health and support services in a culturally and linguistically responsive manner.

In addition, the BOB Program will address Clackamas County's goals to:

- Improve follow-up care after an emergency department visit for mental health related issues for individuals ages 6 years and older.
- Increase access to behavioral health support services

Scope of Work:

Outcome #1:

By 6/31/2023; 40% reduction in Clackamas Providence ED visits among Medicaid patients with high ED utilization, by the end of 18 months.

Outcome #2:

By 6/31/2023: 95% of all BOB Clients will have SDoH needs assessments completed.

Outcome #3:

By 6/31/2023: 100% of clients will be asked (answering is optional) to provide demographic information including race/ethnicity, preferred gender identity, age.

Task / Activity:

#1. Hire and onboard new Clackamas Peer Support Specialist position. Fully on-boarded ED Peer Support Specialist by 1/1/2022.

#2. -50 clients served by 7/1/2022

-100 clients (total) by 12/31/2022

-150 clients (total) by 7/1/2023 (Tracked by Peer Support Specialist)

#3. Outreach Specialist begins working with clients to provide navigation and support services.

-20 clients by 7/1/2022

-40 clients (total) by 12/31/2022

-120 clients (total) by 7/1/2023

(Tracked by Outreach Specialist)

#4. 1 BOB staff attends a minimum of 5 community networking meetings per month. (Tracked by staff attending and reported to Manager)

#5. BOB staff attend community partner laundry/supply events once per month for the duration of the project. (Tracked by staff attending and reported to Manager)

#6. BOB staff will provide food to 100 houseless individuals at one community event per month.

#7. Assist 20 people at monthly community partner event. (Tracked by staff attending and reported to Manager).

**EXHIBIT B: SUBRECIPIENT BUDGET**

<i>Organization: Providence Willamette Falls Medical Center Foundation</i>		
<i>Funded Program Name: Better Outcomes Through Bridges Clackamas County</i>		
<i>Program Contact: Jenny Lind</i>		
<i>Agreement Term: 1/1/2022-6/31/2023</i>		
	<b>Approved</b>	<b>Approved</b>
<b>Approved Award Budget Categories</b>	<b>Award Amount</b>	<b>Match Amount</b>
<b>Personnel</b> (List salary, FTE & Fringe costs for each position)		
Outreach Support Specialist (existing part-time position that is currently only funded through 12/31/2021). SALARY (.6 FTE) Full project period 18 months. Annual salary = \$34,944. Fringe = \$3,494	\$57,657	No match is required on this award [FORMAT IF MATCH REQUIRED]
Peer Support Specialist (new position, actively recruiting) SALARY (.25 FTE) Final 6 months of project period. Annual salary = \$10,920. Fringe = \$1,092	\$6,006	
<b>Total Personnel Services</b>	\$63,663	
Data Support Specialist (this position will support data collection and analysis to improve accountability through monitoring and evaluation). Purchased data support service (approximately .1 FTE or 16 hours/month). Annual salary approximately \$12,000. (note FRINGE is leveraged funding provided by Providence)	\$11,000	
<b>Total Programmatic Costs</b>	\$74,663	
<b>Total Grant Costs</b>	\$74,663	

## EXHIBIT C PERFORMANCE REPORTING

### PERFORMANCE REPORTING REQUIREMENTS

#### SUBRECIPIENT reporting requirements:

- COUNTY will perform a check-in with the SUBRECIPIENT by June 30, 2022. The intent of this meeting is to discuss progress and technical assistance needs of the SUBRECIPIENT.
- Per COUNTY direction, SUBRECIPIENT representatives will attend assigned PHAC committees or related COUNTY coalition meeting to promote its services, network with other organizations and provide input on advancing health equity and addressing health disparities.
- SUBRECIPIENT shall submit a work plan performance report for all delivered services for the period of January 1, 2022 to December 31, 2022. Due by January 31, 2023.
- Per COUNTY direction: SUBRECIPIENT shall present an update to PHAC or a related committee between January 1, 2023 and June 30, 2023.
- SUBRECIPIENT will submit a final work plan performance report for the entire duration of the funded project by July 30, 2023. The work plan performance report will cover the period of January 1, 2022 through June 30, 2023. The final report shall summarize accomplishments, lessons learned, recommendations for future work, and basic demographics of program participants.
- SUBRECIPIENT shall submit monthly reimbursement request/invoice by the 15<sup>th</sup> of each month, for the prior month. For example: contractor submits a reimbursement request/invoice for 1/1/22-1/30/22 by 2/15/22.

#### The COUNTY will:

- COUNTY shall facilitate the creation of a video to promote SUBRECIPIENT organization and this contract. This short video will be used for awareness and education on COUNTY platforms as well as for use by SUBRECIPIENT.

**EXHIBIT B: SUBRECIPIENT BUDGET**

<b>Organization:</b> Providence Willamette Falls Medical Center Foundation		
<b>Funded Program Name:</b> Better Outcomes Through Bridges Clackamas County		
<b>Program Contact:</b> Jenny Lind		
<b>Agreement Term:</b> 1/1/2022-6/31/2023		
	<b>Approved</b>	<b>Approved</b>
	<b>Award Amount</b>	<b>Match Amount</b>
<b>Approved Award Budget Categories</b>		
<b>Personnel</b> (List salary, FTE & Fringe costs for each position)		<i>No match is required on this award [FORMAT IF MATCH REQUIRED]</i>
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<b>Total Programmatic Costs</b>	<b>\$74,663</b>	
<b>Total Grant Costs</b>	<b>\$74,663</b>	

# 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: \_\_\_\_\_