

1/19/2023

BCC Agenda Date/Item: _____

Board of County Commissioners
 Clackamas County

Approval to apply for a Continuation Grant from Oregon Department of Transportation 5311 Rural Transit Formula Funds for Operations Funding of Mt Hood Express. Anticipated grant value is \$1,136,696 for 2 years. Funding is federal pass-through grant funds through Oregon Department of Transportation. No County General Funds are involved.

| | | | |
|-------------------------------------|--|---------------------------|--------------|
| Previous Board Action/Review | Briefed at issues – 1/17/2023 | | |
| Performance Clackamas | 1. This funding aligns with the strategic priority to increase self-sufficiency for our clients. 2. This funding aligns with the strategic priority to ensure safe, healthy, and secure communities by addressing the needs of older adults in the community. | | |
| Counsel Review | Yes | Procurement Review | No |
| Contact Person | Teresa Christopherson | Contact Phone | 503-650-5718 |

EXECUTIVE SUMMARY:

The Social Services Division of the Department of Health, Housing, and Human Services requests approval to apply to the Oregon Department of Transportation Rail and Public Transit Division to fund operations for the Mt Hood Express. The Mt Hood Express provides public transit bus service between the City of Sandy, Government Camp, and Timberline, along with other locations in the Mt. Hood area, increasing access to employment, recreation, shopping, and medical services for residents and visitors.

Oregon Department of Transportation Rail and Public Transit Division has allocated \$1,136,696 to Clackamas County by formula for the Mt Hood Express Service. The award period is from July 1, 2023, to June 30, 2025. State and private funding sources provide the match requirement. No County General Funds are involved.

RECOMMENDATION: Staff recommends approval to apply for this grant and further recommends the acceptance of the award if funded and that Tootie Smith, Chair, be authorized to sign all documents necessary to accomplish this action on behalf of the Board of Commissioners.

Respectfully submitted,

Rodney A. Cook

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

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

Direct Appropriation (no application)

Award type: Subrecipient Award Direct Award

Award Renewal? Yes No

| | |
|-------------------------------------|--|
| Lead Fund # and Department: | Fund #240 H3S/SSD |
| Name of Funding Opportunity: | FY 24-25 ODOT 5311 Rural Transit Formula Funds |

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

| | |
|--|---|
| Requestor Information: (Name of staff initiating form) | Kristina Babcock |
| Requestor Contact Information: | kbabcock@clackamas.us |
| Department Fiscal Representative: | Teresa Christopherson |
| Program Name & Prior Project #: (please specify) | 400201 Social Services Division/ 400222309 MHX 5311 FY24-25 |

Brief Description of Project:

Continuation grant for Oregon Department of Transportation FTA 5311 Rural Formula Funds for the operation of the Mt Hood Express (MHX). These funds support the core MHX services as well as providing funding for planning and capital projects such as the Transit Hub Plan on Mt Hood and the purchase of equipment and software to allow implementation of electronic fares county-wide. . . Match is provided by state funds and private contributions.

Name of Funding Agency: Oregon Department of Transportation, Rail and Public Transit Division

Notification of Funding Opportunity Web Address: <https://www.oregon.gov/odot/RPTD/Pages/Funding-Opportunities.aspx>

OR

Application Packet Attached: Yes No

Completed By: Kristina Babcock Date: 12/5/22

**** 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: | N/A |
| Announcement Date: | November 2022 | Announcement/Opportunity #: | N/A |
| Grant Category/Title | 5311 Formula Grants for Rural Areas | Funding Amount Requested: | \$1,136,696 |
| Allows Indirect/Rate: | N/A | Match Requirement: | \$426,205 |
| Application Deadline: | January 20, 2023 | Total Project Cost: | \$1,562,902 |
| Award Start Date: | 07/01/2023 | Other Deadlines and Description: | |
| Award End Date | 06/30/2025 | | |
| Completed By: | Kristina Babcock | Program Income Requirements: | None |
| Pre-Application Meeting Schedule: | N/A | | |

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

The Mt Hood Express program is funding by Special Transportation Fund (STIF), Statewide Transit Improvement Funds (STIF), FTA 5310, FTA 5311, Federal Lands Access Program (FLAP) and private contributions. Match for the 5311 funds are provided by state and private funds.

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

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:

Teresa Christopherson, Administrative Services Manager 12/20/22

Name (Typed/Printed)

Date

Teresa D.
Christopherson

Signature

Digitally signed by Teresa
D. Christopherson
Date: 2022.12.20
14:21:36 -08'00'

**** 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)

Brenda Durbin

Name (Typed/Printed)

Date

Brenda Durbin

Signature

Digitally signed by Brenda Durbin
Date: 2022.12.20 14:28:19 -08'00'

DEPARTMENT DIRECTOR (or designee, if applicable)

Denise Swanson

Name (Typed/Printed)

Date

Dec 27, 2022

Denise Swanson (Dec 27, 2022 13:15 PST)

Signature

FINANCE ADMINISTRATION

Elizabeth Comfort

Name (Typed/Printed)

01/03/2023

Date

Elizabeth Comfort
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 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 at
and
Grants Manager at financegrants@clackamas.us
when fully approved.

Department: keep original with your grant file.