



Daniel Nibouar
Interim Director

Disaster Management
1710 Red Soils Ct., Ste. 225
Oregon City, OR 97045

T 503-655-8378

clackamas.us

December 2, 2021

Board of County Commissioners
Clackamas County

Members of the Board:

Approval of Amendment #3 to the Personal Services Agreement with Advantage Nurse Staffing of Oregon, Inc. to Provide On-Call Temporary Medical Staffing Services to Respond to the COVID-19 Pandemic

Purpose/Outcome	Extend the term and add funds.
Dollar Amount and Fiscal Impact	Increase by \$5,100,000. Bringing total contract value to \$7,100,000.
Funding Source	Reimbursement for these expenses are covered by Public Health ARPA and FEMA funds
Duration	Amendment #3 is effective upon signature and expires on 12/31/2022
Previous Board Action/Review	The Board previously approved this Agreement on January 5, 2021, Agenda item 010521-VI. 1, March 23, 2021, and June 22, 2021.
Strategic Plan Alignment	1. Sustaining Public Health and Wellness. 2. Keep vulnerable residents safe and healthy.
Counsel Review	Counsel approval 11/16/21 by AN
Procurement Review	Was the item process through Procurement? <input checked="" type="checkbox"/> yes no
Contact Person	Philip Mason-Joyner , 503-742-5956 or Jeanne Weber x5350
Contract No.	Cobblestone #3607-03 – H3S #9829

Background:

In order for the County to respond the COVID-19 pandemic, the Public Health and the Health Centers Divisions of Health Housing and Human Services needed to quickly contract with firms to provide registered nurses to conduct contact tracing and to potentially provide clinical services. The original contracts were authorized under the emergency declaration issued by the Board. As the COVID-19 pandemic has not subsided, the department needed to establish longer-term contracts for services to ensure continuity of services and allow for rapid expansion of services as needed. The department worked with Procurement to issue a Request for Proposals Process to retain three firms for on-call services. Reimbursement for these expenses are covered by ARPA and FEMA funds.

Due to nationwide health care staffing shortages, registered nurses and certified medical assistants may be unavailable because they are being offered higher compensation at other organizations. To ensure availability of temporary medical staffing services provided under this Contract, it is necessary for the County to make allowances for increased rates for temporary medical staffing services ("Surge Rates")

Amendment #3 extends the term and adds \$5,100,000 to the Agreement. The Amendment is effective upon signature and terminates on December 31, 2022.

Procurement Process:

On September 30, 2020, Procurement published a RFP #2020-80 for Temporary Medical Staffing Services in accordance with LCRB C-047-0260. Proposals were received from thirty (30) firms. An evaluation team with representatives from Public Health and Health Centers evaluated the proposals and recommended an award of three (3) contracts to the highest scoring firms. The recommendation to award to three firms was based on the need to have sufficient access to nurses and certified medical assistants to respond to the COVID-19 pandemic. The Notice of Intent to Award was issued on December 1, 2020 and no protests were received.

Recommendation:

Staff respectfully recommends that the Board approve and execute the Advantage Nurse Staffing of Oregon, Inc. Amendment #03 for On-Call Temporary Medical Staffing Services.

Sincerely,

A handwritten signature in cursive script, appearing to read "Daniel Nibouar".

Daniel Nibouar
Interim Director

**AMENDMENT #3
TO THE CONTRACT DOCUMENTS WITH ADVANTAGE NURSE STAFFING OF OREGON, INC.
FOR TEMPORARY NURSE STAFFING.
Cobblestone Contract #3607 – H3S Contract #9829**

This Amendment #3 is entered into between **Advantage Nurse Staffing of Oregon, Inc.** (“Contractor”) and Clackamas County (“County”) and shall become part of the Contract documents entered into between both parties on **December 29, 2020** (“Contract”).

The Purpose of this Amendment #3 is to make the following changes to the Contract:

1. ARTICLE I, Section 1 **Effective Date and Duration.** is hereby amendment as follows:

By execution of this Amendment #3, County is hereby exercising the first of four (4) optional one-year renewals. The Contract expiration date is hereby changed from December 31, 2021 to **December 31, 2022.**

2. ARTICLE I, Section 3. **Consideration** is hereby amended as follows:

County is authorizing an additional Five Million One Hundred Thousand Dollars (\$5,100,000.00) as compensation for Contractor to continue to perform the Work under the Contract. Following execution of this Amendment #3, the total not to exceed amount authorized under the Contract is Seven Million One Hundred Thousand Dollars (\$7,100,000.00).

ORIGINAL CONTRACT	\$ 1,000,000.00
AMENDMENT #1	\$ 1,000,000.00
AMENDMENT #2	Revised Exhibit A
AMENDMENT #3	<u>\$ 5,100,000.00</u>
TOTAL AMENDED CONTRACT	\$ 7,100,000.00

3. Exhibit A **Scope of Work** is replaced in its entirety with the attached Exhibit A:

Except as expressly amended above, all other terms and conditions of the Contract shall remain in full force and effect. By signature below, the parties agree to this Amendment #3, effective upon the date of the last signature below.

Signatures on next page

**ADVANTAGE NURSE STAFFING
OF OREGON, INC.**

Richard B. Evans

Digitally signed by Richard B. Evans
DN: cn=Richard B. Evans, o=Advantage Nurse Staffing, ou,
email=ricket@advantagenursestaffing.com, c=US
Date: 2021.11.18 16:21:05 -08'00'

Richard B. Evans, VP/COO

Date

641460-88 / DBC Oregon
Oregon Business Registry

503-432-1383
Phone

CLACKAMAS COUNTY


Commissioner: Tootie Smith, Chair
Commissioner: Sonya Fischer
Commissioner: Paul Savas
Commissioner: Martha Schrader
Commissioner: Mark Shull

Board Chair

Date

Recording Secretary

Approved as to Form


County Counsel

11/22/2021

EXHIBIT A
PERSONAL SERVICES CONTRACT
SCOPE OF WORK

Contractor to provide Oregon licensed registered nurses and certified medical assistants on an on-call basis. All registered nurses and certified medical assistants shall be employees of Contractor and covered under Contractor's insurance (as required in Article II, Section 9 above). Services shall be provided in accordance with the Scope of Work outlined in Exhibit D (RFP#2020-80 Temporary Medical Staffing Services) and Exhibit E (Contractor's proposal to RFP #2020-80 Temporary Medical Staffing Services).

Hourly Rates:

Due to nationwide staffing shortages, registered nurses and certified medical assistants may be unavailable because they are being offered higher rates at other organizations. To ensure availability of temporary medical staffing services provided under this Contract, County may, in its sole administrative discretion, authorize Contractor to charge increased rates for temporary medical staffing services ("Surge Rates") as set forth in the table below. If County authorizes Surge Rates, it will indicate the Surge Rate when it issues a Task Order for the Work. County will provide Contractor two week's written notice when electing to change between standard rates and Surge Rates for current temporary staff.

	All Shifts Standard Rates	All Shifts Surge Rates
Certified Medical Assistant	\$34.00	\$47.00
Certified Medical Assistant Lead	\$37.00	\$54.00
LPN	\$53.00	\$70.00
RN Tracers Remote	\$72.00	\$99.00
RN Tracer SME	\$74.00	\$104.00
Supervisor/Lead RN	\$83.50	\$111.00
RN Vaccinators	\$78.00	\$117.00
RN COVID Testing	\$80.00	\$136.00

Overtime (over 40 hours per week) will be billed at the standard of time and one-half.

Holiday pay will be billed at the standard of time and one-half for all hours worked on the following holidays:

New Year's Day; Martin Luther King, Jr Day; President's Day; Memorial Day, Juneteenth Day, Independence Day; Labor Day; Veteran's Day, Thanksgiving Day, Christmas Day"

This Contract is on an "on-call" or "as-needed basis" for Work.

When the County wishes Contractor to perform the Work, the County will submit an official County Task Order form (found at: <https://www.clackamas.us/finance/terms.html>) detailing the scope of Work, the entity on whose behalf the Work will be performed, and the total compensation, pursuant to the fee schedule set forth in this Contract. Contractor may not perform Work until the County Task Order form has been executed by the parties. In the event a project authorized under the County Task Order extends beyond the expiration of this Contract, the County Task Order shall remain in effect under the terms of this Contract until the completion or expiration of the authorized task.

No task order shall modify or amend the terms and conditions of this Contract.

The County Contract administrator for this Contract is the County Procurement and Contract Services Division. For each authorized Task Order, a project specific department representative shall be identified for coordination of the work.



Daniel Nibouar
Interim Director

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December 2, 2021

Board of County Commissioners
Clackamas County

Members of the Board:

Approval to apply for FEMA Flood Mitigation Assistance Program (FMA) funds to
Acquire and demolish a Severe Repetitive Loss (SRL) residential property.

Purpose/Outcome	Disaster Management requests approval to apply for FEMA FMA funds to buyout a flood-prone property, demolish and remove all improvements, and return the property to open space, with 100% of eligible costs covered by the FEMA grant.
Dollar Amount and Fiscal Impact	This residential property at 9490 SE Wichita Avenue along Johnson Creek has flooded the prior owner four times (2003, 2007, 2009 and 2015) in the last 18 years and is listed in a National Flood Insurance Program (NFIP) database as an SRL property and therefore qualifies for 100% costs coverage under the FMA grant. Project Total \$543,391, with 100% FMA coverage for SRL properties
Funding Source	General funds will initially be used with 100% reimbursement submitted monthly
Duration	Grant performance period is three years
Previous Board Action/Review	No previous action.
Strategic Plan Alignment	<ol style="list-style-type: none"> 1. Flood buyouts foster community resilience by avoiding future property losses, personal injury, and improving environmental health. 2. Flood buyouts improve community welfare by minimizing the need for emergency services and recovery efforts.
Counsel Review	Council review is not required until agreement is awarded
Procurement Review	Grant application. Procurement review is not required.
Contact Person	Jay Wilson, 503-723-4848

BACKGROUND: The current owner voluntarily reached out to the County in 2020 seeking sponsorship for the FEMA grant and prefers to have the property bought out rather than sell it to another buyer and perpetuate the flood losses.

RECOMMENDATION:

Staff recommends that the BCC approve that Disaster Management staff apply for the FEMA FMA grant dollars to buyout a Severe Repetitive Loss property.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Daniel Nibouar". The signature is fluid and cursive, with the first name "Daniel" and last name "Nibouar" clearly distinguishable.

Daniel Nibouar
Interim Director

Attachments:

Pre-application for FMA-21 grant
Grant Lifecycle Form

Hazard Mitigation Assistance Pre-Application Form/Letter of Intent

Submitting this form ensures that your proposal is reviewed by the Mitigation Team. This document is the first step in the grant sub-application process. By submitting this form alone, it **does not guarantee funding**. To be considered for the grant funding, complete this form and submit it to shmo@mil.state.or.us. This form will also be used for the Interagency Hazard Mitigation Team (IHMT) review panel if/when activated for applicable grant program/grant round (shaded boxes to the right are for official use only for scoring/ranking pre-applications).

A. Hazard Mitigation Assistance Grant Programs

Select the grant program you are seeking funding under (*select one*):

- Pre-Disaster (Annual):** Building Resilient Infrastructure and Communities (BRIC)
- Pre-Disaster (Annual):** Flood Mitigation Assistance (FMA)
- Post-Disaster:** Hazard Mitigation Grant Program (HMGP): [Click here to enter text.](#)
- Post-Disaster:** Hazard Mitigation Grant Program (HMGP) Post Fire (PF): [Click here to enter text.](#)

B. Activity Type

Select the applicable activity type you are pursuing (*select all that apply*):

BRIC

- Capability- and Capacity-Building
 - Project Scoping
 - Building Codes
 - Partnerships
 - Planning
- Mitigation Project
- Technical Assistance

FMA

- Project Scoping
- Community Flood Mitigation Project
- Flood Hazard Mitigation Planning
- Individual Flood Mitigation Project
- Technical Assistance

HMGP and HMGP-PF

- Advance Assistance
- Plan
- Project
- 5 Percent Initiative

C. Subapplicant Information

1. County or Tribal Land your entity is based in: [Clackamas County](#)

2. Select the type of entity you fall under that is seeking HMA funding (*select one*):

- State Government
- Tribal Government
- Local Government
- Private Nonprofit (PNP)
- Special District
- Other [Please specify](#)

3. Subapplicant: [Clackamas County Disaster Management](#)

Point of Contact Name and Job Title: [Jay Wilson, Resilience Coordinator](#)

Phone Number: [503-209-2812](#) E-mail Address: jaywilson@clackamas.us

Street Address: [1710 Red Soils Ct #225](#)

City: [Oregon City](#) State: [OR](#) Zip: [97045](#)

D. Mitigation Plan

1. Identify which FEMA-approved hazard mitigation plan your entity is included in below.

Plan Name: [Clackamas County Multi-Jurisdictional NHMP](#)

Expiration Date: [4/11/2024](#)

2. If this is a **proposal for a planning-related activity**, please identify Plan Type you will be pursuing funding for (*select one*):

- State Hazard Mitigation Plan
- Local Hazard Mitigation Plan
- Local Multijurisdictional Hazard Mitigation Plan
- Never had a Hazard Mitigation Plan
- Tribal Hazard Mitigation Plan
- Tribal (Local) Hazard Mitigation Plan
- Tribal (Local) Multijurisdictional Hazard Mitigation Plan
- Other planning-related activity: [Please specify](#)

E. Proposal

Proposal Title: [Property Acquisition and Structure Demolition - SRL Residential – 9490 SE Wichita Ave](#)

Estimated Overall/Total Cost: [\\$\\$543,391](#)

Do you anticipate a non-federal cost share exceeding 25%?

- Yes No Unsure

If yes, please provide a brief narrative and estimated percentage your jurisdiction intends on putting forth for the local cost share/match: [The County expects this SRL project to be funded 100% by federal share funds.](#)

Estimated Local Management Cost (is up to 5% of the amount listed above): [Click here to enter text.](#)

Brief Proposal Description: [This project is for the flood acquisition of a Severe Repetitive Loss \(SRL\) residential property along Johnson Creek in the northern area of unincorporated Clackamas County. This property meets the FMA definition of SRL, as stated in the 2021 FMA NOFO, by having NFIP coverage and having at least four flood claims that each equal or exceed \\$5,000 and the cumulative amount of all claims exceeds \\$20,000.](#)

F. Community Lifelines

Select all applicable community lifelines that your proposal will reduce risk to:

- Safety and Security** (law enforcement/security, fire services, search and rescue, government services, and community safety)
- Food, Water, Shelter** (food, water, shelter, agriculture)
- Health and Medical** (medical care, patient movement, public health, fatality management, medical supply chain)
- Energy** (power (grid) and fuel)
- Communications** (infrastructure, alerts, warnings, and messages, 911 and dispatch, responder communications, finance)
- Transportation** (highway, roadway, motor vehicle, mass transit, railway, aviation, maritime)
- Hazardous Martial** (facilities, HAZMAT, pollutants, contaminants)
- Not Applicable**

G. Natural Hazards

Select all applicable natural hazards that your proposal will reduce/mitigate the risk of:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Coastal Erosion | <input type="checkbox"/> Heat Wave | <input type="checkbox"/> Wildfire |
| <input type="checkbox"/> Drought | <input type="checkbox"/> Landslide | <input type="checkbox"/> Windstorm |
| <input type="checkbox"/> Earthquake | <input type="checkbox"/> Tsunami | <input type="checkbox"/> Winter Storm |
| <input checked="" type="checkbox"/> Flood | <input type="checkbox"/> Volcano | <input type="checkbox"/> Other: Please specify |

H. Climate Change

Will this proposal enhance climate change adaptation and resilience?

Climate change is defined as “Changes in average weather conditions that persist over multiple decades or longer. Climate change encompasses both increases and decreases in temperature, as well as shifts in precipitation, changing risk of certain types of severe weather events, and changes to other features of the climate system.”

- Yes No Unsure Not Applicable

If yes, please provide brief description how your proposal will enhance climate change adaptation and resilience: [By removing a severe repetitive loss property from the Johnson Creek floodplain, the 0.87 acres of this property will be restored with native species to provide riparian habitat, improved stream functions, and minimize future residential flood impacts to the creek.](#)

I. National Floodplain Insurance Program (NFIP)

Does this proposal involve mitigating a National Floodplain Insurance Program (NFIP) property?

The National Flood Insurance Program (NFIP) aims to reduce the impact of flooding on private and public structures. It does so by encouraging communities to adopt and enforce floodplain management regulations. In exchange, flood insurance is made available to property owners and renters. These efforts help mitigate the effects of flooding on new and improved structures.

Yes No Unsure Not Applicable

If yes, please provide further information regarding the property (is the property in a Special Flood Hazard Area, is it considered a Severe Repetitive Loss Property or a Repetitive Loss Property, etc.): [This property is listed in the 2021 FEMA RL/SRL database as both an NFIP and FMA Severe Repetitive Loss property and is in the SFHA with much of the non-improved property inside the mapped floodway.](#)

J. Community

Select all items listed below that are applicable to the community that the proposal will benefit:

- | | | |
|--|---|---|
| <input type="checkbox"/> Limited water and sanitation access and affordability | <input type="checkbox"/> High unemployment and underemployment | <input type="checkbox"/> High housing cost burden and substandard housing |
| <input type="checkbox"/> High and/or persistent poverty | <input type="checkbox"/> Low income | <input type="checkbox"/> Limited access to health care |
| <input type="checkbox"/> Rural community | <input type="checkbox"/> Linguistic isolation | <input type="checkbox"/> Distressed neighborhoods |
| <input type="checkbox"/> Jobs lost through the energy transition | <input type="checkbox"/> Disproportionate impacts from climate | <input type="checkbox"/> All geographic areas within Tribal jurisdictions |
| <input type="checkbox"/> High energy cost burden and low energy access | <input type="checkbox"/> High transportation cost burden and/or low transportation access | <input type="checkbox"/> Disproportionate environmental stressor burden and high cumulative impacts |
| <input type="checkbox"/> Racial and ethnic segregation particularly where the segregation stems from discrimination by government entities | <input checked="" type="checkbox"/> Not Applicable | |

K. Additional Information

1. Is this an infrastructure project?

Infrastructure is defined as critical physical structures, facilities, and systems that provide support to a functioning community, its population, and its economy.

Yes No Unsure Not Applicable

If yes, please provide further information regarding what type of infrastructure: [Click here to enter text.](#)

2. Does this project incorporate nature-based solutions?

Nature-based solutions are sustainable planning, design, environmental management, and engineering practices that weave natural features or processes into the built environment to promote adaptation and resilience. Such solutions enlist natural features and processes in efforts to combat climate change, reduce flood risks, improve water quality, protect coastal property, restore and protect wetlands, stabilize shorelines, reduce urban heat, add recreational space, and more.

Yes No Unsure Not Applicable

If yes, please describe how it will incorporate nature-based solutions: [The Johnson Creek Watershed Council is interested in using this site for immediate and long-term floodplain and bank restoration opportunities.](#)

3. Does your entity have Building Code Effectiveness Grading Schedule (BCEGS) Rating of 1 to 5?

The Building Code Effectiveness Grading Schedule (BCEGS®) assesses the building codes in effect in a particular community and how the community enforces its building codes, with special emphasis on mitigation of losses from natural hazards. For more information regarding this question, please go to <https://www.isomitigation.com/bcegs/>.

Yes No Unsure Not Applicable

If yes, please provide more information regarding your rating: The County has a 2020 score of 2.

4. Is this proposal from a previous FEMA HMA advance assistance or project scoping award, High Hazard Potential Dams (HHPD) award, or DHS Cybersecurity and Infrastructure Security Agency's (CISA) Regional Resiliency Assessment Program (RRAP), or a previous recipient of BRIC non-financial Direct Technical Assistance?

- Yes No Unsure Not Applicable

If yes, please identify which award and brief description: [Click here to enter text.](#)

5. Does this proposal increase resilience and reduce risk of injuries, loss of life, and damage and destruction of property, including critical services, and facilities?

- Yes No Unsure Not Applicable

If yes, please briefly describe how the project will effectively reduce risk and increase resilience, realize benefits, and leverage innovation. Potential benefits could include how this project will address inequities and provide the greatest support to those with greatest need: [The acquisition and removal of the residential improvements that have experienced multiple flood losses will minimize the potential loss of life and property damage from future floods that are expected to increase in frequency and severity due to climate change.](#)

6. Will this proposal utilize innovative techniques to facilitate implementation?

- Yes No Unsure Not Applicable

If yes, please provide brief description on how you intend to implement this proposal: [Demolition of the SRL residence will include deconstruction practices to salvage any reusable building materials, such as lumber and fixtures, from this 1930s era single family home.](#)

7. Will this proposal include an outreach strategy?

- Yes No Unsure Not Applicable

If yes, please provide brief description how your proposal will enhance climate change adaptation and resilience: [Click here to enter text.](#)

8. Will your entity be incorporating any partnerships (e.g., state, tribal, private, local community, etc.) that will ensure the proposal meets community needs, including those of disadvantaged populations?

- Yes No Unsure Not Applicable

If yes, please provide brief description how your proposal will incorporate partnerships and what is the anticipated outcome of those partnerships (e.g., leveraging resources such as financial, material, and educational resources, coordinating multi-jurisdictional projects, heightened focus on equity related issues, etc.): [We will partner with the Johnson Creek Watershed Council for long-term site restoration and maintenance as open space in the floodplain.](#)

(For official use only)

Total Pre-application Score:

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
Award Renewal? Yes No

Lead Department & Fund: _____

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: _____

Total project cost is \$543,391.

Name of Funding Agency: _____

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

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:	_____	Max Award Value:	_____ \$543,391.00
Allows Indirect/Rate:	_____	Match Requirement:	_____ No match
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? General funds will be used initially with 100% reimbursement submitted monthly

How much Fund Balance will be used to cover costs in this program, including indirect expenses? This will be a project for next fiscal year and will be included in the budget request for next year.

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 sunseting 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, 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.

General fund will be used to cover cost with 100% reimbursement from this grant. Reimbursement requests will be completed monthly.

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.)?

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?

Program Approval:

Jay Wilson

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)		
Name (Typed/Printed)	Date	Signature

DEPARTMENT DIRECTOR (or designee, if applicable)		
Daniel Nibouar	11/23/2021	
Name (Typed/Printed)	Date	Signature

FINANCE ADMINISTRATION		
		
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.