

June 23, 2022

Board of Commissioners
Clackamas County

Members of the Board:

Approval of the Emergency Solutions Grant application for funding.

Purpose/Outcomes	Approval of the ESG Application for funding.
Dollar Amount and Fiscal Impact	Submission of grant application materials will enable the County to receive \$ 192,180 in ESG funds during the 2022 program year.
Funding Source	U.S. Department of Housing and Urban Development grant funds. No County General Funds are involved.
Safety Impact	N/A
Duration	Effective July 1, 2022 and terminates on June 30, 2026.
Previous Board Action	A Public Hearing with a review of the past performance of the Community Development program, proposed Consolidated Plan, proposed Action Plan, and public testimony on the County's housing and community development needs was held on April 7, 2022.
Strategic Plan Alignment	<ol style="list-style-type: none"> 1. Ensure safe, healthy and secure communities. 2. Build a strong infrastructure
Contact Person	Mark Sirois, Community Development Manager - (503) 351-7240
Contract No.	NA

BACKGROUND:

Emergency Solutions Grant (ESG) funding provides homeless services assistance through program administration, emergency shelter services, rapid rehousing services and Homeless Management Information staffing for reporting and contract monitoring. The 2022 Action Plan implements the goals and objectives of the 2022-2026 Consolidated Plan and serves as the annual application for HUD funding. The Consolidated Plan also includes a list of the 2022-2024 ESG Funding Recommendations for projects and services.

Emergency Solutions Grant (ESG) funding was included in the Consolidated and Annual Action Plans that were posted and available for public comment beginning March 16th until Monday April 11th. No changes to the Plan were required due to comments received. All public comments were accepted and added to the Plan.

On Tuesday, May 17th, HUD announced annual allocations for the CDBG, HOME and ESG programs for all of the United States including Clackamas County.

RECOMMENDATION:

Staff recommends that the Board of County Commissioners take the following actions:

Healthy Families. Strong Communities.

2051 Kaen Road, Oregon City, OR 97045 • Phone (503) 650-5697 • Fax (503) 655-8677

www.clackamas.us

- 1) Place the ESG Grant application on the Consent Agenda for Approval,
- 2) After approval, sign the ESG grant application and certifications required for submittal to HUD.

Thank you.

Rodney Cook,
Director

Attachments:

- ESG Grant Application
- ESG Certification
- Financial Assistance Life Cycle form

Application for Federal Assistance SF-424	
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
* 2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	
* If Revision, select appropriate letter(s): _____ * Other (Specify): _____	
* 3. Date Received: _____	4. Applicant Identifier: CLACKAMAS COUNTY 2022 HESG
5a. Federal Entity Identifier: NVWKA VB8JND6	5b. Federal Award Identifier: E22-UC-41-0003
State Use Only:	
6. Date Received by State: _____	7. State Application Identifier: _____
8. APPLICANT INFORMATION:	
* a. Legal Name: CLACKAMAS COUNTY, OREGON	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 93-6002286	* c. Organizational DUNS: 0969926560000
d. Address:	
* Street1: 2051 KAEN ROAD #245	_____
Street2:	_____
* City: OREGON CITY	_____
County/Parish:	_____
* State: OR: Oregon	_____
Province:	_____
* Country: USA: UNITED STATES	_____
* Zip / Postal Code: 97045-4035	_____
e. Organizational Unit:	
Department Name: HEALTH, HOUSING & HUMAN SERVIC	Division Name: HOUSING SERVICES & DVLPM T DIV
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Mr.	* First Name: MARK
Middle Name:	_____
* Last Name: SIROIS	_____
Suffix:	_____
Title: MANAGER	
Organizational Affiliation: COMMUNITY DEVELOPMENT DIVISION	
* Telephone Number: 503-351-7240	Fax Number: 503-655-8563
* Email: MARKSIR@CLACKAMAS.US	

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

11. Catalog of Federal Domestic Assistance Number:

14-231

CFDA Title:

EMERGENCY SOLUTIONS GRANT PROGRAM - HESG

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

ANNUAL APPLICATION FOR EMERGENCY SOLUTIONS GRANT PROGRAM - HESG 2022

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="192,180.00"/>
* b. Applicant	<input type="text" value=""/>
* c. State	<input type="text" value=""/>
* d. Local	<input type="text" value=""/>
* e. Other	<input type="text" value=""/>
* f. Program Income	<input type="text" value=""/>
* g. TOTAL	<input type="text" value="192,180.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Emergency Solutions Grants Certifications

The Emergency Solutions Grants Program recipient certifies that:

Major rehabilitation/conversion/renovation – If an emergency shelter’s rehabilitation costs exceed 75 percent of the value of the building before rehabilitation, the recipient will maintain the building as a shelter for homeless individuals and families for a minimum of 10 years after the date the building is first occupied by a homeless individual or family after the completed rehabilitation.

If the cost to convert a building into an emergency shelter exceeds 75 percent of the value of the building after conversion, the recipient will maintain the building as a shelter for homeless individuals and families for a minimum of 10 years after the date the building is first occupied by a homeless individual or family after the completed conversion.

In all other cases where ESG funds are used for renovation, the recipient will maintain the building as a shelter for homeless individuals and families for a minimum of 3 years after the date the building is first occupied by a homeless individual or family after the completed renovation.

Essential Services and Operating Costs – In the case of assistance involving shelter operations or essential services related to street outreach or emergency shelter, the recipient will provide services or shelter to homeless individuals and families for the period during which the ESG assistance is provided, without regard to a particular site or structure, so long the recipient serves the same type of persons (e.g., families with children, unaccompanied youth, disabled individuals, or victims of domestic violence) or persons in the same geographic area.

Renovation – Any renovation carried out with ESG assistance shall be sufficient to ensure that the building involved is safe and sanitary.

Supportive Services – The recipient will assist homeless individuals in obtaining permanent housing, appropriate supportive services (including medical and mental health treatment, victim services, counseling, supervision, and other services essential for achieving independent living), and other Federal, State, local, and private assistance available for these individuals.

Matching Funds – The recipient will obtain matching amounts required under 24 CFR 576.201.

Confidentiality – The recipient has established and is implementing procedures to ensure the confidentiality of records pertaining to any individual provided family violence prevention or treatment services under any project assisted under the ESG program, including protection against the release of the address or location of any family violence shelter project, except with the written authorization of the person responsible for the operation of that shelter.

Homeless Persons Involvement – To the maximum extent practicable, the recipient will involve, through employment, volunteer services, or otherwise, homeless individuals and families in constructing, renovating, maintaining, and operating facilities assisted under the ESG program, in providing services assisted under the ESG program, and in providing services for occupants of facilities assisted under the program.

Consolidated Plan – All activities the recipient undertakes with assistance under ESG are consistent with its consolidated plan.

Emergency Solutions Grants Certifications

Discharge Policy – The recipient will establish and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, mental health facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent this discharge from immediately resulting in homelessness for these persons.

Signature of Authorized Official

Date

Title

APPENDIX TO CERTIFICATIONS

INSTRUCTIONS CONCERNING LOBBYING CERTIFICATION:

Lobbying Certification

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

Application for: Subrecipient Assistance Direct Assistance
Grant Renewal? Yes No

Lead Department: HEALTH HOUSING AND HUMAN SERVICES

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: EMERGENCY SOLUTIONS GRANT 2022

Funding Source: Federal State Local

Requestor Information (Name of staff person initiating form): MARK SIROIS

Requestor Contact Information: marksir@clackamas.us

Department Fiscal Representative: Adam Brown

Program Name or Number (please specify): CFDA 14.231 EMERGENCY SOLUTIONS GRANT

Brief Description of Project:

The Department of Health, Housing and Human Services (H3S) to the impacts of this public health crisis, which includes increases in homelessness, unemployment, and food insecurity. The current plan for use of EMERGENCY SOLUTIONS GRANT (ESG) funds is as follows: program administration, staff expenses for maintaining the Homeless Information Management System (HMIS) Emergency Shelter and Rapid Rehousing program expenses.

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.hudexchange.info/programs/esg/>

OR

Application Packet Attached: Yes No

Completed By: Mark Sirois Date: 5/18/2022

** 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:	<u>CFDA 14.231</u>	Funding Agency Award Notification Date:	<u>NA</u>
Announcement Date:	<u>May 17, 2022</u>	Announcement/Opportunity #:	<u>NA</u>
Grant Category/Title:	<u>EMERGENCY SOLUTIONS GRANT</u>	Max Award Value:	<u>192,180</u>
Allows Indirect/Rate:	<u>yes</u>	Match Requirement:	<u>100%</u>
Application Deadline:	<u>NA</u>	Other Deadlines:	<u>NA</u>
Award Start Date:	<u>When SF 424 signed by HUD or July 1, 2022</u>	Other Deadline Description:	<u>NA</u>
Award End Date:	<u>June 30, 2024</u>	Program Income Requirement:	<u>None expected -</u>
Completed By:	<u>Mark Sirois</u>		
Pre-Application Meeting Schedule:	<u>NA</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?

The Department of Health, Housing and Human Services works with numerous low income and vulnerable populations throughout the county. These funds help provide administration, reporting and services reduce homelessness

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

The H3S will work with community partners and community based organizations to select the best allowable use of these funds for public services.

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

Emergency Solutions Grant (ESG) funds may be used for a range of eligible activities including grant administration, data collection (homeless management information system - HMIS), homeless shelters, rapid re-housing and homeless prevention.

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

Yes ESG program administration, grant reporting and community based programs and services are funded with ESG funds

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?

The Department H3S working with County numerous divisions and community organizations are adequately staffed to utilized these ESG funds as intended by HUD.

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

No partnerships are required however sub-recipient agreements and contracts will be established with non-profit community based organizations.

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.)?

Not a pilot project.

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.)?

This is an annual allocation of funds to Clackamas County.

Collaboration

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

Department of Health, Housing and Human Services (several divisions) homeless services programs.

Reporting Requirements

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

The Housing Services and Development Division will coordinate reporting. Project setup in the HUD Database: Integrated Disbursement and Information System (IDIS), financial reporting and project accomplishment reports in IDIS.

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?

Each activity funded will be tracked in the HUD Database: Integrated Disbursement and Information System (IDIS), financial reporting and project accomplishment reports in IDIS.

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

Financial reporting will be completed in the HUD IDIS system. County Finance will provide information on expenditures and conduct draw downs of federal funds to reimburse expenses.

Fiscal

1. Will we realize more benefit than this financial assistance will cost to administer?

Yes. County staff costs charged to this grant will increase the county's allocated costs revenue.

2. Are other revenue sources required? Have they already been secured?

No other revenues are required.

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.)?

100% match requirement matched with state homeless assistance funds allocated to H3S Social Services Division.

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?

No, indirect rates can be covered with other grant funds.

Program Approval:

Mark Sirois

5/18/22

Mark Sirois

Digitally signed by Mark Sirois
DN: cn=Mark Sirois, o=Clackamas County, ou=Community
Development Division, email=marksi@clackamas.uw.or.us
Date: 2022.05.23 16:52:04 -0700

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)		
Mark Sirois	5/18/22	Mark Sirois
Name (Typed/Printed)	Date	Signature

Digitally signed by Mark Sirois
 DN: cn=Mark Sirois, o=Clatsop County, ou=Community Development Division, email=marksi@clatsop.us, c=US
 Date: 2022.05.18 17:36:20 -0700'

DEPARTMENT DIRECTOR (or designee, if applicable)		
Adam Brown	05/25/2022	Adam Brown
Name (Typed/Printed)	Date	Signature

Digitally signed by Adam Brown
 Date: 2022.05.25 16:58:34 -0700'

FINANCE GRANT MANAGER		
Elizabeth Comfort, Finance Director	5.25.2022	Elizabeth Comfort
Name (Typed/Printed)	Date	Signature

Digitally signed by Elizabeth Comfort
 Date: 2022.05.25 18:04:19 -0700'

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: <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 #:

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.**