



June 11, 2020

Board of County Commissioners  
Clackamas County

Members of the Board:

Approval of an Allocation Certification Agreement with the Oregon State Marine Board  
for Maintenance Assistance Program (MAP) 2020-21 Funding

<b>Purpose/Outcomes</b>	Provides maintenance funding for County Parks' boat ramps and pump out dump station.
<b>Dollar Amount and Fiscal Impact</b>	\$25,550 in funding support, with a minimum of \$16,583.33 in matching labor/expenditures
<b>Funding Source</b>	Oregon State Marine Board
<b>Duration</b>	July 1, 2020 - June 30, 2021
<b>Previous Board Action</b>	None
<b>Strategic Plan Alignment</b>	1. This agreement aligns with BCS goals to secure a sustainable source of revenue to help meet capital repair/replace funding requirements. 2. This agreement further supports Clackamas County's strategic priority of building public trust through good government by making our actions accountable and transparent in providing clean and safe outdoor recreation facilities.
<b>County Counsel Review</b>	Counsel reviewed and approved on May 20, 2020 AN
<b>Procurement Review</b>	Not applicable
<b>Contact Person</b>	Rick Gruen, Manager, Clackamas County Parks & Forest
<b>Contract No.</b>	None

**BACKGROUND:**

The Oregon State Marine Board (OSMB) provides an annual allocation to Business & Community Services (BCS) County Parks division in support of the improved boat ramp facilities at Barton, Carver and Hebb parks, and Boones Ferry Marina boat ramp. State funds support staff labor, material expenditures, and vehicle costs related to maintenance of restrooms, grounds, boater parking lots, docks, and boat ramps. Federal funds are used to support the labor and materials to maintain the boat waste dump station at the Boones Ferry Marina ramp. The allocation to BCS - County Parks for FY 20/21 is \$25,550 with a minimum of \$16,583.33 provided by BCS - County Parks as match. The Allocation Certification Agreement details the breakdown of funds by site and notes the amount awarded by feature.

The revenue and expenses for the Maintenance Assistance Program have been budgeted in the County Parks FY 20/21 budget. The Grant Application Lifecycle Form was submitted to County Administrator, Gary Schmidt and was signed on May 21, 2020.

**RECOMMENDATION:**

Staff recommends the Board approve this Allocation Certification Agreement and further authorizes BCS Director, Laura Zentner, to sign on behalf of the County.

**ATTACHMENTS:**

1. OSMB MAP Allocation Certification Agreement for FY 20/21
2. Grant Application Lifecycle Form

Respectfully submitted,

*Laura Zentner*

Laura Zentner, CPA  
Director, Business & Community Services

**CLACKAMAS COUNTY  
ALLOCATION CERTIFICATION AGREEMENT  
MAINTENANCE ASSISTANCE PROGRAM FY21**

This Maintenance Assistance Program (MAP) Allocation Certification Agreement is entered into by and between the State of Oregon, acting by and through the Oregon State Marine Board, hereinafter called "OSMB" and Clackamas County, hereinafter called the "Recipient." In accordance with OAR 250-14-004, the parties agree to the following:

**I. The Recipient certifies that:**

- A. A budget has been adopted that includes the MAP grant allocation of \$24,200.00 state funds and \$1,350.00 federal Clean Vessel Act (CVA) funds for the fiscal year period of July 1, 2020, to June 30, 2021; and
- B. The following Site Inventory lists facilities and site elements maintained by the Recipient; and

Site Inventory							
Site Name Barton Park				Use Fee	\$2.00	Fee Reduction:	0%
Funding Source	MAP	Size /	Points	Seasons	Months	Seasonal	Fee
Feature		Quantity	Possible	of Use*	of Use	Point Value	Adjusted
Vault Toilet			10	PSO	12	\$1,000.00	\$1,000.00
Portable Toilet			8	P	3	\$400.00	\$400.00
Additional Toilet Stall(s)		1	4	P	3	\$200.00	\$200.00
Vegetation Maintenance			6	PSO	12	\$600.00	\$600.00
Garbage Can or Dumpster			6	PSO	12	\$600.00	\$600.00
Single Car Parking Stalls		28	0			\$0.00	\$0.00
Boat Trailer Stalls		31	12	PSO	12	\$1,200.00	\$1,200.00
Hard Surface Ramp, 1 Lane			6	PSO	12	\$600.00	\$600.00
Travel			3			\$300.00	\$300.00
<u>MAP Allocation for 9 site elements at Barton Park</u>						Allocation Subtotal:	\$4,900.00
						Fee Adjustment:	\$0.00
*Seasons of Use: P=Peak, S=Shoulder, O=Off; Minus (-) denotes partial season						MAP Grant:	\$4,900.00
Site Name Boones Ferry Pump/Dump				Use Fee	\$0.00	Fee Reduction:	0%
Funding Source	CVA Inland	Size /	Points	Seasons	Months	Seasonal	Fee
Feature		Quantity	Possible	of Use*	of Use	Point Value	Adjusted
Pumpout/Dump Station			12	PS	6	\$900.00	\$900.00
Holding Tank			6	PS	6	\$450.00	\$450.00
<u>CVA Inland Allocation for 2 site elements at Boones Ferry Pump/Dump</u>						Allocation Subtotal:	\$1,350.00
						Fee Adjustment:	\$0.00
*Seasons of Use: P=Peak, S=Shoulder, O=Off; Minus (-) denotes partial season						MAP Grant:	\$1,350.00

Site Name Boones Ferry Ramp				Use Fee	\$2.00	Fee Reduction:	0%
Funding Source	MAP	Size /	Points	Seasons	Months	Seasonal	Fee
Feature		Quantity	Possible	of Use*	of Use	Point Value	Adjusted
Portable Toilet			8	PSO	12	\$800.00	\$800.00
Additional Toilet Stall(s)		1	4	PSO	12	\$400.00	\$400.00
Vegetation Maintenance			6	PSO	12	\$600.00	\$600.00
Garbage Can or Dumpster			6	PSO	12	\$600.00	\$600.00
Single Car Parking Stalls		27	0			\$0.00	\$0.00
Boat Trailer Stalls		91	24	PSO	12	\$2,400.00	\$2,400.00
Hard Surface Ramp, 2 Lanes			10	PSO	12	\$1,000.00	\$1,000.00
Cantilever Ramp Inspection			10	PSO	12	\$1,000.00	\$1,000.00
Boarding Dock, total linear feet		120	3	PSO	12	\$300.00	\$300.00
Log Debris Boom			2			\$200.00	\$200.00
Travel			3			\$300.00	\$300.00
<u>MAP Allocation for 11 site elements at Boones Ferry Ramp</u>						Allocation Subtotal:	\$7,600.00
						Fee Adjustment:	\$0.00
*Seasons of Use: P=Peak, S=Shoulder, O=Off; Minus (-) denotes partial season						MAP Grant:	\$7,600.00
Site Name Carver Ramp				Use Fee	\$2.00	Fee Reduction:	0%
Funding Source	MAP	Size /	Points	Seasons	Months	Seasonal	Fee
Feature		Quantity	Possible	of Use*	of Use	Point Value	Adjusted
Flush Restroom			12	PSO	12	\$1,200.00	\$1,200.00
Portable Toilet			8	P	3	\$400.00	\$400.00
Additional Toilet Stall(s)		1	4	PSO	12	\$400.00	\$400.00
Vegetation Maintenance			6	PSO	12	\$600.00	\$600.00
Garbage Can or Dumpster			6	PSO	12	\$600.00	\$600.00
Single Car Parking Stalls		32	0			\$0.00	\$0.00
Boat Trailer Stalls		61	18	PSO	12	\$1,800.00	\$1,800.00
Hard Surface Ramp, 1 Lane			6	PSO	12	\$600.00	\$600.00
Travel			3			\$300.00	\$300.00
<u>MAP Allocation for 9 site elements at Carver Ramp</u>						Allocation Subtotal:	\$5,900.00
						Fee Adjustment:	\$0.00
*Seasons of Use: P=Peak, S=Shoulder, O=Off; Minus (-) denotes partial season						MAP Grant:	\$5,900.00

Site Name	Hebb Park Ramp			Use Fee	\$2.00	Fee Reduction:	0%
Funding Source	MAP			Size /	Points	Seasons	Months
Feature	Quantity	Possible	of Use*	of Use	Seasonal	Point Value	Fee
Flush Restroom		12	PSO	12	\$1,200.00	\$1,200.00	Adjusted
Additional Toilet Stall(s)	1	4	PSO	12	\$400.00	\$400.00	
Vegetation Maintenance		6	PSO	12	\$600.00	\$600.00	
Garbage Can or Dumpster		6	PSO	12	\$600.00	\$600.00	
Single Car Parking Stalls	16	0			\$0.00	\$0.00	
Boat Trailer Stalls	37	12	PSO	12	\$1,200.00	\$1,200.00	
Hard Surface Ramp, 1 Lane		6	PSO	12	\$600.00	\$600.00	
Boarding Dock, total linear feet	280	9	PSO	12	\$900.00	\$900.00	
Travel		3			\$300.00	\$300.00	
<u>MAP Allocation for 9 site elements at Hebb Park Ramp</u>					Allocation Subtotal:	\$5,800.00	
					Fee Adjustment:	\$0.00	
*Seasons of Use: P=Peak, S=Shoulder, O=Off; Minus (-) denotes partial season					MAP Grant:	\$5,800.00	
<b>Total Grant for Clackamas County (5 sites)</b>					Total Allocation:	<b>\$25,550.00</b>	

- C. MAP and CVA funds will be spent only to maintain improved public boating facilities identified in the Site Inventory in accordance with MAP procedures and policies; and
- D. The facilities will be open and maintained for public use according to their seasonal availability identified on the Site Inventory; and
- E. The amount of any user fee, identified on the Site Inventory, that is presently charged or will be charged during the fiscal year, includes the highest of any entrance, day use, launch ramp, parking, transient moorage, or other fees paid, excluding annual passes or donations, and no fee will be charged for any vessel waste disposal system or floating restroom; and
- F. OSMB will have access to all eligible boating facilities and maintenance expenditure and performance records upon request and the Recipient will cooperate during any audit; and
- G. The amount of state MAP funds expended will not exceed sixty percent of the overall maintenance cost of eligible boating facilities; and
- H. Matching funds will not include any cash or in-kind activities expended on campgrounds, marinas, fuel stations, trails, picnic shelters, swim areas, or other large day-use components. The percentage of shared use has been documented for areas such as restrooms and parking that serve eligible public boating facilities and other park uses; and
- I. MAP funds are principally targeted for labor, supplies, or contract services that will be expended at the eligible public boating facilities. Expenditures for program administration, supervision, or other general service assessments will be limited to a maximum of fifteen percent; and
- J. MAP funds will not be expended for capital construction projects or used as match to other grants.
- K. The Recipient (*check one*)\*: **does**  **does not** have a federally approved indirect rate. If applicable, a copy of the letter from the Federal Agency approving the indirect rate will be provided to OSMB before MAP funds are paid. **\*Response is required**
- L. The Recipient (*check one*)\*:  **does** **does not** receive \$750,000 or more in federal funding from all sources in a fiscal year requiring submission of a Single Audit report.

**II. The Recipient agrees:**

- A. To provide a minimum of \$16,133.33 matching resources for state MAP funds and \$450.00 matching resources for federal CVA grant funds.
- B. That MAP is designed to supplement funds expended at eligible public boating facilities and the intent is to assist in improving the quality of maintenance at the facilities identified on the Site Inventory.
- C. To immediately notify OSMB of any changes in operation or maintenance practices, fees, seasonal availability, or public access at the facilities identified on the Site Inventory. The Recipient agrees to reimburse OSMB any MAP funds deemed an overpayment as a result of such changes.
- D. To reimburse OSMB any MAP funds not expended within the fiscal year; however, OSMB may grant permission to carry forward a maximum of ten percent of state MAP funds to the next fiscal year.
- E. To provide at the end of the fiscal year an expenditure report for maintenance and operations outlining actual expenditures for labor, supplies, materials, and services for each site identified on the Site Inventory and a performance report for each vessel waste collection system and/or floating restroom.

**II. OSMB certifies that:**

- A. It is authorized by ORS 830.150(2)(a) to provide MAP funds for annual maintenance of improved public boating facilities and is further authorized under CFR 50 Part 85 to provide federal Clean Vessel Act funds from the U.S. Fish and Wildlife Service for maintenance of vessel waste collection facilities and floating restrooms.
- B. It has sufficient MAP funds available within its current biennial budget and has authorized expenditure of MAP funds to the Recipient for the eligible public boating facilities identified on the Site Inventory.

The Recipient, by the signature of its authorized representative below, hereby acknowledges that it has read the agreement, understands it, and agrees to be bound by its terms and conditions.

OSMB: State of Oregon, acting by and through its Oregon State Marine Board

By:

(Signature)

RECIPIENT:  
Clackamas County

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

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

# Grant 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

Lead Department:  Application for:  Subrecipient funds  Direct Grant  
Grant Renewal?  Yes  No  
**If renewal, complete sections 1, 2, & 4 only**

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 or Number (please specify): \_\_\_\_\_  
Brief Description of Project:

Name of Funding (Granting) Agency: \_\_\_\_\_

Agency's Web Address for Grant 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 Grant	Non-Competing Grant	Other	Funding Agency Award Notification Date: _____
CFDA(s), if applicable: _____			Announcement/Opportunity #: _____
Announcement Date: _____			Max Award Value: _____
Grant Category/Title: _____			Match Requirement: _____
Allows Indirect/Rate: _____			Other Deadlines: _____
Application Deadline: _____			Other Deadline Description: _____
Grant Start Date: _____			<div style="border: 1px solid black; height: 20px;"></div>
Grant End Date: _____			Program Income Requirement: _____
Completed By: _____			
Pre-Application Meeting Schedule: _____			

**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 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 grant? How will we meet these objectives?*

*4. Does the grant proposal 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 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, this grant would 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?

2. How will grant 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 grant?

**Fiscal**

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

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

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 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?

Program Approval:

Name (Typed/Printed)	Date	Signature
<b>** NOW READY FOR PROGRAM MANAGER SUBMISSION TO DIVISION DIRECTOR **</b>		
<b>**ATTACH ANY CERTIFICATIONS REQUIRED BY THE FUNDING AGENCY. COUNTY FINANCE OR ADMIN WILL SIGN.**</b>		

**Section IV: Approvals**

DIVISION DIRECTOR (or designee, if applicable)		
		<i>Rick Gruen</i>
Name (Typed/Printed)	Date	Signature

DEPARTMENT DIRECTOR or ELECTED OFFICIAL (or designee, if applicable)		
Sarah Eckman	5/21/2020	<i>Sarah Eckman</i>
Name (Typed/Printed)	Date	Signature

FINANCE GRANT MANAGER (or designee, if applicable; FOR FEDERALLY-FUNDED 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"/>
Gary Schmidt, County Administrator	May, 21, 2020	<i>Gary Schmidt</i>
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:

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County Administration Attestation

**County Administration: re-route to department contact when fully approved.**  
**Department: keep original with your grant file.**