

September 8, 2022

Board of County Commissioners
Clackamas County

Members of the Board:

Approval of an Intergovernmental Revenue Amendment #3 from Oregon Health Authority to add COVID and American Rescue Plan Act (ARPA) relief funds to current Drug and Alcohol Prevention Education and Programming in Clackamas County.
Amendment #3 adds \$221,986 for a Maximum Award amount of \$1,548,236.
No County General Funds are involved.

Purpose/Outcome	This Intergovernmental Amendment #3 adds one-time COVID Relief and ARPA funding to current county-level community programs. Children, Family & Community Connections (CFCC) will continue coalition building in rural communities in Clackamas County to prevent youth substance use and support activities that foster culturally responsive services for Latinx Families.
Dollar Amount and Fiscal Impact	Amendment #3 adds \$221,986 <ul style="list-style-type: none"> • COVID Relief \$119,115 • ARPA \$102,871 Maximum Award amount \$1,548,236. No County General Funds are involved.
Funding Source	Oregon Health Authority Grant No. 155011 Amend 3 Catalog of Federal Domestic Assistants (CFDA) No. 93.959 Substance Abuse Prevention and Treatment Block Grant (SAPT BG)
Duration	July 1, 2021-June 30, 2023
Previous Board Action/Review	Previous Board Agenda: 06212021 Board Issues Date: 9/7/2022
Strategic Plan Alignment	1. Ensure safe, healthy and secure communities
Counsel Review	This Revenue IGA has been reviewed and approved by County Counsel on 8/22/22, AN
Procurement Review	Was the item processed through Procurement? No. Revenue Grant Award
Contact Person	Adam Freer 971-533-4929
Contract No.	H3S CFCC #8480

BACKGROUND:

The Children, Family & Community Connections Division (CFCC) of the Health, Housing and Human Services Department requests the approval of Amendment #3 to the Intergovernmental Revenue Agreement with Oregon Health Authority to add funding to current Drug and Alcohol Prevention Education and Programming (ADPEP). OHA is allocating one-time COVID Relief and ARPA funds to all non-Tribal ADPEP programs. Partnership with ADPEP helps programs that provide prevention and school engagement activities and drug and alcohol prevention programming targeting middle and high-school students.

Healthy Families. Strong Communities.

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

www.clackamas.us

Grant Amendment 155011-3 is effective upon signature by all parties for services ending on June 30, 2023. This Amendment #3 adds \$221,986 for a maximum value of \$1,548,236.

RECOMMENDATION:

Staff recommends Board approval of this Agreement and authorization for Tootie Smith, Board Chair, to sign.

Respectfully submitted,

Denise Swanson

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



Grant Agreement Number 155011

**AMENDMENT TO
STATE OF OREGON
INTERGOVERNMENTAL GRANT AGREEMENT**

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to dhs-oha.publicationrequest@state.or.us or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

This is amendment number **3** to Grant Agreement Number **155011** between the State of Oregon, acting by and through its Oregon Health Authority, hereinafter referred to as “OHA” and

**Clackamas County
H3S, Children, Family & Community Connections Division
2051 Kaen Road
Oregon City, OR 97045
Attn: Rodney A. Cook, Interim Director Health, Housing & Human Services
Telephone: 503-650-5697
Facsimile: 503-650-8677
E-mail address: rodcoo@clackamas.us**

hereinafter referred to as “Recipient”.

1. This amendment shall become effective on the date this amendment has been fully executed by every party and, when required, approved by Department of Justice.
2. The Agreement is hereby amended as follows: language to be deleted or replaced is ~~struck through~~; new language is **underlined and bold**.

- a. The Recipient contact information on Page 1 is deleted and replaced with the following:

**Clackamas County
H3S, Children, Family & Community Connections Division
2051 Kaen Road
Oregon City, OR 97045
Attention: Adam Freer and Stephanie Radford
Telephone: 971-533-4929, 971-337-5852
E-mail address: afreer@clackamas.us; sradford@clackamas.us**

- b. **Section 3. Grant Disbursement** is hereby amended to increase the maximum not-to-exceed amount payable to Recipient under this Agreement by **\$221,986.00** to new amount of **\$1,548,236.00**.
 - c. Effective with execution of this Amendment, **Exhibit E, “Information Required by 2 CFR 200.332~~1~~(a)(1)”** is hereby superseded and restated in its entirety, as set forth in Attachment 1 to this Amendment and incorporated herein by this reference.
3. Except as expressly amended above, all other terms and conditions of the original Agreement and any previous amendments are still in full force and effect.
 4. **Recipient Data and Certification.** Recipient shall provide the information set forth below.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

Recipient Name (exactly as filed with the IRS): Clackamas County

Street address: 2051 Kaen Road

City, state, zip code: Oregon City, OR 97045

Email address: FinanceGrants@clackamas.us

Telephone: (503) 742-5429 Facsimile: ()

Recipient Proof of Insurance. Recipient shall provide the following information upon submission of the signed Agreement Amendment. All insurance listed herein and required by Exhibit C of the original Agreement, must be in effect prior to Agreement execution.

Workers’ Compensation Insurance Company:

Policy #: Self-Insured Expiration Date: _____

RECIPIENT, BY EXECUTION OF THIS AMENDMENT, HEREBY ACKNOWLEDGES THAT RECIPIENT HAS READ THIS AMENDMENT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

5. Signatures.

Clackamas County

By:

_____	_____
Authorized Signature	Tootie Smith
_____	_____
Clackamas County Board Chair	Printed Name
_____	_____
Title	Date

State of Oregon acting by and through its Oregon Health Authority

By:

_____	_____
Authorized Signature	Printed Name
_____	_____
Title	Date

Approved for Legal Sufficiency:

_____	_____
Via email by Belle Na, Assistant Attorney General	August 15, 2022
Department of Justice	Date

EXHIBIT E

Information Required by 2 CFR 200.332(a)(1)*

Federal Award Identification

1. Subrecipient* Name (which must match the name associated with 2. below):
Clackamas County
2. Subrecipient's Unique Entity Identifier: NVWKAVB8JND6
3. Sub-award Period of Performance Start and End Date:
From: 7/1/2021 To: 6/30/2023.
4. Total Amount of Federal Funds Obligated by this Agreement: \$221,986.00
5. Total Amount of Federal Funds Obligated to the Subrecipient by the pass-through entity including this Agreement**: \$1,409,938.00
6. Name of pass-through entity, and contact information for awarding official of the pass-through entity:
 - (a) Name of pass-through entity: Oregon Health Authority
 - (b) Contact Information for awarding official of the pass-through entity:
Luci Longoria, Health Promotion Manager; 971-793-9247
luci.longoria@dhsosha.state.or.us
7. **Federal Award: SAPT**
 - (a) Federal Award Identification Number (FAIN): 2B08TI010043-16, 2B08TI010043-18, B08TI083068-01, B08TI083472-01, B08TI083963, B08TI083513
 - (b) Federal Award Date: 10/01/2015-9/30/2022 (The money is continuous and another NOA will be received)
 - (c) Total Amount of Federal Award committed to the Subrecipient by the pass-through entity: \$1,409,938.00
 - (d) Federal Awarding Agency: Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment
 - (e) Federal Award Project Description: Provides block grant resources for treatment services (OHA Health Services) and foundational substance abuse prevention (PHD) to address alcohol, tobacco and other drugs.
 - (f) CFDA Number and Name: 93.959 (Substance Abuse Prevention and Treatment Block Grant)

Amount: NOA SAPT COVID = \$19,288,251.00
NOA SAPT ARPA = \$16,658,035.00

(g) Indirect Cost Rate: 5% of total direct cost

(h) Is Award Research and Development? Yes No

*For the purposes of this Exhibit E, “Subrecipient” refers to Recipient and “pass-through entity” refers to OHA.

**The total amount of federal funds obligated to the Subrecipient by the pass-through entity is the total amount of federal funds obligated to the Subrecipient by the pass-through entity from 7/1/2017 to 6/30/2023.

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: _____