



JUVENILE DEPARTMENT  
JUVENILE INTAKE AND ASSESSMENT CENTER  
2121 KAEN ROAD | OREGON CITY, OR 97045

April 20, 2023

BCC Agenda Date/Item: \_\_\_\_\_

Board of County Commissioners  
Clackamas County

**Approval to Apply for a Reengagement Opportunity Grant from the Oregon Department of Education for a Mentoring Program. Grant value is \$250,000 for 2 years. Funding is through the Oregon Department of Education. No County General Funds are involved.**

<b>Previous Board Action/Review</b>	None		
<b>Performance Clackamas</b>	<ol style="list-style-type: none"> <li>85% of youth are engaged with education programming or participate in opportunities to build employment skills by the time they are no longer on supervision.</li> <li>Provide skill building opportunities, competency development, and community connection services to youth so they can experience positive change, and demonstrate skills to successfully transition to adulthood.</li> <li>Ensure safe, healthy, and secure communities.</li> </ol>		
<b>Counsel Review</b>	No	<b>Procurement Review</b>	No
<b>Contact Person</b>	Ed Jones	<b>Contact Phone</b>	971-806-7862

**EXECUTIVE SUMMARY:** The Clackamas County Juvenile Department is requesting to apply for an Oregon Department of Education, Youth Development Division - *Youth Reengagement Opportunity* Grant of up to a total of \$250,000 for the biennium. If awarded, this funding would be utilized to contract with a local nonprofit to provide a community based **Mentoring Program** for juvenile justice-involved youth aged 14-23 who left high school, or are at imminent risk of leaving, before earning a high school diploma or its equivalent. The program will prioritize the enhancement of our equitable service delivery while addressing historic disparities of many juvenile justice-involved youth. The contracted provider will provide mentoring services with mentors that have lived experience. Mentoring services will consist of outreach services that include referral to services designed to support the individual and holistic needs of the youth. These services will focus on educational reconnection, culturally specific and trauma-informed services and engagement, and supportive services which foster academic success and/or high school completion.

While we can never predict with 100% accuracy what state funding streams will be available in the future, these funding streams from the Youth Development Division have been consistently available for several years. Additionally, there is no match required of the county.

**RECOMMENDATION:** Staff recommends the Board of County Commissioners approve the department's request to apply for this funding.

Respectfully submitted,

Christina L. McMahan, Director  
Juvenile Department

For Filing Use Only

Enc: Grant Lifecycle Form

# 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

<b>Lead Fund # and Department:</b>	
<b>Name of Funding Opportunity:</b>	

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

Requestor Information: (Name of staff initiating form)	
Requestor Contact Information:	
Department Fiscal Representative:	
Program Name & Prior Project #: (please specify)	

Brief Description of Project:

Name of Funding Agency:

Notification of Funding Opportunity Web Address:

**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

Assistance Listing Number (ALN), if applicable:		Funding Agency Award Notification Date:	
Announcement Date:		Announcement/Opportunity #:	
Grant Category/Title		Funding Amount Requested:	
Allows Indirect/Rate:		Match Requirement:	
Application Deadline:		Total Project Cost:	
Award Start Date:		Other Deadlines and Description:	
Award End Date			
Completed By:		Program Income Requirements:	
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?

How much Fund Balance will be used to cover costs in this program, including indirect expenses?

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:



\_\_\_\_\_  
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)**

*Christine P. McWhorter*

\_\_\_\_\_  
Name (Typed/Printed) Date Signature

**FINANCE ADMINISTRATION**

*Elizabeth Comfort*

\_\_\_\_\_  
Name (Typed/Printed) Date 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:**

<b>COUNTY ADMINISTRATOR</b>	Approved:	Denied:
_____ Name (Typed/Printed)	_____ Date	_____ Signature

**For applications under \$150,000 email form to Christina Fadenrecht at [CFadenrecht@clackamas.us](mailto:CFadenrecht@clackamas.us) for Gary Schmidt's approval.**

**For applications \$150,000 and above, email form with Staff Report to the Clerk to the Board at [ClerktotheBoard@clackamas.us](mailto:ClerktotheBoard@clackamas.us) to be brought to the consent agenda.**

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](mailto:financegrants@clackamas.us)  
when fully approved.**

**Department: keep original with your grant file.**