

## MEMORANDUM

TO: Clackamas County Board of County Commissioners (BCC)

FROM: Rodney A. Cook, Director Health, Housing and Human Services

RE: Request for Public Hearing to inform an Application for COVID-19 Impact Assistance for Child Care Grant from Business Oregon

DATE: September 7, 2022

Children, Family and Community Connections (CFCC) Division of Health, Housing and Human Services requests the Board of County Commissioners hold a public hearing to take comments from community members about community development needs and the proposed plan for using \$250,000 of [Oregon Community Development Block Grant \(CDBG\) COVID-19 Impact Assistance Program for Child Care Assistance](#) funding to provide child-care subsidies to low- and middle-income families of Clackamas County. The BCC approved grant application is attached. A public hearing is required in order to receive feedback prior to final application submission. The public hearing notice must be advertised or posted at least 7 full days in advance of the time the public hearing is to be held.

We respectfully request the Board hold the required Public Hearing in September and preferably by September 22, 2022 so that staff may submit the final grant application. The CDBG COVID-19 Impact Assistance Program are one-time only funds and are being awarded on a first approved, first funded basis. Therefore, the timing of this public hearing is critical to our success in being fully funded.

If awarded, the funding will be used to provide low-to-middle income families access to child care which in turn will assist them in finding and/or maintaining employment. This connects directly with Clackamas County Goal to “Grow a Vibrant Economy.”



# Community Development Block Grant - 2021 CDBG CV for Non-construction Projects: Food Bank/ Child Care/Turn Key/ Broadband

- The appropriate CDBG CV NOVA application guidelines must be read and used in its entirety to complete the application.

## Section 1: General Application Information

### Section I A: Applicant

|   |   |
|---|---|
| <b>Organization Name*</b><br>Clackamas County                 | <b>Organization</b><br>County<br><small>(Identify the ORS under which entity is formed if potential applicant is an entity other than city or county, such as special district, authority, association, etc.)</small> |
| <b>Street Address*</b><br>2051 Kaen Rd, Oregon City, OR 97045 | <b>Mailing Address*</b><br>112 11th St Oregon City, OR 97045  |
| <b>Office Phone*</b> 9712888264                               | <b>Web URL</b> www.clackamas.us   |

### Section I B: Project Contact

|  |   |
|--|---|
| <b>Name *</b> Dani Stamm Thomas                            | <b>Title *</b> Early Learning Hub Director  |
| <b>Phone *</b> (971) 288-8264                              | <b>Email *</b> dstammthomas@clackamas.us  |
| <b>Phone (cell)</b> (971) 288-8264                         |   |
| <b>Authorized Signature Name</b><br>Tootie Smith           | <b>Authorized Signature Title</b><br>Chair, Board of Clackamas County Commissioners |
| <b>Authorized Signature Email</b> tootiesmith@clackamas.us |   |

### Section I C: State Representation

|                                      |  |
|--------------------------------------|--|
| <b>Senate District Number*</b><br>20 | <b>Senator's Name*</b><br>Bill Kennemer    |
| <b>House District Number*</b><br>40  | <b>Representative's Name*</b><br>Mark Meek |

### Section I D: Project Overview

|                      |
|----------------------|
| <b>Project Name*</b> |
|----------------------|

Clackamas County Care Scholarships

**Project Location** *(impacted areas that will be benefited by this project)*

Clackamas County

**Section I E: Project Description**

**Opportunity/Problem\*** *(Briefly describe nature of need and the impact of COVID-19 to the applicant & project jurisdiction)*

When the COVID-19 pandemic hit Oregon in March 2020 programs statewide had to close at least temporarily to adjust to new requirements. Due to this Clackamas County lost more than 90 of those programs as they never reopened. Each month as COVID-19 ebbs and surges in the Metro region, Clackamas County has continued to lose more existing programs than new ones opening. So far we have lost more than 1200 slots for children in licensed care, when we already did not have enough.

This lack of access also impacts affordability. As prices on everything have risen due to COVID-19 providers and programs have had to raise their tuition, while families' costs of living are also rising. The average annual cost for child care would require nearly 60% of a minimum wage workers income. Even someone making twice minimum wage would be spending 30% of their income on the average child care cost. The federal government defines child care affordability for as no more than 7% of a person's income. The average household in Clackamas County, with an annual income around \$82,000, should not spend more than \$5,800 on child care annually. In reality for a single child, families will pay more than \$16,000/year for full time care.

Clackamas County government hosts the Early Learning Hub for this region, and therefore has unique ability to support families in accessing the proposed grant funds to support their child care needs. We are already connected with programs throughout our county who we can pay scholarship funds to directly to cover families' costs.

Since the beginning of the pandemic Clackamas County has lost over 1,200 child care slots making child care difficult to find and even more difficult to pay for in our region. Nearly all assistance programs available to families serve those of very low-low income and many are available only part time or only during the school year.

Clackamas County and many of our community partners, including child care providers, the Clackamas ESD and Clackamas Workforce Partnership, have been coming together since October to discuss and plan what universally available child care will look like in our region. The highest barrier for families and providers is the cost of care, having these dollars right now will help ease the burden on families and ensure income for providers to keep them open as the pandemic continues to impact our region.

**Proposal/Solution\*** *(Briefly describe programs relationship to the prevention or response to COVID-19 for the applicant & project jurisdiction)*

We can support more than 50 families for full time care, including tuition and any fees. We have existing relationships with families and programs as well as partners that are regularly working to find child care for employment needs and financial assistance for families to pay for that care. In Clackamas County we have significant amounts of families that fall in the gap of making too much for other subsidy dollars, but too little to afford care. Since we have very few spaces for children under 3 in Clackamas County that are publically funded we can also support families of infants and toddlers. These two groups will be our focus for dollars in the Fall of 2022.

**Detailed Project Description\*** *(clearly describe the proposed project work to be accomplished, and the organization that will be involved in assisting the applicant in implementing the program (if any). Describe the timeline of the project and your expected outcomes and the activities your organization will take to achieve those outcomes.)*

As an Early Learning Hub we are connected with child care programs around our County that we support with resources and help connect families with who are looking for care. Within our county department there are Workforce Development and Home Visiting teams that help Clackamas County residents in obtaining employment and job related skills and parenting skills. Child care cost and access is a barrier to many of these individuals in pursuing job opportunities to support their family. We also partner with three community based organizations to support six Family Resource Coordinators throughout our county to connect families, especially those who speak a primary language other than English, with needed assistance. These organizations are Metropolitan Family Services, Northwest Family Services, and Todos Juntos. Between all of these partnerships we will be able to identify and support applications from eligible families, whose income information is already obtained through participating in these services.

Our timeline hopes to begin September 1, 2022, prior to then we will start the process of finding potentially eligible families currently being served by the partners above and initiate the county process to be able to pay child care programs. Our hope is to serve at least 50 families with three months of care costs including any registration fees. If families need support in

finding a facility to serve them we will support that as well. We anticipate that the majority of the funding will be sent out prior to Dec 1, 2022, with any remaining funds expended by July 30, 2022.

**Will this be a new service or a quantifiable increase to a service already provided?** *If this is a quantifiable increase to an existing service you must document the amount of need in the prior 12 months to the need at the time of application.*

This will be a new service as traditionally the County is not able to directly fund child care scholarships.

### Section 1 F: Project Work Plan

Provide a list of achievable milestones ensuring the project will be completed within targeted timeline. Work plan must include, but is not limited to, target timeline with estimated start and completion dates that would address:

- CDBG programmatic requirements, as identified within the most recent CDBG Grant Management Handbook, Chapter 2
- Government/ Regulatory Agency decision making and review time
- Specific project implementation time (including timeline for procurements)

Please use this example as a template to create a work plan for your project. You will be required to attach a completed work plan with the application. (Please label Attachment D).

<https://www.oregon4biz.com/assets/docs/IFA/COVID19/workplanNCproject.pdf>. Customization may be needed to suit your particular project

### Section 1 G: DUNS and CCR Registration

|  |   |
|--|---|
| <b>Applicant's DUNS number*</b><br>096992656   | <b>Resource on DUNS:</b> <ul style="list-style-type: none"> <li>• <a href="https://iupdate.dnb.com/iUpdate/showFaq.htm#f5">https://iupdate.dnb.com/iUpdate/showFaq.htm#f5</a></li> <li>• <a href="http://www.dnb.com/duns-number/what-is-duns.html">http://www.dnb.com/duns-number/what-is-duns.html</a></li> </ul> |
| <b>SAM Registration</b><br><i>Please provide the printout (reference Attachment I)</i> | <b>Resource on SAM Registration :</b> <ul style="list-style-type: none"> <li>• <a href="http://www.Sam.gov">http://www.Sam.gov</a></li> <li>• Within SAM.gov site, please go to Help tab to access the User Guides for the most updated information</li> </ul>  |

## Section 2: Financing Information

### Section 2 A\*: Project Budget

| Budget Line –item   | CDBG Funds | Other IFA Funds | Non-IFA Funds | Total     |
|---|------------|-----------------|---------------|-----------|
| Tuition and Fees Scholarships   | \$225,000  |                 |               | \$225,000 |
| Click here to enter text.   |            |                 |               |           |
| Click here to enter text.   |            |                 |               |           |
| Click here to enter text.   |            |                 |               |           |
| Grant Administration (10% of requested loan/grant with a maximum of \$35,000) | \$25,000   |                 |               | \$25,000  |
| Other: Click here to enter text.  |            |                 |               |           |
| Other: Click here to enter text.  |            |                 |               |           |
| Other: Click here to enter text.  |            |                 |               |           |
| <b>TOTAL</b>  |            |                 |               | \$250,000 |

### Section 2 B: Status of other funding

| Source of Non-IFA Funds, Cash, and other IFA Funds | Amount | Status<br><i>(Committed – Provide documentation of funds commitment, reference Attachment J)</i> |
|--|--------|--|
| Click here to enter text.                          |        | Choose an item.  |

|                           |  |                 |
|---------------------------|--|-----------------|
| Click here to enter text. |  | Choose an item. |
| Click here to enter text. |  | Choose an item. |
| Click here to enter text. |  | Choose an item. |
| <b>TOTAL</b>              |  |                 |

### Section 2 C: Additional Budget Information

Will CDBG funds be used to pay for existing budgeted staff of the *applicant*?  Yes  No

If Yes, explain how the CDBG funds will not supplant or substantially reduced the applicant's financial support for other community development activities

[Click here to enter text.](#)

**Are there other funding sources available out there for such the project proposed?**

Yes  No

If yes, what are the other financing sources, and why isn't that source be used?

[Click here to enter text.](#)

If no, why not?

State subsidy programs serve families of very low to low income and many families fall in a gap of not qualifying for subsidy but not being able to afford care. In addition almost all no cost programming in our region is closed during summer months.

**Describe and document your evaluation process to ensure that duplication of benefit is prevented for this project?**

*Note: A duplication occurs when a person, household, business, or other entity receives assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need. The amount of the Duplication Of Benefit (DOB) is the amount received in excess of the total need for the same purpose. When total need for eligible activities is more than total assistance for the same purpose, the difference between these amounts is an "unmet need." Grantees must limit their assistance to unmet needs for eligible activities to prevent a DOB.*

We decided to focus on summer when there are fewer resources available. As we are reviewing applications any families who are eligible for other assistance such as Employment Related Day Care will be supported in applying for those funds instead, which is something we support on a regular basis. We are going to send funds directly to the provider and we will have contracts with each program that express the funds can only be used for unmet needs.

**Will the proposed project receive local, state, or other federal assistance?**

**If yes, what is the source and how much.**

No

# Section 3: Project Need

**Section 3 A: Activity Information**  
*Select the applicable activities (A-E) and answer the corresponding questions (Reference Attachment F)*

**A.  Childcare Assistance**

- Describe the current capacity and the situation that triggered the need for assistance from CDBG:  
When the COVID-19 pandemic hit Oregon in March 2020 programs statewide had to close at least temporarily to adjust to new requirements. Due to this Clackamas County lost more than 90 of those programs as they never reopened. Each month as COVID-19 ebbs and surges in the Metro region, Clackamas County has continued to lose more existing programs than new ones opening. So far we have lost more than 1200 slots for children in licensed care, when we already did not have enough. As minimum wage increases families are no longer eligible for existing subsidy dollars despite still having low to moderate income. These dollars will give us the ability to specifically serve families that fall in these gaps.
- Will this project involve (select one that applies):
  - Sponsoring LMI kids to an existing childcare services?  Yes  No  
If Yes,
    - o what is the breakdown cost per child and the term of which the proposed fund will cover:  
Approximately \$4000 per child for three months of tuition and fees based on the average cost of care in our region, depending on the age of the child.
    - o Describe the process to ensure that 100% of the children sponsored satisfy the LMI requirements  
To minimize the barriers for families we are focusing on leveraging existing support programs that already collect financial information from their participants but do not have child care assistance dollars. As these families are already being served in programs that only serve LMI families so all should be eligible. Our team will do our own eligibility screening with shared information and documentation. We already certify low income families for a school year program Preschool Promise where all families must qualify, so we are experienced with this sort of eligibility determination. For families that are not currently being served by a resource program we will use our existing application process to ensure eligibility and obtain appropriate documentation of income.
  - Direct cost associated with the provision of new/existing childcare program of which formation was a byproduct of the pandemic  Yes  No  
If yes:
    - o Describe the process to ensure that 51% of the children enrolled satisfy the LMI requirements  
[Click here to enter text.](#)
    - o Will this program involves hiring new people?  Yes  No  
  
If yes, will the new hires be:
      - o  Limited duration (term of the duration: [Click here to enter text.](#) ), Or,
      - o  Permanent (describe how this position will be funded after COVID-19 response need is abating) [Click here to enter text.](#)  
If new hires are a part of this project what is their income bracket? [Click here to enter text.](#)  
  
Will there be any LMI job offered?  Yes  No
- What is the non-profit organization you are working with: We will work with multiple that we are already partnered with such as Metropolitan Family Services, Northwest Family Services, and Todos Juntos.
- What is the capacity of the sub-grantee to manage the additional service? Our sub-grantees will be the child care programs who have existing capacity for children in care.
- Can all of eligible families within the applicant jurisdiction access the proposed service and is there fee involved in this service? Any family in Clackamas County would be eligible to apply, though with limited funds we will not be casting a huge net, we will instead leverage existing partnerships to serve families identified as falling in a gap of resources available. There will be no fees for families to apply.

**B.  Broadband/ Internet Connection Assistance**

- Describe the current capacity and the situation that triggered the need for assistance from CDBG:  
[Click here to enter text.](#)
- Will this project involve:
  - Establishing new internet access (acquiring hotspots, connecting to existing fiber-based internet service?  Yes  No

- Funding existing monthly internet service (hotspot or other fiber based internet service)? Yes No

Will there be any LMI job offered? Yes No

- How did you do price comparison analysis [Click here to enter text.](#)
- Which School District or non-profit organization are you working with in this project?  
[Click here to enter text.](#)
- What would the proposed project accomplish describe any particular segment of beneficiaries.  
[Click here to enter text.](#)
- Can all eligible families within the applicant's jurisdiction access the proposed service and will there be a fee involved for this service? [Click here to enter text.](#)

C.  **Food Bank: Increase the capacity and availability of food bank assistance for families impacted by Covid-19**

- Will this project involve:

- Purchasing equipment? Yes No

If Yes, how did you do price comparison analysis: [Click here to enter text.](#) (provide cost quote from vendor)

Describe how this equipment will be used for response to COVID-19 and how will it be used after COVID-19 is met? [Click here to enter text.](#)

- Leasing additional Storage space Yes No

If yes, what is the location of the additional space and it's proximately to the current building

[Click here to enter text.](#)

What are the terms of the lease? [Click here to enter text.](#)

- Purchase of additional food supply: Yes No

How did you determine the impact of the community and need for additional food?

[Click here to enter text.](#)

- With the purchase of additional food how long with the supply last (month, or more)?

[Click here to enter text.](#)

- Operation Cost due for additional services: Yes No

- What additional activities or services are you intending to fund due to the impact of COVID-19?

[Click here to enter text.](#)

If yes, will this project includes hiring new people? Yes No

If yes, will the new hires be:

- o  Limited duration (term of the duration: [Click here to enter text.](#) ), Or,

- o  Permanent:

- Describe how this position will be funded after COVID-19 response need is abating

[Click here to enter text.](#)

- What is the anticipated duration of this position for the grant period?

[Click here to enter text.](#)



If yes, what is the income bracket? [Click here to enter text.](#)

Will there be any LMI job offered?  Yes  No

- Describe the current capacity and the situation that triggered the need for assistance from CDBG:  
[Click here to enter text.](#)
- Which non-profit organization are you working with in this project: [Click here to enter text.](#)
- What would the proposed project accomplish in providing additional services due to COVID-19 and describe any particular segment of beneficiaries (if any).  
[Click here to enter text.](#)

D.  **Project Turn Key: Operations – to expand capacity for non-congregate shelter during Covid-19 pandemic**

- Will this project involve:
  - Purchasing equipment?  Yes  No  
If Yes, how did you do price comparison analysis: [Click here to enter text.](#) (provide cost quote from vendor)  
Describe how this equipment will be used for response to COVID-19 and how will it be used after COVID-19 is met? [Click here to enter text.](#)
  - Operation Cost:  Yes  No  
If yes, will this project includes hiring new people?  Yes  No  
If yes, will the new hires be:
    - o  Limited duration (term of the duration: [Click here to enter text.](#) ), Or,
    - o  Permanent:
  - What services are you intending to fund due to the impact of COVID-19 and the term that will covered by the proposed fund?  
[Click here to enter text.](#)
    - Describe how this position will be funded after COVID-19 response need is abating  
[Click here to enter text.](#)
    - What is the anticipated duration of this position for the grant period?  
[Click here to enter text.](#)

If yes, what is the income bracket? [Click here to enter text.](#)

Will there be any LMI job offered?  Yes  No

- Describe the current capacity and the situation that triggered the need for assistance from CDBG:  
[Click here to enter text.](#)
- Which non-profit organization are you working with in this project: [Click here to enter text.](#)

- What would the proposed project accomplish in providing additional services due to COVID-19 and describe any particular segment of beneficiaries (if any).

[Click here to enter text.](#)

E.

### Section 3 B: National Objective

*(Refer to Chapter 3 of Method of Distribution)*

*This section must be fully completed – Select one from I – III (reference to attachment G)*

#### I. LMI – Limited Clientele

- Income and family size information will be collected from to ensure that at all times the project benefits 51% or more LMI. The project has established income and eligibility requirements so that services are ONLY provided to clients that are LMI.

Attach the following (Reference [Attachment G](#)): see Table D in Chapter 3 of the MOD

- The form which will be used by the sub-grantee to collect family size and income information. The form which will be used by the sub-grantee to collect race and ethnicity information.
- Guidelines for documenting that the national objective will be met.
  - Eligible individuals:
    - Kids from LMI families (childcare assistance and Broadband/Internet access)
    - Employ low –moderate income individuals
- The written procedures identifying how the low and moderate income national objective will be complied with, monitored, maintained and reported throughout the project, which must include procedures for identifying:
  - How applicants will be screened for: a) Eligibility; b) are not residing within an entitlement area
  - Award process
  - Performance measures reporting process

**NOTE:** Entitlement areas include the counties of Multnomah Washington and Clackamas and the cities of Albany, Ashland, Beaverton, Bend, Corvallis, Eugene, Grants Pass, Gresham, Hillsboro, Medford, Portland, Redmond, Salem and Springfield.

\*Provide the estimated total number of unduplicated persons to be served that will benefit from this program:

50

\*Provide the estimated total number of LMI persons to be served that will benefit from this program:

50

#### II. Low-and Moderate Income (LMI) Persons- Area Wide

Provide Area-wide Benefit\* percentage of low and moderate income persons: [Click here to enter text.](#)

\* the project (improvements) benefit everyone in a geographic area and at least 51% of the population served by the improvements are low and moderate income

Was the LMI Area-wide benefit information determined by:

Census:  Yes  No If yes, provide the year: [Click here to enter text.](#)

State approved Local Survey:  Yes  No If yes, provide the date: [Click here to enter text.](#)

**Note: if documentation is State approved local survey, provide a copy of the State approval letter with the application.**

#### III. Low and Moderate Income Benefit – Nature and Location *(food bank project only)*

Limited Clientele Based on Nature and Location of the Facility–It must be of such a nature, and be in such a location, that it may be concluded the activity’s clientele will primarily be low- and moderate-income persons. (Note: The use of this criteria under the state’s program is a rarity.)

Note: On February 15, 2008, the state received guidance from HUD that food bank/warehouses can qualify as meeting the LMI national objective on the basis of the nature of the service and the location where the services are provided. Food bank projects will no longer have to collect household size and income data to demonstrate

compliance with the federal national objective. On May 7, 2008, the department researched and approved of this approach

### Section 3 C: Performance Measure Indicators

*Federal Objective/ Outcome and Performance Measure*

**REFER TO THE SPECIFIC SECTION OF THE 2020 MOD PERTAINING TO THE PROJECT TYPE REQUESTED TO SEE WHICH ITEMS MUST BE ADDRESSED\*.**

#### 1. Objectives (Select One)

- Suitable Living Environment - This objective relates to activities designed to benefit communities, families, or individuals by addressing their living environments.
- Creating Economic Opportunities – This objective applies to economic development, commercial revitalization and job creation.

#### 2. Outcomes (Select One)

- Availability/Accessibility – This outcome applies to projects that make services, infrastructure, housing, or shelter available or accessible. In this category, accessibility does not refer only to physical barriers, but also to making the affordable basics of daily living available.
- Sustainability/Promoting Livable or Viable Communities – This outcome applies to projects where the activities are aimed at improving communities or neighborhoods, helping to make them livable or viable through multiple activities or services that sustain communities or neighborhoods. This can be the removal or elimination of slums or blighted areas.

#### Amount of money leveraged:

- **Federal** : [Click here to enter text.](#)
- **State** : [Click here to enter text.](#)
- **Local** : [Click here to enter text.](#)
- **Private** : [Click here to enter text.](#)

Provide the number of persons assisted with **new** access to service or benefit: [Click here to enter text.](#)

Provide the number of persons assisted with **improved** access to service or benefit: [Click here to enter text.](#)

Where the project is used to meet a quality standard or measurably improved quality, provide the number of households assisted that **no longer have access to substandard** facility: [Click here to enter text.](#)

#### **For activities impacting jobs (creation/retention)**

**Provide number of Jobs that will be assisted:**

**LMI Job Created:** [Click here to enter text.](#)

**TOTAL Job Created:** [Click here to enter text.](#)

**LMI Job Retained :** [Click here to enter text.](#)

**TOTAL Job Retained:** [Click here to enter text.](#)

**Provide number of communities assisted\*:** [Click here to enter text.](#)

**Identify name of the communities assisted\*:** [Click here to enter text.](#)

**(Reference Attachment C)**

provide agreement between the participating communities which forms the microenterprise assistance program and designates the applicant as the lead for the CDBG application signed by all parties involved – Attachment B

**Provide the congressional District for the City/ County applicant\*: 5**

**Provide the congressional District for the project location\* (if different):** [Click here to enter text.](#)

**Provide NAICS (North American Industry Classification System) Code\* :** [Click here to enter text.](#)

**Provide the total compensation and names of the top five executives if the city/county:**

Do you meet the following conditions\*? Yes No

- Receives more than 80% or more of your annual gross revenues from the Federal government (including the funded project); or
- Those Federal revenues are greater than \$25 million annually; or
- The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) of 15(d) of the Securities and Exchange Act or section 6104 of the Internal Revenue Code. To determine if the public has access to the compensation information, go to the U.S. Security and Exchange Commission (SEC) total compensation filings at <http://www.sec.gov/answers/execomp.htm>

If yes, complete the following:

- Name:
1. [Click here to enter text.](#)
  2. [Click here to enter text.](#)
  3. [Click here to enter text.](#)
  4. [Click here to enter text.](#)
  5. [Click here to enter text.](#)

- Compensation:
1. [Click here to enter text.](#)
  2. [Click here to enter text.](#)
  3. [Click here to enter text.](#)
  4. [Click here to enter text.](#)
  5. [Click here to enter text.](#)

**Race/Ethnicity of Persons Benefiting from Project: Note: the total number of persons served reported above must be the same as the total number of persons reported in this section \*.**

| <b>Race:</b>   | <b>Total #</b> | <b>Ethnicity:<br/># of Hispanic</b> |
|--|----------------|-------------------------------------|
| White  |                |                                     |
| Black/African American                                 |                |                                     |
| Asian  |                |                                     |
| American Indian/Alaskan Native                         |                |                                     |
| Native Hawaiian/Other Pacific Islander                 |                |                                     |
| American Indian/Alaskan Native & White                 |                |                                     |
| Asian & White  |                |                                     |
| Black/African American & White                         |                |                                     |
| American Indian/Alaska Native & Black/African American |                |                                     |
| Other Multi-Racial                                     |                |                                     |
| <b>Total Number of Persons Benefiting from Project</b> |                |                                     |

|   |  |
|---|--|
| <b>Total Number of Low- and Moderate-Income Persons Benefiting from Project</b> |  |
|---|--|

Source of Data:

- 2010 Census
- Survey, dated:
- Other, specify:

Race/Ethnicity: <https://data.census.gov/cedsci/> (enter name of the City/ County in the search box, and look into the related searches to select race and ethnicity)

[Click here to enter text.](#)

[Click here to enter text.](#)

## Section 4: Project Feasibility

### Section 4 A: Program Requirements/ Project Information

*(Refer to Chapter 3 of Method of Distribution)*

*This section must be fully completed*

#### What organization will you be working with in implementing the program (if any)?

Our implementation partners will be multiple partner organizations we already have agreements with to recruit families. All eligibility will be processed by our team.

#### Describe the organization which will implement the program. Describe their credentials which will ensure success in the program... (Reference Attachment H)\*

Our Early Learning team will do our eligibility screening with shared information and documentation from other teams and non-profit partners. This team already certifies low income families for a school year program called Preschool Promise, where all families must qualify based on income, so we are experienced with this sort of eligibility determination. For families that are not currently being served by a resource program we will use our existing application process to ensure eligibility and obtain appropriate documentation of income. We will also partner with various child care programs to pay the fees directly.

#### Please provide a copy of the draft agreement between the applicant and the organization regarding the program. Include the Duplication of Benefit requirement as part of the agreement (reference Attachment K)

#### What is the geographic area that will be served by the program?\*

Clackamas County

### Section 4 B: Citizen Participation/ Involvement

*(Refer to Chapter 6 of Method of Distribution – Attachment A)*

#### Have the following Citizen Participation Requirements been met\*:

- First Public Hearing was conducted prior to the application  Yes  No
- First Public Hearing notice was advertised/posted at least 5 full days in advance of the public hearing time (Documented in attachment B).  Yes  No
- Public Hearing was conducted in accordance with local practice and in accordance to CDBG requirements as outlined in Chapter 6 of the current Method of Distribution?  Yes  No
- First Public Hearing conducted to take comments from citizen about both community development needs and the project proposed for grant funding prior to submitting to an application and it is documented in the approved minutes of the meeting.  Yes  No

*NOTE: Applications must provide documentation that items a-d, referenced within chapter 6 of the Method of Distribution, were included in the public hearing notice and articulated to the citizens attending the public hearing. Failure to include this information will result in the application not moving forward in the scoring*

#### Provide location where citizens can review information about the applicant's community development program\*

<https://www.clackamas.us/communitydevelopment>

#### Is there a significant number (5% or more) of non-English speaking residents in the community? \*

Yes  No

If yes, how were they notified about the public hearing? Spanish speaking partners and staff will reach out to these residents and invite them to attend.

#### Did any organization that represent low and moderate-income persons ask the applicant for technical assistance in developing project concept that might be eligible for the Community Development Block Grant Program? \*

Yes  No

If Yes, describe the assistance that was provided:

[Click here to enter text.](#)

**How will you market the program?** We will leverage existing partnerships to recruit eligible families.

**How will you ensure all segments of the population within your jurisdiction are made aware of the program?**

We work with non-profit organizations serving all parts of our county, for the rural areas and Spanish speaking population we partner with Todos Juntos who serve families with child birth through middle school. We will spread the word through this network within these communities.

**Section 4 D: Environmental Assessment\***

*Information about the Environmental Assessment can be found in Chapter 3 of the Grant Management Handbook.*

Provide level of Environmental Review is expected to be completed within this project (select all that applicable) – reference Attachment L

- Environmental Exemption
- Categorically Excluded (not subject to section 58.5)

**STATUS**  
 Choose an item.  
**Draft reviewed & attached**

## Section 5: Project Readiness

### Section 5 A: Readiness to Proceed

*Describe what the Applicant and staff will do to ensure implementation and maintenance of Work Plan?*

[Click here to enter text.](#)

*Who at the City/County will oversee the implementation of the work plan?\**

Prevention Unit Public Health Manager, as that position supervises the Early Learning team.

### Section 5 B: Readiness to Proceed \*

*(Refer to Chapter 5 and 7 of the Method of Distribution)*

**NOTE: To receive credit for this section, clear documentation must be included with the application.**

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Have you completed Business Oregon reviewed Limited English Proficiency Plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you adopted a Fair Housing Resolution?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Section 504 – Self Certification  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

[Click here to enter text.](#)

## Section 6: Applicant Capacity

### Section 6 : Capacity\*

*(Refer to Chapter 7 of Method of Distribution)*

Has the applicant received CDBG award(s) in the past?  Yes  No

If yes, demonstrate that the applicant has successfully completed and closed out prior CDBG projects or is currently administering a CDBG project within allotted timeframe. This includes an analysis of the applicants CDBG program history and past programmatic performance.

Does the applicant have a staff member (or more) who is experienced in handling CDBG projects in the past?

Yes  No

Describe the applicant’s plan to oversee the administration of the CDBG project.

[Click here to enter text.](#)

**Does the applicant have a staff member (or more) that has experience handling federally funded projects in the past?**  **Yes**  
 **No**

**If Yes, describe.**

Clackamas County has CDBG funds for other projects currently and has staff at various levels who have supported this work now and in the past.

## Section 6: General Certification

### General Certification

I certify to the best of my knowledge all information, contained in this document and any attached supplements, is valid and accurate. I further certify that, to the best of my knowledge:

1. The application has been approved by the governing body or is otherwise being submitted using the governing body's lawful process, and
2. Signature authority is verified.

Check one:

- Yes, I am the highest elected official (e.g. Mayor, Chair or President)
- No, I am not the highest elected official so I have attached documentation that verifies my authority to sign on behalf of the application. (Document such as charter, resolution, ordinance or governing body meeting minutes must be attached)

**The department will only accept applications with proper signature authority documentation**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Printed Title**



**REQUIRED ATTACHMENTS – ALL APPLICANTS**

|   | <b>Attachment Description</b>   | <b>Please check as you get them ready to be uploaded</b> |
|---|---|--|
| A | <p>Minutes of the public hearing held on the area's community development needs and the project. (Final signed copy which record/document the required information items from #3 a-d of Chapter 6 of the MOD.) – along with affidavit of publication of the public hearing notice or certification of posting verifying the notice was advertised or posted at least five (5) days in advance of the time of the hearing, and a copy of the posted public hearing notice.</p> <p>This documentation must include the percentage of non-English speaking residents within the community derived from the most recent decennial census data. If more than 5.0% of the population is non-English speaking than the public hearing notices are required to be published or posted in those languages and the application must include:</p> <p>The affidavit of publication of the non-English public hearing notice; or<br/>The certification of posting and copy of the posted non-English public hearing notice</p> | <input type="checkbox"/>                                 |
| B | <p>If more than one jurisdiction is benefitted from this project, copy of the agreement between the participating communities which forms the Public Service program benefitted region and designates the applicant as the lead for the CDBG application signed by all parties involved.</p>  | <input type="checkbox"/>                                 |
| C | <p>Documentation to support the need presented in the application due to the COVID-19 impact within the jurisdiction</p>  | <input type="checkbox"/>                                 |
| D | <p>Project Work Plan under 1F</p>   | <input type="checkbox"/>                                 |
| E | <p>Map of the service area covered by the Public Service Program.</p>   | <input type="checkbox"/>                                 |
| F | <p>Documentation to support answer within Section 3A-Activity Information</p>   | <input type="checkbox"/>                                 |
| G | <p>Documentation to support each answer within Section 3B- National Objective</p>   | <input type="checkbox"/>                                 |
| H | <p>Documentation to support each answer within Section 4A – Program Requirements/ Project Information</p>   | <input type="checkbox"/>                                 |
| I | <p>SAM Registration print out</p>   | <input type="checkbox"/>                                 |
| J | <p>If the budget includes cash match, attach documentation showing the funds are available and committed (such as loan documents, letters of commitments, bank statements, etc.)</p>  | <input type="checkbox"/>                                 |
| K | <p>If working with an organization in implementing the program, copy of draft the agreement between the applicant and the organization incorporating the duplication of benefit requirements.</p>   | <input type="checkbox"/>                                 |
| L | <p>Documentation to support each answer within Section 4D – Environmental Assessment</p>  | <input type="checkbox"/>                                 |