



April 6, 2021

Board of County Commissioners  
Clackamas County

Members of the Board:

**Nancy Bush**  
Director

**Disaster Management**  
1710 Red Soils Ct., Ste. 225  
Oregon City, OR 97045

T 503-655-8378

[clackamas.us](http://clackamas.us)

Approval to Apply for State Homeland Security Grant FY21 Funding

<b>Purpose/Outcome</b>	Disaster Management requests approval to apply for the State Homeland Security (SHSP) Grant Fund for FY21 for all Clackamas County jurisdictions.
<b>Dollar Amount and Fiscal Impact</b>	Application is a combination of competitive and base dollars. Base (guaranteed dollars): \$139,712.12; Competitive application dollars: \$652,807.88. The competitive dollars are estimates given current information. They may change slightly. Jurisdictions that are awarded dollars will have their own agreements with Oregon Office of Emergency Management (OEM).
<b>Funding Source</b>	Federal Homeland Security dollars being distributed by OEM
<b>Duration</b>	September 2021 – February 2023 (est.)
<b>Previous Board Action/Review</b>	No previous action.
<b>Strategic Plan Alignment</b>	<ol style="list-style-type: none"> <li>1. Clackamas County will have coordinated, aligned and focused strategy to achieve resilience.</li> <li>2. Ensure Safe, Healthy and Secure Communities.</li> </ol>
<b>Counsel Review</b>	Council review is not required until agreement is awarded
<b>Procurement Review</b>	Grant application. Procurement review is not required.
<b>Contact Person</b>	Daniel Nibouar – 503-655-8378

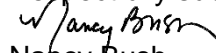
**BACKGROUND:** The SHSP grant program supports implementation of state homeland security strategies to address planning, organization, equipment, training and exercise needs to prevent, prepare for, protect against, and respond to, acts of terrorism and other catastrophic events. The dollars the program is applying for are for Clackamas County government as well as other Clackamas jurisdictions as required by OEM. However, jurisdictions that receive awards will have their own agreement with OEM.

Projects expected in this application are: CCSO Armored Vehicle (\$330,000); Milwaukie Aerial Support (\$25,000); Shelter Trailers DM (\$36,000); Fire District Zone Planning FDB (\$75,000); Bollards for Millennium Park Plaza Lake Oswego (\$75,404); Fire Ops Center CFD (\$24,900); CERT Funding Lake Oswego (\$10,646); Unmanned Aerial Systems CFD (\$40,270); Portable Generators DM (\$25,000); Donations Planning DM (\$75,000); Disaster Resource Center Planning (\$75,000) for a total of \$792,520.

**RECOMMENDATION:**

Staff recommends that the BCC approve that Disaster Management staff apply for SHSP grant dollars for all jurisdictions in Clackamas County.

Respectfully submitted,

  
Nancy Bush  
Director

# 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

Lead Department: \_\_\_\_\_

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

**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: \_\_\_\_\_

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 Agency: \_\_\_\_\_

Agency's Web Address for funding agency 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 Application	Non-Competing Application	Other
CFDA(s), if applicable: _____	_____	Funding Agency Award Notification Date: _____
Announcement Date: _____	_____	Announcement/Opportunity #: _____
Grant Category/Title: _____	_____	Max Award Value: _____
Allows Indirect/Rate: _____	_____	Match Requirement: _____
Application Deadline: _____	_____	Other Deadlines: _____
Award Start Date: _____	_____	Other Deadline Description: _____
Award End Date: _____	_____	_____
Completed By: _____	_____	Program Income Requirement: _____
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/funding opportunity 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 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 sunseting 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. Will we realize more benefit than this financial assistance 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/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?

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)		
Name (Typed/Printed)	Date	Signature

DEPARTMENT DIRECTOR (or designee, if applicable)		
Name (Typed/Printed)	Date	Signature

FINANCE ADMINISTRATION		
Name (Typed/Printed)	Date	Signature

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:	Denied:
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.