

October 31, 2024

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

Board of County Commissioners  
 Clackamas County

**Approval of a Continuation Grant Application to the Oregon Department of Transportation for preventative maintenance on Transportation Reaching People, Last Mile Shuttle and Mount Hood Express vehicles. Anticipated Grant Value is \$200,000 for 2 years. Funding is through the Oregon Department of Transportation. No County General Funds are involved.**

<b>Previous Board Action/Review</b>	N/A		
<b>Performance Clackamas</b>	1. This funding aligns with the strategic priority to increase self-sufficiency for our clients. 2. This funding aligns with the strategic priority to ensure safe, healthy, and secure communities by addressing the needs of older adults in the community.		
<b>Counsel Review</b>	No	<b>Procurement Review</b>	No
<b>Contact Person</b>	Teresa Christopherson	<b>Contact Phone</b>	503-650-5718

**EXECUTIVE SUMMARY:** The Social Services Division of the Department of Health, Housing, and Human Services requests approval to apply to the Oregon Department of Transportation Rail and Public Transit Division to fund operations for the Mt Hood Express and Transportation Reaching People. These funds will pay for preventative maintenance for county-owned vehicles and services to residents of the Boring area impacted by the withdrawal of TriMet services.

The Mt Hood Express provides public transit bus service between the City of Sandy, Government Camp, and Timberline, along with other locations in the Mt. Hood area, increasing access to employment, recreation, shopping, and medical services for residents and visitors. The Transportation Reaching People program provides rides to seniors and persons with disabilities to access essential services such as medical appointments.

The application is for \$200,000. The total project value is \$1,180,000. The award period is from July 1, 2025, to June 30, 2027. State funding sources will provide the match. No County General Funds are involved.

For Filing Use Only

**RECOMMENDATION:** Staff respectfully requests that the Board of County Commissioners approve the application for this grant, accept the award if funded, and authorize Chair Smith to sign all documents necessary to accomplish this action on behalf of Clackamas County.

Respectfully submitted,

*Rodney A. Cook*

Rodney A. Cook  
Director of Health, Housing and Human Services

# 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 or direct appropriation, complete sections I, II, IV & V only. Section III is not required.**

**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>	240 - H3S Social Services
<b>Name of Funding Opportunity:</b>	5310 Enhanced Mobility of Seniors and Individuals with Disabilities

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

Requestor Information: (Name of staff initiating form)	Kristina Babcock
Requestor Contact Information:	kbabcock@clackamas.us / 971-349-0481
Department Fiscal Representative:	Doug Green
Program Name & Prior Project #: (please specify)	ODOT 5310 FY24-25 - 400224308

Brief Description of Project:

5310 Enhanced Mobility of Seniors and Individuals with Disabilities funds. The funding is used to support preventative maintenance for vehicles operated by the Transportation Reaching People Program, the Last Mile Shuttles and Mt Hood Express

Name of Funding Agency: ODOT

Notification of Funding Opportunity Web Address: <https://www.oregon.gov/odot/RPTD/Pages/Funding-Opportunities.aspx>

**OR**

Application Packet Attached:      Yes      No

Completed By: Kristina Babcock      Date: 8/15/24

**\*\* 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:	N/A	Funding Agency Award Notification Date:	
Announcement Date:	8/22/24	Announcement/Opportunity #:	
Grant Category/Title	5310 Enhanced Mobility of Seniors and Individuals with Disabilities	Funding Amount Requested:	\$200,000
Allows Indirect/Rate:	N/A	Match Requirement:	\$20,000
Application Deadline:	11/20/24	Total Project Cost:	\$180,000
Award Start Date:	07/01/2025	Other Deadlines and Description:	
Award End Date	06/30/2026		
Completed By:	Kristina Babcock	Program Income Requirements:	
Pre-Application Meeting Schedule:			

Additional funding sources available to fund this program? Please describe:  
Clackamas County STIF Formula funds, Waivered Non-Medical Transportation, Federal 5311

How much General Fund will be used to cover costs in this program, including indirect expenses?  
\$0

How much Fund Balance will be used to cover costs in this program, including indirect expenses?  
\$0

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:

**Teresa Christopherson 9/25/24**

Teresa D  
Christopherson

Digitally signed by Teresa D  
Christopherson  
Date: 2024.09.25 08:54:07 -07'00'

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)

**Brenda Durbin**

**9/25/24**

**Brenda Durbin**

Digitally signed by Brenda Durbin  
Date: 2024.09.25 12:53:55 -07'00'

Name (Typed/Printed)

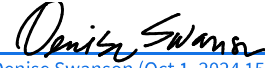
Date

Signature

DEPARTMENT DIRECTOR (or designee, if applicable)

**Denise Swanson**

**Oct 1, 2024**



Denise Swanson (Oct 1, 2024 15:49 PDT)

Name (Typed/Printed)

Date

Signature

FINANCE ADMINISTRATION

**Elizabeth Comfort**

**Oct 2, 2024**



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 \$150,000 and below:**

COUNTY ADMINISTRATOR	Approved:	Denied:
Name (Typed/Printed)	Date	Signature

**For applications up to and including \$150,000 email form to BCC staff at CA-Financialteam@clackamas.us for Gary Schmidt's approval.**

**For applications \$150,000.01 and above, email form with Staff Report to the Clerk to the Board at 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.

# SS-Lifecycle\_Fund 240\_Enhanced Mobility or Sr & Individuals with Disability-5310

Final Audit Report


2024-10-02

Created:	2024-09-30
By:	Qudsia Sediq (QSediq@clackamas.us)
Status:	Signed
Transaction ID:	CBJCHBCAABAARqyCk2rB4sGFI2mCriJqqaAOAJggZEI9

## "SS-Lifecycle\_Fund 240\_Enhanced Mobility or Sr & Individuals with Disability-5310" History

 Document digitally presigned by Teresa D Christopherson (teresachr@clackamas.us)


2024-09-25 - 3:54:07 PM GMT- IP address: 198.245.132.3

 Document digitally presigned by Brenda Durbin (brendadur@clackamas.us)

2024-09-25 - 7:53:55 PM GMT- IP address: 198.245.132.3

 Document created by Qudsia Sediq (QSediq@clackamas.us)

2024-09-30 - 10:08:10 PM GMT- IP address: 198.245.132.3

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2024-09-30 - 10:10:26 PM GMT

 Email viewed by dswanson@clackamas.us

2024-10-01 - 10:48:47 PM GMT- IP address: 172.223.197.184

 Signer dswanson@clackamas.us entered name at signing as Denise Swanson

2024-10-01 - 10:49:31 PM GMT- IP address: 172.223.197.184

 Document e-signed by Denise Swanson (dswanson@clackamas.us)

Signature Date: 2024-10-01 - 10:49:33 PM GMT - Time Source: server- IP address: 172.223.197.184

 Document emailed to Elizabeth Comfort (ecomfort@clackamas.us) for signature

2024-10-01 - 10:49:34 PM GMT

 Email viewed by Elizabeth Comfort (ecomfort@clackamas.us)

2024-10-02 - 6:14:35 AM GMT- IP address: 104.28.116.96

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✔ Agreement completed.

2024-10-02 - 6:50:54 PM GMT