

June 2, 2022

Board of County Commissioners
Clackamas County

Members of the Board:

Approval to Apply for a Grant Renewal from the Oregon Department of Human Services for the Children, Family & Community Connections Division Workforce program to continue the Supplemental Nutrition Assistance Program Training & Employment Program Supplemental Nutrition Assistance Program Training. Award up to \$151,825.72 in State Oregon Department of Human Services funding.

Children, Family & Community Connections would provide \$151,825.72 as a grant match requirement, of which \$100,000 will be FY22-23 budgeted County General Funds and the remaining \$51,825.72 in budgeted internal CFCC funds.

Purpose/Outcome	Clackamas County Children, Family & Community Connections (CFCC) through its Workforce program works with SNAP recipients to deliver employment, training and job placement services. The program will serve a total of 120 low-income residents.
Dollar Amount and Fiscal Impact	State would award amount up to \$151,825.72 (50% of total program proposal \$302,131.44) Grant match requirement is 50% of total program budget proposal. CFCC will use \$100,000 of its budgeted County General Fund allocation during FY22-23, and \$51,825.72 in local funds for FY23-24.
Funding Source	Oregon Department of Human Services
Duration	Effective for services starting October 1, 2022 and terminating on September 30, 2023
Previous Board Action/Review	Board Issues Date: 5/31/22
Strategic Plan Alignment	1. Grow a Vibrant Economy - Provide customized employment services to individuals with barriers to employment so they can obtain and retain career path employment leading to self-sufficiency. 2. Ensure safe, healthy and secure communities by preparing individuals with barriers to employment for careers.
Counsel Review	This Financial Assistance Application Lifecycle Form has been reviewed and approved by County Finance on 5/16/22, EC
Procurement Review	Was the item processed through Procurement? No. Approval to Apply – Lifecycle form
Contact Person	Adam Freer 971-533-4929
Contract No.	H3S #10691

BACKGROUND:

The Children, Family & Community Connections (CFCC) Division of the Health, Housing and Human Services Department requests approval to apply for a *renewal grant* with ODHS for continuation of SNAP

Healthy Families. Strong Communities.

(Supplemental Nutrition Assistance Program) Training & Employment Program (“STEP”) services to eligible Clackamas County residents. The Workforce Unit has received this funding for 5 years, and it has been able to leverage the County General Funds it receives to meet the required 50% match.

The STEP program helps SNAP recipients gain skills and find work that moves them forward to self-sufficiency. Participants have access to training and support services to help them enter and move up in the workforce. This program prioritizes second chance individuals, those exiting incarceration and individuals in substance use disorder recovery programs.

Grant application has a maximum value of \$151,825.72 in State funding. Grantees will be notified of award on July 1, 2022 for program services starting on 10/1/22 and ending on 9/30/23. Application and Lifecycle form have been reviewed by County Finance.

RECOMMENDATION:

Staff recommends Board approval to apply and authorization for Tootie Smith, Board Chair, to sign.

Respectfully submitted,

Rodney A. Cook

Rodney A. Cook, Director
Health, Housing & 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.

**** CONCEPTION ****

Section I: Funding Opportunity Information - To be completed by Requester

Award type: Direct Appropriation (no application)
 Subrecipient Award Direct Award
Award Renewal? Yes No

Lead Department & Fund #: H3S-CFCC, CLACK 240

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

Name of Funding Opportunity: SNAP Training & Employment Program, FFY 2023

Funding Source: Federal State Local

Requestor Information (Name of staff person initiating form): Jennifer Harvey

Requestor Contact Information: jharvey@clackamas.us 503-867-7500 (cell)

Department Fiscal Representative: Scott Vandecoevering

Program Name and prior project # (please specify): STEP (SNAP Employment & Training Program) 246-6321-04548

Brief Description of Project:

Enhanced employment and training services to under served participants receiving SNAP (Supplemental Nutrition Assistance Program) benefits. Approximately 120 residents will be served. Target populations include individuals exiting jail and prison and individuals in substance use disorder recovery programs.

Name of Funding Agency: State of Oregon Department of Human Services

Notification of Funding Opportunity Web Address:

<https://www.oregon.gov/dhs/ASSISTANCE/FOOD-BENEFITS/Pages/STEP.aspx>

OR

Application Packet Attached: Yes No

Completed By: Jennifer Harvey

4/14/22

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: 10.561

Funding Agency Award Notification Date: July 2022

Announcement Date: 1-26-2022

Announcement/Opportunity #: None

Grant Category/Title: State administrative matching grants

Funding Amount Requested: No max award - requested \$160,000

Allows Indirect/Rate: Yes / 10%

Match Requirement: 50%

Application Deadline: 5-1-2022

Other Deadlines: N/A

Award Start Date: 10-1-2022

Other Deadline Description: N/A

Award End Date: 9-30-2023

Completed By: Jennifer Harvey/Scott Vandecoevering

Program Income Requirement: N/A

Pre-Application Meeting Schedule:

Additional funding sources available to fund this program? Please describe: CFCC will be able to use funds transferred from Community Corrections, \$42,000, and Business and Community Services, \$18,000, to help support part of the matching component in this program.

How much General Fund will be used to cover costs in this program, including indirect expenses? Approximately \$100,000 of CFCC's annual GF allocation

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

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, available or will be used to fund the program? Have they already been secured? Please name other sources, including General Fund or Fund Balance and amounts.

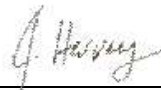
3. For applications with a match requirement, how much is required (in dollars) and what type of funding will be used to meet it (CGF, In-kind, Local Grant, etc.)?

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 those sources?

Program Approval:

Jennifer Harvey

4-18-22



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)		
Adam S. Freer	4.18.22	
Name (Typed/Printed)	Date	Signature

DEPARTMENT DIRECTOR (or designee, if applicable)		
Denise Swanson	5/16/22	<i>Denise Swanson</i>
Name (Typed/Printed)	Date	Signature

FINANCE ADMINISTRATION		
Elizabeth Comfort	5.16.2022	<i>Elizabeth Comfort</i>
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: <input type="checkbox"/>	Denied: <input type="checkbox"/>
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:

County Administration Attestation

**County Administration: re-route to department contact when fully approved.
Department: keep original with your grant file.**