



#### DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT

DEVELOPMENT SERVICES BUILDING

150 BEAVERCREEK ROAD OREGON CITY, OR 97045

Docombor 10, 2024	PCC Aganda Data/Itam:
December 19, 2024	BCC Agenda Date/Item:

**Board of County Commissioners** Clackamas County

Approval of a Community Development Block Grant application for an enhanced crosswalk on SE King Road. Total Grant Value is \$200,000. Funding is through the US Department of Housing and Urban Development with a match of \$360,000 in North Clackamas Revitalization Area urban renewal district funds. No County General Funds are involved.

Previous Board	12/17/24: Request for consent				
Action/Review					
Performance	This project to build transportation improvements aligns with the following				
Clackamas	Performance Clackamas Goal: By 2026 100% of county residents and businesses will have access to safe and affordable infrastructure, including multimodal transportation.				
Counsel Review	NA	Procurement Review	No		
Contact Person	Ken Itel	Contact Phone	503-742-4324		

**EXECUTIVE SUMMARY**: The Community Development Division of Health, Housing and Human Services (H3S) administers the federal Community Development Block Grant (CDBG) program, which provides funding for a variety of housing and transportation capital projects and programs in low-moderate income areas throughout Clackamas County. This project is located in the North Clackamas Revitalization Area (NCRA) urban renewal district on SE King Road between SE 74th and SE 77th, opposite Hawthorne Park. The neighborhoods along King Road meet the HUD criteria of having a majority of low-moderate income residents.

The project will install a new crosswalk and Rectangular Rapid Flashing Beacon (RRFB). An RRFB is a user-activated flashing light system that supplements warning signs at un-signalized intersections or mid-block crosswalks. RRFBs are helpful in alerting drivers to yield to pedestrians or bicyclists when they are crossing the road. The project will include associated crosswalk

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improvements: ADA compliant curb ramps on both sides of King Road; advance warning signs on and upgraded ladder striping on the roadway pavement.

The new crosswalk will benefit all neighborhood residents, particularly residents of the Terri Lynne Terrace manufactured home park and Clackamas Trails apartments wishing to access Hawthorne Park. It will also enhance accessibility to nearby TriMet bus stops on both sides of King Road. There are currently no marked crosswalks on King between SE Bell and SE 82<sup>nd</sup>, a stretch of over 2/3 of a mile. The project addresses safety concerns related to neighborhood residents crossing SE King Road, which is a heavily traveled corridor classified as a minor arterial. This project will improve the transportation system by providing area residents with a safer place to cross SE King Road. Applications are due on December 20, 2024.

The project budget is estimated to be approximately \$560,000, with the Development Agency providing at least 64% of the total project cost.

**RECOMMENDATION:** Staff respectfully recommend approval for the Clackamas County Development Agency to apply for the CDBG grant in the amount of \$200,000.00.

Respectfully submitted,

Dan Johnson

Dan Johnson
Director of Transportation & Development

### **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

			**CON	CEPTION**				
Section I: Funding Opportunity Information - To Be Completed by Requester					Award type:  Award Renewal?	Direct App Subrecipio	oropriation (no a ent Award No	pplication) Direct Award
Lead Fund # and Department:								
Name of Funding Opportunity:								
Funding Source: Federal – Direct	:		Federal – Pass through	State	Loc	cal		
Requestor Information: (Name of staff in	itiating forn	n)						
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 RE	EADY FOR SUBMISSION TO D	DEPARTMENT FISC	CAL REPRESENTATIVE *	**		
Section II: Funding Opportunity	Informat	ion - To Be	Completed by Departme	nt Fiscal Rep				
Competitive Application	Non-Comp	eting Applicat	tion Other					
Assistance Listing Number (ALN), if applicable	le:			Funding Agency	Award Notification Date:			
Announcement Date:				Announcement/	Opportunity #:			
Grant Category/Title				Funding Amount	t Requested:			
Allows Indirect/Rate:				Match Requiren	nent:			
Application Deadline:				Total Project Cos	st:			
Award Start Date:				Other Deadlines	s and Description:			
Award End Date								
Completed By:				Program Income	e Requirements:	_		
Pre-Application Meeting Schedule:								
Additional funding sources available to	fund this p	rogram? Ple	ase describe:					

 $\label{thm:control_control_control_control} How much General Fund will be used to cover costs in this program, including indirect expenses?$ 

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.)?

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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.

Name (Typed/Printed)

Date

Date

Date

Signature

\*\* NOW READY FOR PROGRAM MANAGER SUBMISSION TO DIVISION DIRECTOR\*\*

Program Approval:

\*\*ATTACH ANY CERTIFICATIONS REQUIRED BY THE FUNDING AGENCY. COUNTY FINANCE OR ADMIN WILL SIGN\*\*

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### Section IV: Approvals

Department: keep original with your grant file.

DIVISION DIRECTOR (or designee, if applicable)		
Name (Typed/Printed)	Date	Signature
DEPARTMENT DIRECTOR (or designee, if applicab	le) 12/06/2024	Signature
	12/00/2021	200
Name (Typed/Printed)	Date	Signature
FINANCE ADMINISTRATION		58: 1 1/ O 1 1
Elizabeth Comfort	12.09.2024	Clizabeth Comfort
Name (Typed/Printed)	Date	Signature
EOC COMMAND APPROVAL (WHEN NEEDED FOR I	DISASTER OR EMERGENCY RELIEF APPLICAT.	IONS ONLY)
Name (Typed/Printed)	Date	Signature
(Required for all grant applications. If your grant is awarded, For applications \$150,000 and below:	all grant <u>awards</u> must be approved by the Board on t	heir weekly consent agenda regardless of amount per local budget law 294.338.)
COUNTY ADMINISTRATOR	Approved:	Denied:
Name (Typed/Printed)	Date	Signature
· ·		·
For applications up to and including \$15 approval.	0,000 email form to BCC staff at <u>CA</u>	-Financialteam@clackamas.us for Gary Schmidt's
For applications \$150,000.01 and above to be brought to the consent agenda.	e, email form with Staff Report to t	he Clerk to the Board at <u>ClerktotheBoard@clackamas.us</u>
BCC Agenda item #:	Date:	
OR		
Policy Session Date:		
	County Administration	Attestation
County Administration: re-route to department a	t	
and		
Grants Manager at financegrants@clackamas.us		
when fully approved.		

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