

November 4, 2021

Board of County Commissioners  
Clackamas County

Members of the Board:

Approval of Amendment #03 to Subrecipient Agreement with Cascadia Behavioral Healthcare, Inc. for Residential Treatment Services. Amendment extends the term of the Agreement to December 31, 2021, with no change to Agreement cost.  
No County General Funds involved.

<b>Purpose/Outcomes</b>	To provide residential treatment services to Clackamas County clients.
<b>Dollar Amount and Fiscal Impact</b>	Amendment #03 does not change the value of the Agreement. The Agreement maximum remains \$334,894.00.
<b>Funding Source</b>	No County General Funds are involved. State of Oregon, Community Mental Health Program (CMHP) funds are utilized.
<b>Duration</b>	Effective upon signature and terminates on December 31, 2021.
<b>Previous Board Action</b>	Agreement reviewed and approved by Board November 5, 2020, Agenda Item 110520-A6, Amendment #01 June 3, 2021, Agenda Item 060321-A9, and Amendment #02 October 7, 2021, Agenda Item 100721-A2.
<b>Strategic Plan Alignment</b>	Ensuring safe, health and secure communities through the provision of mental health services.
<b>Counsel Review</b>	Reviewed and approved October 11, 2021, Andrew Naylor
<b>Procurement Review</b>	Was this item reviewed by Procurement? No Review not required for subrecipient agreements and amendments.
<b>Contact Person</b>	Mary Rumbaugh, Director – Behavioral Health Division – 503-742-5305
<b>Agreement No.</b>	Subrecipient 20-036 / BH 9390

**BACKGROUND:**

The Behavioral Health Division of the Health, Housing & Human Services Department requests the approval of Amendment #03 to Subrecipient Agreement with Cascadia Behavioral Healthcare, Inc. for residential treatment services to Clackamas County clients. Cascadia provides these services at three facilities in Clackamas County, and works collaboratively with the County on process including treatment planning, admission and discharge authorizations and referrals for clients to specialty behavioral health services.

Cascadia Behavioral Healthcare, Inc. is a not-for-profit agency that delivers whole health care – integrated mental health and addiction services, primary care, and housing – to promote and support the well-being of the communities served. For more than thirty-five years, Cascadia has been the community health and housing safety net provider for Oregonians of all ages experiencing mental health and addiction challenges, trauma, poverty, and homelessness.

Amendment #03, effective October 1, 2021 through December 31, 2021, extends the term of the Agreement three (3) months to ensure there is no gap in service during the completion of a formal procurement process for these services.

**RECOMMENDATION:**

Staff recommends approval of the Amendment.

Respectfully submitted,

*Mary Rumbaugh*

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

Subrecipient Amendment

Subrecipient Agreement Number: 20-036 (BH 9390)

Board Order Number: N/A

Department/Division: H3S/Behavioral Health

Amendment No. 03

Subrecipient: Cascadia Behavioral Healthcare, Inc.

Amendment Requested By: Mary Rumbaugh

Approved as to form:

  
\_\_\_\_\_  
County Counsel

10/11/2021  
\_\_\_\_\_  
Date

Changes:  Scope of Service  
 Agreement Time

Agreement Budget  
 Other: Updates contacts

**Justification for Amendment:**

This Agreement provides residential treatment services.

This Amendment #3 is entered into between Cascadia Behavioral Healthcare, Inc. ("SUBRECIPIENT") and Clackamas County ("COUNTY") and shall become a part of that Subrecipient Grant Agreement ("Agreement") entered into between both parties on November 5, 2020. Amendment #3 extends the term of Agreement three (3) months through December 31, 2021.

This Amendment also updates financial reporting dates.

Compensation is unchanged by this Amendment.

Except as amended hereby, all other terms and conditions of the contract remain in full force and effect. The County has identified the changes with "***bold/italic***" font for easy reference.

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**AMEND Section 1 of the Agreement:**

1. **Term and Effective Date.** Pursuant to the terms of the grant award, this Agreement shall be effective **July 1, 2019** and shall expire on **September 30, 2021**, unless sooner terminated or extended pursuant to the terms hereof.

**TO READ:**

1. **Term and Effective Date.** Pursuant to the terms of the grant award, this Agreement shall be effective **July 1, 2019** and shall expire on **December 31, 2021**, unless sooner terminated or extended pursuant to the terms hereof.

**AMEND Section 2 of Exhibit D, Required Financial Reporting and Reimbursement Request:**

2. Requests for reimbursement shall be submitted by the **10th of the month** for the previous month. The final request for reimbursement shall be submitted by October 10, 2021 for September 30, 2021 expenses.

**TO READ:**

2. Requests for reimbursement shall be submitted by the **10th of the month** for the previous month. The final request for reimbursement shall be submitted by **January 10, 2022 for December 31, 2021** expenses.

**[Signature page follows]**

**Cascadia Behavioral Healthcare, Inc. #9390 – Residential Treatment Services**

Subrecipient Agreement 20-036 – Amendment #3


Page 3 of 3

**SIGNATURE PAGE**

IN WITNESS WHEREOF, the parties hereto have caused this Amendment #3 to be executed by their duly authorized officers.

**CASCADIA BEHAVIORAL HEALTHCARE,  
INC.**

**COUNTY OF CLACKAMAS  
BOARD OF COMMISSIONERS**

 \_\_\_\_\_  
Authorized Signature                      Date                      9/30/2021

Commissioner: Tootie Smith, Chair  
Commissioner: Sonya Fischer  
Commissioner: Paul Savas  
Commissioner: Martha Schrader  
Commissioner: Mark Shull

Derald Walker, PhD / President-CEO

\_\_\_\_\_  
Name / Title (Printed)

\_\_\_\_\_  
Tootie Smith, Chair                      Date

\_\_\_\_\_

November 04, 2021

Board of County Commissioners  
Clackamas County

Members of the Board:

Approval of Change Order #6 between Clackamas County and  
Ankrom Moisan Associated Architect, Inc. for the Sandy Health Clinic  
Project. Total Contract Amount \$314785.64  
No County General Funds Involved

<b>Purpose/ Outcome</b>	Change Order #6 will allow for continued services with Ankrom Moisan Associated Architects, Inc. to design medical and dental space for a new health center in Sandy.
<b>Dollar Amount and Fiscal Impact</b>	Original Ankrom Moisan Contract Amount:.....\$190,700 Change Order No.1-H3S Approved for Zoning Change:.....\$ 18,113 (9.5%) Change Order No.2-BCC Approved Land Use Issues:.....\$ 43,955 (32%) Change Order No.3-BCC Approved Design Review Costs:.....\$ 23,483 (44.9%) Change Order No.4-BCC Approved Geotech and Design Work.\$ 6,350 (48.2%) Change Order No.5-BCC Approved Geotech Design Coord.....\$ 10,650 (53.8%) <u>Change Order No.6-BCC Pending Furniture, Dental Permit etc.,\$ 21,534.64 (65.1%)</u> New Ankrom Moisan Contract Total:.....\$314,785.64  <b>No County General Funds will be used for this project.</b>
<b>Funding Source</b>	Health Centers - Fund Balance
<b>Duration</b>	August 15, 2019 through March 15, 2022.
<b>Previous Board Action/ Review</b>	The BCC approved Ankrom Moisan Architects Contract on August 15, 2019. The BCC approved Change Order #5 on September 16, 2021.
<b>Strategic Plan Alignment</b>	1. Ensure safe, healthy and sustainable communities. 2. Improved community safety and health.
<b>Counsel Review</b>	The Professional Services Contract was reviewed and approved by County Counsel 1. August 5, 2019 2. AN
<b>Procurement Review</b>	1. Was the item processed through Procurement? No 2. RFP and Professional Services Contract was obtained from Procurement.
<b>Contact Person(s)</b>	Deborah Cockrell – Health Centers: 503-756-9674
<b>Contract No.</b>	H3S 9429

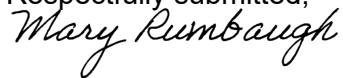
**BACKGROUND:** The Health Centers Division of the Health, Housing and Human Services Department requests the approval of this Change Order #6 regarding the Professional Services Contract with Ankrom Moisan Architects, Inc. Their contract to include: redevelopment of the existing building (6,700 sf) work with the City of Sandy to redesign the site with a new building (8,500 sf) that is larger for County services, start and complete zoning and planning requirements of Sandy, and respond to construction questions for the County and General Contractor. The new address is 39740 Pleasant Street, Sandy, Oregon 97055. The building will be used for Primary Care, Dental Care, Behavioral Health Clinic and provide Pharmacy Services.

Change Order #6 was generated by three factors. 1) Health Centers requested Ankrom Moisan to develop and assist with furniture for the new building, of which is greatly needed. 2) Geotechnical monitoring of final soil issues on site was a overage of time for Redmond Geotechnical Services. 3) The City of Sandy required additional Dental Plumbing Permit Fees, thus it had to be paid immediately, so Banlin Construction could keep moving forward with their construction schedule. Ankrom Moisan has paid it for Health Centers. Therefore, County Staff has reviewed the additional costs and support this Change Order for \$21,534.64. This Change Order is an increase of (11.3%) to the total Ankrom Moisan Professional Services Contract.

**PROJECT OVERVIEW:** The Board of County Commissioners (BCC) approved the purchase of this building at the April 16, 2019 business meeting. The County closed on the property on August 22, 2019. Ankrom Moisan was selected through a competitive RFP process and the BCC approved their Professional Services Contract August 15, 2019. Their services are to redesign the existing structure, contract administration, project management, supervise the structural engineer and construction oversight. County Staff will work closely with Ankrom Moisan on all issue of the project. This project was publicly bid until May 6, 2021, and Banlin Construction, LLC was the lowest responsive bidder. Site work began June 29, 2021.

**RECOMMENDATION:** We recommend the approval of this Amendment to the Professional Service Contract via Change Order #6 with Ankrom Moisan. Staff recommends the Board approval of this agreement and authorizes Tootie Smith, Board Chair; or her designee, to sign on behalf of Clackamas County.

Respectfully submitted,



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

# Contract Transmittal Form

## Health, Housing & Human Services Department

**H3S Contract #:** 9429

**Division:** CD  
**Contact:** Kelly, Steve  
**Program Contact:**  
Cockrell, Deborah

- Subrecipient
- Revenue
- Amend # \$
- Procurement Verified
- Aggregate Total Verified

**Board Order #:**

Non BCC Item     BCC Agenda    **Date:** \_\_\_\_\_

**CONTRACT WITH:** Ankrom Moisan Associated Architect, Inc.

**CONTRACT AMOUNT:** \$314,785.64 = \$21,534.64 + \$293,251

**TYPE OF CONTRACT**

- |   |  |
|---|--|
| <input type="checkbox"/> Agency Service Contract        | <input type="checkbox"/> Memo of Understanding/Agreement                               |
| <input type="checkbox"/> Construction Agreement         | <input checked="" type="checkbox"/> Professional, Technical & Personal Services C.O.#6 |
| <input type="checkbox"/> Intergovernmental Agreement    | <input type="checkbox"/> Property/Rental/Lease   |
| <input type="checkbox"/> Interagency Services Agreement | <input type="checkbox"/> One Off   |

**DATE RANGE**

- |  |   |
|--|---|
| <input type="checkbox"/> Full Fiscal Year _____ - _____              | <input type="checkbox"/> 4 or 5 Year _____ - _____          |
| <input checked="" type="checkbox"/> Upon Signature _____ - 3/15/2022 | <input type="checkbox"/> Biennium _____ - _____             |
| <input type="checkbox"/> Other _____ - _____                         | <input type="checkbox"/> Retroactive Request? _____ - _____ |

**INSURANCE** What insurance language is required?

Checked Off     N/A

**Commercial General Liability:**     Yes     No, not applicable     No, waived  
If no, explain why:

**Business Automobile Liability:**     Yes     No, not applicable     No, waived  
If no, explain why:

**Professional Liability:**     Yes     No, not applicable     No, waived  
If no, explain why:

Approved by Risk Mgr \_\_\_\_\_  
Risk Mgr's Initials and Date

**BOILER PLATE CHANGE**

Has contract boilerplate language been altered, added, or deleted?

No     Yes (must have CC approval-next box)     N/A (Not a County boilerplate - must have CC approval)

If yes, what language has been altered, added, or deleted and why: \_\_\_\_\_

**COUNTY COUNSEL**

Yes by: Andrew Naylor \_\_\_\_\_ Date Approved: Monday, August 5, 2019

OR

This contract is in the format approved by County Counsel.

**SIGNATURE OF DIVISION REPRESENTATIVE:** \_\_\_\_\_

Date: \_\_\_\_\_

H3S Admin    Date Received: \_\_\_\_\_  
Only        Date Signed: \_\_\_\_\_  
              Date Sent: \_\_\_\_\_



# AGREEMENTS/CONTRACTS

New Agreement/Contract

X Amendment/Change Order Original Number \_\_\_\_\_

**ORIGINATING COUNTY**

**DEPARTMENT: Health, Housing Human Services  
Community Development**

**PURCHASING FOR: Contracted Services** \_\_\_\_\_

**OTHER PARTY TO**

**CONTRACT/AGREEMENT: Ankrom Moisan Associated Architect, Inc.** \_\_\_\_\_

**BOARD AGENDA ITEM**

**NUMBER/DATE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PURPOSE OF**

**CONTRACT/AGREEMENT:** This Professional Services Contract is with Ankrom Moisan Associated Architect, Inc. They will provide architectural services for the new Sandy Health Clinic Project. This project will include; civil, HVAC, Electrical, Landscaping, Interior Design etc. The existing building will be modified from 6,700+ sf to a likely 15 to 30% increased footprint (2,000+ SF).

This Change Order Number 6 is for additional work performed and or payments made by Ankrom Moisan Architects on behalf the Clackamas County Health Centers for the new Sandy Health Center Project, in Sandy Oregon

**H3S CONTRACT NUMBER: 9429** \_\_\_\_\_

## CHANGE ORDER FORM

Ankrom Moisan, LLC  
38 NW Davis Street, Suite 300  
Portland, OR 97209

Com. Dev. / Health Ctrs.  
 Ankrom Moisan  
 H3S Admin Office

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Project Name: Design of Sandy Health Clinic  
Project Address: 39740 Pleasant Street (*New Address*)  
Sandy, OR 97055

Change Order No.: **6**  
Contract Date: **8/19/2019**  
Change Order Date: **10/12/21**  
End of Contract: **3/15/2022**

To: Clackamas County Com. Dev. / Health Ctrs.  
2051 Kaen Road, Suite #245  
Oregon City, Oregon 97045

H3S Database Contract No.:  
**9429**

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The following change(s) have been authorized by Clackamas County Health Centers. *See the attached letter provided by Ankrom Moisan Architects showing the schedule of fees associated with increases to their existing Professional Services Contract with Clackamas County H3S-Health Centers. These items 1, 2 and 3 are deemed as necessary and vital for the Sandy Clinic Project, known as Change Order No. 6.*

1. Ankrom Moisan Architects/ Furniture Planning and Reimbursables.....	\$19,700.00
2. Ankrom Moisan Architects/ Geotechnical monitoring overage.....	\$ 725.00
3. Ankrom Moisan Architects/ Permit Fees Dental Area City of Sandy.....	\$ 1,109.64
<b>Total Additional Fees to the Ankrom Moisan Architects Contract.....</b>	<b>\$21,534.64</b>

**Attached supporting documentation (letter and emails).**

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Original Contract Price .....	\$190,700.00
Net Change by Previous Change Order(s) No.1, 2, 3, 4 & 5.....	\$102,551.00
Contract Price prior to this Change Order .....	\$293,251.00
Contract Price will be (increased) ( <del>unchanged</del> ) by Change Order No. 6 .....	\$ 21,534.64
The new Contract Price including this Change Order will be .....	\$314,785.64

The Contract Time will be increased by this Change Order (0) months. The date of Final Completion of this Contract is (**March 15, 2022**), set by Change Order No.4.

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[Signature Page Follows]

Approved:

by: Lori Kellow 10/12/2021  
Lori Kellow, Project Architect (date)  
Ankrom Moisan Architects

Approved:

by: Steve Kelly for Deborah Cockrell 10/12/21  
Deborah Cockrell, PQHC (date)  
Clackamas County Health Centers

Approved:

by: Steve Kelly 10/22/2021  
Steve Kelly, Project Coordinator (date)  
Clackamas County Com. Dev. &  
Health Centers

Approved:

by: \_\_\_\_\_  
Tootie Smith, Chair (date)  
Board of County Commissioners

## Kelly, Steve

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**From:** Cockrell, Deborah  
**Sent:** Tuesday, October 12, 2021 9:01 AM  
**To:** Kelly, Steve  
**Subject:** RE: CHANGE ORDER FORM #6 Oct 2021

Approved for you to sign for me

**From:** Kelly, Steve <SteveKel@clackamas.us>  
**Sent:** Tuesday, October 12, 2021 8:59 AM  
**To:** Cockrell, Deborah <DCockrell@clackamas.us>  
**Subject:** FW: CHANGE ORDER FORM #6 Oct 2021

Deborah,

Please sign if you are in the office. OR, approve with my signing for you.

Yet, understand that this Change Order includes the City of Sandy adding in a Permit Charge for the Dental Area. They said it was to be separate. I asked them to wave it, because we already paid \$177,000+ in Permit Fees for this project. I was told no, because the Permit Fees fund that specific office.

**Steve Kelly**, Project Coordinator

(Pronouns: He/Him/His)

[Why pronouns matter](#)

Clackamas County Community Development Division  
2051 Kaen Road, Suite 245  
Oregon City, OR 97045

971 . 284 . 9949 (Work Cell)

[stevekel@clackamas.us](mailto:stevekel@clackamas.us)

**From:** Lori Kellow <[lorik@ankrommoisan.com](mailto:lorik@ankrommoisan.com)>  
**Sent:** Tuesday, October 12, 2021 8:53 AM  
**To:** Kelly, Steve <[SteveKel@clackamas.us](mailto:SteveKel@clackamas.us)>  
**Cc:** Cockrell, Deborah <[DCockrell@clackamas.us](mailto:DCockrell@clackamas.us)>  
**Subject:** RE: CHANGE ORDER FORM #6 Oct 2021

**Warning: External email. Be cautious opening attachments and links.**

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Here you go!  
Thanks!

**Lori Kellow**  
PRINCIPAL, AIA  
O +1 (503) 245-7100 | D +1 (503) 977-5222

October 11, 2021

Mr. Steve Kelly, Project Coordinator  
 Clackamas County Community Development Division  
**2051 Kaen Rd. Suite 245**  
 Oregon City, OR 97045

**RE: SANDY HEALTH CLINIC – ADD SERVICES FEE PROPOSAL#6 - REVISED**

Dear Steve:

Thank you for this opportunity to submit a proposal for additional services for the Sandy Health Clinic.

The services include:

- Planning spaces requiring furniture for waiting rooms, exams, offices, and staff areas.
- Coordinating furniture and equipment for Dental and Pharmacy.
- Coordinating colors and selecting finishes for equipment.
- Meet with departments to program furniture needs.
- Tour showrooms to finalize systems furniture selection.
- Create furniture plan identifying all furniture needs.
- Select individual furniture pieces and fabrics.
- Present final selection to Clackamas County for approval.
- Coordinate selection with PacificWRO to build technical specification for pricing.
- Review final furniture specification, material and finishes and layout.
- Finalize installation and placement.

**Additional Services Fees**

Item #1 - Furniture	
Pre-planning Furniture	\$ 9,500
Furniture Programming	\$ 7,500
Coordination with Pacific WRO	\$ 2,500
<u>Reimbursables</u>	<u>\$ 200</u>
<b>Sub-Total Fees</b>	<b>\$19,700</b>
Item #2 – Geotechnical Monitoring	
Overage from Original Proposal CO#5	\$ 725
Item #3 – Permit Fees – Dental	
City of Sandy Dental Permit Review Fee	\$ 941.64
<u>City of Sandy Dental Plumbing Permit Fee</u>	<u>\$ 168.00</u>
<b>Sub-Total</b>	<b>\$1,109.64</b>
<b>Total Add Services #6</b>	<b>\$21,534.64</b>

Let us know if you have any questions about this request for additional services.

Sincerely,  
 ANKROM MOISAN ARCHITECTS

Lori Kellow, AIA | Architect  
 Principal

## Kelly, Steve

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**From:** Cockrell, Deborah  
**Sent:** Thursday, October 7, 2021 10:18 AM  
**To:** Kelly, Steve  
**Subject:** RE: SHCP - Additional Geotechnical Work to be included in Change Order #6/ Ankrom Moisan Architects

Approved and thank you Steve!

**From:** Kelly, Steve <SteveKel@clackamas.us>  
**Sent:** Thursday, October 7, 2021 10:17 AM  
**To:** Cockrell, Deborah <DCockrell@clackamas.us>  
**Subject:** SHCP - Additional Geotechnical Work to be included in Change Order #6/ Ankrom Moisan Architects

Good morning Deborah.

Tuesday I received an email from Redmond Geotechnical Services, LLC saying he had additional time spend on the removal of unsuitable soil at our site two months ago. Thus, he is asking for \$720 dollars of which he should be paid for his services. He originally gave Lori Kellow an estimate of \$1,750-\$2,000. The final cost due to his firm is \$2,720. In fact September 16<sup>th</sup>, the BCC approved Change Order #5 in the amount of \$10,650 for AMA, and the \$2,000 dollars payable to Redmond was in C.O. #5. So, can you approve the overage for \$720 dollars, to make them whole?

I messaged both Dan of Redmond and Lori Kellow, firmly advising sooner is always better to provide cost changes for overages...that we don't want to have costs late.  
I can add it to the AMA furniture assist pricing of \$19,000+ (Change Order #6 – "Drafting and will be Pending next week.")

Thanks for your consideration.

**Steve Kelly**, Project Coordinator

(Pronouns: He/Him/His)

[Why pronouns matter](#)

Clackamas County Community Development Division  
2051 Kaen Road, Suite 245  
Oregon City, OR 97045

971 . 284 . 9949 (Work Cell)

[stevekel@clackamas.us](mailto:stevekel@clackamas.us)

# INVOICE

REDMOND GEOTECHNICAL SERVICES, LLC  
P.O. BOX 20547  
Portland, Oregon 97294  
(503) 285-0598

September 30, 2021

Mr. Steve Kelly  
Clackamas County Community Development  
2051 Kaen Road, Suite 245  
Oregon City, Oregon 97045

Re: Geotechnical Consultation and Construction Monitoring Services  
Proposed Sandy Health Clinic Project  
39740 Pleasant Street  
Sandy, Oregon  
Project No. 1874.001.C

## Services Rendered

<u>Date(s)</u>	<u>Description</u>	<u>Fees</u>
7/01/21-9/30/21	2.0 hours of Clerical Typist @ \$40.00/hr.	\$40.00
7/01/21-9/30/21	2.0 hours of Engineering Technician @ \$75.00/hr.	\$150.00
7/01/21-9/30/21	12.0 hours of Staff Engineer @ \$150.00/hr.	\$1,800.00
7/01/21-9/30/21	2.0 hours of Project Engineer @ \$175.00/hr.	\$350.00
7/01/21-9/30/21	420 vehicle miles @ \$0.50/mile	\$210.00
7/01/21-9/30/21	1 laboratory Maximum Density test @ \$175.00/each	\$175.00
	<b>Total Due:</b>	<b>\$2,725.00</b>

Note: Our terms are net 30 days after invoicing. Payments received after 30 days may be assessed interest at the rate of 1.5% per month.

*overage, part of  
change order #6*

*S. Kelly, see  
attach email  
page.  
10/7/2021*

November 4, 2021

Board of County Commissioner  
Clackamas County

Members of the Board:

Approval to accept funding from Oregon School-Based Health Alliance (OSBHA) for School Based Health Center program funds. Funding agreement is for \$8,000.  
No County General Funds are involved.

<b>Purpose/Outcomes</b>	To support healthy youth relationships, adolescent sexual health, and SBHC staff skill development relating to youth social and sexual health. Clackamas County Health Centers intend to utilize the funds to provide quality, evidence-based pediatric care, to children and teens in order to support and promote their optimal health, growth and development.
<b>Dollar Amount and Fiscal Impact</b>	The maximum agreement value is \$8,000. No County General Funds are involved. No matching funds required.
<b>Funding Source</b>	Oregon School-Based Health Alliance (OSBHA)
<b>Duration</b>	Effective July 1, 2021 and terminates on June 30, 2022
<b>Previous Board Action</b>	August 12, 2021 A.8: Approval to Apply
<b>Strategic Plan Alignment</b>	1. Improve community safety and health 2. Ensure safe, healthy and secure communities by investing funds to expand Behavioral Health services to the students of Rex Putnam High School.
<b>Counsel Review</b>	1. 10/11/21 2. KR
<b>Procurement Review</b>	1. Was the item process through Procurement? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 2. This is a direct procurement of a grant award.
<b>Contact Person</b>	Deborah Cockrell, Health Centers Division Director – 503-742-5495
<b>Contract No.</b>	10379

**BACKGROUND:**

Clackamas County Health Centers Division (CCHCD) of the Health, Housing & Human Services Department requests the approval to accept the 2021-2023 OSBHA ACTION

*Healthy Families. Strong Communities.*

2051 Kaen Road, Oregon City, OR 97045 • Phone (503) 650-5697 • Fax (503) 655-8677

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



Page 2 Staff Report  
November 4, 2021  
Contract # 10379

grant award from the Oregon School-Based Health Alliance (OSBHA). Health Centers will utilize the funds to establish a Healthy Teen Relationships psycho-education group that will create a space for teens to ask critical questions about their value-driven decisions in relationships, healthy boundaries, power and control influences on relationships, gender expressions and how to impact relationship roles.

The award has a maximum value of \$8,000. It is effective July 1, 2021 and terminates June 30, 2022.

**RECOMMENDATION:**

Staff recommends the Board approval.

Respectfully submitted,

*Mary Rumbaugh*

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

**Oregon School-Based Health Alliance**

**GRANT AGREEMENT**

2021-2023 ACTION Grants

In response to the demonstrated need among school-aged children and youth for support in achieving healthy relationships, the EC Brown Foundation awarded the Oregon School-Based Health Alliance (OSBHA) funding to develop a project that will provide resources to SBHC staff to meet this goal. This document is specific to the OSBHA ACTION (Advocating Consent, Teaching Inclusion, Organizing for Nonviolence) Grant is for the 2021-2023 school year.

**GRANT AGREEMENT**

Grantee:	<u>Clackamas Health Center, Rex Putnam SBHC</u>
Grant Period:	<u>7/1/21 – 6/30/22</u>
Grant Amount Requested:	<u>\$20,000</u>
Amount Granted:	<u>\$8,000</u>
Grant Manager:	<u>Ben DeGiulio</u>
Grantee Fiscal Agent:	<u>Clackamas County Health Centers</u>
Fiscal Agent EIN:	<u>93-6002286</u>

**OSBHA Contact:** Jen Shin, Operations Manager (503-719-4515; jen@osbha.org)

**GRANT CONDITIONS**

**Purpose:** Grant funds shall be for promoting healthy relationships among youth through their connection to school-based health centers, as described in the 2021-2023 grant application that was approved by OSBHA.

**Accounting:** Grantee must maintain standard and accurate bookkeeping regarding fund expenditures for this Grant.

**Payment:** Grant funding will be distributed in a series of payments throughout the funding period:  
A. September 2021: \$4,000  
B. January 2022: \$4,000

**Reporting:** Grantee will furnish one **Mid-Term Reports** to OSBHA (due dates will be provided at least 30 days in advance), and one **Final Report** to OSBHA by June 30, 2022. The Reports will include a Narrative Report and Updated Project Grid describing what was accomplished with expenditure of the grant funds

Failure to comply with reporting requirements will be considered a breach of this Grant Agreement and subject to all remedies allowed by law. Grantee agrees to provide OSBHA, upon request, all information relating to the results, findings, or methods developed under the Grant. This information may be used in ongoing communications by OSBHA (e.g., monthly newsletter, on the website, etc.).

**Budget and Expenditures:**

In order to receive funding, Grantee agrees to work with OSBHA’s Youth Programs Manager to develop an approved project plan and budget that meets the intent of the healthy youth relationships focus of the grant. The OSBHA Youth Programs Manager is responsible for providing final approval of the plan on behalf of OSBHA. Additionally:

- A. Grant funds shall be used only as indicated in the project proposal and according to the budget listed below.
- B. Grantee must obtain advance written approval from OSBHA for disbursements deviating from the line items of the approved Grant Budget.
- C. Only expenses directly attributable to the Grant are allowable; therefore, a general overhead percentage, cost allocation, or indirect costs are not allowed.
- D. Any unspent Grant funds remaining at the end of the Grant Period shall be retained by OSBHA.
- E. Expenditures for this grant period will include allocations in the following categories.

<b>Budget Item</b>	<b>Current Allocation</b>
Consulting	\$0
Personnel	\$5840.00
Program Supplies	\$2160.00
Training/Conference	\$
Travel	\$
Youth Stipends	\$
<b>Total</b>	<b>\$8,000</b>

**Evaluation:**

- A. OSBHA views evaluation as an important management and learning tool. Project evaluation will include the collection of both qualitative and quantitative data related to activities of your project.

- B. Grantee agrees to participate in the evaluation of this project, including participation in surveys and providing information to OSBHA as requested.

**OSBHA Membership and Participation:**

- A. Grantee agrees to pay and remain current with OSBHA membership dues as a condition of receiving funding for ACTION grants.
- B. Grantee agrees to participate in on-going technical assistance provided to ensure successful implementation of the project (e.g., ongoing conference calls, site-visits, regional trainings).
- C. Grantee agrees to participate in the evaluation of this project, including participation in surveys and providing information to OSBHA as requested.

**Repayment/Termination of Grant Funds:** If OSBHA, in its sole discretion, determines that Grant funds are not being used by Grantee in an effective and efficient manner, or that Grantee has otherwise failed to comply with the terms of this Agreement, OSBHA may direct Grantee to repay to OSBHA any Grant funds not used in accordance with this Agreement.

**Royalties:** Publications, instructional modules, or other products, materials, or information (including computer software) developed in connection with this project should come into the public domain and shall NOT provide royalties or otherwise inure to the personal benefit of individuals connected with this Grant. Any monies realized by Grantee from product sales must be utilized exclusively for this project or for educational and charitable purposes.

**Release and Indemnity:** Unless prohibited by law, Grantee shall release, indemnify, defend, and hold harmless OSBHA, its officers, directors, and employees from and against all claims, damages, or injuries to person or property of OSBHA, Grantee, or any third party arising out of (directly or indirectly) or related in any way to the actions or omissions of Grantee, its officers, employees, agents, or grantees under this Grant or project, except to the extent the claims, damages, or injuries are caused by the negligent acts or omissions committed by OSBHA.

**Tax Requirements:**

- A. Grant funds (including any income earned thereon) may be expended only for charitable, educational, literary, or scientific purposes in accordance with the purpose of this Grant Agreement.
- B. Under the U.S. Internal Revenue Code (“Code”) Grantee may not use Grant funds nor any income earned thereon to:
  - i. Carry on propaganda or otherwise to attempt to influence legislation (within the meaning of Section 4945(d)(1) of the Code);
  - ii. Influence the outcome of any specific public election or to carry on, directly or indirectly, any voter registration drive (within the meaning of Section 4945(d)(2) of the Code);
  - iii. Make grants to individuals or to other organizations that do not comply with the requirements of Section 4945(d)(3) or (4) of the Code; or

- iv. Undertake any activity other than for a charitable, educational, literary, or scientific purpose specified in Section 170(c)(2)(B) of the Code.
- C. Grantee represents that it is a governmental unit or an organization described in Section 501(c)(3) of the Code and is not a “private foundation” within the meaning of Section 509(a) of the Code. Grantee will notify OSBHA immediately of any change in its tax status.

**Compliance with Laws:** Grantee will comply with all applicable local, state, and federal laws and regulations.

**No Control:** Beyond the rights and obligations specifically stated in this letter, OSBHA disclaims any legal right to control or to otherwise influence Grantee’s use of any funds provided pursuant to this Agreement. Furthermore, it is expressly understood that in providing this grant, OSBHA assumes no obligation to provide additional funding to Grantee.

**Notification of Change:** Grantee agrees to immediately notify OSBHA of changes in Grantee’s organizational structure, financial condition, management, professional staffing and operations that:

- A. Threaten Grantee’s financial stability;
- B. Cause significant differences from the initial representation to OSBHA of Grantee’s financial position; or
- C. Affect Grantee’s ability to complete the Grant Project as agreed

This Agreement contains the entire agreement between OSBHA and Grantee relating to the subject matter hereof, and supersedes all prior and contemporaneous negotiations, correspondence, understandings and agreements between the parties relating to the subject matter hereof. The Agreement may be modified or amended only by mutual written consent of the parties.

OSBHA’s waiver or failure to enforce the terms of this Agreement in one instance shall not constitute a waiver of its rights hereunder with respect to other violations of this Agreement.

**OSBHA must approve, in writing, amendments or changes to any of the terms and conditions of this Grant Agreement.**

**If this Grant Agreement correctly sets forth your understanding of the terms of this Grant, please indicate your organization’s agreement to such terms by signing this Grant Agreement.**

**Grant Manager** designated for all inquiries relating to this Grant is as follows:

Name: Ben DeGiulio  
Title: Mental Health Program Supervisor  
Phone: 503-723-4819

Email: bdegiulio@clackamas.us

**Grantee Fiscal Agent**

Name: Adam Kearl

Title: Administrative Services Manager

Phone: 503-742-5319

Address: 2051 Kaen Rd, Suite 367

Oregon City OR 97045

Email: akearl@clackamas.us

**GRANTEE'S ACCEPTANCE**

We acknowledge that we have received, reviewed, and retained a copy of this Grant Agreement dated **8/26/21**. We agree to all of the terms and conditions set forth herein, and we will comply with them.

Grantee Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**On Behalf of the Oregon School-Based Health Alliance**

Signed:  Date: 8/26/21

Printed Name: Maureen Hinman

Title: Interim Executive Director

November 4, 2021

Board of County Commissioners,  
Clackamas County

Members of the Board:

Approval for the Public Health Division to apply for the University of Baltimore - Combating Overdose through Community-Level Intervention (COCLI) to expand Project Hope. Maximum grant award is \$300,000.  
No County General Funds are Involved

<b>Purpose/Outcomes</b>	If awarded, funding will expand an existing project (Project Hope) between Clackamas County Public Health (CCPH) and various community-based service providers including a community paramedic, peer recovery mentor and case manager. Project Hope provides care coordination and recovery supports for overdose survivors and aims to do the following: (1) reduce the number of people who overdose on opioids and other drugs; (2) reduce 911 calls and hospital readmission; (3) improve the quality of life for patients with substance use disorders; and (4) bridge gaps in care by connecting vulnerable patients to treatment and other social and health-related support services; and (5) Improve service system connections and referral options. If awarded, Project Hope will expand the existing model so more patients are served across a larger geographic region and expand upon comprehensive case management to help with care coordination.
<b>Dollar Amount and Fiscal Impact</b>	Maximum grant award is \$300,000. No matching funds required.
<b>Funding Source</b>	University of Baltimore Subaward from the Office of National Drug Control Policy
<b>Duration</b>	December 1, 2021 – November 30, 2022
<b>Strategic Plan Alignment</b>	1 .Improve Community Safety and Health 2. Ensure safe, healthy, and secure communities in Clackamas County by preventing opioid misuse and overdose deaths
<b>Previous Board Action</b>	The Board approved Intergovernmental Agreement #9988, with the University of Baltimore, for Subaward combating Opioid Overdose through Community-Level Intervention Initiative (COCLI), on October 22, 2020
<b>Counsel Review</b>	NA
<b>Procurement Review</b>	NA

<b>Contact Person</b>	Sherry Olson, Business Services Manager (503) 742-5342 (Primary) Philip Mason-Joyner, Public Health Director (503) 742-5456 (Secondary)
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**BACKGROUND:**

The Public Health Division of the Health, Housing & Human Services Department, requests the approval to apply for the University of Baltimore – Combating Overdose through Community-Level Intervention Initiative (COCLI) Program funding opportunity. Funding will be used to expand the capacity of Project Hope, which will enable additional overdose prevention and care coordination services in Clackamas County. This project will include collaborative efforts between Divisions in Health, Housing & Human Services (Public Health and Behavioral Health, Health Centers) and community paramedics from Clackamas Fire, Tualatin Valley Fire and Rescue (TVFR), and several other community-based service providers including a peer recovery mentor and case manager. Public Health will act as the project lead and fiscal agent.

**Project:**

When looking at overdose data in Clackamas County, it is clear that local Emergency Medical Service (EMS) agencies play a critical role in our communities' response to the opioid and other addictive substances epidemic. In Clackamas County, Clackamas Fire and TVFR respond to a significant portion of the overdose calls received by 911 dispatch, saving hundreds of lives each year. Additionally, the program seeks to increase the community referral network and enhance coordination between community residents and providers, as well as community resource navigation.

Over the last several years, CCPH has partnered with Clackamas Fire to build a more comprehensive overdose response model in our county through the creation of Project Hope. Project Hope begins with follow-up by a community paramedic after the overdose occurs. After an assessment is completed, patients are navigated to treatment and recovery services in the community (inpatient, outpatient and community-based services) with a longer-term plan established to prevent future substance use and potential overdose. In an effort to work more upstream and further de-silo our approach to the opioid and substance use crisis, Project Hope has expanded to include law enforcement and other justice partners including the jail, to help connect individuals to treatment and recovery supports. By adding another pathway to treatment and recovery, Project Hope is working in a preventive role to divert eligible individuals away from the criminal justice system, link to treatment before an overdose occurs, and improve law enforcement relations in the community.

At this time, Project Hope has limited capacity to respond and provide ongoing follow-up to the many individuals needing support. Since 2019, EMS transports for overdose have increased in the county and opioid-related hospitalizations increased 30% from the first half of 2020 to the first half of 2021. The presence of opioids in the toxicology results of people who died in association with substance use increased 48% from 2019 to 2020 in Clackamas County.

Of particular concern is the considerable impact that the COVID-19 pandemic has had on the well-being of Clackamas County residents. The layers of deep trauma resulting from recent events has contributed to an increase in substance abuse and limited access to critical services has made the risk of overdose even higher. Of particular concern has been the dramatic increase in counterfeit



pills that appear similar to prescription drugs that are being sold on the streets and are much more lethal than ever before. Now more than ever we need additional funding to maintain and expand the project into areas of the county experiencing high overdose rates and to provide ongoing critical support.

**Recommendation**

We recommend the Board of County Commissioners approve Public Health Division's request to apply for the University of Baltimore – Combating Overdose through Community-Level Intervention (COCLI).

Respectfully submitted

*Mary Rumbaugh*

Rodney A. Cook, Director  
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.

\*\* 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 40 - 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: University of Baltimore - CDDP (Center for Drug Policy & Prevention) - COCLI (Combating Overdose through Community-Level Intervention Initiative)

Funding Source: Federal  State  Local

Requestor Information (Name of staff person initiating form): Angelique Nomie

Requestor Contact Information: anomie@clackamas.us and 503-742-5931

Department Fiscal Representative: Shane McElroy

Program Name and prior project # (please specify): PHS 400406, Opioid Misuse Prevention 40040324, U of B 400421103/COCLI Project Hope 40001

Brief Description of Project:

Project Hope is a collaboration of community partners whose response to opioid use and overdose includes a multi-disciplinary approach. Community paramedics, public health professionals, peer mentors, and law enforcement collaborate to respond to those in need. This unique group identifies, refers, and supports those suffering from addiction through the complicated path of recovery. Project Hope uses lifesaving incidents, such as a non-fatal overdoses, as opportunities to serve as life-changing events. Using EMS reports, law enforcement, and clinic referrals, the Project Hope team follows up with those in need and engages individuals suffering from addiction. Once a connection is made, the supports are put into place to assist with recovery. Project Hope addresses the social determinants of health and adverse childhood events in their approach to support the individual's specific needs by connecting them to valuable community resources.

Name of Funding Agency: University of Baltimore

Agency's Web Address for funding agency Guidelines and Contact Information:

<https://www.ubalt.edu/news/news-releases.cfm?id=3655>

**OR**

Application Packet Attached:  Yes  No

Completed By: Angelique Nomie 10/4/2021  
Date

\*\* NOW READY FOR SUBMISSION TO DEPARTMENT FISCAL REPRESENTATIVE \*\*

### Section II: Funding Opportunity Information - To be completed by Department Fiscal Rep

Competitive Application <input checked="" type="checkbox"/>	Non-Competing Application <input type="checkbox"/>	Other <input type="checkbox"/>	
CFDA(s), if applicable:	<u>95.007</u>	Funding Agency Award Notification Date:	<u>December 2021</u>
Announcement Date:	<u>9-27-21</u>	Announcement/Opportunity #:	<u>n/a</u>
Grant Category/Title:	<u>COCLI</u>	Max Award Value:	<u>\$300,000.00</u>
Allows Indirect/Rate:	<u>Yes</u>	Match Requirement:	<u>None</u>
Application Deadline:	<u>11-1-21</u>	Other Deadlines:	<u>None</u>
Award Start Date:	<u>12-1-21</u>	Other Deadline Description:	<u>N/A</u>
Award End Date:	<u>11-30-22</u>		
Completed By:	<u>Shane McElroy</u>	Program Income Requirement:	<u>None</u>
Pre-Application Meeting Schedule:	<u>9.27.21 Apryl Herron, Armando Jimenez, Katie Knutsen, Shane McElroy, Sherry Olson, Angelique Nomie</u>		

Additional funding sources available to fund this program? Please describe: OHA's PE62 Opioid Overdose Prevention Funding  
Public Health Opioid Prevention Program allotted marijuana tax funding

How much General Fund will be used to cover costs in this program, including indirect expenses? \$0.00 / NOFO covers indirect costs

How much Fund Balance will be used to cover costs in this program, including indirect expenses? \$0.00 / NOFO covers indirect costs

**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?

This grant will support H3S's mission to ensure healthy families and strong communities in Clackamas County. A necessary component of this mission is preventing opioid misuse and overdose deaths. The grant will enable H3S to support our mission.

2. What, if any, are the community partners who might be better suited to perform this work?

N/A

3. What are the objectives of this funding opportunity? How will we meet these objectives?

See attached answer.

4. Does the grant/financial assistance fund an existing program? If yes, which program? If no, what is the purpose of the program?

Yes - Project HOPE

**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?

Yes. Opioid project coordinator, peer support specialist, case manager, evaluation support, and epidemiologist are all within the Health, Housing and Human Services (H3S) Department.

2. Are there partnership efforts required? If yes, who are we partnering with and what are their roles and responsibilities?

Yes. Clackamas Fire and Tualatin Valley Fire & Rescue - Community Paramedic support, Milwaukie Police Department and Clackamas County Jail will be providing referrals, and Kaiser Permanente and Clackamas Health Centers will be providing clinical referrals.

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.)?

Project HOPE is an existing project.

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.)?

No.

**Collaboration**

1. List County departments that will collaborate on this award, if any.

Sheriff's Office, Health Centers, Behavioral Health and EMS.

**Reporting Requirements**

1. What are the program reporting requirements for this grant/funding opportunity?

Budgets must be clear, specific and tie directly to performance measures. Budgets must reflect months of spending and, where applicable, be adjusted to reflect start date, state furlough days and holidays. UOB reserves the right to reduce budgets. Prioritization of line items is required for all applications having multiple line items. Applicant requirements will be taken into consideration should budgets need to be reduced. Justification sections must contain brief statements (1 to 2 sentences per line item) that explain each line item and their relevance to the project goals and objectives. Do not state "See Narrative, Goals or Objectives." The following is a listing of services, activities and costs that are eligible for support with Combating Opioid Abuse through Community-level Intervention funds. Before these costs can be supported with COCLI funds, applicant must agree that direct services cannot be offered without the support for these expenses, and that the sub-recipient has no other source of support for them: 1) personnel and fringe benefits, 2) facilities, 3) travel, 4) contractual services, 5) services, 6) supplies, 7) equipment and 8) indirect costs. The following services, activities and costs, although not exhaustive, cannot be supported with COCLI funds: 1) overtime, 2) lobbying and administrative advocacy, 3) perpetrator rehabilitation and counseling, 4) multi-costs, 5) property insurance, 6) load/transportation for program staff, 7) vehicle purchases and 8) rentals (items such as hats, mugs, portfolios, t-shirts, coats, gift tags, etc.). Applicants that intend to charge indirect costs through the use of an indirect cost rate must have a Federally approved indirect cost agreement and provide a signed copy of said agreement. Line item justifications must include the sponsor/organization's direct cost rate (including how the indirect cost rate was determined as well as the costs associated under this funding). The limit for consultant rates is \$650 per day or \$81.25 per hour.

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?

Problem / Statement Needs Justification (10%), Project Description (10% for Tier 3), Project Priority Areas and Evidence-based and Promising Categories (5%), Project Innovation (10%), Impact Statement (10%), Evaluation plan, Goals and Objectives and Outcome-Based Performance Measures (15%), Strategy and Timeline (5%), Management Capabilities / Cooperating Agencies (5%), COVID-19 Statement (5%), Budget (20%). Up to 5% additional credit for focus on the following areas: Stimulants or poly-drug substance (m/s) use, Adverse Childhood Experiences (ACEs), Partnerships with Drug-Free Communities support programs and Community-based, multi-sector approaches. Data sources include 1) use of evidence-based practices or promising and proven programs, 2) geographic size and location of project, 3) whether new staff are required to implement the project and, if so, how quickly new staff can be hired, 4) whether the project will require approval of an Institutional Review Board (IRB) and, if so, whether steps have been taken by the applicant to prepare for the IRB review process, 5) performance history with previous Combating Opioid Overdose through Community-level Intervention awards and 6) Audit findings.

3. What are the fiscal reporting requirements for this funding?

Funds are paid on a reimbursable basis. Cost extensions for sub-recipients' project will not be granted under any circumstances. Budgets must be clear, specific and tie directly to performance measures; must reflect months of spending and, where applicable, be adjusted to reflect start date, state furlough days, and holidays. UOB reserves the right to reduce budgets. UOB will distribute awarded funds to sub-recipients in conjunction with the timely submission of corresponding Fiscal and Programmatic Reports. These reports must be emailed to UOB and are due within 15 calendar days following the end date of the quarter; a financial report is due within 15 calendar days following the end of each month. All reporting activity occurs through email.

**Fiscal**

1. Will we realize more benefit than this financial assistance will cost to administer?

Yes

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.

No requirements of additional funding currently identified. As identified above we have funding to use in the case of a deficit (OHA PE62 funding and marijuana tax money).

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.)?

N/A

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?

Yes. No rate cap.

Program Approval:

Armando Jimenez

10-5-21



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)		
Philip Mason-Joyner	10/5/2021	
Name (Typed/Printed)	Date	Signature

DEPARTMENT DIRECTOR (or designee, if applicable)		
Rod Cook	10/11/21	
Name (Typed/Printed)	Date	Signature

FINANCE ADMINISTRATION		
Matt Westbrook Elizabeth Comfort, Finance Director		
Name (Typed/Printed)	Date	Signature

EOC COMMAND APPROVAL (DISASTER OR EMERGENCY RELIEF APPLICATIONS ONLY)		
N/A		
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:

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County Administration Attestation

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