

COPY

Richard Swift
 Director

November 25, 2016

Board of County Commissioner
 Clackamas County

Members of the Board:

Approval of Amendment #2 to Sub Recipient Grant Agreement # 15-018
 with Folk Time, Inc. for
Peer Support Services at the Oregon City Drop-In Center

Purpose/Outcomes	To provide peer support services at the Oregon City Drop-In Center
Dollar Amount and Fiscal Impact	Amendment #2 adds \$172,316.00 to the contract maximum value bringing the contract total to \$327,632.00
Funding Source	Oregon Health Authority 2015-2017 Community Mental Health Program (CMHP) Intergovernmental Agreement #147783, specifically federal Mental Health Block Grant Funds.
Duration	Effective July 1, 2015 and terminates on June 30, 2016
Previous Board Action	The Board last reviewed and approved this agreement on June 26, 2014, Agenda item 062614-A23
Strategic Plan Alignment	1. N/A 2. Ensure safe, healthy and secure communities.
Contact Person	Mary Rumbaugh, Interim Director 503-742-5305
Contract No.	7397

BACKGROUND:

The Behavioral Health Division of the Health, Housing & Human Services Department requests the approval of Amendment #2 to Sub recipient Grant Agreement #15-018 with Folk Time, Inc. for peer support services to consumers at the Oregon City Drop-In Center. The Behavioral Health Division has partnered with Folk Time, Inc. for behavioral health services since 2010. This contract is a continuation of these services.

This amendment adds \$172,316.00 to the contract maximum value bringing the contract total to \$327,632.00. The amendment is effective July 1, 2015 and extends the term of the agreement to June 30, 2016.

This amendment is retroactive as the funding from the State was not awarded until after the effective date. County Counsel has reviewed and approved this agreement as part of the H3S contract standardization project.

RECOMMENDATION:

Staff recommends the Board approve this agreement and authorizes Richard Swift, H3S Director to sign on behalf of Clackamas County.

Respectfully submitted,


 Richard Swift, Director
 Health, Housing & Human Services

AMEND:

AGREEMENT

PROJECT NAME: Oregon City Drop In Peer Services State of Oregon Service Element MHS 37 – Special Projects/Flexible Funding (Fund Source: 0301 COMM MH BLOCK ODD YR FF, CFDA No. 93.958) "MH Block Grant"	AGREEMENT No.15-018
SUBRECIPIENT: FOLK TIME, INC.	

1. Term and Effective Date. This Agreement shall be effective as of the July 1, 2014 and shall expire on June 30, 2015, unless sooner terminated or extended pursuant to the terms hereof.

TO READ:

AGREEMENT

PROJECT NAME: Oregon City Drop In Peer Services State of Oregon Service Element MHS 37 – Special Projects/Flexible Funding (Fund Source: 0301 COMM MH BLOCK ODD YR FF, CFDA No. 93.958) "MH Block Grant"	AGREEMENT No.15-018
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SUBRECIPIENT: FOLK TIME, INC.	

3. **Grant Funds.** COUNTY's funding for this Agreement is the Intergovernmental Agreement (IGA) for the Financing of Community Addictions and Mental Health Services (Agreement No.141403) (CFDA 93.958) issued to the COUNTY by the State of Oregon acting by and through its Oregon Health Authority ("OHA"). The State of Oregon receives Block Grants for Community Mental Health Services (MHBG) funds from the U.S. Department of Health and Human Services, Office of Substance Abuse and Mental Health Services Administration. The maximum, not to exceed, grant amount that the COUNTY will pay is **\$155,316.**

TO READ:

AGREEMENT

PROJECT NAME: Oregon City Drop In Peer Services State of Oregon Service Element MHS 37 – Special Projects/Flexible Funding (Fund Source: 0301 COMM MH BLOCK ODD YR FF, CFDA No. 93.958) "MH Block Grant"	AGREEMENT No.15-018
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ADD TO:

EXHIBIT B SUBRECIPIENT PROGRAM BUDGET

PROJECT NAME: Oregon City Drop In Peer Services State of Oregon Service Element MHS 37 – Special Projects/Flexible Funding (Fund Source: 0301 COMM MH BLOCK ODD YR FF, CFDA No. 93.958) "MH Block Grant"	AGREEMENT No.15-018
SUBRECIPIENT: FOLK TIME, INC.	

Folk Time OC Drop In & Rural Outreach
 Budget 2015-2016

	Oregon City	Rural Outreach	Total
Expenses			
Personnel	\$ 83,000	\$ 41,840	\$ 124,840
Prof Services	\$ 500		\$ 500
Training	\$ 500		\$ 500
Printing	\$ 200	\$ 100	\$ 300
Postage	\$ 100		\$ 100
Supplies	\$ 2,500	\$ 800	\$ 3,300
Food (Clients)	\$ 1,500	\$ 1,500	\$ 3,000
Phone & Internet	\$ 1,200	\$ 800	\$ 2,000
Travel/Mileage	\$ 2,000	\$ 1,000	\$ 3,000
Field Trips (Clients)	\$ 1,500	\$ 500	\$ 2,000
Volunteer and staff appreciation	\$ 150	\$ 150	\$ 300
Total expenses Federal Admin	\$ 93,150	\$ 46,690	\$ 139,840
Rent*	\$ 9,000		\$ 9,000
Total expenses	\$ 102,150	\$ 46,690	\$ 148,840
Admin Fee Federal	\$ 13,984		
Admin Fee Non Federal	\$ 9,456		
*To be paid with state funds			
Net total	\$ 125,590	\$ 46,690	\$ 172,280

AMEND:

**EXHIBIT C
REQUIRED FINANCIAL REPORTING AND REIMBURSEMENT REQUESTS**

PROJECT NAME: Oregon City Drop In Peer Services State of Oregon Service Element MHS 37 – Special Projects/Flexible Funding (Fund Source: 0301 COMM MH BLOCK ODD YR FF, CFDA No. 93.958) "MH Block Grant"	AGREEMENT No.15-018
SUBRECIPIENT: FOLK TIME, INC.	

1. SUBRECIPIENT may submit multiple requests for cost reimbursement, but reimbursement requests must be submitted no less frequently than monthly. The invoices must describe all work performed with particularity, including by whom it was performed and must itemize and explain all expenses for which reimbursement is claimed. Invoices must be submitted with the REQUEST FOR REIMBURSEMENT form (Exhibit D).
2. Invoices for reimbursement of expenses occurring in a COUNTY fiscal year (July 1 - June 30) must be received no later than the following July 15th. In addition, for quarterly reporting purposes, invoices need to be received no later than 15th of the month following the quarter ended June, September, December and March.
3. Payments will be based on reimbursement of actual costs authorized by this Agreement. Supporting documentation must be retained for expenses for which reimbursement is claimed and for all match expenses reported. Documentation required includes personal service cost detail, services and supplies cost detail, copies of paid contract and equipment invoices and receipts for lodging, airfare, car rental and conference registration. This documentation should be readily available, upon request or site visit.
4. Invoices must be sent to:

Clackamas County Behavioral Health Division
Attn: Mary Rumbaugh
2051 Kaen Road, #367
Oregon City, OR 97045
or by email at MaryRum@clackamas.us

Invoices are subject to the review and approval of the Project Officer and Grant Accountant. Payment is contingent on compliance with all terms and conditions of this Agreement, including reporting requirements.

TO READ:

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4. Invoices must be sent to:

Clackamas County Behavioral Health Division
Attn: Accounts Payable
2051 Kaen Road, #367
Oregon City, OR 97045
or by email
BHAP@co.clackamas.or.us

Invoices are subject to the review and approval of the Project Officer and Grant Accountant. Payment is contingent on compliance with all terms and conditions of this Agreement, including reporting

ADD TO:

EXHIBIT D: REQUEST FOR REIMBURSEMENT



Mary Rumbaugh, Interim Director
 Behavioral Health Division

REQUEST FOR REIMBURSEMENT				
<p>Note: This form derives from the approved budget in your grant agreement. All expenditures must have adequate supporting documentation.</p>				
Subrecipient <u>Folk Time, Inc</u>		Grant Number: <u>15-081</u>		
Address: <u>232 SE 80th Avenue</u> <u>Portland, Oregon 97215</u>		Report Period: <u>7/1/15-6/30/16</u>		
Contact Person: <u>Michelle White</u>		Contract #: <u>6679</u>		
Phone Number: <u>503)238-6428</u>		Federal Award #: <u>CMHP 147783</u>		
E-mail: <u>mwhite@folktime.org</u>		CFDA(s): <u>93.958</u>		
Budget Category	Budget	Current Draw Request	Previously Requested	Balance
Personnel	\$ 124,840.00	\$ -	\$ -	\$ 124,840.00
Prof Services	\$ 500.00	\$ -	\$ -	\$ 500.00
Training	\$ 500.00	\$ -	\$ -	\$ 500.00
Printing	\$ 300.00	\$ -	\$ -	\$ 300.00
Postage	\$ 100.00	\$ -	\$ -	\$ 100.00
Supplies	\$ 3,300.00	\$ -	\$ -	\$ 3,300.00
Food (Clients)	\$ 3,000.00	\$ -	\$ -	\$ 3,000.00
Phone & Internet	\$ 2,000.00	\$ -	\$ -	\$ 2,000.00
Travel/Mileage	\$ 3,000.00	\$ -	\$ -	\$ 3,000.00
Field Trips (Clients)	\$ 2,000.00	\$ -	\$ -	\$ 2,000.00
Volunteer and staff appreciation	\$ 300.00	\$ -	\$ -	\$ 300.00
Rent*	\$ 9,000.00	\$ -	\$ -	\$ 9,000.00
Admin Fee Federal	\$ 13,984.00	\$ -	\$ -	\$ 13,984.00
Admin Fee Non Federal*	\$ 9,456.00	\$ -	\$ -	\$ 9,456.00
Total Grant Funds Requested		\$ -		
<p>Clackamas County and the Federal government retain the right to inspect all financial records and other books, documents, papers, plans, records of shipments and payments and writings of Recipient that are pertinent to this Agreement.</p>				
<p>CERTIFICATION</p> <p><i>By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).</i></p>				
<p>Prepared by: _____</p>				
<p>Authorized Signer: _____</p>				
<p>Date: _____</p>				
<p>Department Review:</p>		<p>For Admin Use Only:</p>		
<p>Program Manager:</p>		<p>241-4332-08970-465001-40065</p>		
<p>Department: H3S-Behavioral Health Division</p>		<p>241-4332-08970 Non Federal Admin ONLY</p>		
<p>Signature: _____</p>		<p>Date: _____</p>		
<p>Department: forward to Grant Accountant for review and processing</p>		<p>Grant Accountant Initial/Date:</p>		

AMEND:

EXHIBIT E
MONTHLY INVOICE AND FEDERAL FUNDING SOURCE EXPENDITURE REPORT

PROJECT NAME: Oregon City Drop In Peer Services State of Oregon Service Element MHS 37 – Special Projects/Flexible Funding (Fund Source: 0301 COMM MH BLOCK ODD YR FF, CFDA No. 93.958) "MH Block Grant"	AGREEMENT No.15-018
SUBRECIPIENT: FOLK TIME, INC.	

INVOICING

1. SUBRECIPIENT will submit a monthly Request for Reimbursement (Exhibit E). It shall reference Grant Agreement No.15-018 and contract # 6679.
2. Invoices for reimbursement of expenses occurring in a COUNTY fiscal year (July 1 - June 30) must be received no later than the following July 6th.
3. Supporting documentation must be submitted with invoices for expenses for which reimbursement is claimed and for all match expenses reported. Documentation required includes personal service cost detail, services and supplies cost detail, copies of paid contract and equipment invoices and receipts for lodging, airfare, car rental and conference registration.
4. Invoices must be sent electronically to:

healthcenterap@clackamas.us

Invoices are subject to the review and approval of the Project Officer and Grant Accountant. Payment is contingent on compliance with all terms and conditions of this Agreement, including reporting requirements.

TO READ:

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ADD TO:

EXHIBIT I

PROJECT NAME: Oregon City Drop In Peer Services State of Oregon Service Element MHS 37 – Special Projects/Flexible Funding (Fund Source: 0301 COMM MH BLOCK ODD YR FF, CFDA No. 93.958) “MH Block Grant”	AGREEMENT No.15-018
SUBRECIPIENT: FOLK TIME, INC.	

**Intergovernmental Agreement (IGA) for the Financing of Community
Addictions and Mental Health Services (Agreement No.147783)**

(Attached Separately)

