

# Deschutes County Community Justice

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## *Community Capacity Building Funding Application*

### ***Deschutes County Community Justice***

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Mrs. Deevy Holcomb  
63360 NW Britta Street Building #1  
Bend, OR 97703

trevor.stephens@deschutes.org  
O: 541-330-8261

### ***Mr. Trevor Stephens***

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63360 NW Britta Street Building #1  
Bend, OR 97703

trevor.stephens@deschutes.org  
O: 541-330-8261

# Application Form

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## *Instructions*

In order to receive funding, organizations must complete and sign this application form in its entirety. For this form to be considered complete, all components must be filled out, a budget request must be attached and the application must be signed by the authorized representative from the entity applying for funding.

Please answer all required and applicable optional questions. Questions that have a text-response show a character count and instructions state a word count. Please follow word count maximums in your answers.

If you have questions about this application or need technical support, reach out to Elliot Sky at [Elliot.Sky@pacificsource.com](mailto:Elliot.Sky@pacificsource.com) or call 541-225-2813.

## *Applicant Organization Information*

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The purpose of this section is to collect general information about the Applicant Organization. Please complete the information requested in the questions below.

### **Applicant Organization Name\***

Deschutes County Community Justice

### **Point of Contact Name\***

Trevor Stephens

### **Point of Contact Title\***

Business Manager

### **Point of Contact Telephone Number\***

541-330-8261

### **Point of Contact Email Address\***

[trevor.stephens@deschutes.org](mailto:trevor.stephens@deschutes.org)

### **Mailing Address: Street Address\***

63360 NW Britta Street Building #2

### **Mailing Address: City\***

Bend

**Mailing Address: State\***

Oregon

**Mailing Address: Zip Code\***

97703

***Eligibility Criteria***

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Organizations must meet minimum eligibility criteria to receive Community Capacity Building Funding.

**Please attest to the following:\***

The organization is capable of providing or supporting the provision of one or more HRSN services to Medicaid beneficiaries within the state of Oregon.

Yes

**Please attest to the following:\***

The organization intends to contract with one or more CCOs or with the Fee-for-Service Third Party Contractor (FFS TPC) to serve as an HRSN provider for at least one HRSN service.

Yes

**Please attest to the following:\***

The organization demonstrates a history of responsible financial administration via recent annual financial reports, an externally conducted audit, experience receiving other federal funding or other similar documentation.

Yes

**Organization Types\***

The following organization types are eligible to apply for and receive Community Capacity Building Funding. Please select the box that most closely aligns with your organization type (select more than one, as needed):

City, county and local government agencies

***Applicant Organization Questions***

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**Who will be served**

The purpose of this section is to collect information about the population served by your organization and to learn more about its culturally responsive and specific strategies to engage individuals.

## 1. Counties served.\*

Please indicate which counties your organization will provide HRSN services.

Deschutes

## 2. For each county marked above, your organization must provide specific details about:\*

- 1) the current working relationship and knowledge of that county
- 2) current or planned partnerships to support the work proposed and
- 3) the work being proposed in that county, including how their specific population(s) of focus in each county will benefit from the proposed work.

If your organization does not have existing relationships in the county, you must describe how you intend to build those relationships. (300 words max)

Deschutes County Community Justice – Adult Parole & Probation collaborates extensively with county services providers, community-based organizations, and public-safety stakeholders, to engage approximately 1000 adults on supervision. We engage with the Court, DA, and Sheriff, and maintain strong partnerships with Behavioral Health. A significant upcoming initiative, slated for July 1, 2024, involves embedding a behavioral health specialist within our office to work directly with our clients who often face barriers to traditional behavioral health services and require innovative and flexible engagement strategies.

Furthermore, we have robust relationships and contract with a variety of community-based treatment, shelter, and housing providers, ensuring access to resources which adults on supervision often face difficulty in accessing. Currently, we contract 12 sober living beds and seven transitional shelter beds monthly, and often seek or access additional funding to meet demand.

We intend to utilize capacity building funds to assess our existing processes and partnerships, exploring opportunities to leverage HRSN funding to expand housing services for our clients. We estimate that 90-95% of our clients are OHP-eligible and many of them have housing needs. We have recently taken steps to better understand OHP and train an internal OHP assister to expedite service access.

While we offer some housing assistance, demand surpasses available resources, particularly for clients transitioning from incarceration or facing homelessness. Establishing a system to utilize HRSN funds for housing support would significantly benefit our clients. Additionally, we aim to diversify options beyond transitional housing, facilitating smoother transitions to permanent housing.

Stable housing is vital to public safety, stabilization and community integration for our clients, and necessary for individual and community wellness and livability. The focus of our request is to enhance collaboration, leverage funding opportunities, and expand housing for our clients by both maximizing available resources and increase available options.

## 3. Populations to be served\*

Please select the populations to be served by your organization. Select only the specific populations you will serve **from each list below**:

HRSN Services Covered Populations: (See STCs for Population Description)

Adults and youth released from incarceration  
Individuals who are homeless or at risk of homelessness  
Individuals with a high-risk clinical need in a region experiencing extreme weather

**Priority Populations\***

American Indian/Alaska Native/Indigenous communities:  
Black/African American/African communities:  
Latino/a/x communities:  
Rural communities:  
Houseless communities:  
People with behavioral health conditions:

**Other communities not listed above (please describe):**

Women on supervision and clients with restrictions that prevent them from utilizing many shelter and transitional housing resources.

**4. Language access provided by your organization.** Please indicate your organization’s capacity to speak and write in languages other than English. Also indicate whether the language capacity comes from a native or non-native speaker.

**Language 1:**

Spanish

**Language 1:**

Spoken fluently by native speaker(s)  
Spoken fluently by nonnative speaker(s) or access to an interpretation service  
Written by native speaker(s)  
Written by nonnative speaker(s) or access to translation service

**Language 2:**

Other languages and ASL ( ASL services and utilize telephonic and virtual interpretation services)

**Language 2:**

Spoken fluently by nonnative speaker(s) or access to an interpretation service  
Written by nonnative speaker(s) or access to translation service

Language 3:

Language 3:

Language 4:

Language 4:

(Optional) Other language access offered by your organization not already listed above:

## *Request and Justification*

### Organizational Background Information

#### 5. Use of Community Capacity Building Funding\*

Describe how your organization will use Community Capacity Building Funding to build capacity to provide HRSN services to populations of focus. Ensure the response includes a description of how the Organization will promote health equity through the delivery of HRSN service. (250 words max)

☐ Historically, individuals on supervision experience barriers to accessing housing. When resources are scarce, providers and communities are often unable or unwilling to assume perceived and real liability related to criminal backgrounds, acute or chronic homelessness, and/or dual-diagnoses. As an agency who provides services, stabilization and supervision for justice-involved individuals, we increasingly attempt to take on this liability through internal resources or when capacity allows, build relationships with existing providers to ease barriers and expand access. This takes significant subject matter expertise. To enhance our capacity, we propose using these funds to secure a consultant to evaluate our housing processes, suggest adjustments, and develop new processes to optimize utilization of HSRN resources. This will involve developing policies, creating HSRN billing practices, and strengthening our reporting/grant management capacity.

☐ Working alongside staff, the consultant will implement these improvements. Aligning with Oregon's health equity objectives, we strive to establish a system ensuring that all individuals, regardless of race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, or social class, have equal access.

☐ Our approach will prioritize inclusivity, drawing on the principles of targeted universalism: we want all individuals to experience stable housing, but know that different subgroups experience different barriers and have different needs to achieve this goal. We will engage a longstanding community advisory group, comprising representatives from minoritized communities, and individuals with lived experience in the criminal justice system, to ensure that our efforts toward health equity in housing services are robust and reflective of local needs.

#### 6. Culturally and linguistically responsive and trauma informed services\*

Describe how your organization provides culturally and linguistically responsive and trauma informed services to the populations served. (250 words max)

☐ Since 2020, Community Justice has actively engaged with a community advisory group comprising representatives from minoritized communities, and individuals with lived experience in the recovery and criminal justice systems, to provide feedback on our system and potential changes we can make. This group convenes regularly to offer insights and suggestions, which we would utilize for activities supporting by the capacity building funds.

☑ Deschutes County experiences overrepresentation in its Criminal Justice System, recent data (2015-2019) indicates that Black men, Hispanic men and Native American men (and Native American women in some areas) make up a higher percentage of those on supervision compared to the general demographic profile of Deschutes County.

☑ Recently, we conducted a gender responsiveness assessment and an equity assessment, both of which have led to action steps for organizational improvement. In collaboration with the District Attorney's office and local law enforcement, our offices facilitated staff training to become certified Oregon Trauma-Informed Care trainers. We recently provided training for all staff members in trauma-informed care.

☑ Simultaneously, we've internally prioritized gender responsiveness, relaunching gender-responsive cognitive behavioral therapy and establishing gender-specific caseloads for clients identifying as women.

☑ To enhance linguistic responsiveness, we have implemented hiring preferences for Spanish-speaking candidates and contracted interpretation services covering various languages, including American Sign Language. We also have some staff members who are native Spanish speakers. While these measures are relatively new, we anticipate that they will significantly reduce barriers for clients navigating the criminal justice system.

**7. Please note below which HRSN services initiative (Climate Support, Housing, Nutrition Supports, Outreach and Education) your organization has experience with.**

For each applicable service,

- 1) describe below your experience providing these services and
- 2) describe how your organization intends to provide this service as an HRSN service provider.

**Fill out all that apply.**

**A. Climate Services:**

Describe your organization's experience providing climate services. Please also explain how you intend to provide climate services as an HRSN provider. (200 words max)

**B. Housing Supports:**

Describe your organization's experience providing housing support services. Please also explain how you intend to provide housing support services as an HRSN provider. (200 words)

- As a community corrections agency, we work to reduce barriers that hinder our clients' success while on supervision. A major challenge many of our clients face is the lack of housing.
- We have collaborated closely with partners to address this issue. This collaboration includes bed scheduling, release planning and often financial support. These options range from contracted sober housing beds to transitional housing arrangements and contracted shelter beds.
- Our partnerships extend to organizations such as Oxford Houses, treatment providers, and community-based shelter providers. To optimize the utilization of HRSN funding and ensure the sustainability and effectiveness of our housing efforts, it's imperative that we conduct a thorough assessment and overhaul of our current processes. By implementing clear policies and procedures, we aim to streamline operations and maximize the impact of our resources.

- Leveraging our existing relationships, we will continue to collaborate with our partners, utilizing their expertise and resources. Additionally, we aim to explore opportunities for expanding our housing options, including forging partnerships with landlords and property management companies. This expansion will enable us to offer more long-term, stable housing solutions to support our clients' journey towards rehabilitation and reintegration into society.

### C. Nutrition Supports:

Describe your organization’s experience providing nutrition support services. Please also explain how you intend to provide nutrition support services as an HRSN provider. (200 words)

### D. Outreach and Education:

Describe your organization’s experience providing outreach and education services. Please also explain how you intend to provide outreach and education services as an HRSN provider. (200 words)

#### Allowable Funding Uses\*

The purpose of this section is to collect information about:

- the purpose of your funding request;
- funding need and justification; and
- how funding will be utilized.

Eligible entities may request Community Capacity Building Funding to support the development and implementation of HRSN services across four categories:

- 1) Technology
- 2) Development of Business or Operational Practices
- 3) Workforce Development and
- 4) Outreach, Education and Partner Convening

\* Please note that the Infrastructure Protocol which outlines the allowable funding uses is pending CMS approval. Once approved, the final CMS approved Infrastructure Protocol will be updated and available on the OHA Waiver webpage.

**8. Check the boxes for each category** in which you are seeking funding. You must also provide a short description of

- 1) why funding is needed and
- 2) how it will be used to build capacity to participate in the HRSN program
- 3) your organizations experience in this category.

Check all that apply.

### A. Technology:

Procuring IT infrastructure/data platforms to support HRSN.\* (see below for more details)

\* Examples of Procuring IT infrastructure/data platforms to support HRSN:

- Authorization of HRSN services
- Referral to HRSN services



- HRSN service delivery
- HRSN service billing
- HRSN program oversight, monitoring and reporting

### If seeking funding for Technology

Please describe the following:

- 1) why funding is needed
- 2) how it will be used to build capacity to participate in the HRSN program and
- 3) your organizations experience in this category.

(250 words max)

☑ We are seeking funds to procure a billing system, which, alongside the expertise of our consultant, will enable us to seamlessly track and bill for housing services. While we are exploring existing off-the-shelf solutions utilized by other entities, we remain open to the possibility that such a tailored system may not currently exist. In such a scenario, we are prepared to collaborate with our internal IT team to either modify existing systems or develop a bespoke solution to meet our management needs." The funds we are requesting will support these efforts and at this time we do not have an alternative funding sources to support acquisition of this system.

### B) Development of Business or Operational Practices:

Development of policies/procedures related to:\* (see below for more details)

Administrative items\* (see below for more details)

Planning needs for the implementation of the HRSN program

Procurement of administrative supports to assist with the implementation of the HRSN program

\* Development of policies/procedures related to:

- HRSN referral and service delivery workflows
- Billing/invoicing
- Data sharing/reporting
- Program oversight/monitoring
- Evaluation
- Privacy and confidentiality

\* Administrative items necessary to perform HRSN duties or expand HRSN service delivery capacity (e.g., purchasing of a commercial refrigerator to expand capacity to provide additional medically tailored meals to qualifying members)

### If seeking funding for Development of Operational or Business Practices

Please describe the following:

- 1) why funding is needed and
- 2) how it will be used to build capacity to participate in the HRSN program
- 3) Organizations experience in this category.

(250 words max)

☑ As part of this funding request, we aim to engage a consultant to assist us in crafting the policies and procedures necessary to facilitate billing for HRSN funds on behalf of our clients for housing. Presently, our administrative capacity does not allow us to undertake this task independently, hence the need for consultant support to spearhead the process, aiming for readiness to bill for services by November 2024. The consultant will work closely with staff including the administrative analyst, business manager, and mentor.

☑ We have initiated preliminary discussions with potential service providers, identifying options with expertise in health systems and practices that align with our objectives. The consultant will collaborate closely with our existing staff, community partners, and clients to gain deeper insights into our specific needs for this process. Integration with current procedures and incorporation of requisite modifications for billing and tracking compliance are integral aspects that the consultant will address.

☑ Additionally, we aspire to explore the implementation of mentor-based recovery services within our model. The consultant will play a pivotal role in designing and conceptualizing this program within our framework.

### C) Workforce Development:

Cost of hiring and training new staff

Salary and fringe for staff\* (see below for more details)

\* Salary and fringe for staff that will have a direct role in overseeing, designing, implementing, and/or executing HRSN responsibilities. Time limited to a period of 18 months. Organizations may not access this funding for the same individual more than once.

\* Necessary certifications, training, technical assistance, and/or education for staff participating in the HRSN program (e.g., on culturally competent and/or trauma informed care)

### If seeking funding for Workforce Development

Please describe the following:

- 1) why funding is needed and
- 2) how it will be used to build capacity to participate in the HRSN program
- 3) Organizations experience in this category.

(250 words max)

☑ These funds would support increased FTE capacity in the form of .25 FTE of an administrative analyst position, one full-time peer-based mentor, and .10 FTE allocation for our business manager. The administrative analyst will play a central role in connecting clients with housing providers, fostering collaboration with landlords and property managers, and ensuring the necessary infrastructure for funding housing support is in place. They will oversee tracking and billing processes, liaise with the consultant to refine operational procedures, and ensure compliance with grant and billing requirements for HRSN funds. The business manager will report out and provide the grant management and administrative support for the funds as well as the billing process.

☑ Simultaneously, we aim to leverage peer-based mentorship, a proven effective approach within the community justice population, to assist clients in navigating housing complexities in central Oregon. This mentor will support clients in accessing services such as OHP, navigating funding assistance applications,

liaising with property management companies, and facilitating rental applications. We believe integrating peer-based services will enhance effectiveness and promote health equity in housing access. The mentor will also acquaint themselves with available HRSN providers and assist clients in accessing additional resources to overcome barriers to housing.

### D) Outreach, Education, and Partner Convening:

*[Unanswered]*

\* Community engagement activities necessary to support HRSN program implementation and launch (e.g., roundtable to solicit feedback on guidance documents)

#### If seeking funding for Outreach, Education and Partner Convening

Please describe the following:

- 1) why funding is needed and
- 2) how it will be used to build capacity to participate in the HRSN program
- 3) Organizations experience in this category.

(250 words max)

We are not seeking specific funds for outreach and partner convening, but we understand that our county public health/behavioral health department is seeking capacity funds for technology improvements and that there is a local consortium with Neighborhood Impact and other community providers to seek capacity building funds. We did not have time to work with them to submit our application, but we have made them aware of our intent to submit an application for housing funding. We have established relationships with these entities and plan to work with them whenever possible when we share mutual clients or have clients who could benefit from the their services as HRSN providers.

#### Other CCO applications\*

9. Has your organization applied to or been awarded funds from other CCOs for the Community Capacity Building Funding?

No

If yes, please provide detail as to which CCOs and for what activities (200 words max)

### *Required Documents*

#### Budget Document\*

Please download budget document from link here. Fill out this document and upload to this application below.

Deschutes County Community Justice Community Capacity Building Budget 05-31-2024.xlsx

## **Attestations and Certification\***

Please download Attestations and Certification document here. Fill out this document and upload to this application below.

Attestations and Certification CCBF grant Deschutes County Community Justice.pdf

## File Attachment Summary

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### *Applicant File Uploads*

- Deschutes County Community Justice Community Capacity Building Budget 05-31-2024.xlsx
- Attestations and Certification CCBF grant Deschutes County Community Justice.pdf

PLEASE NOTE: This is a standard CCBF Application Template for reference only. All community capacity building fund (CCBF) applications must be submitted directly to a coordinated care organization (CCOs). Please refer to the CCO CCBF contact list to connect directly with a CCO in your area for any additional information on the application process.

### Instructions

<b>Purpose of This File</b>	The state has been authorized to spend up to \$119 million on Community Capacity Building Funding investments necessary to support the development and implementation of the Health-Related Social Needs (HRSN) program. Organizations who wish to receive HRSN Community Capacity Building Funding must submit this funding request and an application to the Coordinated Care Organization (CCO) operating in their service area indicating how they intent to use this funding. - To submit your budget request, you must complete Tab 3 (Budget Request) - Once that tab has been completed, certify the documents by typing the name of the person submitting the budget application and date
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Tab	Instructions	Tab Completion Checklist
<b>Instructions (this tab)</b>	This budget request outlines the expenses CBOs expect to incur to build capacity to participate in the HRSN program. Budget requests and applications are due to [insert CCO] by [insert date].	On the tab "Budget Request" complete all the boxes in <b>yellow</b> .
<b>Budget Request</b>	To begin, please complete the following at the top of this budget request: <ul style="list-style-type: none"> <li>• Your organization's name in [insert cell].</li> <li>• Name of the person to contact about the Community Capacity Building Funds application in [insert cell]</li> <li>• Email and phone number for the contact above in [insert cell].</li> <li>• The date the report is sent to [insert CCO] in [insert cell].</li> </ul>	1. Ensure that you have completed all pieces of information listed at the top of the form in yellow
<b>Section A</b>	<b>Section A:</b> <ul style="list-style-type: none"> <li>• This section contains the funding amount requested based on the appropriate four domain areas: (i) Technology; (ii) Development of business or operational practices; (iii) Workforce development; and (iv) outreach, education and stakeholder convening.</li> </ul>	1. In Column C describe the proposed use of the requested funds. Ensure that you have listed only allowable uses of the fund as defined on Tab "CCBF Allowable Uses"  2. In Column D list out the total amount of funds that coincide with the same line in Column C. You may add more lines under a category if needed.
<b>Section B</b>	<b>Section B:</b> <ul style="list-style-type: none"> <li>• This section certifies the accuracy of the amounts requested above.</li> </ul>	1. Ensure the report has the name and title of the person who prepared the budget [insert cell] and date [insert cell].

## Allowable Uses of the Community Capacity Building Funds

Allowable uses for Community Capacity Building Funds are in 4 categories:

1. Technology
2. Development of Business or Operational Practices
3. Workforce development and;
4. Outreach, education and convening

### Technology

- o Procuring IT infrastructure/data platforms needed to enable, for example:
  - o Authorization of HRSN services
  - o Referral to HRSN services
  - o HRSN service delivery
  - o HRSN service billing
  - o HRSN program oversight, monitoring and reporting
- o Modifying existing systems to support HRSN
- o Development of an HRSN eligibility and services screening tool
- o Integration of data platforms/systems/tools
- o Onboarding to new, modified or existing systems (e.g., community information exchange)
- o Training for use of new, modified or existing systems (e.g., community information exchange)

### Development of business or operational practices

- o Development of policies/procedures related to:
  - o HRSN referral and service delivery workflows
  - o Billing/invoicing
  - o Data sharing/reporting
  - o Program oversight/monitoring
  - o Evaluation
  - o Privacy and confidentiality
- o Training/technical assistance on HRSN program and roles/responsibilities
- o Administrative items necessary to perform HRSN duties or expand HRSN service delivery capacity (e.g., purchasing of a commercial refrigerator to expand capacity to provide additional medically-tailored meals to qualifying members)
- o Planning needs for the implementation of HRSN program
- o Procurement of administrative supports to assist implementation of HRSN program

### Workforce development

- o Cost of recruiting, hiring and training new staff
- o Salary and fringe for staff that will have a direct role in overseeing, designing, implementing and executing HRSN responsibilities, time limited to a period of 18 months. Organizations may not access this funding for the same individual more than once.
- o Necessary certifications, training, technical assistance and/or education for staff participating in the HRSN program (e.g., on culturally competent and/or trauma informed care)
- o Privacy/confidentiality training/technical assistance related to HRSN service delivery
- o Production costs for training materials and/or experts as it pertains to the HRSN program

### Outreach, education and convening

- o Production of materials necessary for promoting, outreach, training and/or education
- o Translation of materials
- o Planning for and facilitation of community-based outreach events to support awareness of HRSN services
- o Planning for and facilitation of learning collaboratives or stakeholder convenings
- o Community engagement activities necessary to support HRSN program implementation and launch (e.g., roundtable to solicit feedback on guidance documents)
- o Administrative or overhead costs associated with outreach, education or convening.

Community Capacity Building Grant Funding Request

CCO Name: PacificSource Community Solutions - Central Oregon Region

Community Capacity Building Grant Funding Request

Applicant Organization Name	Deschutes County Community Justice	DATE SENT:	5/31/2024
Applicant Contact Name	Trevor Stephens		
Applicant Email Address	<a href="mailto:trevor.stephens@deschutes.org">trevor.stephens@deschutes.org</a>		
Applicant Phone Number	541-330-8261		

Legend
Yellow cells - require input
Gray cells - auto populate
Blue cells- for CCO use only

BREAKDOWN BY HRSN Allowable Funding Domain

BREAKDOWN BY HRSN Allowable Funding Domain			
A	BUDGET REQUEST		
	Description of Item/Activity Requested, by Allowable Use Category	Budget Request	FOR CCO USE ONLY Approved Budget
1.	<b>Technology (subtotal)</b>	\$ 25,000.00	\$ -
	Billing software and report tracking purchase or internal design	\$25,000.00	
2.	<b>Development of Operational and Business Practices (subtotal)</b>	\$ 60,000.00	\$ -
	Consultant	\$ 60,000.00	
3.	<b>Workforce Development (subtotal)</b>	\$ 260,000.00	\$ -
	Administrative Analyst (18 months) .25 FTE	\$ 60,000.00	
	Housing Peer Mentor (18 months) 1.0 FTE	\$ 165,000.00	
	Business Manager (18 months) .10 FTE	\$ 35,000.00	
4.	<b>Outreach, Engagement and Partner Convening (subtotal)</b>	\$ -	\$ -
5.	<b>Total Budget Request</b>	<b>\$ 345,000.00</b>	<b>\$ -</b>

B	CERTIFICATE
<p>I certify to the best of my knowledge and belief that the budget outlined above is true, complete and accurate, and the funding items listed above 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.</p>	
<p>Trevor Stephens, Community Justice Business Manager</p>	
5/31/2024	
<p>PREPARED BY (Type Name and Title) <span style="float: right;">DATE</span></p>	



## Attestations and Certification

As an authorized representative of the Organization, the Organization attests as follows and agrees to the following conditions:

1. The funding received through the HRSN Community Capacity Building Funding initiative will not duplicate or supplant reimbursement received through other federal, state and local funds.
2. Funding received for the HRSN Community Capacity Building Funding initiative will only be spent on allowable uses as stated above.
3. The Organization will submit progress reports on HRSN Community Capacity Building Funding in a manner and on a timeframe specified by the CCO.
4. The Organization understands that the CCO may suspend, terminate or recoup HRSN Community Capacity Building Funding in instances of underperformance and/or fraud, waste and abuse.
5. The Organization will alert the CCO if circumstances prevent it from carrying out activities described in the program application. In such cases, the Organization may be required to return unused funds contingent upon the circumstances.
6. As the authorized representative of the Organization, I attest that all information provided in this application is true and accurate to the best of my knowledge.

Signature Deevy Holcomb

Name and Title Deevy Holcomb, Director Deschutes County Community Justice

Date 5-31-24