

DESCHUTES COUNTY DOCUMENT SUMMARY

(NOTE: This form is required to be submitted with ALL contracts and other agreements, regardless of whether the document is to be on a Board agenda or can be signed by the County Administrator or Department Director. If the document is to be on a Board agenda, the Agenda Request Form is also required. If this form is not included with the document, the document will be returned to the Department. Please submit documents to the Board Secretary for tracking purposes, and not directly to Legal Counsel, the County Administrator or the Commissioners. In addition to submitting this form with your documents, please submit this form electronically to the Board Secretary.)

Please complete all sections **above** the Official Review line.

Date:

Department:

Contractor/Supplier/Consultant Name:

Contractor Contact:

Type of Document: Grant Agreement

Goods and/or Services: The City of Bend (City) is granting Deschutes County Health Services the sum of \$405,000 for the provision of a Behavioral Health Specialist 1 who will be located at the City's Navigation Center location.

Background & History: The funds paid under this grant agreement shall be applied to the performance of a full-time Behavioral Health Specialist 1 who will provide services to guests of the emergency non-congregate shelter at the City's Navigation Center, 275 NE 2nd Street, Bend, Oregon. Services may also be provided at the temporary Navigation Center location at 154 NE Franklin Ave., while the location on NE 2nd Street is under renovation.

Deschutes County Health Services will hire, train, and support a full-time position and locate that staff at the Navigation Center to increase access for those in need. The City shall pay \$135,000 per year for the term of the agreement. It is anticipated that Deschutes County Health Services will have an individual hired, credentialed and trained no later than April 1, 2023.

Agreement Starting Date:

Ending Date:

Total Payment:

Insurance Certificate Received (check box)
Insurance:

Check all that apply:

- RFP, Solicitation or Bid Process
- Informal quotes (<\$150K)
- Exempt from RFP, Solicitation or Bid Process (specify – see DCC §2.37)

Funding Source: City of Bend

Invoice \$135,000 annually beginning "effective date" of the agreement.

Included in current budget? Yes No
If **No**, has budget amendment been submitted? Yes No

Is this a Grant Agreement providing revenue to the County? Yes No

Special conditions attached to this grant: Health Services will invoice City of Bend annually beginning on the grant effective date. Health Services will submit information and supporting documentation to demonstrate the length of time the Behavioral Health Specialist 1 has performed services since the last invoice.

Deadlines for reporting to the grantor:


If a new FTE will be hired with grant funds, confirm that Personnel has been notified that it is a grant-funded position so that this will be noted in the offer letter: Yes No


Contact information for the person responsible for grant compliance: Name:
Phone #:

Departmental Contact and Title:
Phone #:

Deputy Director Approval:

Director Approval:

Signature: 
Holly Harris (Feb 17, 2023 14:39 PST)
Email: holly.harris@deschutes.org
Title: Deputy Director
Company: Deschutes County

Signature: 
Email: janice.garceau@deschutes.org
Title: Director
Company: Deschutes County Health Services

Distribution of Document: Grace Justice Evans, Health Services Department.

Official Review:

County Signature Required (check one): BOCC Department Director (if <\$50K)
 Administrator (if >\$50K but <\$150K; if >\$150K, BOCC Order No. _____)

Legal Review _____ Date _____

Document Number 2023-143