

## Before Starting the Project Application

**To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.**

Things to Remember:

- Additional training resources can be found on the HUD.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2019 Project Application will be imported into the FY 2021 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2021 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

- 1. **Type of Submission:** Application
- 2. **Type of Application:** Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

- 3. **Date Received:** 10/14/2021

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:** OR0190

**This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**

**Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number**

6. **Date Received by State:**

7. **State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** Lane County

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 93-6002303

	<b>c. Organizational DUNS:</b>	030786248	<b>PLUS 4</b>	
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### d. Address

**Street 1:** 151 W. 7th Ave. Room 560

**Street 2:**

**City:** Eugene

**County:** Lane

**State:** Oregon

**Country:** United States

**Zip / Postal Code:** 97401

### e. Organizational Unit (optional)

**Department Name:** Health and Human Services

**Division Name:** Human Services

### f. Name and contact information of person to be contacted on matters involving this application

**Prefix:** Ms.

**First Name:** Amanda

**Middle Name:**

**Last Name:** Borta

**Suffix:**

**Title:** Sr. Program Services Coordinator

**Organizational Affiliation:** Lane County

**Telephone Number:** (541) 682-6526

**Extension:**  
**Fax Number:** (541) 682-9834  
**Email:** amanda.borta@lanecountyor.gov

## 1C. SF-424 Application Details

**9. Type of Applicant:** B. County Government

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6500-N25

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## 1D. SF-424 Congressional District(s)

**14. Area(s) affected by the project (State(s) only):** Oregon  
(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** Camas Permanent Housing Project

**16. Congressional District(s):**

**a. Applicant:** OR-004  
(for multiple selections hold CTRL key)

**b. Project:** OR-004  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 01/01/2023

**b. End Date:** 12/31/2023

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. SF-424 Compliance

**19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

**If "YES", enter the date this application was made available to the State for review:**

**20. Is the Applicant delinquent on any Federal debt?** No

**If "YES," provide an explanation:**

## 1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

### 21. Authorized Representative

**Prefix:** Mr.

**First Name:** Steve

**Middle Name:**

**Last Name:** Mokrohisky

**Suffix:**

**Title:** County Administrator

**Telephone Number:** (541) 682-3688  
**(Format: 123-456-7890)**

**Fax Number:** (541) 682-4616  
**(Format: 123-456-7890)**

**Email:** steve.mokrohisky@lanecountyor.gov

**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.

**Date Signed:** 10/14/2021



# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2506-0214 (exp.02/28/2022)**

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** Lane County

**Prefix:** Mr.

**First Name:** Steve

**Middle Name:**

**Last Name:** Mokrohisky

**Suffix:**

**Title:** County Administrator

**Organizational Affiliation:** Lane County

**Telephone Number:** (541) 682-3688

**Extension:**

**Email:** steve.mokrohisky@lanecountyor.gov

**City:** Eugene

**County:** Lane

**State:** Oregon

**Country:** United States

**Zip/Postal Code:** 97401

**2. Employer ID Number (EIN):** 93-6002303

**3. HUD Program:** Continuum of Care Program

### 4. Amount of HUD Assistance Requested/Received

**4a. Total Amount Requested for this project:** \$206,855

**5. State the name and location (street address, city and state) of the project or activity:** Camas Permanent Housing Project 151 W. 7th Ave. Room 560 Eugene Oregon

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

**Part I Threshold Determinations**

**1. Are you applying for assistance for a specific project or activity?** Yes  
 (For further information, see 24 CFR Sec. 4.3).

**2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9.** Yes

**Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds**

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Lane County 151 W. 7th Ave. Eugene, OR 97401 Room 560	Local government funds	\$41,819.00	Planning Activities (Coordination, project eval, monitoring, developing CoC): \$27,233; Administration match \$14,586
State of Oregon, Oregon Housing and Community Services, 725 Summer St. NE Suite B Salem, OR 97301	State Grant (Emergency Housing Account)	201329.41	HMIS Activities

**Part III Interested Parties**

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
No developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity.	NA	NA	\$0.00	0%

**Certification**

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

**I AGREE:**

**Name / Title of Authorized Official:** Steve Mokrohisky, County Administrator

**Signature of Authorized Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/27/2021

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Lane County

**Program/Activity Receiving Federal Grant Funding:** CoC Program

**Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:**

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

### Sites for Work Performance.

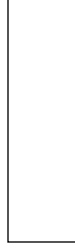
The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application.  
 Refer to addresses entered into the attached project application.

**I certify that the information provided on this form and in any accompanying documentation is true and accurate. I**

X

**acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.**



WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

**Authorized Representative**

**Prefix:** Mr.

**First Name:** Steve

**Middle Name**

**Last Name:** Mokrohisky

**Suffix:**

**Title:** County Administrator

**Telephone Number:** (541) 682-3688  
**(Format: 123-456-7890)**

**Fax Number:** (541) 682-4616  
**(Format: 123-456-7890)**

**Email:** steve.mokrohisky@lanecountyor.gov

**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.

**Date Signed:** 10/14/2021

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### **Statement for Loan Guarantees and Loan Insurance**

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

**the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

**I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:**

X
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**Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)**

**Applicant's Organization:** Lane County

**Name / Title of Authorized Official:** Steve Mokrohisky, County Administrator

**Signature of Authorized Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 10/14/2021

# 1J. SF-LLL

**DISCLOSURE OF LOBBYING ACTIVITIES**  
**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.**  
**Approved by OMB0348-0046**

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

**Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?** Yes

- 1. Type of Federal Action:** Grant
- 2. Status of Federal Action:** Application
- 3. Report Type:** Initial Filing

**4. Name and Address of Reporting Entity:** Prime

**Refer to project name, addresses and contact information entered into the attached project application on screen 1B.**

**Congressional District, if known:** OR-004

**6. Federal Department/Agency:** Department of Housing and Urban Development

**7. Federal Program Name/Description and (CFDA Number):** Continuum of Care (CoC) Program (14.267)

**8. Federal Action Number:** FR-6400-N-25

**9. Award Amount:** \$195,808.00

**10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):**

Smith, Dawson, & Andrews  
1150 Conneticut Ave NW, Suite 1025  
Washington, D.C. 20036



**10b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):**

n/a

**11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

I certify that this information is true and complete.

**Authorized Representative**

**Prefix:** Mr.

**First Name:** Steve

**Middle Name:**

**Last Name:** Mokrohisky

**Suffix:**

**Title:** County Administrator

**Telephone Number:** (541) 682-3688  
**(Format: 123-456-7890)**

**Fax Number:** (541) 682-4616  
**(Format: 123-456-7890)**

**Email:** steve.mokrohisky@lanecountyor.gov

**Signature of Authorized Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 10/14/2021

## IK. SF-424B

### (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007  
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- |    |   |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.   |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.   |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.  |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.  |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).  |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.  |

- |     |  |
|-----|--|
| 8.  | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.   |
| 9.  | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.   |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.  |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.   |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).  |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.   |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.  |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.   |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."  |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.  |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.   |

**As the duly authorized representative of the applicant, I certify:**

**Authorized Representative for:** Lane County  
**Prefix:** Mr.

**First Name:** Steve

**Middle Name:**

**Last Name:** Mokrohisky

**Suffix:**

**Title:** County Administrator

**Signature of Authorized Certifying Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 10/14/2021

## Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:

- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.

## Submission Without Changes

**1. Are the requested renewal funds reduced from the previous award due to reallocation?** No

**2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.** Make changes

**3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.**

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input checked="" type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
<b>Part 6 - Budget Information</b>	
6A. Funding Request	<input checked="" type="checkbox"/>
6B. Leased Units	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>

<b>Part 7 - Attachment(s) &amp; Certification</b>	
<b>7A. Attachment(s)</b>	<input checked="" type="checkbox"/>
<b>7B. Certification</b>	<input checked="" type="checkbox"/>

**You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):**

- Updated Subrecipient expected subaward and contact information
- Updated indirect cost rate
- Updated Leasing budget
- Updated Match

**You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.**

## Recipient Performance

**1. Did you submit your previous year's Annual Performance Report (APR) on time?** Yes

**2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request?** No

**3. Do you draw funds quarterly for your current renewal project?** Yes

**4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request?** No



## **Renewal Grant Consolidation or Renewal Grant Expansion**

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
  - a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
  - b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.
  
2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

**1. Is this renewal project application No requesting to consolidate or expand?**

If "No" click on "Next" or "Save & Next" below to move to the next screen.

## 2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

**Total Expected Sub-Awards:** \$201,331

Organization	Type	Sub-Award Amount
ShelterCare	M. Nonprofit with 501C3 IRS Status	\$201,331

## 2A. Project Subrecipients Detail

**a. Organization Name:** ShelterCare

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 23-7115003

	<b>* d. Organizational DUNS:</b>	168999951	<b>PLUS 4</b>	
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### e. Physical Address

**Street 1:** 499 W. 4th Ave.

**Street 2:**

**City:** Eugene

**State:** Oregon

**Zip Code:** 97401

**f. Congressional District(s):** OR-004  
(for multiple selections hold CTRL key)

**g. Is the subrecipient a Faith-Based Organization?** No

**h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?** Yes

**i. Expected Sub-Award Amount:** \$201,331

### j. Contact Person

**Prefix:** Ms.

**First Name:** Michelle

**Middle Name:**

**Last Name:** Hankes

**Suffix:**

**Title:** Executive Director

**E-mail Address:** mhankes@sheltercare.org

**Confirm E-mail Address:** mhankes@sheltercare.org

**Phone Number:** 541-686-1262

**Extension:**

**Fax Number:** 541-686-0359

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

## 3A. Project Detail

**1. Expiring Grant Project Identification Number (PIN):** OR0190

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

**2. CoC Number and Name:** OR-500 - Eugene, Springfield/Lane County CoC

**3. CoC Collaborative Applicant Name:** Lane County

**4. Project Name:** Camas Permanent Housing Project

**5. Project Status:** Standard

**6. Component Type:** PH

**6a. Select the type of PH project.** PSH

**7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No

**8. Does this project include Replacement Reserves as a CoC Operating Cost?** No

(Attachment Requirement)

### 3B. Project Description

**This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.**

**1. Provide a description that addresses the entire scope of the proposed project.**

Camas Permanent Housing Project serves twelve households without children and two households with children where there is a history of chronic homelessness and a diagnosis of serious mental illness( i.e. schizophrenia or bi-polar disorder), or acute medical care needs. They will reside in scattered site permanent supported housing through a Housing First approach. ShelterCare, the subrecipient, holds the lease and will have a sub occupancy agreement with program participants. Participants will pay no more than 30% of their income. Housing is subsidized and supported with a program of intensive case management provided by an interdisciplinary team of case managers who have multiple specialties. Case managers assist with planning, care coordination, resource acquisition, skill development and emotional support. Assistance with transportation for medical care and other appointments is provided as the participant works their plan. A community health worker provides connections and continuity with medical and wellness plans. Mental Health treatment is offered through a team therapist and a housing specialist helps to locate housing and employment assistance is offered to maintain housing stability. Services are based in the community, typically in the program participant’s home. Services are participant-directed, strengths-based and recovery focused. The projected outcome is for 83% of Camas participants will remain in permanent housing at the end of the operating year or exit to permanent housing (subsidized or unsubsidized) during the operating year.

Community partners include Sacred Heart Medical Center's Acute Psychiatric Care Unit, the ShelterCare Medical Respite Program, Shankle Safe Haven, WhiteBird Clinic, Catholic Community Services, St. Vincent de Paul's Eugene Service Station, Looking Glass Youth and Family Services, and Lane County Behavioral Health.

**2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)**

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>

Other(Click 'Save' to update)	<input type="checkbox"/>
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Other: Medically fragile

### 3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3d. Does the project follow a "Housing First" approach? Yes

### 3C. Dedicated Plus

#### Dedicated and DedicatedPLUS

**A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.**

**A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:**

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

**1. Is this project “100% Dedicated,” “DedicatedPLUS,” or “N/A”?** 100% Dedicated

**(Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.C.2.p).**



## 4A. Supportive Services for Program Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to program participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	As needed
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Monthly
Child Care	Subrecipient	As needed
Education Services	Subrecipient	As needed
Employment Assistance and Job Training	Non-Partner	As needed
Food	Subrecipient	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Subrecipient	As needed
Life Skills Training	Subrecipient	Monthly
Mental Health Services	Subrecipient	Weekly
Outpatient Health Services	Subrecipient	As needed
Outreach Services	Non-Partner	As needed
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Subrecipient	As needed
Utility Deposits	Subrecipient	As needed

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by Yes

**this project, subrecipient, or partner agency?**

**4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months?** Yes

## 4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

**Total Units:** 14

**Total Beds:** 18

**Total Dedicated CH Beds:** 18

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	14	18

## 4B. Housing Type and Location Detail

**1. Housing Type:** Scattered-site apartments (including efficiencies)

**2. Indicate the maximum number of units and beds available for program participants at the selected housing site.**

**a. Units:** 14

**b. Beds:** 18

**3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 18

**This includes both the "dedicated" and "prioritized" beds from previous competitions.**

### 4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Street 1:** 499 W. 4th Ave.

**Street 2:**

**City:** Eugene

**State:** Oregon

**ZIP Code:** 97401

**5. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

419039 Lane County, 411290 Springfield,  
410426 Eugene

## 5A. Program Participants - Households

**This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.**

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	2	12	0	14

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	2	12		14
Persons ages 18-24	0	0		0
Accompanied Children under age 18	4		0	4
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	6	12	0	18

**Click Save to automatically calculate totals**

## 5B. Program Participants - Subpopulations

**This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.**

### Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	2					2	2	2		
Persons ages 18-24										
Children under age 18	4						4			
<b>Total Persons</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>6</b>	<b>2</b>	<b>0</b>	<b>0</b>

**Click Save to automatically calculate totals**

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	12			2	0	2	1	6	3	0
Persons ages 18-24										
<b>Total Persons</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>6</b>	<b>3</b>	<b>0</b>

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										

<b>Total Persons</b>	0			0	0	0	0	0	0	0
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## 6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below:

Agency	Indirect Cost Rate	Direct Cost Base	Date approved or enter "NA" if using 10 % de minimis rate
DHS	10%	\$3,898,691	1/8/21

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No

4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

Leased Units	X
Leased Structures	
Rental Assistance	
Supportive Services	X



<b>Operating</b>	X
<b>HMIS</b>	

## 6B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

<b>Total Annual Assistance Requested:</b>		\$132,639	
<b>Grant Term:</b>		1 Year	
<b>Total Request for Grant Term:</b>		\$132,639	
<b>Total Units:</b>		14	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
OR - Eugene-Sprin...	14	\$132,639	\$132,639

## Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

**Metropolitan or non-metropolitan OR - Eugene-Springfield, OR MSA (4103999999)  
 fair market rent area:**

### Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO	0	
0 Bedroom	5	
1 Bedroom	7	
2 Bedroom	2	
3 Bedroom	0	
4 Bedroom	0	
5 Bedroom	0	
6 Bedroom	0	
7 Bedroom	0	
8 Bedroom	0	
9 Bedroom	0	
<b>Total Units and Annual Assistance Requested</b>	<b>14</b>	<b>\$132,639</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$132,639</b>

**Click the 'Save' button to automatically calculate totals.**

## 6D. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

### Summary for Match

Total Value of Cash Commitments:	\$18,554
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$18,554

**1. Will this project generate program income** Yes  
**described in 24 CFR 578.97 to use as Match**  
**for this project?**

**1a. Briefly describe the source of the program income:**

Tenant Rent

**1b. Estimate the amount of program income** \$12,156  
**that will be used as Match for this project:**

Type	Source	Contributor	Value of Commitments
Cash	Government	Lane County Healt...	\$1,381
Cash	Private	ShelterCare	\$17,173

## Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Government
- 3. Name of Source:** Lane County Health & Human Services  
**(Be as specific as possible and include the office or grant program as applicable)**
- 4. Amount of Written Commitment:** \$1,381

## Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** ShelterCare  
**(Be as specific as possible and include the office or grant program as applicable)**
- 4. Amount of Written Commitment:** \$17,173

## 6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$132,639
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$46,934
4. Operating	\$16,235
5. HMIS	\$0
6. Sub-total Costs Requested	\$195,808
7. Admin (Up to 10%)	\$11,047
8. Total Assistance plus Admin Requested	\$206,855
9. Cash Match	\$18,554
10. In-Kind Match	\$0
11. Total Match	\$18,554
12. Total Budget	\$225,409

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	SHELTER CARE PROO...	08/02/2017
2) Other Attachment	No	Indirect Cost Plan	09/29/2021
3) Other Attachment	No		

## **Attachment Details**

**Document Description:** SHELTER CARE PROOF NON PROFIT STATUS

## **Attachment Details**

**Document Description:** Indirect Cost Plan

## **Attachment Details**

**Document Description:** Memo Re Subrecipient



## 7B. Certification

### **A. For all projects: Fair Housing and Equal Opportunity**

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**15-Year Operation Rule – 24 CFR part 578 only.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official** Steve Mokrohisky

**Date:** 10/14/2021

**Title:** County Administrator

**Applicant Organization:** Lane County

**PHA Number (For PHA Applicants Only):**

**I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).**

X

**Active SAM Status Requirement.**

**I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.**

X

## 8B Submission Summary

Page	Last Updated
<b>1A. SF-424 Application Type</b>	09/27/2021
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required

Renewal Project Application FY2021	Page 52	10/26/2021
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<b>1D. SF-424 Congressional District(s)</b>	09/27/2021
<b>1E. SF-424 Compliance</b>	09/09/2021
<b>1F. SF-424 Declaration</b>	09/27/2021
<b>1G. HUD-2880</b>	09/27/2021
<b>1H. HUD-50070</b>	09/27/2021
<b>1I. Cert. Lobbying</b>	09/27/2021
<b>1J. SF-LLL</b>	10/11/2021
<b>IK. SF-424B</b>	09/27/2021
<b>Submission Without Changes</b>	09/27/2021
<b>Recipient Performance</b>	09/09/2021
<b>Renewal Grant Consolidation or Renewal Grant Expansion</b>	09/27/2021
<b>2A. Subrecipients</b>	09/27/2021
<b>3A. Project Detail</b>	09/27/2021
<b>3B. Description</b>	09/09/2021
<b>3C. Dedicated Plus</b>	09/09/2021
<b>4A. Services</b>	09/09/2021
<b>4B. Housing Type</b>	09/09/2021
<b>5A. Households</b>	09/09/2021
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	09/29/2021
<b>6B. Leased Units</b>	09/27/2021
<b>6D. Match</b>	09/27/2021
<b>6E. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/09/2021
<b>7B. Certification</b>	10/11/2021

Attachment 1. d.

Internal Revenue Service

Department of the Treasury

P. O. Box 2508  
Cincinnati, OH 45201

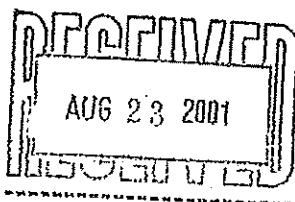
Date: August 20, 2001

Person to Contact:  
Stephanie Broach-Camp 31-04022  
Customer Service Representative  
Toll Free Telephone Number:

8:00 a.m. to 9:30 p.m. EST  
877-829-5500

Fax Number:  
513-263-3756  
Federal Identification Number:  
23-7115003

Sheltercare  
P.O. Box 23338  
Eugene, OR 97402



Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in February 1997 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Sheltercare  
23-7115003

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.


The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE  
Customer Account Services

CERTIFICATE

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

I, PHIL KEISLING, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

**LANE SHELTERCARE INC.**

was

incorporated

under the Oregon

Nonprofit Corporation Act

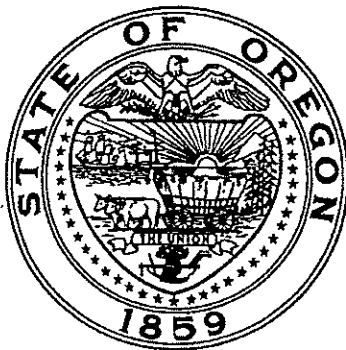
on

December 2, 1970

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

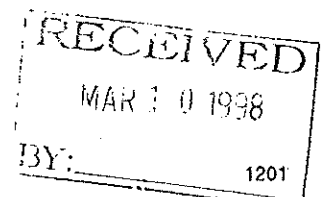
PHIL KEISLING, Secretary of State



By

*Debbie Virag*

Debbie Virag  
March 6, 1998





# LANE COUNTY, OREGON



## UNIFORM GUIDANCE COST PLAN FISCAL YEAR 2022 2020 ACTUALS

Lane County, Oregon  
Federal Central Service Cost Allocation Plan  
and Indirect Rate Proposal  
for Fiscal Year 2022

**CERTIFICATE OF COST ALLOCATION PLAN**

This is to certify that I have reviewed the cost allocation plan submitted herewith and to the best of my knowledge and belief:

- 1 All costs included in this proposal dated January 8, 2021 to establish cost allocations or billings for Fiscal Year 2022 are allowable in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards" (Uniform Guidance) and the Federal awards to which they apply. Unallowable costs have been adjusted for in allocating costs as indicated in the cost allocation plan.
- 2 All costs included in this proposal are properly allocable to Federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the Federal awards to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently.

I declare that the foregoing is true and correct.

Lane County, Oregon



Robert Tintle  
Financial Services Manager

January 8, 2021

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**LANE COUNTY**  
**Allocated Costs By Department**

Central Service Departments	51 COUNTY COMM	11 124 DIST ATTORNEY	11 231 DA LQ ENF	11 261 DA SPC REV	15 124 PUBLIC SAFTEY	15 124 PUB SAF MEDICAL	15 124 PUB SAF CORR
BUILDING DEPRECIATION	27,358	16,615	0	0	674,532	22,993	44,020
51 COUNTY ADMIN	2,396	33,214	4	0	55,634	0	34,863
51 BUDGET	766	9,842	28	0	18,898	0	12,348
51 PERFORM AUDITOR	144	1,731	0	0	3,147	0	2,475
53 CTY CNSL / RISK / WC	24,116	38,312	0	0	118,258	0	71,565
51 FINANCE	3,315	44,670	107	34	103,411	0	65,643
56 HUMAN RESOURCES	8,986	131,198	0	0	207,580	0	120,595
51 OPERATIONS	0	0	0	0	0	0	0
51 MAIL ROOM	57	8,796	0	0	14,002	0	0
51 WAREHOUSE	0	0	0	0	0	0	0
36 REAL PROPERTY	12,318	15,859	0	0	56,936	0	0
36 124 TAX FORE	0	0	0	0	0	0	0
51 FACILITY MTNC	39,549	65,089	0	0	182,813	0	0
51 ARCHIVES	0	13,464	0	0	1,118	0	0
52 EMERGENCY MGMT	937	13,674	0	0	21,635	0	12,569
57 GENERAL EXP	2,576	6,112	1	0	11,113	0	8,739
Total Allocated	122,518	398,576	140	34	1,469,077	22,993	372,817
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	122,518	398,576	140	34	1,469,077	22,993	372,817
Adjustments	0	0	0	0	0	0	0
Proposed Costs	122,518	398,576	140	34	1,469,077	22,993	372,817





**LANE COUNTY**  
**Allocated Costs By Department**

Central Service Departments	15 290 SO LEVY	15 263 SO SPC REV	15 539 COMMISSARY	15 620 PS FLEET	15 620 REPLACEMT	31 124 ASSESS & TAX	34 285 JTSOC SCV
BUILDING DEPRECIATION	0	62,709	0	0	0	44,090	129,755
51 COUNTY ADMIN	47,199	12,327	172	965	973	21,851	30,488
51 BUDGET	21,937	5,920	352	1,540	1,795	6,610	22,900
51 PERFORM AUDITOR	2,664	767	28	168	163	1,042	1,509
53 CTY CNSL / RISK / WC	46,700	11,360	0	0	0	44,849	21,911
51 FINANCE	47,530	21,175	1,672	1,709	3,728	35,152	88,877
56 HUMAN RESOURCES	176,578	42,954	0	0	0	88,065	82,852
51 OPERATIONS	0	0	0	0	0	0	0
51 MAIL ROOM	0	1	0	0	0	10,902	4,336
51 WAREHOUSE	0	0	0	0	0	0	0
36 REAL PROPERTY	0	0	0	0	0	25,627	0
36 124 TAX FORE	0	0	0	0	0	0	0
51 FACILITY MTNC	0	0	0	0	0	82,282	56,403
51 ARCHIVES	0	0	0	0	0	5,177	1,531
52 EMERGENCY MGMT	18,403	4,477	0	0	0	9,178	8,635
57 GENERAL EXP	9,410	2,709	99	596	576	3,681	5,330
Total Allocated	370,421	164,399	2,323	4,978	7,235	378,506	454,527
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	370,421	164,399	2,323	4,978	7,235	378,506	454,527
Adjustments	0	0	0	0	0	0	0
Proposed Costs	370,421	164,399	2,323	4,978	7,235	378,506	454,527



**LANE COUNTY**  
**Allocated Costs By Department**

Central Service Departments	34 286 HHS	34 287 LANECARE	34 288 COMM HLTH/CLIN FIN SVCS	34 289 YOUTH SRVCS	34 290 SECURE	36 283 LCAS	36 521 LEC
BUILDING DEPRECIATION	1,074,903	0	502,460	676,135	0	0	0
51 COUNTY ADMIN	158,689	19,810	91,784	29,272	6,616	1,486	7,651
51 BUDGET	63,919	15,943	28,479	12,605	3,445	731	2,814
51 PERFORM AUDITOR	7,783	817	4,898	1,446	334	113	557
53 CTY CNSL / RISK / WC	295,019	19,061	124,463	42,883	6,655	2,237	14,646
51 FINANCE	280,300	28,426	154,053	66,257	14,974	5,231	25,453
56 HUMAN RESOURCES	608,104	72,069	360,489	113,765	25,161	4,475	26,060
51 OPERATIONS	0	0	0	0	0	0	0
51 MAIL ROOM	15,319	1	17,621	2,981	0	0	0
51 WAREHOUSE	11,280	0	0	0	0	0	0
36 REAL PROPERTY	32,707	0	0	0	0	0	0
36 124 TAX FORE	0	0	0	0	0	0	0
51 FACILITY MTNC	699,999	0	590,337	831,863	0	0	0
51 ARCHIVES	16,031	0	0	0	0	0	619
52 EMERGENCY MGMT	63,367	7,511	37,571	11,857	2,622	466	2,716
57 GENERAL EXP	27,486	2,885	17,299	5,107	1,178	401	1,964
Total Allocated	3,354,906	166,523	1,929,454	1,794,171	60,985	15,140	82,480
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	3,354,906	166,523	1,929,454	1,794,171	60,985	15,140	82,480
Adjustments	0	0	0	0	0	0	0
Proposed Costs	3,354,906	166,523	1,929,454	1,794,171	60,985	15,140	82,480



**LANE COUNTY**  
**Allocated Costs By Department**

Central Service Departments	36 522 LEC TRT	36 124 RL PROP FEE	36 124 WORK CAMP	36 216 PARKS ADMIN	36 217 CV BRIDGE	36 225 PW ADMIN	36 225 WEIGHMSTR
BUILDING DEPRECIATION	367,515	18,212	0	0	0	0	0
51 COUNTY ADMIN	1,022	0	0	10,425	1	9,156	182
51 BUDGET	2,128	0	0	4,892	9	2,991	132
51 PERFORM AUDITOR	164	0	0	645	0	460	37
53 CTY CNSL / RISK / WC	0	0	0	18,986	0	91,183	0
51 FINANCE	2,530	0	0	48,314	0	14,315	567
56 HUMAN RESOURCES	0	0	0	33,788	0	35,945	0
51 OPERATIONS	0	0	0	0	0	0	0
51 MAIL ROOM	0	0	0	0	0	8,963	0
51 WAREHOUSE	1,611	0	0	9,668	0	0	0
36 REAL PROPERTY	0	43,044	0	0	0	0	0
36 124 TAX FORE	0	0	0	0	0	0	0
51 FACILITY MTNC	0	142,406	0	0	0	0	0
51 ARCHIVES	0	0	0	0	0	1,859	0
52 EMERGENCY MGMT	0	0	0	3,521	0	3,746	0
57 GENERAL EXP	580	0	0	2,277	0	1,625	129
Total Allocated	375,550	203,662	0	132,516	10	170,243	1,047
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	375,550	203,662	0	132,516	10	170,243	1,047
Adjustments	0	0	0	0	0	0	0
Proposed Costs	375,550	203,662	0	132,516	10	170,243	1,047



**LANE COUNTY**  
**Allocated Costs By Department**

Central Service Departments	36 225 RD FND FAC MAINT	36 225 SURVEYORS	36 225 RD GEN EXP	36 225 DELTA CAMPUS IMPROV	36 225 DELTA CAMPUS SVS	36 225 PW SAFETY	36 225 Environmental Svs
BUILDING DEPRECIATION	0	0	0	0	0	0	0
51 COUNTY ADMIN	467	4,616	1,055	80	50	534	0
51 BUDGET	140	1,380	7,345	21	33	247	0
51 PERFORM AUDITOR	26	254	22	17	10	25	0
53 CTY CNSL / RISK / WC	476	4,753	8,935	0	0	476	0
51 FINANCE	1,041	10,046	634	0	83	1,154	0
56 HUMAN RESOURCES	1,798	17,972	0	0	0	1,798	0
51 OPERATIONS	0	0	0	0	0	0	0
51 MAIL ROOM	0	0	0	0	0	0	0
51 WAREHOUSE	0	0	0	0	0	0	0
36 REAL PROPERTY	0	0	0	0	0	0	0
36 124 TAX FORE	0	0	0	0	0	0	0
51 FACILITY MTNC	0	0	0	0	0	0	0
51 ARCHIVES	0	24	0	0	0	0	0
52 EMERGENCY MGMT	188	1,873	0	0	0	188	0
57 GENERAL EXP	94	897	76	60	36	89	0
Total Allocated	4,230	41,815	18,067	178	212	4,511	0
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	4,230	41,815	18,067	178	212	4,511	0
Adjustments	0	0	0	0	0	0	0
Proposed Costs	4,230	41,815	18,067	178	212	4,511	0



**LANE COUNTY**  
**Allocated Costs By Department**

Central Service Departments	36 225 RD FND FACILITIES	36 225 ENG DESGN	36 225 RD BRIDGE	36 225 FIELD ENG	36 225 RT OF WAY	36 225 ENG ADMIN	36 226 FED FRST RD MAINT
BUILDING DEPRECIATION	0	0	0	0	0	0	0
51 COUNTY ADMIN	1,485	3,403	42,427	6,604	1,628	1,441	7
51 BUDGET	1,028	1,237	15,742	2,123	384	469	49
51 PERFORM AUDITOR	116	183	2,540	369	58	88	0
53 CTY CNSL / RISK / WC	1,188	3,327	39,688	6,655	1,901	1,427	0
51 FINANCE	3,528	6,239	76,061	11,177	1,801	2,050	0
56 HUMAN RESOURCES	4,493	12,581	150,069	25,161	7,189	5,392	0
51 OPERATIONS	0	0	0	0	0	0	0
51 MAIL ROOM	0	0	0	0	0	0	0
51 WAREHOUSE	0	0	0	0	0	0	0
36 REAL PROPERTY	0	0	0	0	0	0	0
36 124 TAX FORE	0	0	0	0	0	0	0
51 FACILITY MTNC	0	0	0	0	0	0	0
51 ARCHIVES	0	0	0	0	0	0	0
52 EMERGENCY MGMT	468	1,312	15,640	2,622	749	562	0
57 GENERAL EXP	412	646	8,970	1,303	205	309	0
Total Allocated	12,718	28,928	351,137	56,014	13,915	11,738	56
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	12,718	28,928	351,137	56,014	13,915	11,738	56
Adjustments	0	0	0	0	0	0	0
Proposed Costs	12,718	28,928	351,137	56,014	13,915	11,738	56



**LANE COUNTY**  
**Allocated Costs By Department**

Central Service Departments	36 225 TRANS PLN	36 225 SIGN SHOP	36 225 ELECTRICAL	36 225 TRAFFIC ENG	36 225 ROAD CONST	36 226 TERR HWY GEN EXP	36 226 TERR HWY EXCH
BUILDING DEPRECIATION	0	0	0	0	0	0	0
51 COUNTY ADMIN	1,923	4,101	578	1,568	10,238	244	718
51 BUDGET	669	1,448	234	460	8,735	1,870	1,293
51 PERFORM AUDITOR	103	284	48	80	1,854	0	83
53 CTY CNSL / RISK / WC	1,901	3,802	476	1,663	0	0	0
51 FINANCE	2,880	10,380	6,020	2,469	5,579	0	1,510
56 HUMAN RESOURCES	7,189	14,378	1,798	6,290	0	0	0
51 OPERATIONS	0	0	0	0	0	0	0
51 MAIL ROOM	0	0	0	0	0	0	0
51 WAREHOUSE	0	0	0	0	0	0	0
36 REAL PROPERTY	0	0	0	0	0	0	0
36 124 TAX FORE	0	0	0	0	0	0	0
51 FACILITY MTNC	0	0	0	0	0	0	0
51 ARCHIVES	0	0	0	0	0	0	0
52 EMERGENCY MGMT	749	1,498	188	656	0	0	0
57 GENERAL EXP	361	1,002	171	279	6,550	0	293
Total Allocated	15,775	36,893	9,513	13,465	32,956	2,114	3,897
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	15,775	36,893	9,513	13,465	32,956	2,114	3,897
Adjustments	0	0	0	0	0	0	0
Proposed Costs	15,775	36,893	9,513	13,465	32,956	2,114	3,897



**LANE COUNTY**  
**Allocated Costs By Department**

Central Service Departments	36 227 FED FRST GEN EXP	36 240 CRNER PRS	36 266 Parks Gifts/Grants	36 266 TAX FORE	36 266 MNFCTD STRUCT	36 266 PARKS SDC	36 530 SW ADMIN
BUILDING DEPRECIATION	0	0	0	0	0	0	0
51 COUNTY ADMIN	786	1,050	0	182	228	15	1,775
51 BUDGET	5,667	667	0	357	152	96	2,580
51 PERFORM AUDITOR	10	67	0	30	9	1	100
53 CTY CNSL / RISK / WC	0	951	0	0	238	0	6,425
51 FINANCE	54	7,383	17	1,270	1,050	912	6,703
56 HUMAN RESOURCES	0	3,594	0	0	898	0	5,392
51 OPERATIONS	0	0	0	0	0	0	0
51 MAIL ROOM	0	0	0	0	0	0	0
51 WAREHOUSE	0	0	0	0	0	0	0
36 REAL PROPERTY	0	0	0	0	0	0	0
36 124 TAX FORE	0	0	0	102,883	0	0	0
51 FACILITY MTNC	0	0	0	0	0	0	0
51 ARCHIVES	0	0	0	0	0	0	559
52 EMERGENCY MGMT	0	375	0	0	93	0	562
57 GENERAL EXP	37	238	0	106	34	3	355
Total Allocated	6,554	14,325	17	104,828	2,702	1,027	24,451
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	6,554	14,325	17	104,828	2,702	1,027	24,451
Adjustments	0	0	0	0	0	0	0
Proposed Costs	6,554	14,325	17	104,828	2,702	1,027	24,451



**LANE COUNTY**  
**Allocated Costs By Department**

Central Service Departments	36 530 SW FEE	36 530 SW RECYCLE	36 530 SP WASTE	36 530 ABATEMENT	36 530 SW OPS	36 530 SW ENVIRON	36 530 TRNSFR ST
BUILDING DEPRECIATION	0	0	0	0	0	0	0
51 COUNTY ADMIN	10,329	7,735	2,882	504	8,354	993	13,056
51 BUDGET	2,592	2,771	901	187	10,444	359	7,884
51 PERFORM AUDITOR	422	441	175	33	720	64	830
53 CTY CNSL / RISK / WC	11,692	7,368	2,852	476	5,229	951	11,884
51 FINANCE	20,766	18,806	4,612	836	11,142	1,934	21,049
56 HUMAN RESOURCES	44,212	27,857	10,784	1,798	19,769	3,594	44,931
51 OPERATIONS	0	0	0	0	0	0	0
51 MAIL ROOM	0	0	0	0	0	0	0
51 WAREHOUSE	0	0	0	0	0	0	0
36 REAL PROPERTY	0	0	0	0	0	0	0
36 124 TAX FORE	0	0	0	0	0	0	0
51 FACILITY MTNC	0	0	0	0	0	0	0
51 ARCHIVES	0	0	0	0	0	0	0
52 EMERGENCY MGMT	4,608	2,903	1,124	188	2,061	375	4,683
57 GENERAL EXP	1,490	1,556	618	118	2,543	225	2,930
Total Allocated	96,111	69,437	23,948	4,140	60,262	8,495	107,247
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	96,111	69,437	23,948	4,140	60,262	8,495	107,247
Adjustments	0	0	0	0	0	0	0
Proposed Costs	96,111	69,437	23,948	4,140	60,262	8,495	107,247





**LANE COUNTY**  
**Allocated Costs By Department**

Central Service Departments	36 530 SITE CLEANUP	36 530 WASTE DVRS	36 530 VACTOR FACILITY	36 570 LMD PLNG	36 570 LMD BLDG	36 570 LMD ELECT	36 570 LMD ADMIN
BUILDING DEPRECIATION	0	0	0	0	0	0	0
51 COUNTY ADMIN	139	0	175	5,556	4,651	587	4,490
51 BUDGET	178	0	180	2,192	1,635	194	3,243
51 PERFORM AUDITOR	13	0	33	280	265	51	173
53 CTY CNSL / RISK / WC	0	0	0	5,703	4,515	476	85,678
51 FINANCE	712	0	383	15,880	22,521	4,237	12,868
56 HUMAN RESOURCES	0	0	0	21,567	17,074	1,798	17,972
51 OPERATIONS	0	0	0	0	0	0	0
51 MAIL ROOM	0	0	0	0	0	0	0
51 WAREHOUSE	0	0	0	0	0	0	0
36 REAL PROPERTY	0	0	0	0	0	0	0
36 124 TAX FORE	0	0	0	0	0	0	0
51 FACILITY MTNC	0	0	0	0	0	0	0
51 ARCHIVES	0	0	0	0	0	0	814
52 EMERGENCY MGMT	0	0	0	2,248	1,780	188	1,873
57 GENERAL EXP	44	0	119	991	937	182	610
Total Allocated	1,086	0	890	54,417	53,378	7,713	127,721
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	1,086	0	890	54,417	53,378	7,713	127,721
Adjustments	0	0	0	0	0	0	0
Proposed Costs	1,086	0	890	54,417	53,378	7,713	127,721



**LANE COUNTY**  
**Allocated Costs By Department**

Central Service Departments	36 570 LMD TECH	36 570 LMD SUBSF	36 570 LMD SVCS	36 619 FLEET SRV	51 267 ECON DEVELOP	51 124 HOUSING COORDINATION	51 124 CAP PGM MGMT
BUILDING DEPRECIATION	0	0	0	0	856	0	4,172
51 COUNTY ADMIN	57	976	1,105	16,068	78,295	399	1,450
51 BUDGET	251	316	621	16,130	358	125	434
51 PERFORM AUDITOR	5	61	81	1,534	54	13	72
53 CTY CNSL / RISK / WC	0	951	951	9,983	2,004	476	1,544
51 FINANCE	2,635	6,146	3,207	62,580	1,292	227	1,347
56 HUMAN RESOURCES	0	3,594	3,594	37,742	3,594	1,798	5,841
51 OPERATIONS	0	0	0	0	0	0	9,578
51 MAIL ROOM	0	0	0	0	0	0	0
51 WAREHOUSE	0	0	0	12,085	0	0	37,063
36 REAL PROPERTY	0	0	0	0	497	0	2,425
36 124 TAX FORE	0	0	0	0	0	0	0
51 FACILITY MTNC	0	0	0	0	1,597	0	7,786
51 ARCHIVES	0	0	0	0	0	0	0
52 EMERGENCY MGMT	0	375	375	3,934	375	188	609
57 GENERAL EXP	18	216	286	5,418	193	42	253
Total Allocated	2,966	12,635	10,220	165,474	89,115	3,268	72,574
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	2,966	12,635	10,220	165,474	89,115	3,268	72,574
Adjustments	0	0	0	0	0	0	0
Proposed Costs	2,966	12,635	10,220	165,474	89,115	3,268	72,574



**LANE COUNTY**  
**Allocated Costs By Department**

Central Service Departments	51 222 LAW LBRY	51 124 RECORDS	51 244 CTY CLERK	51 124 ELECTIONS	51 267 ELECTIONS EQUIP	51 124 BOPTA	51 124 JUSTICE CT
BUILDING DEPRECIATION	1,123	10,275	0	53,560	0	826	0
51 COUNTY ADMIN	549	2,199	38	3,729	370	107	934
51 BUDGET	373	613	149	1,425	283	34	288
51 PERFORM AUDITOR	38	98	4	318	73	4	52
53 CTY CNSL / RISK / WC	969	2,888	0	12,625	0	118	951
51 FINANCE	1,912	25,998	6,255	9,522	346	747	2,495
56 HUMAN RESOURCES	1,798	9,166	0	11,503	0	449	3,594
51 OPERATIONS	0	10,820	0	22,835	0	0	0
51 MAIL ROOM	4	2,389	0	0	0	133	0
51 WAREHOUSE	0	0	0	4,834	0	0	0
36 REAL PROPERTY	5,047	7,213	0	0	0	480	0
36 124 TAX FORE	0	0	0	0	0	0	0
51 FACILITY MTNC	16,206	23,162	0	182,184	0	1,541	0
51 ARCHIVES	0	0	0	0	0	0	0
52 EMERGENCY MGMT	188	955	0	1,199	0	47	375
57 GENERAL EXP	134	346	14	1,124	258	16	186
Total Allocated	28,341	96,122	6,460	304,858	1,330	4,502	8,875
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	28,341	96,122	6,460	304,858	1,330	4,502	8,875
Adjustments	0	0	0	0	0	0	0
Proposed Costs	28,341	96,122	6,460	304,858	1,330	4,502	8,875



**LANE COUNTY**  
**Allocated Costs By Department**

Central Service Departments	51 267 P&P	51 435 CAP IMP	51 627 INVESTMTS	51 627 MAILROOM	51 627 WAREHOUSE	57 241 CO SCHOOL	57 250 TITLE III
BUILDING DEPRECIATION	15,631	0	0	317	0	0	0
51 COUNTY ADMIN	30,508	6,101	294	119	5	167	2
51 BUDGET	12,655	8,602	230	178	15	1,282	8
51 PERFORM AUDITOR	1,850	933	58	21	1	0	0
53 CTY CNSL / RISK / WC	62,321	0	0	0	0	0	0
51 FINANCE	45,461	6,415	275,043	164	25	17	0
56 HUMAN RESOURCES	106,037	0	0	0	0	0	0
51 OPERATIONS	181,709	0	0	0	0	0	0
51 MAIL ROOM	2,801	0	0	0	0	0	0
51 WAREHOUSE	0	0	0	0	0	0	0
36 REAL PROPERTY	1,839	0	0	1,425	0	0	0
36 124 TAX FORE	0	0	0	0	0	0	0
51 FACILITY MTNC	77,108	0	0	4,578	0	0	0
51 ARCHIVES	0	0	0	0	0	0	0
52 EMERGENCY MGMT	11,051	0	0	0	0	0	0
57 GENERAL EXP	6,535	3,296	205	73	2	0	1
Total Allocated	555,506	25,347	275,830	6,875	48	1,466	11
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	555,506	25,347	275,830	6,875	48	1,466	11
Adjustments	0	0	0	0	0	0	0
Proposed Costs	555,506	25,347	275,830	6,875	48	1,466	11



**LANE COUNTY**  
**Allocated Costs By Department**

Central Service Departments	57 250 TITLE III SRS 2013	57 250 TITLE III SRS 2017-18	57 269 TOURISM	57 269 COMM ECON	57 269 SCFS	57 269 AFORD HSG	57 323 FAIRBOARD
BUILDING DEPRECIATION	0	0	0	0	0	0	0
51 COUNTY ADMIN	164	137	2,393	913	211	1	7
51 BUDGET	9,041	19,614	2,793	2,664	469	6	49
51 PERFORM AUDITOR	6	4	448	74	33	0	0
53 CTY CNSL / RISK / WC	0	0	0	0	0	0	0
51 FINANCE	0	26	272	1,582	1,084	0	0
56 HUMAN RESOURCES	0	0	0	0	0	0	0
51 OPERATIONS	0	0	0	0	0	0	0
51 MAIL ROOM	0	0	0	0	0	0	0
51 WAREHOUSE	0	0	0	0	0	0	0
36 REAL PROPERTY	0	0	0	0	0	0	0
36 124 TAX FORE	0	0	0	0	0	0	0
51 FACILITY MTNC	0	0	0	0	0	0	0
51 ARCHIVES	0	0	0	0	0	0	0
52 EMERGENCY MGMT	0	0	0	0	0	0	0
57 GENERAL EXP	24	15	1,581	262	117	0	0
Total Allocated	9,235	19,796	7,487	5,495	1,914	7	56
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	9,235	19,796	7,487	5,495	1,914	7	56
Adjustments	0	0	0	0	0	0	0
Proposed Costs	9,235	19,796	7,487	5,495	1,914	7	56



**LANE COUNTY**  
**Allocated Costs By Department**

Central Service Departments	57 333 BOND RET	57 341 NOTE RET	57 612 SELF INS	57 614 EE BNFT	57 610 MEDICAL	57 615 PERS BOND	57 714 RETIREE
BUILDING DEPRECIATION	0	0	0	0	0	0	0
51 COUNTY ADMIN	112	10	2,456	29,490	23,562	609	2,977
51 BUDGET	857	73	4,217	22,448	21,140	4,630	5,974
51 PERFORM AUDITOR	0	0	421	5,845	4,575	1	472
53 CTY CNSL / RISK / WC	0	0	0	0	0	0	0
51 FINANCE	0	0	959	753	926	0	458
56 HUMAN RESOURCES	0	0	0	0	0	0	0
51 OPERATIONS	0	0	0	0	0	0	0
51 MAIL ROOM	0	0	0	0	0	0	0
51 WAREHOUSE	0	0	0	0	0	0	0
36 REAL PROPERTY	0	0	0	0	0	0	0
36 124 TAX FORE	0	0	0	0	0	0	0
51 FACILITY MTNC	0	0	0	0	0	0	0
51 ARCHIVES	0	0	0	0	0	0	0
52 EMERGENCY MGMT	0	0	0	0	0	0	0
57 GENERAL EXP	0	0	1,485	20,644	16,160	5	1,667
Total Allocated	969	83	9,538	79,180	66,363	5,245	11,548
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	969	83	9,538	79,180	66,363	5,245	11,548
Adjustments	0	0	0	0	0	0	0
Proposed Costs	969	83	9,538	79,180	66,363	5,245	11,548



**LANE COUNTY**  
**Allocated Costs By Department**

Central Service Departments	58 653 PC RPLACE	58 653 COPIER	58 654 TECH SVCS	AGENCY FUNDS	STATE COURTS	OTHER	SubTotal
BUILDING DEPRECIATION	0	0	230,599	0	43,259	0	4,021,915
51 COUNTY ADMIN	1,387	238	34,065	0	0	470	965,508
51 BUDGET	2,231	509	12,751	0	0	3,320	485,366
51 PERFORM AUDITOR	229	25	2,048	0	0	8	60,428
53 CTY CNSL / RISK / WC	0	0	37,655	0	0	0	1,346,746
51 FINANCE	10,489	2,399	60,069	7,312	0	83	1,891,476
56 HUMAN RESOURCES	0	0	120,863	0	0	0	2,925,585
51 OPERATIONS	0	0	0	0	0	0	224,942
51 MAIL ROOM	0	0	58	0	0	0	88,364
51 WAREHOUSE	0	0	806	0	0	0	77,347
36 REAL PROPERTY	0	0	47,084	0	129,071	0	381,572
36 124 TAX FORE	0	0	0	0	0	0	102,883
51 FACILITY MTNC	0	0	151,181	0	435,046	0	3,591,130
51 ARCHIVES	0	0	0	0	0	0	41,196
52 EMERGENCY MGMT	0	0	12,597	0	0	0	304,907
57 GENERAL EXP	808	88	7,232	0	0	50	215,516
Total Allocated	15,144	3,259	717,008	7,312	607,376	3,931	16,724,881
Roll Forward	0	0	0	0	0	0	0
Cost With Roll Forward	15,144	3,259	717,008	7,312	607,376	3,931	16,724,881
Adjustments	0	0	0	0	0	0	0
Proposed Costs	15,144	3,259	717,008	7,312	607,376	3,931	16,724,881



**LANE COUNTY**  
**Allocated Costs By Department**

Central Service Departments	Direct Billed	Unallocated	Total
BUILDING DEPRECIATION	0	0	4,021,915
51 COUNTY ADMIN	0	344,947	1,310,455
51 BUDGET	0	25,600	510,966
51 PERFORM AUDITOR	0	0	60,428
53 CTY CNSL / RISK / WC	0	363,087	1,709,833
51 FINANCE	0	0	1,891,476
56 HUMAN RESOURCES	0	0	2,925,585
51 OPERATIONS	0	0	224,942
51 MAIL ROOM	0	0	88,364
51 WAREHOUSE	0	0	77,347
36 REAL PROPERTY	0	0	381,572
36 124 TAX FORE	0	0	102,883
51 FACILITY MTNC	0	0	3,591,130
51 ARCHIVES	0	0	41,196
52 EMERGENCY MGMT	0	0	304,907
57 GENERAL EXP	0	0	215,516
Total Allocated	0	733,634	17,458,515
Roll Forward	0	0	0
Cost With Roll Forward	0	733,634	17,458,515
Adjustments	0	0	0
Proposed Costs	0	733,634	17,458,515





**LANE COUNTY**  
**Summary Of Allocated Costs**

Department	Total Expenditures	Cost Adjustments	Total Allocated
BUILDING DEPRECIATION	0	4,159,295	
51 COUNTY ADMIN	1,537,726	( 340,967)	
51 BUDGET	513,076	0	
51 PERFORM AUDITOR	59,366	0	
53 CTY CNSL / RISK / WC	1,831,349	( 818)	
51 FINANCE	1,797,206	0	
56 HUMAN RESOURCES	2,896,574	( 28,497)	
51 OPERATIONS ADMINISTRATION	292,038	0	
51 MAIL ROOM	90,048	0	
51 WAREHOUSE	75,769	0	
36 REAL PROPERTY	420,869	0	
36 124 TAX FORE	102,883	0	
51 FACILITY MTNC	3,537,854	( 568)	
51 ARCHIVES	48,977	0	
52 EMERGENCY MGMT	461,375	( 151,315)	
57 GENERAL EXP	6,967,135	( 6,810,860)	
51 COUNTY COMM			122,518
11 124 DIST ATTORNEY			398,576
11 231 DA LQ ENF			140
11 261 DA SPC REV			34
15 124 PUBLIC SAFTEY			1,469,077
15 124 PUB SAF MEDICAL			22,993
15 124 PUB SAF CORR			372,817
15 290 SO LEVY			370,421
15 263 SO SPC REV			164,399
15 539 COMMISSARY			2,323
15 620 PS FLEET			4,978
15 620 REPLACENT			7,235
31 124 ASSESS & TAX			378,506
34 285 JTSOC SCV			454,527
34 286 HHS			3,354,906
34 287 LANECARE			166,523
34 288 COMM HLTH/CLIN FIN SVCS			1,929,454
34 289 YOUTH SRVCS			1,794,171
34 290 SECURE			60,985
36 283 LCAS			15,140
36 521 LEC			82,480

All Monetary Values Are \$ Dollars

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**LANE COUNTY**  
**Summary Of Allocated Costs**

Department	Total Expenditures	Cost Adjustments	Total Allocated
36 522 LEC TRT			375,550
36 124 RL PROP FEE			203,662
36 124 WORK CAMP			0
36 216 PARKS ADMIN			132,516
36 217 CV BRIDGE			10
36 225 PW ADMIN			170,243
36 225 WEIGHMSTR			1,047
36 225 RD FND FAC MAINT			4,230
36 225 SURVEYORS			41,815
36 225 RD GEN EXP			18,067
36 225 DELTA CAMPUS IMPROV			178
36 225 DELTA CAMPUS SVS			212
36 225 PW SAFETY			4,511
36 225 Environmental Svs			0
36 225 RD FND FACILITIES			12,718
36 225 ENG DESGN			28,928
36 225 RD BRIDGE			351,137
36 225 FIELD ENG			56,014
36 225 RT OF WAY			13,915
36 225 ENG ADMIN			11,738
36 226 FED FRST RD MAINT			56
36 225 TRANS PLN			15,775
36 225 SIGN SHOP			36,893
36 225 ELECTRICAL			9,513
36 225 TRAFFIC ENG			13,465
36 225 ROAD CONST			32,956
36 226 TERR HWY GEN EXP			2,114
36 226 TERR HWY EXCH			3,897
36 227 FED FRST GEN EXP			6,554
36 240 CRNER PRS			14,325
36 266 Parks Gifts/Grants			17
36 266 TAX FORE			104,828
36 266 MNFCTD STRUCT			2,702
36 266 PARKS SDC			1,027
36 530 SW ADMIN			24,451
36 530 SW FEE			96,111
36 530 SW RECYCLE			69,437
36 530 SP WASTE			23,948

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**LANE COUNTY**  
**Summary Of Allocated Costs**

Department	Total Expenditures	Cost Adjustments	Total Allocated
36 530 ABATEMENT			4,140
36 530 SW OPS			60,262
36 530 SW ENVIRON			8,495
36 530 TRNSFR ST			107,247
36 530 SITE CLEANUP			1,086
36 530 WASTE DVRS			0
36 530 VACTOR FACILITY			890
36 570 LMD PLNG			54,417
36 570 LMD BLDG			53,378
36 570 LMD ELECT			7,713
36 570 LMD ADMIN			127,721
36 570 LMD TECH			2,966
36 570 LMD SUBSF			12,635
36 570 LMD SVCS			10,220
36 619 FLEET SRV			165,474
51 267 ECON DEVELOP			89,115
51 124 HOUSING COORDINATION			3,268
51 124 CAP PGM MGMT			72,574
51 222 LAW LBRY			28,341
51 124 RECORDS			96,122
51 244 CTY CLERK			6,460
51 124 ELECTIONS			304,858
51 267 ELECTIONS EQUIP			1,330
51 124 BOPTA			4,502
51 124 JUSTICE CT			8,875
51 267 P&P			555,506
51 435 CAP IMP			25,347
51 627 INVESTMTS			275,830
51 627 MAILROOM			6,875
51 627 WAREHOUSE			48
57 241 CO SCHOOL			1,466
57 250 TITLE III			11
57 250 TITLE III SRS 2013			9,235
57 250 TITLE III SRS 2017-18			19,796
57 269 TOURISM			7,487
57 269 COMM ECON			5,495
57 269 SCFS			1,914
57 269 AFORD HSG			7

All Monetary Values Are \$ Dollars

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**LANE COUNTY**  
**Summary Of Allocated Costs**

Department	Total Expenditures	Cost Adjustments	Total Allocated	
57 323 FAIRBOARD			56	
57 333 BOND RET			969	
57 341 NOTE RET			83	
57 612 SELF INS			9,538	
57 614 EE BNFT			79,180	
57 610 MEDICAL			66,363	
57 615 PERS BOND			5,245	
57 714 RETIREE			11,548	
58 653 PC RPLACE			15,144	
58 653 COPIER			3,259	
58 654 TECH SVCS			717,008	
AGENCY FUNDS			7,312	
STATE COURTS			607,376	
OTHER			3,931	
Direct Billed Total			0	
Unallocated Total			733,634	
Totals	20,632,245	( 3,173,730)	17,458,515	Deviation 0



**LANE COUNTY**  
**Schedule E - Summary of Allocation Basis**

Department	Allocation Basis:	Allocation Source:
<b>BUILDING DEPRECIATION</b>		
1.4.1 Public Svc Bldg	PSB SQUARE FOOTAGE OCCUPIED BY DEPARTMENT	BUILDING PLANS & MEASUREMENTS BY FACILITIES PLANNER
1.4.2 Courthouse	COURTHOUSE SQUARE FOOTAGE OCCUPIED BY DEPARTMENT	ARCHITECTURAL PLANS
1.4.3 Harris Hall	HARRIS HALL SQUARE FOOTAGE OCCUPIED BY DEPARTMENT	ARCHITECTURAL PLANS
1.4.4 Corrections Fac	100% TO PUBLIC SAFETY	DEPRECIATION SCHEDULE PER FIXED ASSETS REPORT
1.4.5 JJC	JJC SQUARE FOOTAGE OCCUPIED BY DEPARTMENT	JJC ARCHITECTURAL PLANS
1.4.6 JJC Treatment	100% TO YS	JJC ARCHITECTURAL PLANS
1.4.7 JJC Resident	JJC RESIDENTIAL BLDG SQUARE FOOTAGE OCCUPIED BY DEPARTMENT	PROGRAM OCCUPANCY REVIEWED ANNUALLY BY HHS FINANCE
1.4.8 MLK Comm Hlth Ctr	MLK COMM HEALTH BLDG SQUARE FOOTAGE OCCUPIED BY DEPARTMENT	PROGRAM OCCUPANCY REVIEWED ANNUALLY BY HHS FINANCE
1.4.9 Bus Barn	100% TO REAL PROPERTY-FEE RELATED	DEPRECIATION SCHEDULE PER FIXED ASSETS REPORT
1.4.10 Parking 6th & Oak	PARKING SPACES	REVIEWED ANNUALLY BY PROPERTY MANAGER
1.4.11 Elections	100% TO ELECTIONS	DEPRECIATION SCHEDULE
1.4.12 Lane Events Center	100% TO LANE EVENTS CENTER	DEPRECIATION SCHEDULE PER FIXED ASSETS REPORT
1.4.13 Riverstone	100% TO RIVERSTONE	FACILITIES ACTIVITY ALLOCATION
1.4.14 Community Corrections Fac	50-50 SPLIT BETWEEN CORRECTIONS AND SUPERVISION	DEPRECIATION SCHEDULE PER FIXED ASSET REPORT
1.4.15 Charnelton Building	CHARNELTON BUILDING SQ FOOTAGE BY USER	PROGRAM OCCUPANCY REVIEWED ANNUALLY BY HHS FINANCE
1.4.16 Four Corners Property	100% TO GENERAL CAPITAL IMPROVEMENT	BUDGET OFFICE
1.4.17 Respite & Recovery Ctr	100% TO GENERAL CAPITAL IMPROVEMENT	BUDGET OFFICE
1.4.18 TS Data Center	100% to TS DATA CENTER	DEPRECIATION ACTIVITY ALLOCATION
1.4.19 Warehouse	WAREHOUSE SPACE OCCUPIED	WAREHOUSE STATISTICS PROVIDED BY MANAGER
1.4.20 Building A	100% to GF Public Safety	BUILDING DEPRECIATION SCHEDULES
1.4.21 H&HS MAT Clinic	100% TO 286 34XXXXX HHS	HHS ADMIN
1.4.22 MLK Jr Education Center	100% TO YS	JJC ARCHITECTURAL PLANS
<b>51 COUNTY ADMIN</b>		
2.4.1 PUBLIC INFO	FULL-TIME EQUIVALENT EMPLOYEES PER DEPT/PRG	BUDGETING SOFTWARE
2.4.2 CAO A	EXP PER FUND/PRG (-DEBT; TRANSFERS & IG @ 10%	GL REV/EXP PGM SUMMARY (XX-301)
2.4.3 CAO B	FULL-TIME EQUIVALENT EMPLOYEES PER DEPT/PRG	BUDGETING SOFTWARE
2.4.4 Strat Planning	EXP PER FUND/PRG (-DEBT; TRANSFERS & IG @ 10%	GL REV/EXP PGM SUMMARY (XX-301)
2.4.5 CONTRACTS	TOTAL NUMBER OF CONTRACTS PER DEPT/PRG	CONTRACTS QUERY FROM TECHNOLOGY SERVICES
2.4.6 BUDGET	% OF BUDGET PER FUND/PRG	GL REV/EXP PGM SUMMARY (XX-301)
2.4.7 Equity	FULL-TIME EQUIVALENT EMPLOYEES PER DEPT/PRG	BUDGETING SOFTWARE
2.4.8 Economic Development	100% TO ECONOMIC DEVELOPMENT	COUNTY ADMIN OFFICE



**LANE COUNTY**  
**Schedule E - Summary of Allocation Basis**

Department	Allocation Basis:	Allocation Source:
<b>51 BUDGET</b>		
3.4.1 BUD & FIN PLNG SVCS	% OF BUDGET PER FUND/PRG	GL REV/EXP PGM SUMMARY (XX-301)
3.4.2 PLNG & PROJ	EXP PER FUND/PRG (-DEBT; TRANSFERS & IG @ 10%	GL REV/EXP PGM SUMMARY (XX-301)
3.4.3 LABOR REL SUPP	FULL-TIME EQUIVALENT EMPLOYEES PER DEPT/PRG	BUDGETING SOFTWARE
3.4.4 CONTRACT REVIEW	TOTAL NUMBER OF CONTRACTS PER DEPT/PRG	CONTRACTS QUERY FROM TECHNOLOGY SERVICES
3.4.5 TITLE III SRS	30% SRS-13; 70% SRS-17	BUDGET OFFICE
<b>51 PERFORM AUDITOR</b>		
4.4.1 ADJUSTED EXP	EXP PER FUND/PRG (-DEBT; TRANSFERS & IG @ 10%	GL REV/EXP PGM SUMMARY (XX-301)
<b>53 CTY CNSL / RISK / WC</b>		
5.4.1 FIXED COSTS	FULL-TIME EQUIVALENT EMPLOYEES PER DEPT/PRG	BUDGETING SOFTWARE
5.4.2 LEGAL SRVCS	LEGAL HOURS PER DEPT/PRG	COUNTY COUNSEL OFFICE
5.4.3 WORKERS COMP	FULL-TIME EQUIVALENT EMPLOYEES PER DEPT/PRG	BUDGETING SOFTWARE
5.4.4 RISK MGMT	FULL-TIME EQUIVALENT EMPLOYEES PER DEPT/PRG	BUDGETING SOFTWARE
<b>51 FINANCE</b>		
6.4.1 CASH RECEIPTS	CASH RECEIPTS TRANSACTIONS PER DEPT/FUND	COUNT OF RECEIVABLE TRANSACTIONS PER REPORT
6.4.2 ACCTS PAYABLE	ACCOUNTS PAYABLE TRANSACTIONS PER DEPT/FD	COUNT OF ACCOUNTS PAYABLE TRANSACTIONS PER REPORT
6.4.3 PAYROLL	NUMBER OF PAYROLL TRANSACTIONS PER DEPT/FD	QUERY OF PAYROLL TRANSACTIONS PER REPORT BY DEPT/FD FROM TS
6.4.4 BENEFITS	FULL-TIME EQUIVALENT EMPLOYEES PER DEPT/PRG	BUDGETING SOFTWARE
6.4.5 INVESTMENTS	100% TO INVESTMENT PROGRAM	FTE ASSIGNED
6.4.6 PROCUREMENT-CONTRACTS	TOTAL NUMBER OF CONTRACTS PER DEPT/PRG	CONTRACTS QUERY FROM TECHNOLOGY SERVICES
6.4.7 PROCUREMENT-VOUCHERS	ACCOUNTS PAYABLE TRANSACTIONS PER DEPT/FD	COUNT OF ACCOUNTS PAYABLE TRANSACTIONS PER REPORT
6.4.8 PROCUREMENT-PO	NUMBER OF PURCHASE ORDERS PER DEPT/FUND	COUNT OF PURCHASE ORDERS PER REPORT
<b>56 HUMAN RESOURCES</b>		
7.4.1 PERSONNEL SVCS	FULL-TIME EQUIVALENT EMPLOYEES PER DEPT/PRG	BUDGETING SOFTWARE
<b>51 OPERATIONS ADMINISTRATION</b>		
8.4.1 Operations Admin Salaries	OPERATIONS ADMIN LABOR COSTS OF DEPTS MANAGED	GL EXPENSE SUMMARY
<b>51 MAIL ROOM</b>		
9.4.1 MAIL SERVICE	\$'S IN MAILROOM CHARGES PER DEPT/PGM	ACTUALS (Account = 512537)
9.4.2 MAIL DELIVERY	100% TO PUBLIC WORKS ADMIN	FACILITIES ACTIVITY ALLOCATION



**LANE COUNTY**  
**Schedule E - Summary of Allocation Basis**

Department	Allocation Basis:	Allocation Source:
51 WAREHOUSE		
10.4.1 WAREHOUSE	WAREHOUSE SPACE OCCUPIED	WAREHOUSE STATISTICS PROVIDED BY MANAGER
36 REAL PROPERTY		
11.4.1 COURTHSE CMLPX	SQ FTGE OCPD BY USER (PSB,CRTHSE,HARRIS)	ARCHITECTURAL PLANS AND REVIEW BY FACILITIES PLANNER
11.4.2 LEASES/OWN PROP	100% TO REAL PROPERTY-FEE RELATED	DEPRECIATION SCHEDULE PER FIXED ASSETS REPORT
36 124 TAX FORE		
12.4.1 TAX FORECLOSED	100% TO TAX FORECLOSED PROPERTY SALES	75% OF REAL PROP DIVISION SALARIES & FRINGE
51 FACILITY MTNC		
13.4.1 JJC Facility	JJC SQUARE FOOTAGE OCCUPIED BY DEPARTMENT	JJC ARCHITECTURAL PLANS
13.4.2 MLK Comm Hlth	MLK COMM HEALTH BLDG SQUARE FOOTAGE OCCUPIED BY DEPARTMENT	PROGRAM OCCUPANCY REVIEWED ANNUALLY BY HHS FINANCE
13.4.3 Elections	100% TO ELECTIONS	DEPRECIATION SCHEDULE
13.4.4 PSB, Crthse, Harris Fac	SQ FTGE OCPD BY USER (PSB,CRTHSE,HARRIS)	ARCHITECTURAL PLANS AND REVIEW BY FACILITIES PLANNER
13.4.5 Brookside Clinic	100 % to BROOKSIDE CLINC	FACILITIES ACTIVITY ALLOCATION
13.4.6 Charnelton	CHARNELTON BUILDING SQ FOOTAGE BY USER	PROGRAM OCCUPANCY REVIEWED ANNUALLY BY HHS FINANCE
13.4.7 Delta Oaks Clinic	100% to DELTA OAKS	FACILITIES ACTIVITY ALLOCATION
13.4.8 Property Management	100% TO REAL PROPERTY-FEE RELATED	DEPRECIATION SCHEDULE PER FIXED ASSETS REPORT
13.4.9 Riverstone Clinic	100% TO RIVERSTONE	FACILITIES ACTIVITY ALLOCATION
13.4.10 MLK School	100% TO YS	JJC ARCHITECTURAL PLANS
13.4.11 Parole & Probation	100% TO PAROLE & PROBATION	FACILITIES ACTIVITY ALLOCATION
51 ARCHIVES		
14.4.1 ARCHIVES	NUMBER OF ARCHIVE FILES PER DEPT/FUND	RECORDS DEPARTMENT
52 EMERGENCY MGMT		
15.4.1 EMERGENCY MGMT	FULL-TIME EQUIVALENT EMPLOYEES PER DEPT/PRG	BUDGETING SOFTWARE
57 GENERAL EXP		
16.4.1 GEN EXP SERVICE	EXP PER FUND/PRG (-DEBT; TRANSFERS & IG @ 10%	GL REV/EXP PGM SUMMARY (XX-301)
16.4.2 COMMISSIONERS	HARRIS HALL MTNC, 100% TO COMMISSIONERS	GL REV/EXP PGM SUMMARY

