

**REQUEST FOR GRANT APPLICATION (RFGA)
OregonBuys # S-44300-00017214 /OHA # 6271
Healthy Homes Grant Program
Round 2 Funding**

The State of Oregon, acting through its Oregon Health Authority (“OHA”), Public Health Division (PHD) requests Grant Applications from qualified individuals or organizations (“Applicants”) to seek funding under OHA’s Healthy Homes Grant Program.

Date of Issuance: June 29, 2026

Grant Applications accepted through: September 29, 2026, at 3:00 p.m. Pacific Standard Time

Issuing Office: **Oregon Health Authority
Office of Contracts and Procurement**
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Salem, OR 97301

Sole Point of Contact: **Oregon Health Authority – Public Health Division
Environmental Public Health
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1. Introduction, Purpose, Background, Authority, Schedule, and Requirements.

1.1 Introduction

OHA recognizes housing as a driver of health and works to “ensure that all people in Oregon live, work and play in a safe and healthy environment and have equitable access to stable, safe, affordable housing.”¹ This RFGA seeks to support housing for Individuals with Disabilities and Older Adults, including support through installation of accessibility modifications.

1.2 Purpose

The Healthy Homes Grant Program (“HHGP”) seeks to improve housing conditions and health outcomes for residents of Low-Income Households², preserve affordability and availability of existing housing stock by addressing deferred property maintenance issues, and help Low-Income Households including renters avoid displacement through access to home repair funds.

This opportunity seeks to improve home safety and accessibility for Individuals with Disabilities and Older Adults. Under the HHGP, OHA is allocating up to \$4,700,000.00 in competitive grant awards. OHA anticipates issuing approximately 10-15 awards (each, a “Grant”), with a maximum Grant award of \$500,000.00.

OHA may award additional funds if they become available or may not award all the funds, depending on the Grant Applications received. OHA reserves the right to award less than the full grant amount requested. OHA reserves the right to prioritize awards based on geography and population served to advance HHGP’s mission to improve housing conditions and health outcomes for those impacted by Environmental Justice Factors. Grant agreements (each, a “Grant Agreement”) awarded will be for a period of 3 years, unless amended in writing. Project proposals for periods of time less than 3 years (36 months) may be considered.

1.3 Background

HHGP acknowledges that past federal and state housing policies, predatory lending, and unfair real estate practices such as redlining have greatly impacted home ownership rates and access to wealth in Oregon amongst low-income communities, including, but not limited to, Black, American Indians and Alaska Natives, and people of color.³ Furthermore, many renters struggle to find affordable units and those living in poverty are more likely to live in substandard housing that is not healthy or safe. Currently, Oregon is among the states with the

¹ <https://www.oregon.gov/oha/PH/ABOUT/Documents/ship/2020-2024/Healthier-Together-Oregon-full-plan.pdf>

² Definition for “Low Income Household” is provided in Section 2 of this document.

³ <https://www.opb.org/article/2023/07/26/oregon-cost-of-living-housing-construction-building-land-use-high-rent/>

lowest supply of rental properties that are affordable to people at or below poverty levels. A unit is considered affordable if it costs someone 30% or less of their income. After spending limited or fixed income on basic needs, many Low-Income Households including renters unable to pay their rent are at risk of homelessness while many Low-Income Households struggle to pay for routine maintenance or upgrades on aging housing. In Oregon, 52% of the housing stock was built prior to 1978 and 11% was built in 1939 or earlier.⁴

Individuals with Disabilities, Older Adults, and people living in poverty can face heightened risks in aging housing. Substandard units often lack accessibility features such as ramps, grab bars, adequate lighting, and step-free entrances, creating significant barriers for individuals with mobility, sensory, or cognitive disabilities. Older adults are at higher risk of falls, respiratory illness, heat and cold-related health issues, and other safety hazards due to deteriorating structures, outdated electrical systems, mold, poor insulation, and inadequate ventilation. Renters in these populations often lack the financial means or legal authority to make necessary repairs or modifications, leaving them disproportionately exposed to unsafe living conditions. Limited accessible housing options and long waitlists for subsidized or modified units further compound these inequities, increasing the likelihood of displacement and homelessness.

The Oregon Legislature established HHGP within the Oregon Health Authority during the 2021 legislative session. Oregon Revised Statute (ORS) 431A.400 directs OHA to provide grants to eligible entities that provide financial assistance to persons in Low-Income Households to repair and rehabilitate their Residences⁵, and to landlords to repair and rehabilitate dwelling units inhabited by Low-Income Households. HHGP funding is committed to serving communities with high concentrations of Low-Income Households, communities impacted by Environmental Justice Factors, areas with above-average concentrations of historically underrepresented communities or households or residents with low levels of educational attainment, areas with high unemployment, high linguistic isolation, low levels of homeownership or high rent burden.

OHA has set a strategic goal to eliminate health inequities by 2030. This goal aims for a health system where all Oregonians can reach their full potential and well-being, and are not disadvantaged by their race, ethnicity, language, disability,

⁴ https://nchh.org/resource/fact-sheet_healthy-housing-in-oregon/

⁵ Definition for “Residence” is provided in Section 2 of this document.

gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.⁶

1.4 OHA Authority for RFGA

OHA issues this RFGA pursuant to its authority under ORS 413.033 and ORS 431A.400

1.5 Schedule

The schedule table below represents a tentative schedule of events. All times are listed in Pacific Time and are subject to change.

Event	Date	Time
RFGA posted to HHGP Website and Opportunity Notice in OregonBuys (Time is approximate)	6/29/2026	12:00:00 PM
Informational Webinar Session 1 (See HHGP webpage https://bit.ly/ORHHGP for more details)	7/13/26	2:00 PM
Informational Webinar Session 2 (See HHGP webpage https://bit.ly/ORHHGP for more details)	7/22/26	2:30 PM
Informational Webinar Session 3 (See HHGP webpage https://bit.ly/ORHHGP for more details)	7/27/26	10:00 AM
Questions/Requests for Clarification due from Applicant(s)	Ongoing until close of RFGA	
OHA answers to Applicant(s) Questions/Requests for Clarification due (Answers to questions will be posted under Frequently Asked Questions (FAQ) on the HHGP webpage available at: https://bit.ly/ORHHGP)	Ongoing until close of RFGA	
Preliminary Administrative Grant Application review begins	Ongoing as Grant Applications received	
Grant Application deadline/Closing date	9/29/26	3:00 PM
Review Committee begins Grant Application reviews	Within 14 days of Closing	
Applicant/Review Committee Clarification Period	Ongoing during Committee reviews	
Issuance of Notice of Intent to Award	Approx. 14 days after Review completion	
Grant Agreement drafting begins	Ongoing after Notice of Intent is issued	

⁶ <https://www.oregon.gov/oha/PH/ABOUT/Documents/ship/2020-2024/Healthier-Together-Oregon-full-plan.pdf>

1.6 Eligibility and Minimum Requirements (see ORS 431A.400(3) and OAR 333-090-0120(7))

1.6.1 The following types of organizations in Oregon are eligible to apply for funding under this RFGA:

- Community Action Agency
- Coordinated Care Organization
- Electric utility
- Local government
- Local housing authority
- Manufactured dwelling park nonprofit cooperative
- Natural gas utility
- Nonprofit organization

For Federally Recognized Indian Tribes in Oregon and Indian Health Centers, funds are being awarded to Tribes through Tribal set aside funding. Please contact healthyhomes@odhsoha.oregon.gov for any questions related to Tribal funding.

1.6.2 Applicants must describe in their Grant Application how they serve or represent one or more of the following communities:

- Individuals with Disabilities
- Older Adults

1.6.3 Applicant Insurance:

Applicant entities must demonstrate at the time of the Grant award, if awarded, that Applicant holds workers’ compensation insurance for subject workers, as required by ORS 656.027, commercial general liability insurance covering bodily injury and property damage of not less than \$1,000,000 per occurrence and annual aggregate limit not less than \$2,000,000, and automobile liability insurance covering Applicant’s business use including coverage for all owned, non-owned, or hired vehicles with a combined single limit of not less than \$1,000,000 for bodily injury and property damage. Any other required insurance coverages will be determined on a case-by-case basis depending on the nature of the proposed Grant activities. An Applicant awarded a Grant Agreement (a “Recipient”) may use Grant funds toward the purchase of required insurance coverage only to the extent that such coverages are above and beyond what is statutorily required for Applicant. Proof of coverage must be provided to OHA before performing any activities

with Grant funds. A Recipient must abide by OHA’s nondiscrimination policy, and state and federal civil rights laws, unless otherwise exempted by federal or state law. Specifically, people participating in OHA-sponsored activities or programs may not be treated unfairly because of age, color, disability, gender identity, marital status, national origin, race, religion, sex, or sexual orientation.

1.6.4 CERTIFIED FIRM PARTICIPATION

Pursuant to Oregon Revised Statute (ORS) Chapter 200, OHA encourages the participation of small businesses, certified by the Oregon Certification Office for Business Inclusion and Diversity (“COBID”) in all contracting opportunities. This includes certified small businesses in the following categories: disadvantaged business enterprise, minority-owned business, woman-owned business, a business that a service-disabled veteran owns or an emerging small business. OHA also encourages joint ventures or subcontracting with certified small business enterprises. For more information, visit: [Business Oregon : Home : State of Oregon](#) or email: [COBID Biz*Biz](#).

If the Grant activities have potential subcontracting opportunities, the successful Applicant may be required to submit a completed Certified Disadvantaged Business Outreach Plan form provided by OHA prior to execution of a Grant Agreement.

2. Definitions.

The following terms and phrases are capitalized where used throughout this document and have the following meanings.

- 2.1 **Accessibility:** Accessibility means the design, construction, development, and maintenance of facilities, information and communication technology, programs, and services so that all people, including people with disabilities, can fully and independently use them.⁷
- 2.2 **Aging-in-Place:** means ability to live in one’s home safely, comfortably, and independently, regardless of age, income, or ability level.
- 2.3 **Aging-in-Place Assessment:** means an integrated personal-functional and structural-environmental evaluation which evaluates one’s ability to live in their own home and community safely, independently, and comfortably, regardless of age or ability level.
- 2.4 **Aging-in-Place Specialist:** means a professional trained in the unique technical, design, and business aspects of modifying residential spaces to enable older

⁷ https://www.hud.gov/program_offices/administration/admabout/diversity_inclusion/definitions

adults and individuals with disabilities to live safely, independently, and comfortably in their own homes as they age.

- 2.5 Environmental Justice:** Environmental Justice is the fair treatment and meaningful involvement of all people regardless of race, color, national origin, culture, education, or income with respect to the development, implementation and enforcement of environmental laws, regulations, and policies.⁸
- 2.6 Environmental Justice Factor(s):** Environmental Justice Factor means a circumstance or condition that impacts a community’s ability to achieve a balance of health, economic or environmental benefits and burdens or that impacts a community’s ability to participate in public processes.
- 2.7 Frontier County:** Any county with six or fewer people per square mile⁹. The Oregon Office of Rural Health has identified the following ten Frontier Counties in Oregon: Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Wallowa, and Wheeler.
- 2.8 Individuals with Disabilities:** Means persons with physical or mental impairments that substantially limits one or more major life activities (defined below).
- 2.9 Intersectionality:** Intersectionality refers to the interconnected nature of social categorizations such as race, class, gender, disability, and other forms of identity as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.
- 2.10 Low-Income Household:** Low-Income Household means a household having an income equal to or below 80 percent of the area median family income as defined by the U.S. Department of Housing and Urban Development’s (HUD) Income Limits Documentation System, calculated using the Oregon county of Residence and number of residents for the household in question.
- 2.11 Major Life Activities:** refers to the expanded definition provided in the ADA Amendments Act of 2008 (ADAAA), which includes “major life activities” and “major bodily functions”.
 - “Major life activities” include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

⁸ <https://www.epa.gov/environmentaljustice/ej-2020-glossary>

⁹ <https://www.ohsu.edu/oregon-office-of-rural-health/about-rural-and-frontier-data>

- “Major bodily functions” include, but are not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

2.12 Occupational Therapist (OT): means a licensed healthcare professional who uses the therapeutic application of everyday life activities (occupations) to support an individual's long-term health, safety, and independence. In the context of housing, OTs specialize in evaluating how a resident's physical, cognitive, or sensory impairments interact with their built environment.

2.13 Older Adults: Means any person 55 years of age or older (See also: Senior).

2.14 Residence(s): A Residence is a dwelling that is intended for occupation by a single family and is occupied by one or more individuals who are members of a Low-Income Household as the individual's principal dwelling, including a site-built home, manufactured home, residential trailer, mobile home, condominium unit or unit within multifamily housing.

2.15 Senior: Means any person 55 years of age or older (See also: “Older adult”).

2.16 Whole-Home Assessment: A Whole-Home Assessment is a healthy homes best practice and home inspection approach that addresses a broad range of housing deficiencies and hazards that can affect residents’ health and safety.

3. Program Description and Grant Activity Categories.

3.1 HHGP Priorities. Due to feedback received by community partners in the field of healthy homes in Oregon and to support the program’s mission, priority consideration will be given to Applicants:

- That have a proven track record of delivering direct services to Low-Income Households, including Individuals with Disabilities and Older Adults. This may include outreach, case management, or health-related programs that specifically support these populations.
- With direct experience implementing home repair, home modification, or residential rehabilitation programs, including management of contractors and coordination with property owners and residents.
- Which serve a geographic area where home repair and accessibility needs are high and existing resources are limited, such as rural or frontier communities.
- Which can leverage other sources of funding to contribute to the project.

3.2 Additional consideration may be given to Grant Applications which:

- Include specific accommodation for renters.

- Identify and address the impacts of Intersectionality when considering health and housing inequities.
- Use Whole-Home Assessments and/or Aging in Place assessment tools when evaluating properties.

3.3 HHGP Goals and Anticipated Outcomes.

HHGP Round 2 funding is designed to prioritize activities that:

- Improve the health and safety of occupants of Residences;

Specific Applicant goals, objectives, and detailed outcomes must be defined in the submitted Grant Application that includes a work plan. Wherever possible, Applicant outcomes, objectives, and activities should be specific, measurable, achievable, relevant, and time-bound (S.M.A.R.T.).

3.4 Eligible Activities. Priority consideration will be given to Grant Applications that emphasize accessibility improvements and aging-in-place modifications for Individuals with Disabilities and Older Adults; however, all HHGP-eligible activities are allowable under this RFGA. Eligible activities are listed below:

- **Accessibility Modifications:** Increase accessibility in homes¹⁰ by installing ramps and grab bars, widening doorways, and other necessary improvements for older adults or occupants with disabilities.
- **Asthma and Allergen Trigger Removal:** Identify and remove asthma and allergen triggers within homes to improve respiratory health.
- **Electrical Upgrades:** Upgrade electrical systems to improve safety and support energy-efficient heating and cooling devices.
- **Energy Audits and Home Hazard Assessments:** Conduct comprehensive energy audits to identify areas for improvement and prioritize energy-saving measures. Conduct home hazard assessments to identify and evaluate risks posed to residents from conditions found in the home.
- **Energy Efficiency Upgrades:** Incorporate energy-efficient features to reduce long-term operational costs and extend the useful life of the property.
- **HVAC Upgrades:** Replace or repair heating, ventilation, and air conditioning (HVAC) systems with energy-efficient models.
- **Insulation and Sealing:** Install or upgrade insulation and air sealing to reduce heat loss and improve temperature control.

¹⁰ See ORS 431A.400(1).

- **Integrated Pest Management:** Control pests within residences while prioritizing the health and well-being of occupants.
- **Lead Abatement:** Address lead-based paint hazards in homes built prior to 1978 to prevent lead poisoning, especially among young children.
- **Mold and Mildew Abatement:** Eliminate moisture issues and remove mold and mildew to improve indoor air quality and reduce respiratory health problems.
- **Radon Abatement:** Reduce radon gas levels in homes to minimize health risks associated with radon exposure.
- **Reducing Heat:** Implement strategies such as the installation of cool roofs, green roofs, or vegetation to reduce heat and enhance energy efficiency.
- **Safety Enhancements:** Install smoke detectors and carbon monoxide detectors to enhance safety for occupants.
- **Smoke Filtration and Air Purification:** Install smoke filtration systems and air purification devices to enhance indoor air quality, particularly for homes located in areas prone to wildfires.
- **Structural and Safety Improvements:** Make structural and safety enhancements to improve accessibility, visitability, fire resistance, and seismic resiliency in homes.
- **Structural Repairs:** Address structural issues such as foundation problems and roofing to ensure the long-term stability of homes.
- **Ventilation Improvement and Air Infiltration Reduction:** Implement measures to enhance ventilation, reduce air infiltration, and maintain comfortable temperature levels within homes, promoting overall comfort and health.
- **Window and Door Replacement:** Upgrade windows and doors with energy-efficient alternatives to reduce drafts and improve insulation.

3.5 Eligible and Ineligible Expenditures

Grant funds awarded through this RGFA may be used for supplies, equipment, contracted services, personnel, fringe benefits and related costs for personnel to implement the Work Plan.

If awarded a Grant Agreement, a Recipient may spend up to 20% of the total award amount towards administrative expenses, as detailed in the HHGP Recipient Fiscal Guidance Document that is available at: <https://bit.ly/ORHHGP>.

Grant funds awarded through this RFGA may **not** be used for: construction or development of new units of housing; purchase of real estate; purchase of vehicles; payment for direct medical care and medical supplies; purchase of appliances; payment for individual community members’ rent, mortgage, utilities, phone, or internet service.

3.6 Reporting Requirements. Applicants will conduct HHGP activities in accordance with its OHA approved Work Plan (submitted online as part of the Grant Application via Smart Sheet). Work Plan progress will be reported to OHA annually, along with the information listed below by June 30 annually. Dependent upon extenuating circumstances, modifications to this Work Plan will only be made with OHA written approval. Proposed Work Plan submitted with the Grant Application will be finalized prior to execution of a Grant Agreement.

3.6.1 Annual Reporting will include the following information:

- A detailed description of a Recipient’s use of Grant funds.
- A list of each loan, grant or other financial assistance that a Recipient has provided and, where applicable, a full accounting of the repayment status of the loans.
- The number of Low-Income Households that the Recipient has provided financial assistance to for the repair and rehabilitation of their Residences.
- The number of landlords that a Recipient has provided financial assistance to for the repair and rehabilitation of dwelling units.
- The nature and amounts of the administrative expenses a Recipient has incurred in providing the financial assistance under the program.
- Disaggregated data concerning the income, racial or ethnic background, family size and related demographic information of Low-Income Households who received financial assistance for repair and rehabilitation of Residences under the program from a Recipient.
- Demographic information collected using OHA’s “REALD Form” for non-service-based settings (MSC 0074d), available online at <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/me0074d.pdf>. REALD data can also be submitted via Smartsheet.

Note: While it is a requirement for HHGP Recipients to request household demographic information (REAL D) from the head of household for each member of the household as a condition of award acceptance, it is not required for households to provide this

information to receive assistance, such information is optional and clients served are free to decline to respond to the survey.

3.6.2 Quarterly Budget and Expense Reporting. Budget and expense reporting will be completed in Smartsheet, using a “Budget Expenditure Report” with actual spending amounts quarterly. The report will be made available by OHA if awarded a Grant Agreement.

3.6.3 Ongoing Reporting Requirements include the following:

- A completed “Household Report” from each improved Residence must be submitted in Smartsheet within one week by HHGP Recipient after repairs are completed for each residence.
- An optional completed survey response from each improved Residence using a “Household Satisfaction Survey” Form that will be made available by OHA if awarded a Grant Agreement.

Note: Recipient will administer the HHGP Household Satisfaction Survey (to head of household only) for each household served under HHGP.

- Responses from the improved Residence “Household Satisfaction Survey” and “REALD Demographic Response Form” will be compiled by the Recipient using a spreadsheet made available by OHA if awarded a Grant Agreement.
- Additionally, each Recipient awarded a Grant Agreement under this RFGA must also report annually to OHA on the status of project-specific goals, objectives, detailed outcomes, and activities as proposed in their Grant Application.
- Additional information that may be requested by OHA.

3.7 Grant Application Requirements. Submitted Grant Application materials must include the following to be considered complete:

- **Grant Application** must be complete with responses in all fields of the Application.

Note: Applicants may only submit one Grant Application per Employee Identification Number (EIN)

- **Grant Application Attachment 1:** Proposed Budgets must be submitted with the Grant Application using the “Proposed Budget Template” (Excel only) template provided by OHA and available at <https://bit.ly/ORHHGP>.

- **Grant Application Attachment 2:** A copy of “Non-Profit Letter of Determination” (if applicable) received from the Internal Revenue Service must be submitted with the Grant Application (Nonprofits ONLY).

3.8 Grant Application Submission.

Applicants must submit Grant Applications electronically through HHGP’s web-based submission form at: <https://bit.ly/ORHHGP>. Grant Applications must be received by the closing date and time identified in the RFGA schedule Section 1.5 to be considered.

4. Grant Application Review.

- 4.1** Grant Applications must be complete at the time of submission. OHA review teams will review all Grant Applications received by the deadline identified in Section 1.5 above to determine completeness and whether each Applicant meets the RFGA Grant Application Requirements and is in alignment with intended outcomes, allowable activities, available funding, populations served, and geographic reach.

During the review process, OHA reserves the right to reach out to obtain clarification from Applicants regarding their Grant Application information in accordance with Oregon Administrative Rule (OAR) 333-090-0120. Applicants shall respond in accordance with the OAR with supplemental information to OHA if requested.

Applicants shall be notified of the decision regarding their Grant Application and, for successful Applicants, the timeline to be issued a grant award. Only Applicants determined by OHA to be qualified to provide HHGP activities pursuant to this RFGA will be offered a Grant Agreement.

4.2 Review Committee

To ensure comprehensive and equitable Grant Application evaluations, Grant Applications submitted under this RFGA will be evaluated by a diverse panel of reviewers.

- Reviewers will be selected based on their knowledge and experience in areas relevant to the program’s goals and priorities as well as availability.
- All reviewers will be required to declare any potential conflicts of interest that may compromise their impartiality in evaluating Grant Applications. Conflicts of interest may include financial interests, organizational affiliations, personal relationships, or any other factors that could reasonably be perceived as a conflict.

- Training, written guidance, and review materials will be provided to the review committee.
- Following an initial review, the review committee will convene to discuss selected Grant Applications. These recommendations will be shared with the HHGP team who will consider additional prioritization factors, such as geographic distribution, proposal size, and entity type when making final award decisions. OHA reserves the right to award less than the full grant amount requested.

4.3 Standards for Assigning Points.

- **4- Outstanding.** Responses fully meet all requirements and clearly show strong knowledge and understanding of the topic. The Applicant provides clear insights that demonstrate expertise.
- **3- Very Good.** Responses provide solid, useful information and show above-average knowledge and experience. No major gaps or weaknesses are evident.
- **2- Adequate.** Responses meet the basic requirements. They include only minimal detail and offer no additional insight or examples.
- **1- Poor.** Responses do not meet minimum requirements and do not show sufficient understanding of the topic.
- **0- Responses of no Value.** Responses are unacceptable and do not meet the RFGA requirements. The Applicant does not demonstrate knowledge of the topic.
- **Additional Awarded Points** in Section 4.4.6 below have a max value of 4 with one point possible per bullet.

4.4 Grant Application Evaluation Scoring Details.

4.4.1 Project Description and Feasibility (No points assigned, pass/ fail).

A well-developed Grant Application will demonstrate:

- Clarity of the project’s goals, objectives, and scope.
- Feasibility of the proposed project plan, including timelines and milestones.
- Well-defined and measurable objectives that align with program goals.

4.4.2 Equity, Inclusivity and Accessibility (30 possible points).

- The extent to which the organization applying has a process to ensure the benefits of the project are equitably distributed, considering factors like age, disability, race, ethnicity, and income level when selecting clients for service.
- The extent to which the Applicant has provided details about the prioritization of accessibility modifications needed in households.
- The extent to which the Applicant has provided details about the identification and selection of clients for services.
- The use of languages other than English to communicate in writing and verbally with people for whom English is a second language and/or employing bi-cultural staff with language proficiency and/or those with lived experience.
- The extent to which the proposed project serves a geographic area where housing and accessibility needs are high and existing resources are limited, such as rural or frontier communities.

4.4.3 Proposed Budget (20 possible points).

- Proposed Budget is reasonable and appropriately reflects program activities.
- Proposed Budget includes itemized costs and cost estimates.
- Leveraging of other sources of funding dedicated to the proposed project.

4.4.4 Healthy Homes Best Practices (10 possible points).

- Grant Application includes residents in decision making when proposing and prioritizing activities at a Residence.
- Inclusion of aging-in-place practices.
- Potential positive physical and mental health outcomes resulting from the proposed improvements.
- Inclusion of educational components and follow up related to proposed home improvement activities.

4.4.5 Organizational Capacity, Experience, and Population (30 possible points).

- Demonstrated experience serving Individual with Disabilities and/ or Older Adults as a primary or well-established secondary focus of the organization’s work.
- Demonstrated track record implementing residential home repair, modification, or rehabilitation programs, including volume of units served, types of modifications completed, and experience managing relationships between service providers and clients.
- Demonstrated capacity to manage and monitor projects, including fiscal management and sub-contractor oversight.
- Well defined plan for monitoring and evaluating project progress and outcomes.

4.4.6 Additional Points Awarded for Grant Applications that: (10 total possible points).

- Include specific considerations for renters, including a described plan to work with landlords and maintain unit affordability post-improvement.
- Propose to serve one or more rural or frontier counties where comparable accessibility modification services are limited or unavailable.
- Plan to use Whole-Home Assessment methodology when assessing properties.
- Integrate specialized clinical or technical expertise (such as Occupational Therapists or Aging-in-Place Specialists) into the home assessment process to tailor accessibility modifications to the specific physical and functional needs of the residents.
- Identifies and acknowledges the impacts of intersectionality when considering health and housing inequities and includes a plan for equitable client selection.

5. Public Information.

After Applicants are notified, the grant solicitation file is subject to public disclosure in accordance with the Oregon Public Records Law (ORS 192.311-192.478). If any part of an Grant Application is considered a trade secret as defined in Oregon Revised Statutes

192.502(2) or otherwise exempt from disclosure under Oregon Public Records Law, the Applicant shall submit one additional copy of their Grant Application that redacts only the exempt language. Any person may request copies of public information. However, copies of proposals will not be provided until the evaluation process has been completed and the Applicants are notified. Requests for copies of public information shall be in writing. Requestors will be charged according to the current OHA policies and rates for public records requests in effect at the time OHA receives the written request for public information. Fees, if applicable, must be received by OHA before the records are delivered to the requestor.

Information on how to request public information may be found here:

<https://www.oregon.gov/oha/ERD/Pages/Records.aspx>

6. Cost of Grant Applications and Obligation.

All costs incurred in preparing and submitting a Grant Application in response to this RFGA will be the responsibility of the Applicant and will not be reimbursed by OHA. All Applicants who submit a Grant Application in response to this RFGA understand and agree that OHA is not obligated to select any Applicant and has absolutely no financial obligation to any Applicant arising from this RFGA.

7. Reservations of OHA Rights.

OHA reserves all rights regarding this RFGA, including, without limitation, the right to:

- Amend or cancel this RFGA without liability if it is in the best interest of OHA to do so.
- Waive any minor informality or non-conformance with the provisions or procedures of this RFGA.
- Seek clarification of any Grant Application.
- Negotiate the terms of the Grant Agreement, including program activities described in this RFGA.
- Amend or extend the term of any Grant Agreement that is issued as a result of this RFGA.
- Engage Applicants by selection or procurement for different or additional program activities independent of this RFGA process and any agreements enter into pursuant hereto.
- Enter into direct negotiations to execute a Grant Agreement with a successful Applicant in the event that the Applicant is the sole Applicant to this RFGA, and OHA determines that the Applicant satisfies the minimum RFGA requirements; and

- Reject any Grant Application upon finding that to accept the Grant Application may impair the integrity of the solicitation process or that rejecting the Grant Application is in the best interest of OHA.

8. Contractual Obligation.

All Applicants who submit a Grant Application in response to this RFGA understand and agree that OHA is not obligated thereby to enter into a Grant Agreement with any Applicant and has absolutely no financial obligation to any Applicant.

9. DOJ Non-Profit Charitable giving language.

All charitable IRS 501(c)(3) organizations must be registered with the charitable activities section of the Department of Justice at the following link:
<https://justice.oregon.gov/charities>. Additional information can be located under the tab labeled "Starting or Closing a Charity" on that site.

10. RFGA Exhibits:

- **Exhibit A: Sample Online Grant Application**
- **Exhibit B: Proposed Budget Template**
- **Exhibit C: Sample Grant Agreement**

EXHIBIT A
SAMPLE ONLINE GRANT APPLICATION
Healthy Homes Grant Program
Round 2 Funding

RFGA OregonBuys # S-44300-00017214 OHA # 6271

The Grant Application can be made available in an alternative format such as in other languages or large print upon request. Please contact healthyhomes@odhsoha.oregon.gov and every effort will be made to fulfill requests that are made prior to the Grant Application deadline/closing date of the Grant Application submission deadline in Section 1.5 "Schedule" of the RFGA.

It is advised that Applicants use the downloadable Grant Application first and use it as a working document to answer questions with the option of copying and pasting information into the online Grant Application. Smartsheet, the platform being used, does not allow for saving and returning later. Only the online Grant Application will be accepted. If you are unfamiliar with submitting Grant Applications online, please give yourself sufficient time to meet the Grant Application deadline/closing date shown in Section 1.5 "Schedule" of the Request for Grant Application (RFGA).

Note: Due to word limits, please consider being specific and concise when answering questions.

* Represents a required question.

ADDITIONAL SUPPORT

Please email questions to healthyhomes@odhsoha.oregon.gov

Responses to questions (Frequently Asked Questions) and other program information will be posted on the HHGP website.

Applicant Eligibility and Information

1. Select the type of eligible entity that best matches your organization. *

Please note that you must select one of the choices below to be eligible for this funding opportunity and your organization must serve Low-Income Households with these funds.

If you represent a **Nonprofit**, a Letter of Determination will need to be submitted with your application as an attachment.

For Federally Recognized Indian Tribes in Oregon, funds are being awarded to Tribes through Tribal set aside funding. Please contact healthyhomes@odhsoha.oregon.gov for any questions related to Tribal funding.

- Community Action Agency
- Coordinated Care Organization
- Electric utility
- Local government

- Local housing authority
- Manufactured dwelling park nonprofit cooperative
- Natural gas utility
- Nonprofit organization

2. Legal name of organization applying. *

3. Employer Identification or Federal Tax Identification Number. *

4. Does your organization have an OregonBuys ID number? * Yes or No.

If yes, what is the OregonBuys ID number?

If no, an OregonBuys Vendor Identification Number will be needed before being awarded funds from the program. You can learn more about how to register with OregonBuys on the HHGP website.

5. If applicable: Is your organization required to register with the Oregon Secretary of State Business Registry, and if so, are you currently registered? (Governmental entities are exempt.) Yes or No or NA.

If "No" and registration is required, the Applicant must complete this requirement prior to Agreement execution.

6. If applicable: If your organization is a charitable IRS 501(c) (3) organization, are you registered with the Oregon Department of Justice? Yes or No or NA.

If no, you will need to register on the Oregon Department of Justice "Charitable Activities" webpage under the tab "Charities" and subtab "Starting or Closing a Charity" prior to Agreement execution at <https://www.doj.state.or.us/charitable-activities/>.

7. Does your organization meet the insurance requirements listed in Section 1.6.3 of the RFGA? * Yes or No.

If no, you will need to meet the insurance requirements prior to Agreement execution.

8. Information for main contact for Grant Application:

- Main Name *
- Main Address *
- Main Email address *
- Main Telephone number *
- Website address

9. Information for Contract Administrator for Grant Application (if different from main contact):

- Contract Admin Name
- Contract Admin Email address

- Contract Admin Telephone number

10. Please provide a detailed description of the project(s) you plan to complete with this funding. Describe each of the following: *

- Overview of planned home repair or rehabilitation projects.
- What is the grant amount requested (Up to \$500,000)?
- Need for the proposed project(s).
- How you identified the need (including data used and/ or conversations with resident or service providers).
- How your project or projects will address the need that you have identified.
- How many households do you anticipate serving with this funding? Ranges are acceptable.
- What population do you anticipate serving with this funding?

11. Select the county or counties served by the Applicant. *

- Statewide
- Baker
- Benton
- Clackamas
- Clatsop
- Columbia
- Coos
- Crook
- Curry
- Deschutes
- Douglas
- Gilliam
- Grant
- Harney
- Hood River
- Jackson
- Jefferson
- Josephine
- Klamath

- Lake
- Lane
- Lincoln
- Linn
- Malheur
- Marion
- Morrow
- Multnomah
- Polk
- Sherman
- Tillamook
- Umatilla
- Union
- Wallowa
- Wasco
- Washington
- Wheeler
- Yamhill

12. Describe how your organization selects clients. Include strategies for prioritizing and/or maintaining relationships across broad geographic areas. Include any regional partnerships, sharing of staff and/or resources, and strategies for reaching households in rural or underserved parts of your service area.

13. If applicable, select the name of the Federally Recognized Tribe or Tribes of Oregon served by the Applicant.

- Burns Paiute Tribe
- Confederated Tribes of the Coos, Lower Umpqua and Siuslaw Indians
- Confederated Tribes of the Grand Ronde Community of Oregon
- Confederated Tribes of Siletz Indians
- Confederated Tribes of the Umatilla Indian Reservation
- Confederated Tribes of Warm Springs
- Coquille Indian Tribe
- Cow Creek Band of Umpqua Tribe of Indians

- Klamath Tribes
- All Nine Federally Recognized Tribes of Oregon

14. Describe how your organization serves historically underrepresented communities or households. *

Examples of serving historically underrepresented communities or households may include 1) focusing on service to culturally specific communities, 2) working relationships with culturally specific communities, 3) bi-cultural staff with language proficiency to communicate with population, 4) staff with lived experience, 5) outreach materials in a language other than English.

Organizational Capacity and Structure

15. Describe the project team (Applicant and any other partners or contractors who have been identified) and their experience in completing projects like what is proposed in the Grant Application. If there is experience the project team is missing, please describe the plan to acquire it. *

16. Describe your organization's specific experience serving Individuals with Disabilities and/or Older Adults. Please include: the populations served, the nature of the services provided, how long your organization has been doing this work, and the approximate number of individuals or households served annually. If this is not the primary focus of your organization, describe how you will ensure the capacity required to complete the proposed project.

17. Describe your organization's direct experience implementing home repair, home modification, or residential rehabilitation programs. Please include years of relevant experience, types of modifications or repairs completed, approximate number of units or households served to date, how your organization coordinates between service providers and clients, and any relevant certifications or program affiliations (for example National Aging in Place Council, CAPS-certified contractors, weatherization program participation). If your organization has not previously managed this type of work, describe your plan to contract with another experienced entity for this capacity.

Project Information

18. Please describe the specific population served by the proposed project or projects (for example individuals living in rural areas or Individuals with Disabilities) and the geographic area covered (for example city, county, or statewide).

19. Does your project or projects serve renters? * Yes or No.

If yes, please describe how you plan to maintain affordability of the unit or units after healthy home interventions have been made. Please also describe how your program has worked with landlords in the past to provide services to renters.

20. Please select the method or methods that will be used to assess and prioritize the repair and rehabilitation needs of the residence. *

- Visual assessment
 - Conversation with property owner
 - Conversation with resident
 - Health-related referral (Including Occupational Therapist)
 - Whole home assessment
 - Other (if so explain)
21. **Please share how your organization educates clients about potential home repairs or installation of energy accessibility measures, including the timeline for maintenance, warranty information, and any operational or ongoing maintenance requirements.** Please include how follow-up support is provided for clients if issues arise. *
22. **Describe how your organization identifies, reaches, and engages Individuals with Disabilities and/or Older Adults in need of home repair or modification services.** Where possible, please give examples of number of referrals per year, number of clients on a waitlist, partnerships with referral agencies, or other similar measures.
23. **Describe how your organization manages the relationship between clients and contractors during a home modification or repair project.** Include how you ensure work is completed to the client's satisfaction, how you handle quality concerns or project disputes, and any steps taken to ensure client safety and comfort during the work.

Proposed Budget, Existing Funding and Partnerships (Please remember that both the budget and narrative responses are scored in this section. The information provided in your narrative should align with the figures in your budget to the extent possible.)

24. **In this round of funding, OHA is prioritizing Applicants that can effectively provide accessibility and safety related home modification services to Individuals with Disabilities and Older Adults.**
- Describe the readiness of your proposed project, what issues your project addresses, and how HHGP funding will leverage any existing funding to help complete your project or projects. *
25. **Identify any existing or anticipated funding sources, other than this HHGP award, that will contribute to the proposed project.** For each source, please indicate: the name of the funding source or program, whether funds are committed or pending, the approximate dollar amount, and the eligible use of those funds.

Work Plan Information

Applicant must share at least one anticipated outcome and at least one progress measure related to the following goal: Support housing for Individuals with Disabilities and Older Adults, including support through installation of accessibility modifications.

Note: Recipients will share updates to the information submitted in the work plan as part of reporting. Reminder that wherever possible, program outcomes, objectives, and activities should be specific, measurable, achievable, relevant, and time-bound (S.M.A.R.T.).

26. Please share your anticipated outcome(s): What do you expect to achieve?

Example: Install accessibility modifications including grab bars and/or doorway widening for 50 homes over three-year period.

Please share your progress measure(s): What will you track to show progress and impact?

Example:

- Number of grab bars installed (Goal: 250).
- Number of households with doorways widened (Goal: 50).

Does your program have additional outcomes and progress measures you would like to track?

Additional Grant Application Requirements

In addition to the questions answered above, Grant Applications must include the following attachments to be considered complete: *

- **Attachment #1 - Completed** Proposed Budget Template; and
- **Attachment #2 - Non-Profit Letter of Determination** (if applicable) received from the Internal Revenue Service must be submitted with the Grant Application (Nonprofits ONLY)

Additional Information

By entering your NAME and TITLE below and submitting a Grant Application in response to this RFGA, Applicant certifies that the following statements are true:

- Applicant does not discriminate in its employment practices with regard to race, creed, age, religious affiliation, sex, disability, sexual orientation or national origin, nor has Applicant nor will Applicant discriminate against a subcontractor in the awarding of a subcontract because the subcontractor is a minority, women or emerging small business enterprise certified under ORS 200.055 or a Disabled Veteran or a subcontractor that employs a Disabled Veteran;
- The statements contained in the Grant Application are true and complete to the best of the Applicant's knowledge and Applicant accepts as a condition of the RFGA, the obligation to comply with the applicable state and federal requirements, laws, rules, policies, standards, and regulations. The Applicant recognizes that this is a public document and open to public inspection;
- The Applicant acknowledges receipt of any additionally required Attachments to the RFGA.

Sample downloadable document does not require signature. Online Application will request signature and title.

Would you like to be notified of future HHGP funding opportunities? Yes or No.

SAMPLE

EXHIBIT B
SAMPLE Proposed Budget Template
OregonBuys S-44300-00017214 OHA 6271 HHGP RFGA
Healthy Homes Grant Program (Round 2)

Instructions for Proposed Budget and Narrative

Contact Info section	Instruction / Description
Organization Name:	Write the legal name of your organization
Fiscal Contact:	Write the contact person for questions regarding the budget portion of your application. Include their position title.
Email Address, Phone Number:	Write the contact information for the Fiscal Contact

Budget Category	Instruction / Description
Note about Budget Narrative:	<p>Please write a budget narrative describing costs in the spaces provided throughout the Budget & Narrative tab. This template is prepopulated with 36 months for a three year grant. The # of months may be changed for shorter projects. Follow the instructions provided under each budget category to describe the cost type, cost calculations and purpose in relation to the work plan. Please also read the guidance in this Instructions tab about what details to provide in the narrative.</p> <p>Most narrative boxes in the Budget & Narrative tab can expand as you write more text, so be sure to re-size the row/box to be taller, so all text appears clearly.</p> <p>If necessary, attach a longer budget narrative on a separate sheet, as a PDF file named Additional Budget Narrative.</p>

(1) Personnel Costs	<p>1. Personnel Costs: Detail all project and program staff. Provide the Position Title, Annual Salary, requested % of time (FTE), and number of months requested. The Total Salary calculates automatically.</p> <p>Narrative Field: Detail the explicit job duties for each position as they directly relate to the program workplan.</p>
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(1a) Salaries	<p>Provide the estimated salary cost for staff at your organization who will be working on this program/project.</p> <p>Reminder: only list salary costs, since fringe benefits are listed separately in section 1b.</p>
Position #:	This field is used to keep track of different positions for staff who will work on the program or project. List each position on a separate row (i.e., Position 1, 2, 3)
Title of Position:	List the official title of each position.
Annual Salary:	<p>List the annual salary for each position. This is the base or full salary amount per year, without fringe benefits.</p> <p>If staff are working multiple years on this 3-year project with changes over time, enter an average annual salary amount that factors in those changes. If needed, attach an additional narrative sheet to describe your calculations showing salary or % of time that change throughout the project period.</p>
% of time (FTE):	<p>List the percentage of time that staff will work on this program or project. For example, if you have an existing position that will be spending half their time working on this Healthy Homes program/project and paid by this funding, you would list 50%. If staff will work full time on the project, you would list 100%. Enter your FTE percentage as a number (e.g., type 25 for 25.00% or 100 for 100.00%).</p> <p>If staff are working at varying % of time over the 3-year project, enter the % of time that reflects the average for the entire project period. If needed, attach an additional narrative sheet to describe your calculations showing salary or % of time that change throughout the project period.</p>
# of months requested:	List the total number of months that the staff will work on the project. Since this is a 3-year award, the template defaults to 36 months, but please change it to the actual number of months staff will work on the project. For example, if some staff will work on the project for 2 years, list 24 months. Project proposals for periods of time less than 3 years (36 months) may be considered.
Total Salary:	Formula Cell - do not enter. Total Salary is auto-calculated by the template as follows: (Annual Salary ÷ 12) × % of time × # of months.
Narrative:	Briefly explain what activities the staff will do for the Healthy Homes program or project. This should align with the workplan's program activities, goals or outcomes.

(1b) Fringe Benefits	<p>List the fringe benefit costs that are associated with the positions and salaries above.</p> <p>Definition: Fringe benefits may include health insurance, dental or vision insurance, retirement costs, etc.</p>
Position #:	This field should correspond with Position # from Salaries (1a).
Total Salary:	Formula Cell - do not enter. Auto populated from cells in Salaries (1a, column J).

Base or %	<p>Use either Base or % depending on how your organization calculates fringe benefit costs.</p> <p>Preferred: Enter your fringe rate as a number (e.g., type 30 for 30.00%).</p> <p>An example of % benefit calculations would be a percentage that results from dividing the cost of an employee's fringe benefits by the wages paid to the employee for the hours actually worked.</p> <p>For example, if your organization estimates paying 30% of an employee's salary in fringe benefit costs, you would input 30%. If utilizing %, fill in as a percentage.</p> <p>Base benefit calculations are acceptable, if necessary. An example of a Base benefit calculation would be a flat rate Health Insurance cost paid by the organization. If utilizing the Base field, fill in as an amount.</p>
=	Do not enter anything in this field.
Total Fringe:	Formula Cell - do not enter. Total Fringe is auto-calculated by the template as follows: Total Salary x Base % + Base \$

(2) Subcontracts	<p>List any specialized contractors or partner organizations executing specific grant tasks. These are referred to as subcontractors. List each subcontractor on a separate row with their name, or TBD if unknown. The template will auto-calculate the total for all Subcontracts at the bottom of the section (column K).</p>
	<p>Example 1: Contractor 1: A+ Environmental. Costs: 6 staff @ 50% FTE each for 14 months for assessment & service delivery totaling \$100K; mold abatement equipment totaling \$10K; materials and supplies for assessment, install and follow up maintenance totaling \$4K = \$114,000 total cost.</p> <p>Example 2: Contractor 2: TBD (AC installation company). Costs: purchase of 15 AC units totaling \$5,250; personnel: 2 certified techs to install air conditioners x 15 households x 8 months totaling \$43,286; materials and supplies for installation totaling \$3,000; other program delivery cost (training, additional insurance) totaling \$1,500, oversight & reporting time by project manager totaling \$1,000 and administrative and overhead costs totaling \$10,800 = \$64,836 total cost.</p>

(3) Materials and Supplies	<p>List the materials and supplies that your organization will purchase to implement the Healthy Homes program or project in households. Include type, description and cost. The template will auto-calculate the total for all Materials and Supplies at the bottom of the section (column K).</p> <p>(Note: Contractor's purchase of supplies should be included in the Subcontracts section above.)</p> <p>Project materials include materials and supplies necessary for conducting the work or service. This may include testing kits, assessment supplies, standard tools (including small power tools), storage bins/racks, home repair materials (lumber, paint, nails, brushes) or other items specific to the type of service delivery that are not medium to large equipment or specialized machines. (List those under equipment.) Describe the various items and purpose in the narrative section.</p> <p>Office supplies include general office items for administering the project (paper, pens, binders, clips) or small tech items like a data storage device (jump drive, disk). The narrative can be brief and does not need to list every office supply.</p> <p>Additional items: feel free to add another category name (under 3c, 3d, 3e) as needed, especially in the project requires a material /supply in a large quantity or for a large cost. Note the category name under 'item' and describe the purpose in the 'narrative' section.</p>
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(4) Equipment	<p>List the equipment that your organization will purchase to implement the Healthy Homes program or project in households. Include type, description and cost. The template will auto-calculate the total for all Equipment at the bottom of the section (column K).</p> <p>(Contractor's purchase of equipment should be included in the Subcontracts section above.)</p> <p>Equipment includes <u>mechanical or technical devices</u> used for testing and mitigation, <u>specialized mechanical tools</u>, <u>medium to large equipment</u> needed for rehab or repair work and <u>items to be installed in homes</u> (air conditioners, grab bars, pumps, etc.).</p>
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<p>Narrative:</p>	<p>Describe the equipment type with cost estimates and explain its purpose for accomplishing the Healthy Homes rehab/repair work in the workplan.</p> <p>Guidance: Note whether the equipment will be installed in households or retained by your organization.</p> <p>Important: Specify capital equipment that costs \$5,000 or more per item/unit.</p> <p>Example 1: <i>Radon abatement fans \$150 ea x 3 = \$450; Air conditioner units for homes \$350 ea x 20 = \$7,000; Tablets for data assessment and reporting process \$600 ea x 2 = \$1,200. HEPA air filtration device for mold remediation \$425 each x 1 = \$425 Capital equipment: ductless heat pumps \$8,650 ea x 4 = \$34,600</i></p>
<p>(B) Other Direct Costs - for Program Delivery</p>	<p>This is a group of <u>direct expenses</u> of your program or project that support <u>program delivery</u> activities of the workplan but <u>will not go into or be directly tied to households</u>.</p> <p>These also support the HHGP's mission of improving housing conditions for low-income Oregonians. Other Direct Costs are the sum of line items 5a. to 5g. under (5) Other Direct Costs section, which may be comprised of Training and Capacity Building, Travel, Other Costs, Direct Administrative costs or other line items you add there.</p> <p>The budget & narrative tab will auto-calculate the sum of (A) Healthy Homes Direct Costs and (B) Other Direct Costs under line item (6) Total Direct Costs, (in column K).</p>
<p>(5) Other Direct Costs for Program Delivery</p>	<p>List other direct costs for implementing the program or project that are <u>not directly tied to households</u>. Include item type, description and cost. The template will auto-calculate the total for all Other Direct Costs at the bottom of the section (column K).</p> <p>5a. Training and Capacity Building: Program-specific certifications, workshops, or training fees.</p> <p>5b. Travel: Mileage, lodging, and per diem for staff executing field work or mandatory program meetings.</p> <p>5c. Other Costs: Miscellaneous direct items that do not clearly fit standard categories. Anticipated costs for HHGP-required insurance, including but not limited to Commercial General Liability and Workers' Compensation and Employers' Liability should be included here. Estimates for additional policy types are acceptable.</p> <p>5d. Direct Administrative Costs: General administrative expenses directly assigned to managing this grant (e.g., specific office utilities, dedicated program accounting hours). Note: This line is subject to the strict 20% overall Administrative Cost Cap.</p>
<p>Narrative:</p>	<p>Briefly describe the type of items/costs, provide cost calculations (quantity, duration, price) if the total is significant (over \$500) and note the purpose in relation to the workplan.</p>
<p>(6) TOTAL DIRECT COSTS</p>	<p>Formula Cell - do not enter. Total Direct Costs is auto calculated by the budget template as follows: sum of Budget Categories (1) thru (5). Sum of (A) Healthy Homes Direct Costs and (B) Other Direct Costs</p>
<p>(7) TOTAL LEVERAGED FUNDING</p>	<p>Please enter the single, cumulative dollar amount of all outside funding (committed or anticipated) that will contribute to this project.</p>
<p>(8) TOTAL INDIRECT COSTS</p>	<p>Category 8: Total Indirect Costs (Dual-Input Module)</p> <p>Applicants must choose one of the two available entry tracks to document indirect costs. Do not enter data into both fields.</p> <p>Option 8a (Indirect Cost Rate): Use this field if your organization utilizes a standard percentage markup applied against direct costs. Enter your rate as a percentage (e.g., enter 10.0% for the standard federal De Minimis rate or input your agency's approved rate).</p> <p>Option 8b (Manual Dollar Amount): Use this field ONLY if your organization calculates its indirect total using a custom, non-standard financial base or restricted ceiling. Enter the exact requested lump-sum dollar amount. Leaving this field at \$0.00 allows Option 8a to compute automatically.</p> <p>Verification Check (Row 8c): This cell provides an automated reverse-math check. If you entered a flat dollar amount in Option 8b, this cell calculates and displays exactly what percentage of your direct costs that dollar amount represents, ensuring parity for the fiscal review team.</p>

Indirect Costs are defined as: overhead costs necessary for the functioning of the organization, but which cannot be directly attributed to a household served or to the Healthy Homes program or project specifically. Examples include general operating expenses that cover the entire organization, including facilities, utilities and maintenance, insurance, IT network or software costs, legal or other business fees, administrative staff costs or other administrative costs that cannot be attributed directly to the program or project. Indirects are often calculated at the organization's fixed or negotiated rate.

Administrative Cost Compliance Tool

Total Administrative Costs are the sum of two line items: (5d) Direct Administrative Costs and (8) Total Indirect Costs.

IMPORTANT RULE: Per Healthy Homes Administrative Rules 333-090-0110, **Administrative Costs are capped at 20% of the Total Budget** for Healthy Homes Grant Program awards. **This means that total Administrative Costs cannot exceed 20% of the Total Budget.**

This section continuously tracks administrative burden across the entire proposal. Administrative costs are strictly capped at 20% of your Total Requested Budget.

Direct Administrative Costs: Automatically pulls your entry from line 5d.

Indirect Costs: Automatically pulls your calculated or flat amount from Section 8.

Variance from Cap (Cell K117): Displays a real-time compliance status.

If total admin costs are under 20%, it displays: Compliant (Cushion: X.X%).

If total admin costs exceed 20%, it displays: OVER CAP BY X.X%. If an "OVER CAP" flag appears, you must adjust line 5d or your indirect inputs downwards before submitting the application.

Administrative Costs are defined as expenses incurred by organizations for the general management, oversight, and coordination of the grant activities identified in the grant agreement, or otherwise necessary for the general operation of the organization and the conduct of activities it performs. Sometimes referred to as "overhead", administrative costs can be direct or indirect, depending on whether the cost or expense can be directly attributed to and therefore charged to the program or project. Examples include salaries for administrative staff, rent for office space or project-specific rental space, facilities and maintenance, IT, software or network security costs, accounting or HR services, insurance and other general operational expenses.

(9) TOTAL BUDGET

Formula Cell - do not enter.
(Line 9): Displays the final grand total requested from the Healthy Homes Grant Program.

(10) & (11) Funding Source Integration & Leverage Track

Where to Enter Data: Grantees must navigate to **Line 105 (Section 7 - "Total Leveraged Funding")**. Please enter the single, cumulative dollar amount of all outside funding (committed or anticipated) that will contribute to this project. While you do not need to itemize these costs in the budget sheet, the total amount entered here must align with the detailed funding partners and project readiness descriptions provided in your narrative application response. Include any outside capital or braided program grants in the total. Amounts may include anticipated funding sources.

Total Budget (Line 120/ Budget Section 9): Displays the final grand total requested from the Healthy Homes Grant Program (Column K).

Total Leveraged Funding (Line 122/ Budget Section 10): This cell reflects the amount entered above on Line 105.

Leveraged Percent of Total (Line 123/ Budget Section 11): Automatically calculates the ratio of your leveraged outside resources relative to the requested grant footprint. Applicants can use this percentage to verify that their organization is meeting any matching requirements or leveraged project fund targets stated in the application guidelines.

Healthy Homes Grant Program (Round 2)

**APPLICATION ATTACHMENT 1: Proposed Budget Template
Budget and Narrative**

INSTRUCTIONS: Please list your organization's fiscal contact information and all costs for your proposed program or project with the Healthy Homes Grant Program. Please include costs for the entire grant period. Include costs up to the full award amount allocated to your organization. Follow the instructions noted below. Click on the 'Instructions' tab to view more guidance, descriptions and examples for each budget category.

Organization Name:	
Fiscal Contact:	
E-mail address:	
Phone Number:	

Healthy Homes Grant Program

Budget Category	Description						Cost Total (calculated formula)
A Healthy Homes Direct Costs							
1 Personnel Costs (for program and project staff)							
1a. Salaries	Position #	Title of Position	Annual Salary	% of time (FTE)	# of months requested	Total Salary	
	1				36	0.00	
	2				36	0.00	
	3				36	0.00	
	4				36	0.00	
	5				36	0.00	
	6				36	0.00	
	7				36	0.00	
	8				36	0.00	
	9				36	0.00	
	10				36	0.00	
TOTAL SALARIES						\$0.00	
Narrative: Project activities to be performed by these staff.							
1b. Fringe Benefits	Position #	Total Salary (auto populated from column J above)	Base If Applicable	%	=	Total Fringe	
	1	0.00			=	0.00	
	2	0.00			=	0.00	
	3	0.00			=	0.00	
	4	0.00			=	0.00	
	5	0.00			=	0.00	
	6	0.00			=	0.00	
	7	0.00			=	0.00	
	8	0.00			=	0.00	
	9	0.00			=	0.00	
	10	0.00			=	0.00	
TOTAL FRINGE						\$0.00	
TOTAL PERSONNEL COSTS							\$0

2 Subcontracts							
		<p>List any specialized contractors or partner organizations executing specific grant tasks.</p> <p>List one contractor or consultant per line, using TBD if unknown. In the narrative box, note the project activities they will do, the expected number of households served and all cost calculations.</p> <p>If subcontracts are not yet determined (TBD), group the costs for each <u>type of work</u> per line (i.e. HVAC install, mold mitigation, accessibility repairs). List the work type in the contractor name box, then in the narrative box, note the project activities contractor(s) will do for this type of work, the expected number of households to be served and all cost calculations.</p> <p><i>Narrative to include all of the following: work to be performed, description of main cost types (i.e. labor, supplies, equipment, other admin costs) and cost calculations (quantity, cost per unit, duration) that show how you arrived at the total cost for this contractor or work category. If possible, list the estimated number of households to be served and the cost per project.</i></p>					
Contractor Name:		Narrative:			Cost:		
2a.	Example: A+ Environmental	<p>Example: Contractor 1: A+ Environmental. Costs: 6 staff @ 50% FTE each for 14 months for assessment & service delivery totaling \$100K; mold abatement equipment totaling \$10K; materials and supplies for assessment, install and follow up maintenance totaling \$4K = \$114,000 total cost.</p>					
2b.							
2c.							
2d.							

2e.			
2f.			
2g.			
2h.			
2i.			
2j.			
TOTAL SUBCONTRACTS			\$0

3 Materials and Supplies			
		Instructions: List materials that program will directly purchase to implement project. <i>Narrative to include: item type, quantity, cost per unit and purpose for project, per workplan.</i>	
Item:	Narrative:	Cost:	
3a. Project materials			
3b. Office supplies			
3c. Enter additional materials and supplies here, if applicable.			
3d.			
3e.			
3f.			
3g.			
3h.			
3i.			
3j.			
TOTAL MATERIALS & SUPPLIES			\$0

4 Equipment			
		Instructions: List equipment that program will purchase to implement the workplan. <i>Note whether equipment will be installed in households or retained by your organization. Narrative to include: equipment type, quantity, cost per unit and purpose, per workplan.</i>	
Item:	Narrative:	Cost:	
4a. List equipment here, if applicable.			
4b.			
4c.			
4d.			
4e.			
4f.			
4g.			
4h.			
4i.			
4j.			
TOTAL EQUIPMENT			\$0

B Other Direct Costs for Program Delivery			
		Instructions: List other direct costs related to program delivery that are not directly tied to households. <i>Narrative to include: cost type and description (type, quantity, duration) and purpose for project, per workplan.</i>	
5 Item:	Narrative:	Cost:	
5a. Training and Capacity Building			
5b. Travel			
5c. Other Costs- Include any HHGP-required insurance here	Note: Commercial General Liability Insurance and Workers' Compensation & Employers' Insurance, at minimum, will be required of all HHGP grantees. Additional insurance requirements may apply. Example: *3 years of coverage for Commercial General Liability Insurance, Workers' Compensation And Employers' Insurance @\$1,000 per year = \$3,000.*	\$0	
5d. Direct Administrative Costs (subject to 20% Admin Cap)		\$0	
5e. List additional direct costs for program delivery here, if applicable.			
5f.			
5g.			
TOTAL OTHER DIRECT COSTS			\$0

6 TOTAL DIRECT COSTS	(Sum of A. Healthy Homes Direct Costs and B. Other Direct Costs)	\$0
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7 Total Leveraged Funding	Please enter the single, cumulative dollar amount of all outside funding (committed or anticipated) that will contribute to this project.	Enter Leverage Amount →	\$ -
----------------------------------	--	-----------------------------------	------

8 TOTAL INDIRECT COSTS	Instructions: Enter your approved Indirect Cost Rate into 8a, below. The template will automatically calculate and display the exact dollar amount your rate translates to based on your direct budget.		ite:
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8a	Option 8a	Choose one method to input your indirect costs. If your organization uses a standard percentage applied to direct costs, enter it in 8a and leave 8b blank. If your organization must claim a flat dollar amount due to a custom or restricted base, enter it in 8b and leave 8a blank. Any value in 8b will override a percentage in 8a.	0.00%	\$0.00	8(c) Indirect cost total at this ra
8b	Option 8b				
	Option 8b Check Cell	Automated check cell. If you used Option 8b, this shows the percentage of direct costs your dollar amount represents. Note: Combined administrative and indirect costs cannot exceed the 20% HHGP Administrative Cost Cap shown in the compliance tool below.	0%		

Administrative Cost Compliance Tool. Reminder: Administrative Costs are capped at 20% of Total Budget (sum of 5d. Direct Administrative + 8. Total Indirect Costs)

Instruction Note: "The 20% Administrative Cost Cap is calculated as a percentage of your Total Requested Budget, not your direct project costs. Total Direct Admin + Total Indirect must not exceed 20% of the grand total"	Direct Administrative Costs (5d above)	\$	-	
	Indirect Costs (column K above)	\$	-	
	Total Administrative Costs (Direct + Indirect)		→	\$0.00
	Current Admin Cost Rate in Budget		→	0.00%
	Variance from Cap		→	Compliant (Cushion: 20.0%)
9 TOTAL BUDGET:	(Sum of 6. Total Direct Costs and 8. Total Indirect Costs)			\$0
10	Total Leveraged Funding:	From *Row 95 Above (Calculated Cell)		\$ -
11	Leveraged Percent of Total	Total leveraged funding amount divided by total budget (Calculated Cell)		0%

If necessary, attach a longer budget narrative on a separate sheet, as a PDF file named Additional Budget Narrative.

Email healthyhomes@odhsoha.oregon.gov with any questions about your application or budget.



Grant Agreement Number **000000**

**EXHIBIT C
REQUEST FOR GRANT APPLICATION (RFGA)
OregonBuys # S-44300-00017214
OHA # 6271
Healthy Homes Grant Program
Round 2 Funding**

SAMPLE

**STATE OF OREGON
GRANT AGREEMENT**

You can get this document in other languages, large print, braille, or a format you prefer free of charge. Contact the Agreement Administrator at the contact information found below. We accept all relay calls.

This Agreement (this **"Agreement"**) is between the State of Oregon, acting by and through its Oregon Health Authority (**"OHA"** or **"Agency"**) and

**Recipient Legal Entity Name
d.b.a. Facility or Assumed Name**

Address

Address

Attention: (required)

Telephone: (required)

Fax: (optional)

E-mail address: (required)

hereinafter referred to as **"Recipient."**

The program to be supported under this Agreement relates principally to OHA's

(Fill in with name of Office, Program, etc.)

(Insert address)

(Insert city, state, zip)

Agreement Administrator: (Insert Name) or delegate

Telephone: (Required)

E-mail address: (Required)

1. **Effective Date and Duration.** This Agreement shall become effective on the later of: (I) the last date all required signatures in Section 6., below have been obtained, or (II) **[insert start date]** provided it is (i) signed by all parties on or before such date and (ii) when required, approved in writing by the Oregon Department of Justice on or before such date. Unless extended or terminated earlier in accordance with its terms, this Agreement shall expire on **[insert end date]**. Agreement termination shall not extinguish or prejudice OHA's right to enforce this Agreement with respect to any default by Recipient that has not been cured.

2. **Agreement Documents.**

a. This Agreement consists of this document and includes the following listed exhibits which are incorporated into this Agreement:

- (1) Exhibit A, Part 1: Program Description
- (2) Exhibit A, Part 2: Disbursement and Financial Reporting
- (3) Exhibit B: Standard Terms and Conditions
- (4) Exhibit C: Insurance Requirements

There are no other Agreement documents unless specifically referenced and incorporated into this Agreement.

b. In the event of a conflict between two or more of the documents comprising this Agreement, the language in the document with the highest precedence shall control. The documents comprising this Agreement shall be in the following descending order of precedence: this Agreement less all exhibits, Exhibits B, A, and C.

3. **Grant Disbursement Generally.** The maximum not-to-exceed amount payable to Recipient under this Agreement, which includes any allowable expenses, is **[\$insert amount]** (the "**Grant Funds**") OHA will not disburse the Grant Funds to Recipient in excess of the not-to-exceed amount and will not disburse the Grant Funds until this Agreement has been signed by all parties. OHA will disburse the Grant Funds to Recipient as described in Exhibit A.

4. **Subrecipient Determination.** In accordance with the State Controller's Oregon Accounting Manual, policy 30.40.00.104, OHA's determination is that:

Recipient is a subrecipient Not applicable

Assistance Listings number(s) of federal funds to be paid through this Agreement: N/A

(or caused by) the Recipient and that pertains to this Agreement or to the project for which the grant activities are being performed. Recipient certifies that no claim described in the previous sentence is or will be a “false claim” (as defined by ORS 180.750) or an act prohibited by ORS 180.755. The Oregon Attorney General may enforce the liabilities and penalties provided by the Oregon False Claims Act against the Recipient, in addition to any remedies that may be available to OHA under the Agreement;

- (3) The information shown in this Section 5.a., “Recipient Information”, is Recipient’s true, accurate and correct information;
- (4) To the best of the undersigned’s knowledge, Recipient has not discriminated against and will not discriminate against minority, women or emerging small business enterprises certified under ORS 200.055 in obtaining any required subcontracts;
- (5) Recipient and Recipient’s employees and agents are not included on the list titled “Specially Designated Nationals” maintained by the Office of Foreign Assets Control of the United States Department of the Treasury and currently found at: <https://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx>;
- (6) Recipient is not listed on the non-procurement portion of the General Service Administration’s “List of Parties Excluded from Federal procurement or Non-procurement Programs” found at: <https://www.sam.gov/SAM>;
- (7) Recipient is not subject to backup withholding because:
 - (a) Recipient is exempt from backup withholding;
 - (b) Recipient has not been notified by the IRS that Recipient is subject to backup withholding as a result of a failure to report all interest or dividends; or
 - (c) The IRS has notified Recipient that Recipient is no longer subject to backup withholding.
- (8) Recipient’s Federal Employer Identification Number (FEIN) or Social Security Number (SSN) provided to OHA is true and accurate. If this information changes, Recipient shall provide OHA with the new FEIN or SSN within 10 days.

RECIPIENT, BY EXECUTION OF THIS AGREEMENT, HEREBY ACKNOWLEDGES THAT RECIPIENT HAS READ THIS AGREEMENT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

6. Signatures. This Agreement and any subsequent amendments may be executed in several counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of the Agreement and any amendments so executed shall constitute an original.

Recipient Name

By:

Authorized Signature

Printed Name

Title

Date

State of Oregon, acting by and through its Oregon Health Authority

By:

Authorized Signature

Printed Name

Title

Date

Approved for Legal Sufficiency:

Approved via e-mail by _____
Oregon Department of Justice _____ Date _____

EXHIBIT A

Part 1

Program Description

TBD based on Proposed Program/Project

1. Introduction.

OHA recognizes housing as a driver of health and works to “ensure that all people in Oregon live, work and play in a safe and healthy environment and have equitable access to stable, safe, affordable housing.” This RFGA seeks to support housing for Individuals with Disabilities and Older Adults, including support through installation of accessibility modifications.

2. Purpose.

The Healthy Homes Grant Program (HHGP) seeks to improve housing conditions and health outcomes for residents of Low-Income Households, preserve affordability and availability of existing housing stock by addressing deferred property maintenance issues, and help Low-Income Households including renters avoid displacement through access to home repair funds.

This opportunity seeks to improve home safety and accessibility for Individuals with Disabilities and Older Adults. Under the HHGP, OHA is allocating up to \$4,700,000.00 in competitive grant awards. OHA anticipates issuing approximately 10-15 awards, with a maximum grant award of \$500,000.00.

OHA may award additional funds if they become available or may not award all the funds, depending on the Grant Applications received. OHA reserves the right to award less than the full grant amount requested. OHA reserves the right to prioritize awards based on geography and population served to advance HHGP’s mission to improve housing conditions and health outcomes for those impacted by Environmental Justice Factors. Grant agreements awarded will be for a period of three years, unless amended in writing. Project proposals for periods of time less than 3 years (36 months) may be considered.

3. Background

HHGP acknowledges that past federal and state housing policies, predatory lending, and unfair real estate practices such as redlining have greatly impacted home ownership rates and access to wealth in Oregon amongst low-income communities, including, but not limited to, Black, American Indians and Alaska Natives, and people of color. Furthermore, many renters struggle to find affordable units and those living in poverty are more likely to live in substandard housing that is not healthy or safe. Currently, Oregon is among the states with the lowest supply of rental properties that are

affordable to people at or below poverty levels. A unit is considered affordable if it costs someone 30% or less of their income. After spending limited or fixed income on basic needs, many Low-Income Households including renters unable to pay their rent are at risk of homelessness while many Low-Income Households struggle to pay for routine maintenance or upgrades on aging housing. In Oregon, 52% of the housing stock was built prior to 1978 and 11% was built in 1939 or earlier.

Individuals with Disabilities, Older Adults, and people living in poverty can face heightened risks in aging housing. Substandard units often lack accessibility features such as ramps, grab bars, adequate lighting, and step-free entrances, creating significant barriers for individuals with mobility, sensory, or cognitive disabilities. Older adults are at higher risk of falls, respiratory illness, heat and cold-related health issues, and other safety hazards due to deteriorating structures, outdated electrical systems, mold, poor insulation, and inadequate ventilation. Renters in these populations often lack the financial means or legal authority to make necessary repairs or modifications, leaving them disproportionately exposed to unsafe living conditions. Limited accessible housing options and long waitlists for subsidized or modified units further compound these inequities, increasing the likelihood of displacement and homelessness.

The Oregon Legislature established HHGP within the Oregon Health Authority during the 2021 legislative session. Oregon Revised Statute (ORS) 431A.400 directs OHA to provide grants to eligible entities that provide financial assistance to persons in Low-Income Households to repair and rehabilitate their Residences, and to landlords to repair and rehabilitate dwelling units inhabited by Low-Income Households. HHGP funding is committed to serving communities with high concentrations of Low-Income Households, communities impacted by Environmental Justice Factors, areas with above-average concentrations of historically disadvantaged households or residents with low levels of educational attainment, areas with high unemployment, high linguistic isolation, low levels of homeownership or high rent burden.

OHA has set a strategic goal to eliminate health inequities by 2030. This goal aims for a health system where all Oregonians can reach their full potential and well-being, and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

4. OHA Commitment to Equity.

OHA has committed to racial equity as a key factor to improve health outcomes for all communities that experience inequities. The agency has set a strategic goal to eliminate health inequities by 2030. This goal aims that all Oregonians can reach their full potential and well-being, and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.¹

¹ <https://www.oregon.gov/oha/PH/ABOUT/Documents/ship/2020-2024/Healthier-Together-Oregon-full-plan.pdf>
000000/initials

5. ***Grant Activities and Goals. TBD based on Application responses with proposed Grant Activities***
6. ***Grant Activity Outcomes. TBD based on Application responses with proposed Grant Activities***

7. **Eligible and Ineligible Expenditures**

The Grant Funds awarded may be used for supplies, equipment, contracted services, personnel, fringe benefits and related costs for personnel to implement the Work Plan.

Grantees may spend up to 20% of the total award amount towards administrative expenses, as detailed in the HHGP Grantee Fiscal Guidance Document available at <http://bit.ly/ORHHGP>.

The Grant Funds must not be used for activities other than those described in this Section 7. For avoidance of doubt, Grant Funds may **not** be used for: construction or development of new units of housing; purchase of real estate; purchase of vehicles; payment for direct medical care and medical supplies; payment for individual community members' rent, mortgage, utilities, phone, or internet service.

8. ***Grant milestones.***
9. ***Reporting Requirements. See RFGA for this information.***

EXHIBIT A

Part 2

Disbursement and Financial Reporting

1. Disbursement of Grant Funds.

a. During the period specified in **Section 1., “Effective Date and Duration”**, of this Agreement, OHA will disburse to Recipient, a maximum not-to-exceed amount as specified in **Section 3., “Grant Disbursement Generally”** of this Agreement, to be disbursed as follows:

(1) *Disbursement Schedule:*

b. Recipient Invoice.

(1) Recipient shall submit signed invoices on a form that has been created by Recipient, to OHA’s Agreement Administrator at the address specified on page 1 of this Agreement, or to any other address as OHA may indicate in writing to Recipient.

(2) Invoices must include the following information:

- (a) Recipient name;
- (b) Invoice number;
- (c) Date of invoice;
- (d) This Agreement number;
- (e) A detailed description of activities performed to which the invoice applies,
- (f) An explanation of all expenses for which Recipient claims reimbursement authorized under this Agreement; and
- (g) The total amount due.

2. ***Budget. TBD with submission of Proposed Budget with RFGA..***

3. Use and Recovery of Grant Funds.

The use and recovery of grant funds shall be in accordance with this Agreement and Health Homes Program Oregon Revised Statute found at

https://oregon.public.law/statutes/ors_431a.400

EXHIBIT B

Standard Terms and Conditions

1. **Governing Law, Consent to Jurisdiction.** This Agreement shall be governed by and construed in accordance with the laws of the State of Oregon without regard to principles of conflicts of law. Any claim, action, suit or proceeding (each, an, "Action") between OHA or any other agency or department of the State of Oregon, or both, and Recipient that arises from or relates to this Agreement shall be brought and conducted solely and exclusively within the Circuit Court of Marion County for the State of Oregon. RECIPIENT, BY EXECUTION OF THIS AGREEMENT, HEREBY CONSENTS TO THE IN PERSONAM JURISDICTION OF SAID COURT. However, if an Action must be brought in a federal forum, then it shall be brought and conducted solely and exclusively within the United States District Court for the District of Oregon. In no event may this Section be construed as (a) a waiver by the State of Oregon of any form of defense or immunity, whether it is sovereign immunity, governmental immunity, immunity based on the Eleventh Amendment to the Constitution of the United States or otherwise, from any Action, or (b) consent by the State of Oregon to the jurisdiction of any court. This Section shall survive expiration or termination of this Agreement.
2. **Compliance with Law.** Recipient shall comply with all federal, state and local laws, regulations, executive orders and ordinances applicable to the Recipient and this Agreement. This Section shall survive expiration or termination of this Agreement.
3. **Independent Parties; Conflict of Interest.**
 - a. Recipient is not an officer, employee, or agent of the State of Oregon as those terms are used in ORS 30.265 or otherwise.
 - b. If Recipient is currently performing work for the State of Oregon or the federal government, Recipient by signature to this Agreement, represents and warrants that Recipient's participation in this Agreement creates no potential or actual conflict of interest as defined by ORS Chapter 244 and that no statutes, rules or regulations of the State of Oregon or federal agency for which Recipient currently performs work would prohibit Recipient's participation under this Agreement. If disbursement under this Agreement is to be charged against federal funds, Recipient certifies that it is not currently employed by the federal government.
4. **Grant Funds; Disbursements.**
 - a. Recipient is not entitled to compensation under this Agreement by any other agency or department of the State of Oregon. Recipient understands and agrees that OHA's participation in this Agreement is contingent on OHA receiving appropriations, limitations, allotments or other expenditure authority sufficient to allow OHA, in the exercise of its reasonable administrative discretion, to participate in this Agreement.
 - b. **Disbursement Method.** Disbursements under this Agreement will be made by Electronic Funds Transfer (EFT). Upon request, Recipient shall provide its taxpayer

identification number (TIN) and other necessary banking information to receive EFT disbursement. Recipient shall maintain at its own expense a single financial institution or authorized disbursement agent capable of receiving and processing EFT using the Automated Clearing House (ACH) transfer method. The most current designation and EFT information will be used for all disbursements under this Agreement. Recipient shall provide this designation and information on a form provided by OHA. In the event that EFT information changes or the Recipient elects to designate a different financial institution for the receipt of any disbursement made using EFT procedures, the Recipient shall provide the changed information or designation to OHA on an OHA-approved form. OHA is not required to make any disbursement under this Agreement until receipt of the correct EFT designation and disbursement information from the Recipient.

5. **Recovery of Overpayments.** Any funds disbursed to Recipient under this Agreement that are expended in violation or contravention of one or more of the provisions of this Agreement "Misexpended Funds" or that remain unexpended on the earlier of termination or expiration of this Agreement "Unexpended Funds" must be returned to OHA. Recipient shall return all Misexpended Funds to OHA promptly after OHA's written demand and no later than 15 days after OHA's written demand. Recipient shall return all Unexpended Funds to OHA within 14 days after the earlier of termination or expiration of this Agreement. OHA, in its sole discretion, may recover Misexpended or Unexpended Funds by withholding from payments due to Recipient such amounts, over such periods of time, as are necessary to recover the amount of the overpayment. Prior to withholding, if Recipient objects to the withholding or the amount proposed to be withheld, Recipient shall notify OHA that it wishes to engage in dispute resolution in accordance with Section 13 of this Exhibit.
6. Reserved.
7. **Indemnity.** Recipient shall defend, save, hold harmless, and indemnify the state of Oregon and OHA and its officers, employees, and agents from and against all claims, suits, actions, losses, damages, liabilities, costs and expenses of any nature whatsoever, including attorney fees (each, a "Claim"), resulting from, arising out of, or relating to the activities of Recipient or its officers, employees, subcontractors, or agents under this Agreement. Notwithstanding the foregoing, neither Recipient nor any attorney engaged by Recipient may defend a Claim in the name of the state of Oregon or any agency of the state of Oregon, nor purport to act as legal representative for the state of Oregon or any of its agencies, without first receiving from the Oregon Attorney General, authority to act as legal counsel for the state of Oregon or any agency of the state of Oregon without the approval of the Oregon Attorney General. If the state of Oregon or any agency of the state of Oregon assumes its own defense, Recipient will be liable for the attorney fees of the state of Oregon or any agency of the state of Oregon, including but not limited to any fees charged by the Oregon Department of Justice.

THIS SECTION SHALL SURVIVE EXPIRATION OR TERMINATION OF THIS AGREEMENT.

8. Default; Remedies; Termination.

- a. Default by Recipient. Recipient shall be in default (each, a "Default") under this Agreement if:
- (1) Recipient institutes or has instituted against it insolvency, receivership or bankruptcy proceedings, makes an assignment for the benefit of creditors, or ceases doing business on a regular basis; or
 - (2) Recipient no longer holds a license or certificate that is required for Recipient to perform its obligations under the Agreement and Recipient has not obtained such license or certificate within 14 calendar days after OHA's notice or such longer period as OHA may specify in such notice; or
 - (3) Recipient commits any material breach or default of any covenant, warranty, obligation or agreement under this Agreement, fails to perform any obligation under this Agreement within the time specified herein or any extension thereof, or so fails to pursue performance of any obligation as to endanger Recipient's performance under this Agreement in accordance with its terms, and such breach, default or failure is not cured within 14 calendar days after OHA's notice, or such longer period as OHA may specify in such notice.
- b. OHA's Remedies for Recipient's Default. In the event Recipient is in Default under Section 8.a., OHA may, at its option, pursue any or all of the remedies available to it under this Agreement and at law or in equity, including, but not limited to:
- (1) termination of this Agreement under Section 8.e.(2);
 - (2) withholding all or part of monies not yet disbursed by OHA to Recipient;
 - (3) initiation of an action or proceeding for damages, specific performance, or declaratory or injunctive relief; or
 - (4) exercise of its right of recovery of overpayments under Section 5. of this Exhibit B.
- These remedies are cumulative to the extent the remedies are not inconsistent, and OHA may pursue any remedy or remedies singly, collectively, successively or in any order whatsoever. If a court determines that Recipient was not in default under Section 8.a., then Recipient shall be entitled to the same remedies as if this Agreement was terminated pursuant to Section 8.e.(1).
- c. Default by OHA. OHA shall be in default under this Agreement if OHA commits any material breach or default of any obligation under this Agreement, and such breach or default is not cured within 30 calendar days after Recipient's notice or such longer period as Recipient may specify in such notice.
- d. Recipient's Remedies for OHA's Default. In the event OHA terminates the Agreement under Section 8.e.(1), or in the event OHA is in default under Section

8.c. and whether or not Recipient elects to exercise its right to terminate the Agreement under Section 8.e.(3), Recipient's sole remedy will be a claim for unpaid invoices or for reimbursement or disbursement of funds authorized by this Agreement but not yet invoiced. In no event shall OHA be liable to Recipient for any expenses related to termination of this Agreement or for anticipated profits or loss.

e. Termination.

- (1) OHA's Right to Terminate at its Discretion. At its sole discretion, OHA may terminate this Agreement:
 - (a) For its convenience upon 30 days' prior written notice by OHA to Recipient;
 - (b) Immediately upon written notice if OHA fails to receive funding, appropriations, limitations, allotments or other expenditure authority at levels sufficient to continue supporting the program; or
 - (c) Immediately upon written notice if federal or state laws, regulations, or guidelines are modified or interpreted in such a way that OHA's support of the program under this Agreement is prohibited or OHA is prohibited from paying for such support from the planned funding source.
 - (d) Immediately upon written notice to Recipient if there is a threat to the health, safety, or welfare of any person receiving funds or benefitting from services under this Agreement "OHA Client", including any Medicaid Eligible Individual, under its care.
- (2) OHA's Right to Terminate for Cause. In addition to any other rights and remedies OHA may have under this Agreement, OHA may terminate this Agreement immediately upon written notice to Recipient, or at such later date as OHA may establish in such notice if Recipient is in default under Section 8.a.
- (3) Recipient's Right to Terminate for Cause. Recipient may terminate this Agreement upon 30 days written notice to OHA or at such later date as Recipient may establish in such notice, if OHA is in default under Section 8.c. and OHA fails to cure such default within 30 calendar days after OHA receives Recipient's notice or such longer period as Recipient may specify in such notice.
- (4) Mutual Termination. The Agreement may be terminated immediately upon mutual written consent of the parties or at such other time as the parties may agree in the written consent.
- (5) Return of Property. Upon termination of this Agreement for any reason whatsoever, Recipient shall immediately deliver to OHA all of OHA's

property that is in the possession or under the control of Recipient at that time. This Section 8.e.(5) survives the expiration or termination of this Agreement.

- (6) Effect of Termination. Upon receiving a notice of termination of this Agreement or upon issuing a notice of termination to OHA, Recipient shall immediately cease all activities under this Agreement unless, in a notice issued by OHA, OHA expressly directs otherwise.

9. Insurance. Recipient shall maintain insurance as set forth in Exhibit C, attached hereto.

10. Records Maintenance, Access. Recipient shall maintain all financial records relating to this Agreement in accordance with generally accepted accounting principles. In addition, Recipient shall maintain any other records, books, documents, papers, plans, records of shipments and payments and writings of Recipient, whether in paper, electronic or other form, that are pertinent to this Agreement, in such a manner as to clearly document Recipient's performance. All financial records, other records, books, documents, papers, plans, records of shipments and payments and writings of Recipient whether in paper, electronic or other form, that are pertinent to this Agreement, are collectively referred to as "Records." Recipient acknowledges and agrees that OHA and the Oregon Secretary of State's Office and the federal government and their duly authorized representatives shall have access to all Records to perform examinations and audits and make excerpts and transcripts. Recipient shall retain and keep accessible all Records for the longest of:

- a. Six years following final disbursement and termination of this Agreement;
- b. The period as may be required by applicable law, including the records retention schedules set forth in OAR Chapter 166; or
- c. Until the conclusion of any audit, controversy or litigation arising out of or related to this Agreement.

11. Information Privacy/Security/Access. If this Agreement requires or allows Recipient or, when allowed, its subcontractor(s), to access or otherwise use any OHA Information Asset or Network and Information System in which security or privacy requirements apply, and OHA grants Recipient, its subcontractor(s), or both access to such OHA Information Assets or Network and Information Systems, Recipient shall comply and require its subcontractor(s) to which such access has been granted to comply with the terms and conditions applicable to such access or use, including OAR 943-014-0300 through OAR 943-014-0320, as such rules may be revised from time to time. For purposes of this Section, "Information Asset" and "Network and Information System" have the meaning set forth in OAR 943-014-0305, as such rule may be revised from time to time.

12. Assignment of Agreement, Successors in Interest.

- a. Recipient shall not assign or transfer its interest in this Agreement without prior written consent of OHA. Any such assignment or transfer, if approved, is subject to such conditions and provisions required by OHA. No approval by OHA of any

assignment or transfer of interest shall be deemed to create any obligation of OHA in addition to those set forth in this Agreement.

b. The provisions of this Agreement shall be binding upon and inure to the benefit of the parties, their respective successors, and permitted assigns.

13. **Resolution of Disputes.** The parties shall attempt in good faith to resolve any dispute arising out of this Agreement. In addition, the parties may agree to utilize a jointly selected mediator or arbitrator (for non-binding arbitration) to resolve the dispute short of litigation. This Section shall survive expiration or termination of this Agreement.
14. **Subcontracts.** Recipient shall not enter into any subcontracts for any part of the program supported by this Agreement without OHA's prior written consent. In addition to any other provisions OHA may require, Recipient shall include in any permitted subcontract under this Agreement provisions to ensure that OHA will receive the benefit of subcontractor activity(ies) as if the subcontractor were the Recipient with respect to Sections 1, 2, 3, 6, 7, 9, 10, 11, 12, 14, 15, and 16 of this Exhibit B. OHA's consent to any subcontract shall not relieve Recipient of any of its duties or obligations under this Agreement.
15. **No Third Party Beneficiaries.** OHA and Recipient are the only parties to this Agreement and are the only parties entitled to enforce its terms. Nothing in this Agreement gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly or otherwise, to third persons any greater than the rights and benefits enjoyed by the general public unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Agreement. This Section shall survive expiration or termination of this Agreement.
16. **Severability.** The parties agree that if any term or provision of this Agreement is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Agreement did not contain the particular term or provision held to be invalid. This Section shall survive expiration or termination of this Agreement.
17. **Notice.** Except as otherwise expressly provided in this Agreement, any communications between the parties hereto or notices to be given hereunder shall be given in writing by personal delivery, facsimile, e-mail, or mailing the same, postage prepaid to Recipient or OHA at the address or number set forth in this Agreement, or to such other addresses or numbers as either party may indicate pursuant to this Section. Any communication or notice so addressed and mailed by regular mail shall be deemed received and effective five days after the date of mailing. Any communication or notice delivered by e-mail shall be deemed received and effective five days after the date of e-mailing. Any communication or notice delivered by facsimile shall be deemed received and effective on the day the transmitting machine generates a receipt of the successful transmission, if transmission was during normal business hours of the Recipient, or on the next

business day if transmission was outside normal business hours of the Recipient. Notwithstanding the foregoing, to be effective against the other party, any notice transmitted by facsimile must be confirmed by telephone notice to the other party. Any communication or notice given by personal delivery shall be deemed effective when actually delivered to the addressee.

OHA: Office of Contracts & Procurement

500 Summer Street NE, E-03

Salem, OR 97301

Telephone: 503-945-5818

Fax: 503-378-4324

This Section shall survive expiration or termination of this Agreement.

- 18. Headings.** The headings and captions to sections of this Agreement have been inserted for identification and reference purposes only and shall not be used to construe the meaning or to interpret this Agreement.
- 19. Amendments; Waiver; Consent.** OHA may amend this Agreement to the extent provided herein, the solicitation document, if any from which this Agreement arose, and to the extent permitted by applicable statutes and administrative rules. No amendment, waiver, or other consent under this Agreement shall bind either party unless it is in writing and signed by both parties and when required, approved by the Oregon Department of Justice. Such amendment, waiver, or consent shall be effective only in the specific instance and for the specific purpose given. The failure of either party to enforce any provision of this Agreement shall not constitute a waiver by that party of that or any other provision. This Section shall survive the expiration or termination of this Agreement.
- 20. Merger Clause.** This Agreement constitutes the entire agreement between the parties on the subject matter hereof. There are no understandings, agreements, or representations, oral or written, not specified herein, regarding this Agreement.

EXHIBIT C

Insurance Requirements

Recipient, in addition to maintaining Commercial General Liability coverage, shall: (i) to the extent that Recipient is directly performing activities under this Agreement, carry the insurance coverages indicated below; and (ii) to the extent that Recipient is subcontracting for any of the activities contemplated under this Agreement, require each subcontractor to maintain the insurance coverages below that are associated with the subcontractor's activities prior to such subcontractor's performance in connection with this Agreement.

INSURANCE REQUIREMENTS:

Recipient shall obtain, at Recipient's expense, the insurance specified in this Exhibit prior to performing under this Agreement. Recipient shall maintain such insurance in full force and at its own expense throughout the duration of this Agreement, as required by any extended reporting period or continuous claims made coverage requirements, and all warranty periods that apply. Recipient shall obtain the following insurance from insurance companies or entities that are authorized to transact the business of insurance and issue coverage in the State of Oregon and that are acceptable to Agency. All coverage shall be primary and non-contributory with any other insurance and self-insurance, with the exception of Professional Liability and Workers' Compensation. Recipient shall pay for all deductibles, self-insured retention, and self-insurance, if any.

If Recipient maintains broader coverage and/or higher limits than the minimums shown in this Exhibit, Agency requires and shall be entitled to the broader coverage and/or higher limits maintained by Recipient.

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY:

All employers, including Recipient, that employ subject workers, as defined in ORS 656.027, shall comply with ORS 656.017, and provide Workers' Compensation Insurance coverage for those workers, unless they meet the requirement for an exemption under ORS 656.126(2). Recipient shall require and ensure that each of its subcontractors complies with these requirements. If Recipient is a subject employer, as defined in ORS 656.023, Recipient shall also obtain Employers' Liability insurance coverage with limits not less than \$500,000 each accident.

If Recipient is an employer subject to any other state's workers' compensation law, Contactor shall provide Workers' Compensation Insurance coverage for its employees as required by applicable workers' compensation laws including Employers' Liability Insurance coverage with limits not less than \$500,000 and shall require and ensure that each of its out-of-state subcontractors complies with these requirements.

As applicable, Recipient shall obtain coverage to discharge all responsibilities and liabilities that arise out of or relate to the Jones Act with limits of no less than \$5,000,000 and/or the Longshoremen's and Harbor Workers' Compensation Act.

COMMERCIAL GENERAL LIABILITY:

Recipient shall provide Commercial General Liability Insurance covering bodily injury and property damage in a form and with coverage that are satisfactory to the State of Oregon. This insurance must include personal and advertising injury liability, products and completed operations, contractual liability coverage for the indemnity provided under this Grant Agreement, and have no limitation of coverage to designated premises, project, or operation. Coverage must be written on an occurrence basis in an amount of not less than \$1,000,000.00 per occurrence and not less than \$2,000,000.00 annual aggregate limit.

AUTOMOBILE LIABILITY INSURANCE:

Recipient shall provide Automobile Liability Insurance covering Recipient’s business use including coverage for all owned, non-owned, or hired vehicles with a combined single limit of not less than \$1,000,000.00 for bodily injury and property damage. This coverage may be written in combination with the Commercial General Liability Insurance (with separate limits for Commercial General Liability and Automobile Liability). Use of personal Automobile Liability insurance coverage may be acceptable if evidence that the policy includes a business use endorsement is provided.

Below are other possible required insurance coverages determined on a case-by-case basis depending on the nature of the proposed Grant Activities.

PROFESSIONAL LIABILITY:

Required **Not required**

Recipient shall provide Professional Liability Insurance covering any damages caused by an error, omission or any negligent acts related to the services to be provided under this Grant Agreement by the Recipient and Recipient’s subcontractors, agents, officers or employees in an amount not less than \$1,000,000.00 per claim and not less than \$2,000,000.00 annual aggregate limit.

If coverage is provided on a claims made basis, then either an extended reporting period of not less than 24 months shall be included in the Professional Liability insurance coverage, or the Recipient shall provide Continuous Claims Made coverage as stated below.

NETWORK SECURITY AND PRIVACY LIABILITY:

Required **Not required**

Recipient shall provide Network Security and Privacy Liability Insurance for the duration of this Grant Agreement and for the period of time in which Recipient (or its business associates or subcontractor(s)) maintains, possesses, stores, or has access to Agency or client data, whichever is longer, with a combined single limit of not less than \$1,000,000.00 per claim or incident. This insurance must include coverage for third party claims and for losses, thefts, unauthorized disclosures, access or use of Agency or client data (which may include, but is not limited to, Personally Identifiable Information (“PII”), Payment Card Data and Protected Health Information (“PHI”)) in any format, including coverage for accidental loss, theft, unauthorized disclosure access or use of Agency data.

POLLUTION LIABILITY:

Required **Not required**

Recipient shall provide Pollution Liability Insurance covering Recipient's or appropriate subcontractor's liability for bodily injury, property damage and environmental damage resulting from sudden accidental and gradual pollution and related cleanup costs incurred by Recipient, all arising out of the goods delivered or Services (including transportation risk) performed under this Grant Agreement is required with a combined single limit per occurrence not less than \$500,000.00 and not less than \$1,000,000.00 annual aggregate limit.

An endorsement to the Commercial General Liability or Automobile Liability policy, covering Recipient's or subcontractor's liability for bodily injury, property damage and environmental damage resulting from sudden accidental and gradual pollution and related clean-up cost incurred by the Recipient that arise from the goods delivered or Services (including transportation risk) performed by Recipient under this Grant Agreement is also acceptable.

DIRECTORS, OFFICERS, AND ORGANIZATION LIABILITY:

Required **Not required**

Recipient shall provide Directors, Officers and Organization Liability Insurance covering the Recipient's Organization, Directors, Officers, and Trustees actual or alleged errors, omissions, negligent, or wrongful acts, including improper governance, employment practices and financial oversight - including improper oversight and/or use of grant funds and donor contributions which includes state or federal funds - with a combined single limit of not less than \$1,000,000.00 per claim.

CRIME PROTECTION COVERAGE: EMPLOYEE DISHONESTY or FIDELITY BOND:

Required **Not required**

Recipient shall provide Employee Dishonesty or Fidelity Bond coverages for dishonest acts of an employee of the Recipient. Coverage limits not less than the amount of the Grant Agreement.

EXCESS/UMBRELLA INSURANCE:

A combination of primary and Excess/Umbrella Insurance may be used to meet the required limits of insurance. When used, all of the primary and Excess or Umbrella policies must provide all of the insurance coverages required herein, including, but not limited to, primary and non-contributory, additional insured, Self-Insured Retentions (SIRs), indemnity, and defense requirements. The Excess or Umbrella or policies must be provided on a true "following form" or broader coverage basis, with coverage at least as broad as provided on the underlying insurance. No insurance policies maintained by the Additional Insureds, whether primary or excess, and which also apply to a loss covered hereunder, must be called upon to contribute to a loss until the Recipient's primary and excess liability policies are exhausted.

If Excess/Umbrella Insurance is used to meet the minimum insurance requirement, the Certificate of Insurance must include a list of all policies that fall under the Excess/Umbrella insurance.

ADDITIONAL INSURED:

All liability insurance, except for Workers' Compensation, Professional Liability, Directors and Officers Liability and Network Security and Privacy Liability (if applicable), required under this Grant Agreement must include an Additional Insured endorsement specifying the State of Oregon, its officers, employees, and agents as Additional Insureds, but only with respect to Recipient's activities to be performed under this Grant Agreement. Coverage shall be primary and non-contributory with any other insurance and self-insurance.

Regarding Additional Insured status under the General Liability policy, Agency requires Additional Insured status with respect to liability arising out of ongoing operations and completed operations, but only with respect to Recipient's activities to be performed under this Grant Agreement. The Additional Insured endorsement with respect to liability arising out of Recipient's ongoing operations must be on, or at least as broad as, ISO Form CG 20 10 and the Additional Insured endorsement with respect to completed operations must be on, or at least as broad as, ISO form CG 20 37.

WAIVER OF SUBROGATION:

Recipient shall waive rights of subrogation which Recipient or any insurer of Recipient may acquire against the Agency or State of Oregon by virtue of the payment of any loss. Recipient shall obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not Agency has received a Waiver of Subrogation endorsement from the Recipient or the Recipient's insurer(s).

CONTINUOUS CLAIMS MADE COVERAGE:

If any of the required liability insurance is on a claims made basis and does not include an extended reporting period of at least 24 months, then Recipient shall maintain continuous claims made liability coverage, provided the effective date of the continuous claims made coverage is on or before the effective date of the Grant Agreement, for a minimum of 24 months following the later of:

- (i) Recipient's completion and Agency's acceptance of all Services required under the Grant Agreement, or
- (ii) Agency or Recipient termination of this Grant Agreement, or
- (iii) The expiration of all warranty periods provided under this Grant Agreement.

CERTIFICATE(S) AND PROOF OF INSURANCE:

Recipient shall provide to Agency Certificate(s) of Insurance for all required insurance before delivering any goods and performing any Services required under this Grant Agreement. The Certificate(s) of Insurance must list the State of Oregon, its officers, employees, and agents as a Certificate holder and as an endorsed Additional Insured. The Certificate(s) of insurance must also include all required endorsements or copies of the applicable policy language effecting coverage required by this Grant Agreement. If Excess/Umbrella Insurance is used to meet the minimum insurance requirement, the Certificate(s) of Insurance must include a list of all policies

that fall under the Excess/Umbrella Insurance. As proof of insurance, Agency has the right to request copies of insurance policies and endorsements relating to the insurance requirements in this Exhibit.

NOTICE OF CHANGE OR CANCELLATION:

Recipient or its insurer must provide at least 30 calendar days' written notice to Agency before cancellation of, material change to, potential exhaustion of aggregate limits of, or non-renewal of the required insurance coverage(s).

INSURANCE REQUIREMENT REVIEW:

Recipient agrees to periodic review of insurance requirements by Agency under this Grant Agreement and to provide updated requirements as mutually agreed upon by Recipient and Agency.

STATE ACCEPTANCE:

All insurance providers are subject to Agency acceptance. If requested by Agency, Recipient shall provide complete copies of insurance policies, endorsements, self-insurance documents and related insurance documents to Agency's representatives responsible for verification of the insurance coverages required under this Exhibit.