

# Contract Review Sheet

Grant Agreement

**BO-6381-24**

Title: ARPA - Beneficiary Agreement for In Step Together Building Expansion

Contractor's Name: Hope Pregnancy Clinic

Department: Board of Commissioners

Contact: Kathleen George

Analyst: Kathleen George

Phone #: (503) 373-4388

Term - Date From: December 12, 2024

Expires: December 31, 2026

Original Contract Amount: \$ 749,000.00

Previous Amendments Amount: \$ -

Current Amendment: \$ -

New Contract Total: \$ 749,000.00 Amd% 0%

Outgoing Funds  Federal Funds  Reinstatement  Retroactive  Amendment greater than 25%

Source Selection Method: Not Applicable (Incoming Funds)

Department

Description of Services or Grant Award

ARPA - Beneficiary Agreement between Marion County and Hope Pregnancy Clinic for construction of a pregnancy clinic in Salem to expand In Step Together program that will double the capacity of Hope to provide services to clients.

Desired BOC Session Date: 12/11/2024

Contract should be in DocuSign by: 11/20/2024

Agenda Planning Date: 11/20/2024

Printed packets due in Finance: 11/26/2024

Management Update: 11/18/2024

BOC upload / Board Session email: 11/27/2024

BOC Session Presenter(s) Chris Eppley

Code: Y

## REQUIRED APPROVALS

Finance - Contracts \_\_\_\_\_ Date \_\_\_\_\_

Contract Specialist \_\_\_\_\_ Date \_\_\_\_\_

Legal Counsel \_\_\_\_\_ Date \_\_\_\_\_

Chief Administrative Officer \_\_\_\_\_ Date \_\_\_\_\_



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: December 11, 2024

Department: Board of Commissioners

Title: HOPE Pregnancy Clinic ARPA Grant

Management Update/Work Session Date: November 20, 2024 Audio/Visual aids

Time Required: 5-minutes Contact: Christopher Eppley Phone: 503-599-3966

Requested Action: Approval of contract with HOPE Pregnancy Clinig as a beneficiary for ARPA grant of \$749,000 for the purpose of constructing a pregnancy clinic that will provide medical services to disadvantaged women, most of whom are low-to-moderate income, within Marion County.

Issue, Description & Background: HOPE pregnancy clinic submitted an application for American Rescue Plan Act funds in the amount of \$749,000 for the purpose of constructing a pregnancy clinic in Salem that will provide medial services to disadvantaged women throughout Marion County. HOPE Pregnancy Clinic provides free pregnancy tests, ultrasounds, and counseling to a wide variety of clients, most of whom are low-to-moderate income individuals or families. The construction project will double the capacity of HOPE to provide these services. The Clients of HOPE pregnancy clinic are primarily disadvantaged and were disproportionately harmed by the COVID-19 pandemic. HOPE Pregnancy clinic is a non-profit that operates in the Salem metro area and provides all of their services for free through fundraising and donations.

Financial Impacts: NA

Impacts to Department & External Agencies: HOPE Pregnancy Clinic will be a beneficiary of the ARPA funds and, therefore, the impact to the Board of Commissioners Office and Finance Department for monitoring their progress through the grant process will be minimal.

List of attachments: HOPE Pregnancy Clinic ARPA grant application, beneficiary contract

Presenter: Christopher Eppley, Deputy County Administrative Officer

Department Head Signature: [Handwritten Signature]

**MARION COUNTY**  
**BENEFICIARY AGREEMENT**  
**BO-6381-24**

*American Rescue Plan Act of 2021*  
*Coronavirus State and Local Fiscal Recovery*  
*Funds*

This Agreement is entered into by and between **Marion County**, a political subdivision of the State of Oregon, hereinafter referred to as “County”, and **Hope Pregnancy Clinic**, hereinafter referred to as “Beneficiary”.

**Recitals**

- A.** WHEREAS, on March 11, 2021, the American Rescue Plan Act (“ARPA”) was signed into law and established the Coronavirus State Fiscal Recovery Fund and Coronavirus Local Fiscal Recovery Fund, together which make up the Coronavirus State and Local Fiscal Recovery Funds (“SLFRF”) program with the Assistance Listing Number (ALN) 21.027. The SLFRF program is to provide support to State, territorial, local and Tribal governments in responding to the economic and public health impacts of COVID-19 and in their efforts to contain impacts on their communities, residents, and businesses; and
- B.** WHEREAS, nonprofit organizations may be impacted by the pandemic and receive ARPA/SLFRF assistance as a beneficiary, per U.S. Treasury 31 CFR Part 35; and
- C.** WHEREAS, the total ARPA/SLFRF funds allocated to the County, as published by the U.S. Treasury, is \$67,559,569, and the County may award funds to organizations that meet ARPA/SLFRF eligibility requirements; and
- D.** WHEREAS, the County intends to allocate a portion of its SLFRF funds to assist nonprofit organizations within Marion County that experienced Negative Economic Impacts; in accordance with all federal, state and local guidelines regarding the usage of SLFRF funds; and
- E.** WHEREAS, Hope Pregnancy Clinic meets the U.S. Treasury definition of a Beneficiary, a private nonprofit organization, and submitted an application on November 20, 2024, to the County for \$749,000 in ARPA/SLFRF relief funds to mitigate financial hardship from increased costs due to increased demand for services provided to patients presumed to be disproportionately impacted by the COVID-19 pandemic; and
- F.** WHEREAS, the Board of Commissioners approved the application from the Beneficiary; and
- G.** WHEREAS, Beneficiary is willing to execute this Agreement obligating itself to comply with the terms and conditions hereof and to fulfill such obligations in a manner complementary to and in furtherance of its obligations arising from the Agreement it executed with the County for receipt of the funds described herein.

## **Agreement**

NOW THEREFORE, for good and sufficient consideration, including the terms and conditions herein, it is agreed by and between the parties hereto as follows:

### **1. Incorporation**

The foregoing Recitals are incorporated herein by reference, provided, however, that the Recitals are not to be deemed to modify the express provisions hereinafter set forth. This Agreement includes the following exhibits which are incorporated herein:

- A. Exhibit A (The Application)
- B. Exhibit B (Required Federal Terms and Conditions)
- C. Exhibit C (Federal Funding Information for Subrecipients) – *Not applicable*
- D. Exhibit D (Federal Funding Accountability and Transparency Act Certification)
- E. Exhibit E (ARPA/SLFRF Capital Expenditure Justification Form)
- F. Exhibit F (ARPA/SLFRF Reporting Requirements Form)
- G. Exhibit G (Marion County Disbursement Request)

### **2. Term of Agreement**

Unless terminated or extended, this Agreement covers the expenditure period of December 12, 2024, to December 31, 2026.

### **3. Scope of Work**

Beneficiary shall provide documentation to support the reimbursement for the building expansion project necessary to adhere to the COVID-19 pandemic as described in Exhibit A, hereby attached, and incorporated.

Beneficiary shall complete Exhibit D Federal Funding Accountability and Transparency Act Certification, and Exhibit F, ARPA/SLFRF Reporting Requirements, by the due dates thereof.

### **4. Award Funding**

- A. County has agreed to make a conditional award of funds to Beneficiary in the not-to-exceed amount of \$749,000 (the “Grant”). Grant disbursements shall be a reimbursement of funds to Beneficiary eligible under category Negative Economic Impact, EC 2.34 Assistance to Impacted Nonprofit Organizations.
- B. Grant distributions will be made by County to Beneficiary upon execution of this Agreement and receipt of Exhibit G Marion County Disbursement Request, that includes supporting documentation and attestation by Beneficiary’s authorized signer. Exhibit E shall be sent to [ARPArecovery@co.marion.or.us](mailto:ARPArecovery@co.marion.or.us) or to Marion County Board of Commissioners, PO Box 14500, Salem, OR 97309.

### **5. Misexpenditures and Excess Payments**

- A. It is the responsibility of Beneficiary to provide adequate documentation to ensure funds are in compliance with this agreement.

- B. Upon County's identification of a misexpenditure or excess payment, County shall notify Beneficiary thereof. Upon Beneficiary's identification of a misexpenditure or excess payment, Beneficiary shall notify County thereof.
- C. Within 30 days of Beneficiary identifying a misexpenditure or excess payment, Beneficiary shall make full payment to County. Within 30 days of receiving notice from County of a misexpenditure or excess payment, Beneficiary shall make full payment to County.

**6. Withholding of Grant Funds**

- A. County may withhold any and all Grant funds from Beneficiary if County, in its sole discretion, determines that Beneficiary has failed to timely satisfy any material obligation arising under this Agreement.
- B. Nothing in this section limits the County's ability or authority to pursue any or all legal or equitable remedies for Beneficiary's breach of this Agreement.

**7. Termination**

Immediately upon written notice by County to Beneficiary, or at such later date as County may establish in such notice, if Beneficiary is in default.

**8. Governing Law; Venue; Consent to Jurisdiction**

This Agreement shall be governed by the laws of the State of Oregon without regard to principles of conflicts of law. Venue shall be in the Marion County Circuit Court. Both parties consent to the jurisdiction of the Marion County Circuit Court in all disputes arising out of this Agreement.

**9. Compliance with Applicable Law**

Beneficiary shall comply with all federal, state, and local laws, regulations, executive orders, and ordinances applicable to the Agreement.

**10. No Third-Party Beneficiaries**

County and Beneficiary 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 unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Agreement.

**11. Notices**

Any notice of termination or other communication having a material effect on this Agreement shall be served by email or U.S. Mail on the signatories listed.

County Contact Person:	Toby Giddings, Marion County Finance, Contracts & Procurement Mgr.
Contact Telephone Number:	503-589-3290
E-Mail Address:	ARPAREcovery@co.marion.or.us
Mailing Address:	555 Court St NE, Suite 4247, PO Box 14500, Salem, OR 97309

**12. Insurance and Workers Compensation**

Beneficiary shall maintain at all times commercial general liability insurance, property damage insurance, and professional if applicable, covering its activities and operations under this Agreement. Beneficiary agrees to provide County with a copy of required insurance upon request.

**13. Beneficiary Status**

Beneficiary is not an officer, employee or agent of the County, with respect to work performed under this Agreement. This Agreement shall not be construed as creating an agency, partnership, joint venture, employment relationship or any other relationship between the parties other than that of independent parties. Beneficiary is not subject to terms and conditions related to Subrecipient.

**14. Captions**

The captions or headings in this Agreement are for convenience only and in no way define, limit or describe the scope or intent of any provisions of this Agreement.

**15. Severability**

If any term or provision of this Agreement shall be held invalid or unenforceable by any court of competent jurisdiction, such holding shall not invalidate or render unenforceable any other provision thereof.

**16. Indemnity**

Beneficiary shall agree to defend, indemnify, and hold harmless County, its officers, agents, and employees from damages arising out of this Agreement's acts of the Beneficiary, its officers, agents, and employees acting within the scope of their employment and duties in performance of this agreement subject to the limitations and conditions of the Oregon Tort Claims Act, ORS 30.260 through 30.300, and the Oregon Constitution, Article XI, Section 7.

**17. Time is of the Essence**

Time is of the essence in the performance of all terms under this Agreement.

**18. Merger Clause**

This Agreement and attached exhibits constitute 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. No waiver, consent, modification or change of terms of this Agreement shall bind all parties unless in writing and signed by both parties and all necessary County approvals have been obtained. The failure of County to enforce any provision of this Agreement shall not constitute a waiver by County of that or any other provision.

**19. Certifications and Signature of Beneficiary's Authorized Representative**

The undersigned certifies under penalty of perjury both individually and on behalf of Beneficiary that by signature on this Agreement for Beneficiary, the undersigned hereby certifies under penalty of perjury that the undersigned is authorized to act on behalf of Beneficiary and that Beneficiary is, to the best of the undersigned's knowledge, not in violation of any Oregon Tax Laws. For purpose of this certification, "Oregon Tax Laws" means a state tax imposed by ORS 320.005 to 320.150 and 403.200 to 403.250 and ORS chapters 118, 314, 316, 317, 318, 321 and 323 and the elderly rental assistance program under ORS 310.630 to 310.706 and local taxes administered by the Department of Revenue under ORS 305.620.

**BENEFICIARY, BY EXECUTION OF THIS AGREEMENT, HEREBY ACKNOWLEDGES THAT BENEFICIARY HAS READ THIS AGREEMENT, UNDERSTANDS IT, HAS THE LEGAL AUTHORITY TO BIND, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.**

**HOPE PREGNANCY CLINIC**

Authorized Signature: \_\_\_\_\_  
Date

Title: \_\_\_\_\_

**MARION COUNTY SIGNATURES  
BOARD OF COMMISSIONERS:**

\_\_\_\_\_  
Chair Date

\_\_\_\_\_  
Commissioner Date

\_\_\_\_\_  
Commissioner Date

Authorized Signature: \_\_\_\_\_  
Chief Administrative Officer Date

Reviewed by Signature: \_\_\_\_\_  
Marion County Legal Counsel Date

Reviewed by Signature: \_\_\_\_\_  
Marion County Contracts & Procurement Date



# 2024 MARION COUNTY ARPA FUNDS APPLICATION SPECIAL ROUND

**Organization Name:** Hope Pregnancy Clinic

**Project Title:** In Step Together

**ARPA Funding Category:** 2.34 Assistance to Non-Profits – Assistance to Impacted nonprofit Organizations (Impacted or Disproportionately Impacted)

## I. Organization Information

Legal Name of the Organization: \* Hope Pregnancy Clinic

Doing Business As (DBA) Name (if applicable): \_\_\_\_\_

Employer Identification Number (EIN): \* 94-3076587

DUNS or UEI Number: \*\* 039427979

\*\*Organization must be able to obtain a UEI Number by the time the Contract is executed

Organization Street Address: \* 2630 Market Street NE

City: Salem State: OR Zip Code: 97301

Organization Mailing Address: \_\_\_\_\_  
(if different from street address)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Organization Website: \* www.hopepregnancyclinic.org  
(Please enter "N/A" if none)

Applicant Name: \* Mike Reid

Applicant Title: \* Executive Director

Applicant Mailing Address: \_\_\_\_\_  
(if different from organization mailing address)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant Phone: \* (503) 364-2464 Applicant E-mail: \* mike@hopeforsalem.org

Project Contact: \_\_\_\_\_  
(If different from applicant)

Project Contact Phone: (\_\_\_\_\_) \_\_\_\_\_ Project Contact E-mail: \_\_\_\_\_

\* Response required for application to be considered complete



## **II. Project Information**

### **Q1. Describe the organization that will manage the project and include the following:**

- a. Total estimated or completed project budget**
- b. Estimated start date and completion dates; or date project was completed**
- c. List the project team. Include the name, title, employer, and a high-level overview of their role in the project.**

#### **About Hope Pregnancy Clinic**

Hope Pregnancy Clinic is a 501(c)3 non-profit organization. For 40 years, Hope has provided free pregnancy-related services to women in Marion County. Located at 2630 Market Street NE in Salem, Hope Pregnancy Clinic empowers women who are unprepared for pregnancy to make healthy, life-affirming decisions, and equips them to be great mothers. We offer a compassionate and confidential environment for patients to always receive accurate information and excellent medical care. Our services include pregnancy tests, nurse consultations, limited obstetric ultrasounds, options counseling, parenting skills training, and referrals to community resources.

The Parenting Initiative is Hope's mentoring and education program that equips new mothers, and an increasing number of fathers, for parenthood. Patients who enroll may come back to Hope multiple times to work through a parenting curriculum with a Hope mentor while also earning valuable resources for their efforts. This program allows us to extend care and offer resources throughout the patient's pregnancy and beyond.

Hope Pregnancy Clinic has 15 paid employees and 40 volunteers. We are governed by a Board of Directors who meet monthly, oversee the Executive Director, and have fiduciary responsibilities. Hope has strong community partnerships with more than 70 active churches as well as over 1,200 individual community members and businesses contributing financial and material support.

#### **Project: In Step Together – Initiative 1, Building Expansion**

Hope Pregnancy Clinic currently operates out of two separate buildings, both located on Market Street, but separated by an unaffiliated business. This separation creates confusion and challenges for our patients who would sign up to participate in the Parenting Initiative. We are also seeing consistent annual growth in patient numbers and are frequently fully booked for appointments. The full schedule means that we don't always have adequate space to provide services for all who need them.

In order to increase our available patient rooms, mentoring rooms, and workspace for our medical team, Hope will be building a 10,600 square foot addition onto the existing Annex Building. Once the construction is completed, we will move all of our clinic services to the new building. All of Hope's services will then be housed under one roof, ensuring continuity of care and removing barriers for those who would benefit from participation in the Parenting Initiative. This will also give us the space to help all who need our services so that no woman is ever turned away because of lack of space.

**Total estimated or completed project budget:**  
 The anticipated cost of the project is \$4,383,920.00

<b>Hope Pregnancy Clinic</b>		
<b>Budget Item</b>	<b>Notes</b>	<b>Full Budget</b>
Site Preparation	Excavation, geotech, utility connections	\$575,768
Construction	Estimated expenses	\$3,226,492
Licensing and Permits	Building permits, sewer fees, etc.	\$236,000
Other	Construction contingency	\$345,660
<b>Total</b>		<b>\$4,383,920</b>

**Estimated Project Timeline:**

Architectural Design: January 2024 – October 2024  
 Permit application period: October 2024 – April 2025  
 Construction period: June 1, 2025 – July 1, 2026  
 Move in period: July 2025

**Project Team**

The project team consists of the following:

Mike Reid, Executive Director at Hope Pregnancy Clinic.

Mr. Reid is overseeing hiring and interacting with contractors and other entities.

Mike Riddle, Hope Board Member and owner of Mike Riddle Construction, LLC.

Mr. Riddle provides leadership based on his experience in building construction relationships with the contractors.

**Q2. Describe the project need and the impact the project will or did have on the local community and Marion County. Identify each project element and include a timeline and key team member(s) who will or did work on the project**

**Serving the Community**

Hope Pregnancy Clinic fills a great need in our area. Every year the number of women in Marion County coming to Hope for services increases. All our services come at no cost to the patient. Hope is the only organization in Marion and Polk counties that provide comprehensive resources and free medical services in a pro-life clinic to women facing unintended or crisis pregnancies. Hope provides these free services in a compassionate and confidential environment so women feel heard, and can receive accurate information, medical care, and community referrals.

<b>Services Provided</b>	<b>2024<sup>^</sup></b>	<b>2023</b>	<b>2022</b>
Pregnancy Tests	761	888	793
Ultrasound Scans	729	876	750
Baby Gift Bags	192	188	153
Car Seats, P&P, Stroller*	98	108	92
Prenatal Vitamins	303	349	290
Completed Parenting Initiative	112	114	97
Total Patient Visits**	1850	2106	1729

<sup>^</sup> YTD numbers as of 10/31/2024

\*The Parenting Initiative provides an option of a car seat, pack ‘n play or stroller for the completion item.

\*\*This includes visits for resources such as maternity clothes, baby gift bags, parenting education, car seats, follow up visits, etc.

### Hope Patient Demographics

Hope Pregnancy Clinic serves women from very diverse backgrounds, both socio-economically and culturally. Most of our patients are deeply affected by poor economic climates, which makes their need for our services and referrals even more acute. Most of our patients are from low-income households, some are homeless, and some struggle with addiction.

Hope serves them all with grace and compassion. In order to better serve women coming to Hope, we have bilingual staff members, advocates and mentors to assist our Spanish-speaking population. In recent years, we have added the ability to see patients who need our services in languages other than Spanish and English by utilizing an online translation service. This allows us to provide help and resources to more women in Marion County.

<b>Ethnicity %</b>	<b>2023</b>	<b>2022</b>
Hispanic	45%	41%
Caucasian	39%	43%
Pacific Islander	4%	3%
African American	3%	3%
Other	9%	10%

<b>Primary Language</b>	<b>2023</b>	<b>2022</b>
English	82%	84%
Spanish	11%	11%
Other*	7%	5%
<i>*Includes Portuguese, Russian, Arabic, Chinese</i>		

<b>Ages of Patients Served</b>	<b>2023</b>	<b>2022</b>
19 yrs. And under	13%	12%
20 – 24 yrs.	31%	29%
25 – 29 yrs.	30%	30%
30 yrs. And over	26%	29%

### Continued Growth in Patient Numbers, A Growing Need for Services

When women find themselves facing an unexpected or crisis pregnancy, their lives are turned upside down. Many are left feeling alone without someone who will say “you can do this and I will help you.” For 40 years, Hope Pregnancy Clinic has stepped in as that encouraging friend. Over the past four years, we have seen our patient load grow by 75%.

**In order to serve this increase and to plan for growth, we need to ensure we have adequate and accessible space and enough staff to meet their needs.** Currently, our services are provided in two different buildings on Market Street, with a separate business in between. Our clinic building has two patient rooms and two ultrasound machines that are often booked back-to-back. We never want to turn anyone away because of space limitations. Additionally, our Parenting Initiative classes are held in the Annex building, two doors down. Many patients view the walk along Market Street as a hindrance, which keeps them from attending the classes.

Many of our patients need connection to community resources and public benefits, such as WIC, SNAP and OHP, to address challenges in their lives, such as homelessness, food insecurity, addiction, abuse, etc. We are grateful to have connection to the wide array of services available in Marion County. Some of our patients have a lot of needs and much assistance accessing these resources and public benefits.

To address these challenges, and to provide the additional staff needed to serve more patients, Hope Pregnancy Clinic embarked on a capital campaign in 2024. This campaign, In Step Together, will provide a unified building, bringing all of our services under one roof, as well as providing the equipment needed for the new space, adding a new nurse, case worker and development director to the staff.

**The first initiative, the building expansion, will add 10,600 sq. ft. of new construction connected to the back of the Annex Building,** doubling the number of patient rooms from two to four, each equipped with an ultrasound machine. This will also double the workspace for nurses and volunteers and provide additional space for a third mentoring room for parenting classes. The unified space will remove barriers and increase participation in the Parenting Initiative—so more parents will be able to benefit from the one-on-one mentoring and parenting and life skills education.

Initiative two will provide workstations, office equipment and ultrasound machines, as well as an additional full-time nurse. Initiative three will provide a Case Worker to better assist our patients in connecting to resources as well as providing a Development Director to meet the growing funding needs and connecting to our community partners.

**Hope Pregnancy Clinic is requesting funding in the amount of \$749,000 to assist with the construction of this building expansion. The full cost of the construction is \$4,383,920.**

### **A Positive Impact**

The services provided by Hope's staff and volunteers effect women and their families, not only in the moment of pregnancy decision, but can also make a positive impact felt for years and generations to come. Women come to Hope seeking guidance, resources, support and a comforting place to sift through fear, confusion and feelings of being alone.

As Hope walks alongside the women of Marion County, they can:

- Feel confident and supported in their pregnancy decision.
- Have a safe place to process their pregnancy and are educated about the pregnancy process.

- Break generational cycles of abuse, addiction, and other health issues.
- Experience the joys of a successful pregnancy.
- Feel empowered to parent their child.

**Project elements:**

Building Design  
 Fundraising  
 Permit Applications  
 Construction

**Project timeline w/key team members doing the work:**

Date	Team Member	Item	Progress
January 2024 – October 2024	CBTWO Architects	Building Design	Completed
February 2024 – July 2026	Contour Strategies	Fundraising	In-progress
October 2024 – April 2025	Kaufman Construction	Permit Applications	In-progress
June 2025 – July 2026	Kaufman Construction	Construction	Not started
July 2026	Hope Pregnancy Clinic	Move in	Not started

**Q3. a. Describe how the project meets the ARPA eligible categories and the specific category requirements according to U.S. Treasury Guidelines and the Final Rule, see <https://www.co.marion.or.us/BOC/CD/Pages/fiscalrecoveryfunds.aspx>.**

**ARPA Eligible Categories**

Under funding category 2.34 Assistance to Non-Profits – Assistance to Impacted nonprofit Organizations (Impacted or Disproportionately Impacted), Hope Pregnancy Clinic is a non-profit organization that was negatively impacted by the pandemic. We primarily serve low-income individuals and families who were disproportionately impacted by the Covid 19 public health emergency and its negative economic impacts. Our services assist low-income patients in accessing public benefits.

Hope offers free medical obstetrical services to women who think they are pregnant. These services are primarily a pregnancy test, an ultrasound exam, and a nurse consultation. Many of these women have significant issues in their lives such as homelessness, under-employment, drug abuse and spousal abuse. There is a terrific network of community referral resources in Marion County with whom we try to connect our patients to address their specific needs. Hope Pregnancy Clinic has a long history of successfully serving this population and connecting individuals with these resources they so desperately need.

The number of women Hope serves each month keeps growing, and we are nearing full capacity. It is not uncommon for our two patient rooms to be scheduled full for consecutive appointments on any given day. We never want to turn any woman away, as we may not get another

opportunity to serve them. That is true especially for our walk-in patients who are often the most vulnerable and needful of our patients.

The new addition we are planning to build will essentially double our patient space. Instead of two patient rooms and two ultrasound machines, we will have four of each. We will open the third patient room immediately when the construction is complete. The new office space for nurses and volunteers will have room for eight individuals to work instead of our current space for four. The Parenting Initiative will also increase, including an additional classroom.

With this expanded space, we will have room to add essential staff. We'll hire an additional nurse for the new patient room we'll open, and we'll hire a Case Worker assigned specifically to help our most needful and challenging patients.

Hope Pregnancy Clinic is a non-profit organization, providing all our services at no cost to our patients.

**b. Describe how the project meets the ARPA period of performance.**

ARPA funds, if granted, will be committed and obligated towards the project expenses incurred between June 1, 2025, and July 1, 2026. The funds will be committed and obligated within the required period of performance.

**Q4. Describe the organization's experience as a subrecipient or beneficiary of federal funding. Describe the capacity to successfully manage and submit reporting requirements for the proposed project as a subrecipient of federal awards.**

**Reporting Capacity**

The Hope Pregnancy Clinic has received grant funds from various sources and as recently as 2024 from local foundations such as the Salem Foundation and Huddart Family Foundation. We have successfully submitted requested reports to grantors. Additionally, Hope annually provides statistics and demographic information to affiliated partners such as national organizations Care Net and NIFLA (National Institute of Family and Life Advocates).

Project team member Mike Reid will be responsible for submitting reports, with the assistance of Hope administrative staff.

**Q5. Identify and describe partnerships or contracted services the organization has secured to assist with the project?**

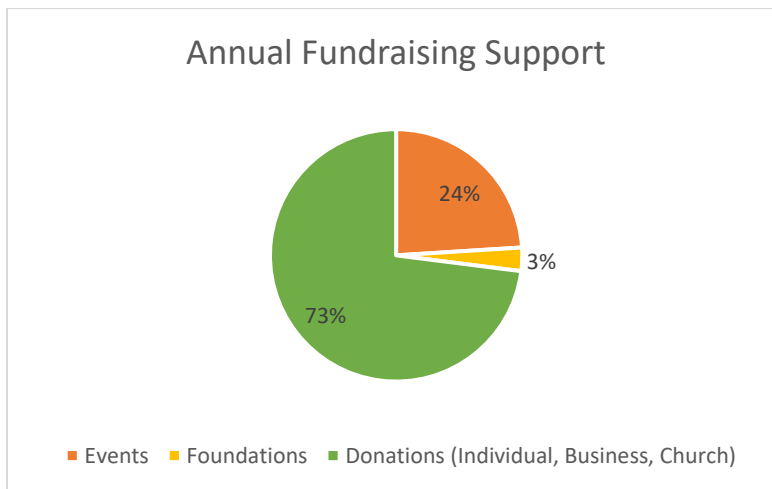
Kirk Sund, CBTWO Architects, Principal  
Kent Kaufman, Kaufman Construction, President  
Jeremy Kuenzi, Kaufman Construction, General Manager  
Andy Sears, Contour Strategies, Principal and Executive Strategist

**Q6. Describe how the operations will be funded after the project is complete, if applicable. If application is for reimbursement of funds already spent, explain how the project will be maintained and/or funded in future years.**

**Financial Support**

Hope Pregnancy Clinic is funded through the generous support of our community partners. Hope has a robust annual fundraising plan that includes events, mailings, grants and partner stewardship. Over 230 individuals, businesses and churches donate to Hope on a monthly basis. Many others make donations less frequently.

Over the past several years, Hope has been consistently successful in raising the funds needed to fully serve our patients.



**Material Support**

In addition to financial support, Hope has dedicated individuals, churches and community groups that contribute material items in support of our patients. These items include, but are not limited to, the following:

- Diapers & Wipes
- Baby Clothes
- Blankets (handmade quilts, crocheted, swaddle blankets, store bought)
- Maternity Clothes
- Car Seats
- Pack ‘n Plays
- Strollers
- Baby Items (such as baby toiletry items, bathtubs, swings, books, toys, pacifiers, etc.)
- Formula & Bottles
- Nursing Pillows
- Highchairs

These items are utilized in the mentoring program as well as in the clinic for the Baby Gift Bags that are gifted to patients. We additionally have a supply of necessities available for patients, and sometimes former patients, when they have need (diapers, wipes, formula, clothing).

**Volunteer Support**

Hope has 40 volunteers who assist with projects weekly that free up staff time that is dedicated to patient care. A number of volunteers come in weekly to sort, wash and stock material items. Volunteers help with facility care such as custodial duties, landscaping, and small handyman projects. Our largest group of volunteers work with patients as Advocates in the Clinic and Mentors with the Parenting Initiative. Their experience and care for our patients is invaluable and allows us to serve the number of patients we see each year.

**Q7. Identify and describe other Federal, State, or local government funding the organization has applied for, including ARPA funds from governments for this proposed project. Include the source(s) and amount(s) applied for, and any awards received.**

Hope Pregnancy Clinic has always focused on local funding, seeking to engage our own community in partnership to serve those residents who need Hope’s unique services. There are no other federal funds associated with this project.

**Q8. Identify and describe other non-governmental funding sources (e.g. fees, donations, grants) the organization has applied for specific to this proposed project. Include the source(s) and amount(s) applied for, and any awards received.**

**In Step Together Funding**

Fundraising for this project is on-going. Current funding is as follows:

Grants –	
M. J. Murdock Foundation –	applying for \$802,846.75
Donors – Foundations	
Freres Foundation	\$ 25,000
Fowler Foundation	\$ 25,000
Donors – Individuals	
Joan Jongeneel	\$ 500,000
Other donors	\$1,423,515

**Q9. If the total ARPA funding request is not granted, how will the organization be able to complete the project, if applicable.**

If this request for ARPA funding is not granted, we will continue to raise funds to meet the needs of our patients. We will continue to press our vital services and funding needs before our support base of businesses, individuals, and churches.



**Q10. When was your last financial statement or single audit performed and what was the result (i.e clean audit opinion, recommendations, or findings)? Please be prepared to provide this information if requested.**

Our CPA annually reviews our YE financial statements. Our latest review was completed in April 2024.

**Q11. Provide any additional information related to the project.**

1. Building Images
2. Patient Stories
3. Appendix 1

**1. Building Images**

Current location of Clinic & Annex:

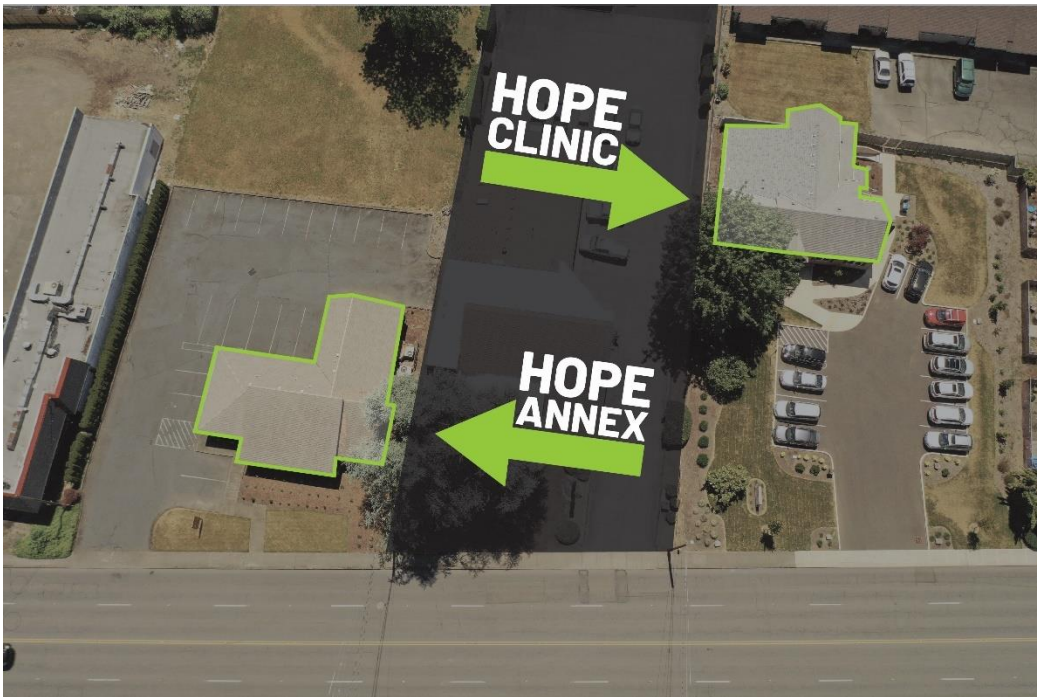


Image of new addition to current Annex building



## 2. Patient Stories

*\*Names changed for privacy*

### **Hannah\***

While her classmates had their attention fixed on their next math test, a test of a different kind weighed heavy on Hannah's mind. The teen high school student found herself holding a positive pregnancy test. Overwhelmed, she cried about how unexpected this was. To make matters worse, Hannah's mom was less than supportive. Doubting that her daughter was ready to be a teen parent, her mom made an appointment for an abortion.

Hannah felt strongly about keeping the pregnancy and insisted that she was going to have the baby. That was when she turned to the Hope Pregnancy Clinic for help. Feeling empowered, she signed up for the Parenting Initiative and began meeting with her volunteer mentor.

After completing 12 weeks in the Parenting Initiative, Hannah learned so much about childbirth and how to be a new mom. She also earned a huge bounty of free goods for herself and her baby. Her own parents did a complete turn-around when their granddaughter was born. Hannah has turned out to be a mature and capable new mother.

## **Kara\***

Kara was a first-time mom who had recently broken up with her boyfriend, and then found out she was pregnant. During her first visit at Hope, she was uncertain what the future would hold for his involvement with her or with their baby. She was dealing with nausea and struggling with anxiety about labor and delivery as well as the future in general. Kara decided to participate in the Parenting Initiative and began to meet with her mentor.

She was able to work with her mentor to develop a curriculum plan that would address her concerns. Lessons on the discomforts and emotions of pregnancy helped her to understand the reasons for her physical woes and heightened emotional responses. She was able to learn about labor and comfort techniques, as well as medical procedures during birth. This information equipped Kara with an understanding of the process of labor, which reduced her anxiety, and helped her feel equipped to advocate for herself. She felt ready to be a mother.

Her mentor was pleased when Kara's boyfriend came to the sixth session with her and shared some of his fears about fatherhood. We are still in contact with this couple, and they are still together.

### **3. Appendix 1**

This project responds to negative economic impacts of the pandemic, including assistance to household and nonprofits, through all of the following:

1. The harm or impact to the nonprofit caused or exacerbated by the public health emergency or its negative economic impact, and the response to this harm, including being related and reasonably proportional, is based on the following:
  - a. Providing assistance to a nonprofit organization through capital expenditures via a grant to mitigate financial hardship from increased costs due to increased demand for services.
  - b. Providing assistance to a nonprofit presumed to be disproportionately impacted by the public health emergency or its negative economic impacts due to the nonprofit organization operating in a qualified census tract (7.03) and serving patients from surrounding qualified census tracts (including but not limited to 3, 4, 5.01, 5.02, 7.02, 10, 16.05, 16.07, and 17.01).
2. The harm or impact to low-income patients caused or exacerbated by the public health emergency or its negative economic impact, and the response respond to this harm, including being related and reasonably proportional, is based on the following:
  - a. Providing facilities that help assist low-income patients accessing public benefits.
  - b. Providing facilities that provide services to address health disparities to a disproportionately impacted population/community that includes low-income households, households that qualify for federal and state benefits (like WIC, SNAP, TANF, and Section 8 Vouchers), and households in surrounding qualified census tracts (including 3, 4, 5.01, 5.02, 7.02, 7.03, 10, 16.05, 16.07, and 17.01).
  - c. Providing medical facilities designed to address disparities in public health outcomes and to integrate health services.

**Attachment 1. Attestation Form**

APPLICANT NAME: Mike Reid

ORGANIZATION NAME: Hope Pregnancy Clinic

PROJECT NAME: In Step Together

ADDRESS: 2630 Market Stree NE. Salem OR 97301

TELEPHONE NUMBER: 503-364-2464 EMAIL: mike@hopeforsalem.org

WEB SITE: www.hopepregnancyclinic.org

TAXPAYER ID NUMBER: 94-3076587 DATE/STATE OF INCORPORATION: Jan. 27, 1988 Oregon

BUSINESS DESIGNATION:  Corporation  Sole Proprietor  Partnership  
 S Corporation  Non-Profit  Government  
 Other: \_\_\_\_\_

CERTIFICATION/LICENSE NUMBER: \_\_\_\_\_

The undersigned further acknowledges, attests and certifies individually and on behalf of the Applicant that:

See  
note \*

1. That this proposal is, in all respects, fair and without fraud; that it is made without collusion with any official of the county; and that the proposal is made without any collusion with any person making another proposal on this Contract.
2. Information and prices included in this proposal shall remain valid for ninety (90) days after the proposal due date or until a Contract is approved, whichever comes first.
3. The Applicant acknowledges receipt of all Addenda issued under the Application.
4. The Applicant certifies that it does not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, handicap, financial ability, age or other non-job-related factors as per ORS 659 and USC 42 2000e.
5. The Applicant, acting through its authorized representative, has read and understands all Application instructions, specifications, and terms and conditions contained within the Application and all Addenda, if any;
6. The Applicant agrees to and shall comply with, all requirements, specifications and terms and conditions contained within the Application, including all Addenda, if any;
7. The proposal submitted is in response to the specific language contained in the Application, and Applicant has made no assumptions based upon either (a) verbal or written statements not contained in the Application, or (b) any previously-issued Application, if any.
8. The Applicant agrees that if awarded the Agreement, Applicant shall be authorized to do business in the State of Oregon at the time of the award;
9. The signatory of this Application Form is a duly authorized representative of the Applicant, has been authorized by Applicant to make all representations, attestations, and certifications contained in this proposal document and all Addenda, if any, issued, and to execute this proposal document on behalf of Applicant.
10. By signature below, the undersigned Authorized Representative hereby certifies on behalf of Applicant that all contents of this Application Form and the submitted proposal are truthful, complete and accurate. Failure to provide information required by the Application may ultimately result in rejection of the proposal.

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY**

**MATTERS** - The Applicant certifies to the best of its knowledge and belief that neither it nor any of its principals:

1. Are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from submitting bids or proposals by any federal, state or local entity, department or agency;
2. Have within a five-year period preceding the date of this certification been convicted of fraud or any other criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) contract, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

3. Are presently indicted for or otherwise criminally charged with commission of any of the offenses enumerated in item number 2 of this certification;
4. Have, within a five-year period preceding the date of this certification had a judgment entered against contractor or its principals arising out of the performance of a public or private contract;
5. Have pending in any state or federal court any litigation in which there is a claim against contractor or any of its principals arising out of the performance of a public or private contract; and
6. Have within a five-year period preceding the date of this certification had one or more public contracts (federal, state, or local) terminated for any reason related to contract performance.

**Where Applicant is unable to certify to any of the statements in this certification, Applicant shall attach an explanation to their offer. The inability to certify to all of the statements may not necessarily preclude Applicant from award of an agreement under this procurement.**

IF THE PROPOSAL IS MADE BY A JOINT VENTURE, IT SHALL BE EXECUTED BY EACH PARTICIPANT OF THE JOINT VENTURE.

THIS APPLICATION SHALL BE SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT; ANY ALTERATIONS OR ERASURES TO THE OFFER SHALL BE INITIALED IN INK BY THE UNDERSIGNED AUTHORIZED REPRESENTATIVE.

SIGNATURE OF APPLICANT'S DULY AUTHORIZED REPRESENTATIVE FOR ALL SECTIONS:

Authorized Signature: Mike Reid

Print Name: Mike Reid

Title: Executive Director

Contact Person (Type or Print): Same as above

Telephone Number: (503) 364-2464

Email: mike@hopeforsalem.org

**The Applicant will notify the County representative on the cover page of this Application within 30 days of any change in the information provided on this form.**

Explanation of #4 exception:

Hope Pregnancy Clinic is a Religious Non-Profit. We require employees and volunteers to sign a statement of faith. This is not required of the patients we serve.

Attachment 2.0  
Project Budget Worksheet

<b>Organization Name:</b>	Hope Pregnancy Clinic
<b>Project Title:</b>	In Step Together (capital campaign)
<b>Project Budget Explanation:</b>	10,600 sq.ft. new construction added to Annex building

CATEGORY	Internal/ External	ARPA FUNDS REQUEST	OTHER FUNDS (if applicable)		TOTAL
			AMOUNT	SOURCE	\$ 4,383,920.00
<b>Materials and Services</b>					
Site Preparation - Excavation, geotech, utility connections	External		575,768	Donation	575,768
Construction	External	749,000	2,477,492	Donation	3,226,492
Licensing and Permits	Internal		236,000	Donation	236,000
Construction contingency	External		345,660	Donation	345,660
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
<b>Totals</b>		<b>\$ 749,000</b>	<b>\$ 3,634,920</b>		<b>\$ 4,383,920</b>

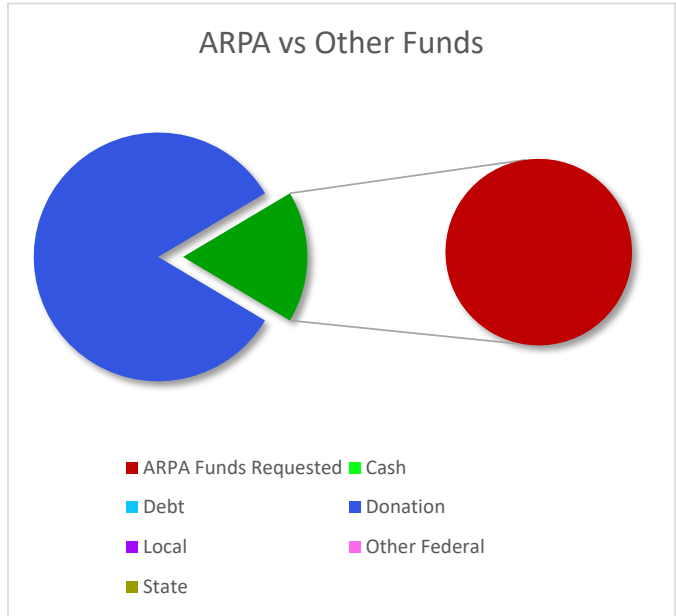
<b>Equipment or Capital Purchases</b>					
					-
					-
					-
					-
					-
					-
					-
<b>Totals</b>		<b>\$ -</b>	<b>\$ -</b>		<b>\$ -</b>

<b>Personnel Costs</b>					
					-
					-
					-
					-
<b>Totals</b>		<b>\$ -</b>	<b>\$ -</b>		<b>\$ -</b>

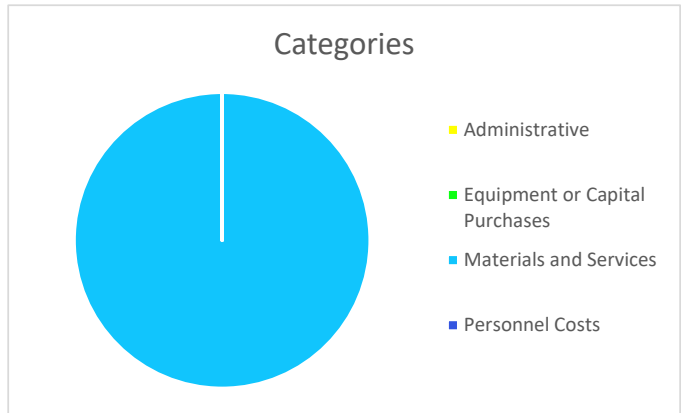
<b>Administrative</b>					
					-
					-
<b>Totals</b>		<b>\$ -</b>	<b>\$ -</b>		<b>\$ -</b>

### HPC - Project Budget Summary

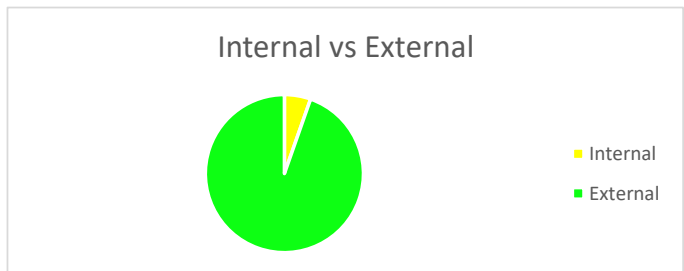
Total Project Budget	\$	4,383,920
ARPA Funds Requested	\$	749,000
Other Funds	\$	3,634,920
Cash	\$	-
Debt	\$	-
Donation	\$	3,634,920
Local	\$	-
Other Federal	\$	-
State	\$	-



Total Project Budget	\$	4,383,920
Categories		
Administrative	\$	-
Equipment or Capital Purchases	\$	-
Materials and Services	\$	4,383,920
Personnel Costs	\$	-



Total Project Budget	\$	4,383,920
Internal	\$	236,000
External	\$	4,147,920



**EXHIBIT B**  
**APPENDIX II TO PART 200—CONTRACT PROVISIONS FOR NON-FEDERAL ENTITY CONTRACTS UNDER FEDERAL AWARDS**

- Contracts for more than the simplified acquisition threshold currently set at \$150,000, which is the inflation adjusted amount determined by the Civilian Acquisition Council and the Defense Acquisition Regulations Council (Councils) as authorized by 41 U.S.C. 1908, must address administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.
  
- All contracts in excess of \$10,000 must address termination for cause and for convenience by the non-Federal entity including the manner by which it will be affected and the basis for settlement.
  
- Equal Employment Opportunity. Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of “federally assisted construction contract” in 41 CFR Part 60-1.3 must include the equal opportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, “Equal Employment Opportunity” (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, “Amending Executive Order 11246 Relating to Equal Employment Opportunity,” and implementing regulations at 41 CFR part 60, “Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor.”
  
- Davis-Bacon Act, as amended (40 U.S.C. 3141-3148). When required by Federal program legislation, all prime construction contracts in excess of \$2,000 awarded by non-Federal entities must include a provision for compliance with the Davis-Bacon Act (40 U.S.C. 3141-3144, and 3146-3148) as supplemented by Department of Labor regulations (29 CFR Part 5, “Labor Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Construction”). In accordance with the statute, contractors must be required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, contractors must be required to pay wages not less than once a week. The non-Federal entity must place a copy of the current prevailing wage determination issued by the Department of Labor in each solicitation. The decision to award a contract or subcontract must be conditioned upon the acceptance of the wage determination. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency. The contracts must also include a provision for compliance with the Copeland “Anti-Kickback” Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, “Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States”). The Act provides that each contractor or subrecipient must be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency.
  
- Contract Work Hours and Safety Standards Act (40 U.S.C. 3701-3708). Where applicable, all contracts awarded by the non-Federal entity in excess of \$100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, each contractor must be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours



worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.

- **Rights to Inventions Made Under a Contract or Agreement.** If the Federal award meets the definition of “funding agreement” under 37 CFR §401.2 (a) and the recipient or Subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that “funding agreement,” the recipient or Subrecipient must comply with the requirements of 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.

- **Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—**Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

- **Debarment and Suspension (Executive Orders 12549 and 12689)—**A contract award (see 2 CFR 180.220) must not be made to parties listed on the governmentwide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235), “Debarment and Suspension.” SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

- **Byrd Anti-Lobbying Amendment (31 U.S.C. 1352)—**Contractors that apply or bid for an award exceeding \$100,000 must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.

- See §200.322 Domestic preference for procurements.

- Audit Requirements of 2 CFR §200.5XX (Subpart F)

- Subrecipient must comply, and require any subcontractor to comply, with applicable audit requirements and responsibilities set forth in this Agreement and applicable state or federal law.

- If Subrecipient expends federal awards in excess of \$750,000 in a fiscal year, Subrecipient is subject to audit conducted in accordance with the provisions of 2 CFR part 200, subpart F. Copies of all audits must be submitted to the County within 30 days of completion.
- Subrecipient must save, protect and hold harmless the County from the cost of any audits or special investigations performed by the Secretary of State with respect to the funds expended under this Agreement. Subrecipient acknowledges and agrees that any audit costs incurred by Subrecipient as a result of allegations of fraud, waste or abuse are ineligible for reimbursement under this or any other agreement between Subrecipient and the County.
- System for Award Management. Subrecipient must comply with applicable requirements regarding the System for Award Management (SAM), currently accessible at <https://www.sam.gov>. This includes applicable requirements regarding registration with SAM, as well as maintaining current information in SAM. Subrecipient must also comply with applicable restrictions on subawards ("subgrants") to first tier subcontractors (first-tier "Subcontractors"), including restrictions on subawards to entities that do not acquire and provide (to the County) the unique entity identifier required for SAM registration.
- Whistleblower Protection Act. Subrecipient must comply and ensure the compliance by subcontractors, with 41 U.S.C. 4712, Program for Enhancement of Employee Whistleblower Protection. Subrecipient must inform subcontractors, contractors and employees, in writing, in the predominant language of the workforce, of the employee whistleblower rights and protections under 41 USC § 4712.
- See § 200.216 Prohibition on certain telecommunications and video surveillance services or equipment.
- See § 200.323 Procurement of recovered materials.
- Recordkeeping Requirements. Subrecipient must maintain records and financial documents for five years after all funds have been expended or returned to the County. The County may request transfer of records of long-term value at the end of such period. Wherever practicable, such records should be collected, transmitted, and stored in open and machine-readable formats.
- Subrecipient must agree to provide or make available such records to the County upon request, and to the Government Accountability Office ("GAO"), U.S. Treasury's Office of Inspector General ("OIG"), and their authorized representative in order to conduct audits or other investigations.
- Civil Rights Compliance. Recipients of Federal financial assistance from the U.S. Treasury are required to meet legal requirements relating to nondiscrimination and nondiscriminatory use of Federal funds. Those requirements include ensuring that entities receiving Federal financial assistance from the U.S. Treasury do not deny benefits or services, or otherwise discriminate on the basis of race, color, national origin (including limited English proficiency), disability, age, or sex (including sexual orientation and gender identity), in accordance with the following authorities: Title VI of the Civil Rights Act of 1964 (Title VI) Public Law 88-352, 42 U.S.C. 2000d-1 et seq., and the Subrecipient's implementing regulations, 31 CFR part 22; Section 504 of the Rehabilitation Act of 1973 (Section 504), Public Law 93-112, as amended by Public Law 93-516, 29 U.S.C. 794; Title IX of the Education Amendments of 1972 (Title IX), 20 U.S.C. 1681 et seq., and the Subrecipient's implementing regulations, 31 CFR part 28; Age

Discrimination Act of 1975, Public Law 94-135, 42 U.S.C. 6101 et seq., and the Subrecipient implementing regulations at 31 CFR part 23.

- In order to carry out its enforcement responsibilities under Title VI of the Civil Rights Act, U.S. Treasury will collect and review information from non-Tribal recipients to ascertain their compliance with the applicable requirements before and after providing financial assistance. U.S. Treasury's implementing regulations, 31 CFR part 22, and the Department of Justice (DOJ) regulations, Coordination of Non-discrimination in Federally Assisted Programs, 28 CFR part 42, provide for the collection of data and information from recipients (see 28 CFR 42.406). U.S. Treasury may request that recipients submit data for post-award compliance reviews, including information such as a narrative describing their Title VI compliance status. This collection does not apply to Tribal governments.

- Real Property, Equipment and Other Capital Expenditures. County shall, and shall cause its Subrecipients to, maintain policies and procedures for the management of property and equipment that comply with all requirements of the applicable Uniform Guidance at 2 CFR Part 200, Subpart D, 2 CFR Part 200.310 – 200.316 and 200.439, and specific requirements of the source of funds. These regulations shall apply to all real property, equipment, and other capital expenditures purchased with the federal funding.

[78 FR 78608, Dec. 26, 2013, as amended at 79 FR 75888, Dec. 19, 2014; 85 FR 49577, Aug. 13, 2020]

EXHIBIT D

**Federal Funding Accountability and Transparency Act (FFATA) Certification\***

<b>Organization Name:</b>	HOPE PREGNANCY CLINIC	<b>CMS Number:</b>	BO-XXXX-24
---------------------------	-----------------------	--------------------	------------

Did your organization have a gross income, from all sources, of less than \$300,000 in your previous tax year?

- Yes (Skip questions "A" and "B" and finish the certification)
- No (Proceed to questions "A" and "B")

**A. Certification Regarding % and Amount of Annual Gross Revenue from Federal Awards**

Did you organization (1) receive 80% or more of its annual gross revenue **AND** (2) \$25 million or more from federal awards and contracts during the preceding fiscal year?

- Yes If "Yes," proceed to question "B".
- No If "No," skip question "B" and finish the certification.

**B. Certification Regarding Public Access to Compensation Information.**

Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

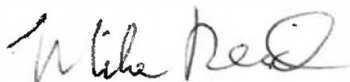
- Yes If "Yes", where can this information be accessed?
- No If "No", you must provide the names and total compensation of the top five highly compensated executives below. (For example: *John Blum: \$500,000; Mary Redd: \$50,000; etc.*)

1	_____	\$ _____
2	_____	\$ _____
3	_____	\$ _____
4	_____	\$ _____
5	_____	\$ _____

*As the duly authorized representative (Signor) for the Organization, I hereby certify that the statements made by me in this certification form are true, complete and correct to the best of my knowledge.*

Mike Reid

Print Name of Authorized Representative



Signature of Authorized Representative

Executive Director

Print Title of Authorized Representative

December 4, 2024

Date

\*Organizations that receive first tier subawards or subcontracts >\$30,000 are required to comply with FFATA requirements per 2 CFR Part 170 and FAR 52.204-10.

## **Federal Funding Accountability and Transparency Act (FFATA) Certification\***

### **Background on FFATA Requirements**

Under the requirements of the Federal Funding Accountability and Transparency Act (Pub. L. No. 109-282), as amended by Section 6202 of Public Law 110-252, that are codified in 2 CFR Part 170, direct recipients of federal grants or cooperative agreements are required to report first-tier subawards and subcontracts of \$30,000 or more to the Federal Funding Accountability and Transparency Act (FFATA) Subaward Reporting System (FSRS).

Organizations that are requested to complete the FFATA Certification have been identified by Marion County as either a first tier subaward or subcontract and therefore, FFATA requirements are applicable.

### **Definition of Compensation**

Total compensation means the cash and noncash dollar value earned by the executive during the Organizations preceding fiscal year and includes the following: (1) Salary and bonus; (2) Awards of stock, stock options, and stock appreciation rights; (3) Earnings for services under non-equity incentive plans; (4) Change in pension value; (5) Above-market earnings on deferred compensation which is not tax-qualified; and (6) Other compensation, as further defined in FAR 52.204-10(a) and 17 CFR 229.402(c)(2).

**American Rescue Plan Act (ARPA) /  
Coronavirus State and Local Fiscal Recovery Funds (SLFRF)  
Exhibit E - Capital Expenditure Justification Form**

**Purpose:** To ensure recipient complies with the terms, conditions and requirements of the U.S. Treasury 31 CFR Part 35 SLFRF Final Rule. Recipients must complete and meet the requirements of a written justification for capital expenditures equal to or greater than \$1 million.

**Capital Expenditures:** Per the Uniform Guidance 2 CFR 200.1, the term "capital expenditures" means "expenditures to acquire capital assets or expenditures to make additions, improvements, modifications, replacements, rearrangements, reinstallations, renovations, or alterations to capital assets that materially increase their value or useful life."

Organization Name:	Hope Pregnancy Clinic
Organization Contact Completing Form:	Marion County Finance
Date:	4-Dec-24
Project Name:	In Step Together
Expenditure Category:	2.34 Assistance to Impacted Nonprofit Organizations (Impacted or Disproportionately Impacted)
Type of Capital Expenditure <sup>1</sup> :	Other (please specify below)
Specify "Other" Expenditure Type:	31 CFR 35.6 (b)(3)(ii)(A)(11)(i),(v),(iv)
Project Amount:	\$4,383,920
Project Threshold Per Table 1:	\$1M to < \$10M
CMS # (Marion County to Complete)	BO -XXXX - 24

**Black shaded cells DO NOT need to be filled out.**

1 Describe the harm or need to be addressed.

Hope Pregnancy Clinic serves women from Marion County with diverse backgrounds, both socio-economically and culturally. Most of our patients are deeply affected by poor economic climates, which makes their need for our services and referrals more acute. They are from low-income households, some are homeless and some struggle with addiction. Most of our patients have been disproportionately affected by the covid-19 pandemic. Many of our patients need connection to community resources and public benefits, such as WIC, SNAP and OHP, to address challenges in their lives such as homelessness, food insecurity, addiction, abuse, etc.

2 Explanation of why a capital expenditure is appropriate. (For example, recipients should include an explanation of why existing equipment and facilities, or policy changes or additional funding to pertinent programs or services, would be inadequate.)

Hope's services are currently provided in two different buildings on Market Street, with a separate business in between. Our clinic building has two patient rooms that are often booked back-to-back. We never want to turn anyone away because of space limitations. Additionally our Parenting Initiative classes are held in the Annex building, two doors down. Many patients view the walk along Market Street as a hindrance, which keeps them from attending the classes and entering the parenting program. Our patient numbers continue to increase each year—and over the past four years, we have seen a 75% increase in our patient load. With the In Step Together project, all of Hope's services will then be housed under one roof, ensuring continuity of care and removing barriers for those who would benefit from participation in the Parenting Initiative. This will also give us the space to help all who need our services so that no woman is ever turned away because of lack of space.

3 Was there a comparison performed of the approved capital project against at least two alternative capital expenditures?

YES  NO

a) If yes, please demonstrate why the approved capital expenditure is superior.

b) If no, please explain why.

Hope has determined that constructing additional facilities by building on to our existing Annex building, on property that we already own, is the most fiscally responsible way to provide and expand the services our patients need, rather than purchasing a new property with a larger building.

<sup>1</sup> Coronavirus State and Local Fiscal Recovery Funds Project and Expenditures Report User Guide - Appendix H

Grant Reviewer: Kathleen George	Marion County to complete this section
Date Reviewed: 12/4/2024	
Comments:	

**Table 1 (U.S. Treasury Final Rule, General Provisions: Other, b. Capital Expenditures)**

If a project has total expected capital expenditures of	and the use is enumerated in (b)(3), then	and the use is not enumerated in (b)(3), then
Less than \$1 million	No Written Justification required	No Written Justification required
Greater than or equal to \$1 million, but less than \$10 million	Written Justification required but recipients are not required to submit as part of regular reporting to Treasury	Written Justification required and recipients must submit as part of regular reporting to Treasury
\$10 million or more	Written Justification required and recipients must submit as part of regular reporting to Treasury	

## Hope Pregnancy Clinic

### Exhibit E

#### Table 1

The capital project, In Step Together, will increase the ability of Hope Pregnancy Clinic to provide our free services to the women of Marion County. The project will provide a unified building, bringing all our services under one roof, which will ease access to service for our patients, as well as providing the equipment needed for the new space, adding a new nurse, case worker and development director to the staff.

Hope serves women from very diverse backgrounds, both socio-economically and culturally. Most of our patients are deeply affected by poor economic climates, which makes their need for our services and referrals even more acute. The majority of our patients are from low-income households, some are homeless, and some struggle with addiction. Most of our patients have been disproportionately impacted by the Covid-19 pandemic.

Hope provides medical obstetrical services to women who think they are pregnant as well as parenting education and one-on-one mentoring. These services are primarily a pregnancy test, an ultrasound exam, and a nurse consultation. In addition, Hope provides referrals and connections to community resources and public benefits, such as WIC, SNAP and OHP and other local programs, to address challenges in their lives, such as homelessness, food insecurity, addiction, abuse, etc.

This project will allow us to help more women in the clinic and support more women through the Parenting Initiative, helping them to have healthy, thriving families. The project also helps us provide continuity of care and better access to the resources needed.

**EXHIBIT F**  
**ARPA/SLFRF REPORTING REQUIREMENTS FORM**

**A.1 Project and Expenditure Report**

Department shall complete the Project and Expenditure Report as outlined in the Project and Expenditure Report User Guide dated April 1, 2022, according to the awarded eligibility category. The Board and Designee shall provide the Project and Expenditure Report template to the Department upon execution of the Agreement. Once the Department’s total project expenditures have occurred and the project has been completed, a closeout report shall be submitted, and quarterly reporting requirements will no longer be required.

Project and Expenditure Reports are due according to the following table:

Report	Year	Quarter	Period Covered	Due Date
1	2024	2	April 1 – June 30	July 15, 2024
2	2024	3	July 1 – September 30	October 31, 2024
3	2024	4	October 1 – December 31	January 15, 2025
4	2025	1	January 1 – March 31	April 15, 2025
5	2025	2	April 1 – June 30	July 15, 2025
6	2025	3	July 1 – September 30	October 15, 2025
7	2025	4	October 1 – December 31	January 15, 2026
8	2026	1	January 1 – March 31	April 15, 2026
9	2026	2	April 1 – June 30	July 15, 2026
10	2026	3	July 1 – September 30	October 15, 2026
11	2026	4	October 1 – December 31	March 15, 2027

**A.2 Recovery Plan Performance Report**

Department shall complete the Recovery Plan Performance Report. The Board and designee shall provide the Recovery Plan Performance Report template to the Department no later than June 15, 2022.

Recovery Plan Performance Reports are due according to the following table:

Report	Period Covered	Due Date
1	July 1, 2023 – June 30, 2024	July 15, 2024
2	July 1, 2024 – June 30, 2025	July 15, 2025
3	July 1, 2025 – June 30, 2026	July 15, 2026
4	July 1, 2026 – December 31, 2026	March 15, 2027

**A.3 Federal Funding Accountability and Transparency Act Certification**

Department shall require its contractor(s) and subcontractor(s), to complete and include Exhibit D. Federal Funding Accountability and Transparency Act Certification as part of the contract.

**A.4 ARPA/SLFRF Capital Expenditure Justification Form**

Department shall require its contractor(s) and subcontractor(s) to complete and include Exhibit E. ARPA/SLFRF Capital Expenditure Justification Form as part of the contract.



**Exhibit G - Marion County Disbursement Request**



Recipient:  
 Project Name:  
 Funding Program:  
 Assistance Listing (CFDA#):

Project Number:  
 Date:  
 Final Draw?  Yes  No

Reporting Period:	to	
-------------------	----	--

(A) Category	Marion County Funds				Other / Matching Funds				All Funds
	(B) Approved Budget (Whole Dollars)	(C) Prior Disbursements	(D) Current Request (Linked to Detail)	(E) = [B-C-D] Balance	(F) Approved Budget (Whole Dollars)	(G) Prior Expenditures	(H) Current Expenditure	(I) = [F-G-H] Balance	(J) = [C+D+G+H] Disbursed & Expended
Personnel Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Materials and Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment or Capital Purchases	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administrative	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**Certification:** I certify that the data is correct and that the amount requested is not in excess of current needs, nor has been already reimbursed by federal, state, or other resources.

Authorized Signature and Title	Date
Authorized Signature and Title (if necessary)	Date
Project Contact for Payment Notification	Phone Number
Email Address	

**For Marion County Use Only:** I have reviewed this request and approve payment to the above mentioned recipient in the amount(s) listed below.

Dollar Amount	Costing	PO #
\$ -		<u>CMS #</u>
Authorized Signature and Title		Date
Authorized Signature and Title		Date
Authorized Signature and Title		Date

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject us to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

**Additional Information Required:**

Supporting documentation (e.g. invoice(s), GL reports, timekeeping records, etc.) must be recorded on Detail worksheet.  
 Upon completion, print Disbursement Request and Detail to PDF, sign electronically, and attach copies of supporting documentation.  
 Submit to [ARPArecovery@co.marion.or.us](mailto:ARPArecovery@co.marion.or.us) for review and processing of disbursement.  
 Questions about this form can also be directed to [ARPArecovery@co.marion.or.us](mailto:ARPArecovery@co.marion.or.us).