

# SLFRF Compliance Report - SLT-0592-P&E Report-Q1 2022

## Report Period : Quarter 1 2022 (January-March)

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### Recipient Profile

#### Recipient Information

Recipient UEI	EL5KEUKQ2E85
Recipient TIN	936002301
Recipient Legal Entity Name	Klamath County, Oregon
Recipient Type	
FAIN	
CFDA No./Assistance Listing	
Recipient Address	305 Main Street
Recipient Address 2	
Recipient Address 3	
Recipient City	Klamath Falls
Recipient State/Territory	OR
Recipient Zip5	97601
Recipient Zip+4	
Recipient Reporting Tier	Tier 2. Metropolitan cities and counties with a population below 250,000 residents which received more than \$10 million in SLFRF funding
Discrepancies Explanation	
Is the Recipient Registered in SAM.Gov?	Yes

## Project Overview

Does your jurisdiction have projects to report as of this reporting period?	
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### Project Name: REACH, Inc.

Project Identification Number	1505-0271-023
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.10-Assistance to Unemployed or Underemployed Workers (e.g. job training, subsidized employment, employment supports or incentives)
Status To Completion	Completed
Adopted Budget	\$130,000.00
Total Cumulative Obligations	\$130,000.00
Total Cumulative Expenditures	\$130,000.00
Current Period Obligations	\$130,000.00
Current Period Expenditures	\$130,000.00
Project Description	Job training to persons with disabilities
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	3 Imp HHs that experienced unemployment
Secondary Impacted and/or Disproportionately Impacted populations	11 Imp Classes of NPs designated as negatively economically impacted
Tertiary Impacted and/or Disproportionately Impacted populations	7 Imp Other HHs or populations that experienced a negative economic
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Job training program for persons with disabilities
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Job training program, ensure all safety parameters are in place and met.

### Project Name: DA Personnel

Project Identification Number	1505-0271-064
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Total Cumulative Obligations	\$363,366.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	DA Personnel

**Project Name: Klamath County Fairgrounds**

Project Identification Number	1505-0271-063
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Total Cumulative Obligations	\$750,000.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Klamath County Fairgrounds Food Truck Court

**Project Name: DME Refridgerator**

Project Identification Number	1505-0271-061
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Total Cumulative Obligations	\$252.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	DME Refridgerator

**Project Name: KRP Data Systems**

Project Identification Number	1505-0271-062
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Total Cumulative Obligations	\$25,000.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	KRP Data Systems Software for 911

**Project Name: CDD Building Permits**

Project Identification Number	1505-0271-060
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Total Cumulative Obligations	\$2,000,000.00

Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	1/2 price building permits to public through Community Development Department

**Project Name: Baldwin Hotel**

Project Identification Number	1505-0271-058
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Total Cumulative Obligations	\$75,000.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Outside stairs for Baldwin Museum

**Project Name: Body Scanner and Mail Scanner**

Project Identification Number	1505-0271-065
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$220,000.00
Total Cumulative Obligations	\$220,000.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Sheriffs office scanners for mail and body scanner.

**Project Name: CDD Long Range Planning**

Project Identification Number	1505-0271-055
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$100,000.00
Total Cumulative Obligations	\$100,000.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00

Project Description	Long Range Planning for Community Development Department
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**Project Name: WaterMaster Office**

Project Identification Number	1505-0271-059
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Total Cumulative Obligations	\$370,000.00
Total Cumulative Expenditures	\$1,663.61
Current Period Obligations	\$1,663.61
Current Period Expenditures	\$1,663.61
Project Description	Crosby Ave Watermaster office relocation

**Project Name: BMX Water Meter**

Project Identification Number	1505-0271-057
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Total Cumulative Obligations	\$4,397.50
Total Cumulative Expenditures	\$4,397.50
Current Period Obligations	\$4,397.50
Current Period Expenditures	\$4,397.50
Project Description	BMX Water Meter with City of Klamath Falls

**Project Name: Code Enforcement Property Cleanup**

Project Identification Number	1505-0271-050
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$100,000.00
Total Cumulative Obligations	\$100,000.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Code Enforcement Property Cleanup

**Project Name: Code Enforcement Vehicles**

Project Identification Number	1505-0271-051
Project Expenditure Category	6-Revenue Replacement

Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$90,000.00
Total Cumulative Obligations	\$90,000.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	2 Vehicles for Code Enforcement

**Project Name: HR Recruitment tool/software**

Project Identification Number	1505-0271-054
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$9,900.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$9,900.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Recruitment tool/software for Human Resources

**Project Name: Premium Pay County Employees**

Project Identification Number	1505-0271-049
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$135,537.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$135,537.00
Total Cumulative Expenditures	\$135,537.00
Current Period Obligations	\$135,537.00
Current Period Expenditures	\$135,537.00
Project Description	8 hours pay County Employees

**Project Name: 1/2 Salary Grant Administrator**

Project Identification Number	1505-0271-048
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Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Total Cumulative Obligations	\$50,000.00
Total Cumulative Expenditures	\$17,009.15
Current Period Obligations	\$7,371.37
Current Period Expenditures	\$7,371.37
Project Description	1/2 Salary for Grant Manager

**Project Name: CDD Digitization**

Project Identification Number	1505-0271-031
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$165,345.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$165,345.00
Total Cumulative Expenditures	\$8,807.00
Current Period Obligations	\$8,807.00
Current Period Expenditures	\$8,807.00
Project Description	Digitization for CDD

**Project Name: Community Corrections Digitization**

Project Identification Number	1505-0271-032
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$16,927.20
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$16,927.20
Total Cumulative Expenditures	\$4,211.60
Current Period Obligations	\$2,971.20
Current Period Expenditures	\$2,971.20
Project Description	Community Corrections Digitization

**Project Name: DDS Digitization Software/Hardware**

Project Identification Number	1505-0271-033

Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$6,100.55
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$6,100.55
Total Cumulative Expenditures	\$6,100.55
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Reimbursement for Software/Hardware DDS

**Project Name: DDS Digitization**

Project Identification Number	1505-0271-034
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$18,600.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$18,600.00
Total Cumulative Expenditures	\$4,180.68
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Temp Employee DDS Digitization

**Project Name: Data Cloud Solutions**

Project Identification Number	1505-0271-030
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$132,220.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$132,220.00
Total Cumulative Expenditures	\$44,774.96
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
	Software needed to work from field; Data Cloud Solutions -



Project Description	Assessors Office
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**Project Name: Generator for PH Med Room**

Project Identification Number	1505-0271-037
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$20,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$20,000.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Generator for Public Health

**Project Name: Public Works Digitization**

Project Identification Number	1505-0271-039
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$50,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$50,000.00
Total Cumulative Expenditures	\$383.30
Current Period Obligations	\$306.34
Current Period Expenditures	\$306.34
Project Description	Digitization for Public Works

**Project Name: Tax Lot Maps Digitization**

Project Identification Number	1505-0271-040
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$148,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$148,000.00

Total Cumulative Expenditures	\$23,325.00
Current Period Obligations	\$23,325.00
Current Period Expenditures	\$23,325.00
Project Description	Surveyor - Tax Lot Maps Digitization

**Project Name: HR Digitization**

Project Identification Number	1505-0271-035
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$7,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$7,000.00
Total Cumulative Expenditures	\$978.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Human Resources Digitization

**Project Name: Public Health Refrigerator and Freezer**

Project Identification Number	1505-0271-038
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$10,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$3,758.00
Total Cumulative Expenditures	\$3,758.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Freezer for Public Health; existing would move to jail facility

**Project Name: Medical Examiner**

Project Identification Number	1505-0271-041
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$40,000.00

Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$40,000.00
Total Cumulative Expenditures	\$16,009.34
Current Period Obligations	\$16,009.34
Current Period Expenditures	\$16,009.34
Project Description	Medical Examiner - DA office

**Project Name: IT Wages for COVID**

Project Identification Number	1505-0271-042
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$125,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$125,000.00
Total Cumulative Expenditures	\$40,068.40
Current Period Obligations	\$16,009.34
Current Period Expenditures	\$16,009.34
Project Description	IT wages related to working from home and COVID related tasks

**Project Name: Printer Assessor**

Project Identification Number	1505-0271-044
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$10,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$7,242.80
Total Cumulative Expenditures	\$7,242.80
Current Period Obligations	\$7,242.80
Current Period Expenditures	\$7,242.80
Project Description	Printer to scan maps to Helion; allows public electronic access

**Project Name: Printer CDD**

Project Identification Number	1505-0271-045
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Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$10,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$8,807.00
Total Cumulative Expenditures	\$8,807.00
Current Period Obligations	\$8,807.00
Current Period Expenditures	\$8,807.00
Project Description	Printer to scan maps to allow citizen access from home

**Project Name: Basin Telecom - IT**

Project Identification Number	1505-0271-043
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$12,980.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$12,980.00
Total Cumulative Expenditures	\$12,980.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Basin Telecom purchases to enhance Polycom systems - IT

**Project Name: Public Works COVID Exposure**

Project Identification Number	1505-0271-046
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$10,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$10,000.00
Total Cumulative Expenditures	\$10,000.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
	Janitorial Services special cleaning in Public Works after

Project Description	exposure to COVID
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**Project Name: ASUS Laptop Room 219**

Project Identification Number	1505-0271-047
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Adopted Budget	\$1,052.63
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$1,052.63
Total Cumulative Expenditures	\$1,052.63
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Laptop for Room 219

**Project Name: Klamath Community College - Apprenticeship**

Project Identification Number	1505-0271-014
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$100,000.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Apprenticeship Center

**Project Name: Ed Staub and Sons Petroleum, Inc.**

Project Identification Number	1505-0271-008
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$200,000.00
Total Cumulative Expenditures	\$200,000.00
Current Period Obligations	\$200,000.00

Current Period Expenditures	\$200,000.00
Project Description	Rail offloading

**Project Name: Lobo Truss LCC**

Project Identification Number	1505-0271-017
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$250,000.00
Total Cumulative Expenditures	\$250,000.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Boom / Crane Truck

**Project Name: J&P Wholesale**

Project Identification Number	1505-0271-011
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$200,000.00
Total Cumulative Expenditures	\$200,000.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Rail and offloading

**Project Name: Klamath County Chamber of Commerce Job Fair**

Project Identification Number	1505-0271-002
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.10-Assistance to Unemployed or Underemployed Workers (e.g. job training, subsidized employment, employment supports or incentives)
Status To Completion	Completed
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$20,000.00
Total Cumulative Expenditures	\$20,000.00

Current Period Obligations	\$15,000.00
Current Period Expenditures	\$15,000.00
Project Description	Job Enhancement/Training
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Secondary Impacted and/or Disproportionately Impacted populations	3 Imp HHs that experienced unemployment
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Job fair for community/public
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	General public job fair for community

**Project Name: Transformations Wellness Center**

Project Identification Number	1505-0271-029
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.13-Substance Use Services
Status To Completion	Not Started
Adopted Budget	\$4,500,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$500,000.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	New residential substance use disorder (SUD) treatment facility.
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$4,500,000.00
Type of capital expenditures, based on the following enumerated uses	Behavioral health facilities and equipment

**Project Name: SCOEDD**

Project Identification Number	1505-0271-027
Project Expenditure Category	6-Revenue Replacement
Project Expenditure Subcategory	6.1-Provision of Government Services
Status To Completion	Not Started
Adopted Budget	\$1,500,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$750,000.00

Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Klamath Housing Rehab

**Project Name: Citizens for Safe Schools**

Project Identification Number	1505-0271-006
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.13-Healthy Childhood Environments: Services to Foster Youth or Families Involved in Child Welfare System
Status To Completion	Completed
Adopted Budget	\$100,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$50,000.00
Total Cumulative Expenditures	\$50,000.00
Current Period Obligations	\$50,000.00
Current Period Expenditures	\$50,000.00
Project Description	Assistance to underserves youth populations
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	9 Imp Classes of SBs designated as negatively economically impacted
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Program to assist children and families
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Revenue loss replacement due to COVID; program assistance for students and families

**Project Name: Ross Ragland Theater**

Project Identification Number	1505-0271-026
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.34-Assistance to Impacted Nonprofit Organizations (Impacted or Disproportionately Impacted)
Status To Completion	Completed
Adopted Budget	\$244,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$100,000.00
Total Cumulative Expenditures	\$100,000.00
Current Period Obligations	\$14,500.03
Current Period Expenditures	\$14,500.03
	Theater assistance due to lost revenue; safety measures



Project Description	increased; HVAC update
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	12 Imp Travel tourism or hospitality sectors
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Upgrade to theater HVAC; revenue replacement due to COVID
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	HVAC ventilation system update/replacement
Number of Non-Profits served (by program if recipient establishes multiple separate non-profit assistance programs)	1

**Project Name: Red Cross**

Project Identification Number	1505-0271-024
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Completed
Adopted Budget	\$30,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$10,000.00
Total Cumulative Expenditures	\$10,000.00
Current Period Obligations	\$10,000.00
Current Period Expenditures	\$10,000.00
Project Description	Blood mobile vehicle
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$10,000.00
Type of capital expenditures, based on the following enumerated uses	Medical equipment and facilities
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Secondary Impacted and/or Disproportionately Impacted populations	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Blood mobile purchase to support local efforts
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Red Cross blood mobile

**Project Name: Oregon Tech Foundation**

Project Identification Number	1505-0271-022
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.12-Mental Health Services

Status To Completion	Not Started
Adopted Budget	\$912,354.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$170,000.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Oregon Institute of Technology Behavior Improvement Group Applied Behavior Analysis

**Project Name: Lost River Booster Club**

Project Identification Number	1505-0271-021
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.7-Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency
Status To Completion	Not Started
Adopted Budget	\$2,250,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$250,000.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Community Center at Lost River
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$2,250,000.00
Type of capital expenditures, based on the following enumerated uses	Schools and other educational facilities

**Project Name: Klamath Works**

Project Identification Number	1505-0271-020
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.10-Assistance to Unemployed or Underemployed Workers (e.g. job training, subsidized employment, employment supports or incentives)
Status To Completion	Completed
Adopted Budget	\$275,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$275,000.00

Total Cumulative Expenditures	\$275,000.00
Current Period Obligations	\$275,000.00
Current Period Expenditures	\$275,000.00
Project Description	Purchase and rehabilitate a house with the supported work crew at Klamath Works.
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$70,734.13
Type of capital expenditures, based on the following enumerated uses	Affordable housing, supportive housing, or recovery housing
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	25 Dis Imp NPs operating in Qualified Census Tracts
Secondary Impacted and/or Disproportionately Impacted populations	3 Imp HHs that experienced unemployment
Tertiary Impacted and/or Disproportionately Impacted populations	11 Imp Classes of NPs designated as negatively economically impacted
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Klamath Works to create job training program with emphasis on creating housing for unemployed population
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Housing for un/under employed population; creating jobs program and housing

**Project Name: Klamath Community Youth Sports Complex**

Project Identification Number	1505-0271-016
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.7-Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency
Status To Completion	Not Started
Adopted Budget	\$655,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$55,000.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Hands-free restrooms
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$655,000.00
Type of capital expenditures, based on the following enumerated uses	Parks, green spaces, recreational facilities, sidewalks

**Project Name: Klamath Film**

Project Identification Number	1505-0271-018
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Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.34-Assistance to Impacted Nonprofit Organizations (Impacted or Disproportionately Impacted)
Status To Completion	Completed
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$3,000.00
Total Cumulative Expenditures	\$3,000.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	General operation support to compensate for revenue lost during the COVID-19 pandemic. Assist payroll and operations.
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	10 Imp NPs that experienced a negative economic impact specify
Secondary Impacted and/or Disproportionately Impacted populations	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Non profit revenue loss due to COVID
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Non profit could not complete business due to COVID
Number of Non-Profits served (by program if recipient establishes multiple separate non-profit assistance programs)	1

**Project Name: Klamath Basin Senior Citizens' Center**

Project Identification Number	1505-0271-012
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.7-Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency
Status To Completion	Completed
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$60,000.00
Total Cumulative Expenditures	\$60,000.00
Current Period Obligations	\$60,000.00
Current Period Expenditures	\$60,000.00
Project Description	Touch free bathrooms, ADA compliant
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$112,000.00
Type of capital expenditures, based on the following enumerated uses	Improvements to existing facilities

What Impacted and/or Disproportionally Impacted population does this project primarily serve?	10 Imp NPs that experienced a negative economic impact specify
Secondary Impacted and/or Disproportionately Impacted populations	1 Imp General Public
Tertiary Impacted and/or Disproportionately Impacted populations	2 Imp Low or moderate income HHs or populations
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Senior Citizens' Center meals on wheels programs
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Bathroom modification and upgrade for hands free facility

**Project Name: Healthy Klamath**

Project Identification Number	1505-0271-010
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.7-Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency
Status To Completion	Not Started
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$125,000.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	ADA Park at Moore Park
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$800,000.00
Type of capital expenditures, based on the following enumerated uses	Parks, green spaces, recreational facilities, sidewalks

**Project Name: Friends of the Children Klamath Basin**

Project Identification Number	1505-0271-009
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.7-Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency
Status To Completion	Completed
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$50,000.00
Total Cumulative Expenditures	\$50,000.00
Current Period Obligations	\$0.00

Current Period Expenditures	\$0.00
Project Description	Purchase larger space for "clubhouse" to adequately support staff, students, and admin.
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$367,910.52
Type of capital expenditures, based on the following enumerated uses	Schools and other educational facilities
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	6 Imp For services to address lost instructional time in K-12 schools
Secondary Impacted and/or Disproportionately Impacted populations	16 Dis Imp HHs that qualify for certain federal programs
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Adequate space for Friends of the Children program to mentor the students appropriately.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Purchase and renovation of larger space for COVID protocols.

**Project Name: D&G Holdings Northwest LLC dba Crazy R Pizza**

Project Identification Number	1505-0271-007
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.29-Loans or Grants to Mitigate Financial Hardship
Status To Completion	Completed
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$20,000.00
Total Cumulative Expenditures	\$20,000.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Recover and continue operation of restaurant due to the negative impact of COVID-19 restrictions
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	8 Imp SBs that experienced a negative economic impact
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Small business revenue loss
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Small business revenue loss
Number of small businesses served (by program if recipient establishes multiple separate small businesses assistance programs)	1

**Project Name: Chemult Community Tourism Association**

Project Identification Number	1505-0271-005

Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.35-Aid to Tourism Travel or Hospitality
Status To Completion	Not Started
Adopted Budget	\$50,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$50,000.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Tourists to stop and shop in Chemult while developing the park as a place for families to enjoy and relax as they shop in Chemult.

**Project Name: Teen CERT**

Project Identification Number	1505-0271-028
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services
Status To Completion	Completed
Adopted Budget	\$8,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$8,000.00
Total Cumulative Expenditures	\$8,000.00
Current Period Obligations	\$8,000.00
Current Period Expenditures	\$8,000.00
Project Description	Henley High School (Klamath County School District) teen program to assist Klamath County CERT with emergency preparedness.
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	6 Imp For services to address lost instructional time in K-12 schools
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Teen CERT program in conjunction with Klamath County CERT program. Assist the community with emergency response.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Teen Community Emergency Response Team

**Project Name: CERT - Community Emergency Response Team Klamath County**

Project Identification Number	1505-0271-004
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.14-Other Public Health Services

Status To Completion	Completed
Adopted Budget	\$17,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$17,000.00
Total Cumulative Expenditures	\$17,000.00
Current Period Obligations	\$17,000.00
Current Period Expenditures	\$17,000.00
Project Description	Assist community with emergency preparedness.
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Community Emergency Response Team program that assists community in disaster relief.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Provides assistance to disaster relief, provides training to the Teen CERT program.

**Project Name: CASA for Children of Klamath County**

Project Identification Number	1505-0271-003
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	2.13-Healthy Childhood Environments: Services to Foster Youth or Families Involved in Child Welfare System
Status To Completion	Completed
Adopted Budget	\$50,000.00
Program Income Earned	\$0.00
Program Income Expended	\$0.00
Total Cumulative Obligations	\$50,000.00
Total Cumulative Expenditures	\$50,000.00
Current Period Obligations	\$50,000.00
Current Period Expenditures	\$50,000.00
Project Description	Provide evidence-based informed services to children and youth involved with the child welfare system, foster care. Increase the number of volunteers, administrative and operating expenses.
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	7 Imp Other HHs or populations that experienced a negative economic
Secondary Impacted and/or Disproportionately Impacted populations	6 Imp For services to address lost instructional time in K-12 schools
Tertiary Impacted and/or Disproportionately Impacted populations	10 Imp NPs that experienced a negative economic impact specify
Brief description of structure and objectives of assistance program(s), including public health or negative economic	Providing Court Appointed Special Advocates to children



impact experienced	and families in the foster care program
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Program objectives reached

## Subrecipients

### Subrecipient Name: CASA for Children of Klamath County

TIN	931261640
Unique Entity Identifier	
POC Email Address	<a href="mailto:karri.mirande@klamathfallscasa.org">karri.mirande@klamathfallscasa.org</a>
Address Line 1	731 Main Street, Suite 202
Address Line 2	
Address Line 3	
City	Klamath Falls
State	OR
Zip	97601
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	Yes

### Subrecipient Name: Klamath County CERT

TIN	853272513
Unique Entity Identifier	
POC Email Address	<a href="mailto:rmiller@klamathcounty.org">rmiller@klamathcounty.org</a>
Address Line 1	2543 Shasta Way
Address Line 2	
Address Line 3	
City	Klamath Falls
State	OR
Zip	97603
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	Yes

### Subrecipient Name: Klamath County School District

TIN	936000543
Unique Entity Identifier	
POC Email Address	<a href="mailto:randalla@kcsd.k12.or.us">randalla@kcsd.k12.or.us</a>
Address Line 1	2845 Greensprings Dr
Address Line 2	
Address Line 3	
City	Klamath Falls

State	OR
Zip	97601
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: South Central Oregon Economic Development District**

TIN	134341369
Unique Entity Identifier	
POC Email Address	<a href="mailto:denise@scoedd.org">denise@scoedd.org</a>
Address Line 1	PO Box 1529
Address Line 2	
Address Line 3	
City	Klamath Falls
State	OR
Zip	97601
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	N/A

**Subrecipient Name: Transformations Wellness Center**

TIN	
Unique Entity Identifier	Q2WPAK1N91J4
POC Email Address	<a href="mailto:barb.heath@transformwc.org">barb.heath@transformwc.org</a>
Address Line 1	3647 HWY 39
Address Line 2	
Address Line 3	
City	Klamath Falls
State	OR
Zip	97603
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: Ross Ragland Theater**

TIN	
Unique Entity Identifier	
POC Email Address	<a href="mailto:exec.director@ragland.org">exec.director@ragland.org</a>
Address Line 1	200 N. 7th Street

Address Line 2	
Address Line 3	
City	Klamath Falls
State	OR
Zip	97601
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: Klamath Film**

TIN	455455983
Unique Entity Identifier	
POC Email Address	<a href="mailto:exec@klamathfilm.org">exec@klamathfilm.org</a>
Address Line 1	PO Box 1511
Address Line 2	
Address Line 3	
City	Klamath Falls
State	OR
Zip	97601
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	N/A

**Subrecipient Name: Oregon Tech Foundation, Inc**

TIN	
Unique Entity Identifier	RF5MNKE4GL27
POC Email Address	<a href="mailto:krista.darrah@oit.edu">krista.darrah@oit.edu</a>
Address Line 1	3201 Campus Drive
Address Line 2	
Address Line 3	
City	Klamath Falls
State	OR
Zip	97601
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: Friends of the Children Klamath Basin**

TIN	

Unique Entity Identifier	WXBTKK66UAJ4
POC Email Address	<a href="mailto:amanda@friendsklamath.org">amanda@friendsklamath.org</a>
Address Line 1	3837 Altamont
Address Line 2	
Address Line 3	
City	Klamath Falls
State	OR
Zip	97603
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: Ed Staub and Sons Petroleum, Inc.**

TIN	
Unique Entity Identifier	
POC Email Address	<a href="mailto:jared.staub@edstaub.com">jared.staub@edstaub.com</a>
Address Line 1	1301 Esplanade Ave
Address Line 2	
Address Line 3	
City	Klamath Falls
State	OR
Zip	97601
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: Lobo Truss LCC**

TIN	271712980
Unique Entity Identifier	
POC Email Address	<a href="mailto:jake@juhline.com">jake@juhline.com</a>
Address Line 1	3300 Memorial Dr
Address Line 2	
Address Line 3	
City	Klamath Falls
State	OR
Zip	97601
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	No

In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Juhl Enterprises Inc**

TIN	930878233
Unique Entity Identifier	
POC Email Address	<a href="mailto:jake@juhline.com">jake@juhline.com</a>
Address Line 1	PO Box 5250
Address Line 2	
Address Line 3	
City	Klamath Falls
State	OR
Zip	97601
Zip+4	
Entity Type	
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: REACH**

TIN	943038729
Unique Entity Identifier	
POC Email Address	<a href="mailto:ronmoe@reachkfalls.com">ronmoe@reachkfalls.com</a>
Address Line 1	2350 Maywood Dr
Address Line 2	
Address Line 3	
City	Klamath Falls
State	OR
Zip	97601
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Citizens for Safe Schools**

TIN	931292596
Unique Entity Identifier	
POC Email Address	<a href="mailto:rpfeifer@citizensforsafeschools.org">rpfeifer@citizensforsafeschools.org</a>
Address Line 1	PO BOx 243
Address Line 2	
Address Line 3	
City	KlamathFalls
State	OR
Zip	97601
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Klamath Basin Senior Citizens' Center Inc**

TIN	460716639
Unique Entity Identifier	
POC Email Address	<a href="mailto:marc.kane@kbscc.org">marc.kane@kbscc.org</a>
Address Line 1	2045 Arthur St
Address Line 2	
Address Line 3	
City	Klamath Falls
State	OR
Zip	97603
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Healthy Klamath**

TIN	930946020
Unique Entity Identifier	
POC Email Address	<a href="mailto:merritt.driscoll@healthyklamath.org">merritt.driscoll@healthyklamath.org</a>
Address Line 1	2865 Daggett Ave

Address Line 2	
Address Line 3	
City	Klamath Falls
State	OR
Zip	97601
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Klamath Community College**

TIN	931211933
Unique Entity Identifier	
POC Email Address	<a href="mailto:massie@klamathcc.edu">massie@klamathcc.edu</a>
Address Line 1	7390 South 6th St
Address Line 2	
Address Line 3	
City	Klamath Falls
State	OR
Zip	97603
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Klamath Works, Inc**

TIN	811337449
Unique Entity Identifier	
POC Email Address	<a href="mailto:joy@klamathworks.com">joy@klamathworks.com</a>
Address Line 1	1930 South 6th St
Address Line 2	
Address Line 3	
City	Klamath Falls
State	OR
Zip	97601



Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Lost River Booster Club**

TIN	931127652
Unique Entity Identifier	
POC Email Address	<a href="mailto:lostrivercommunitycenter@gmail.com">lostrivercommunitycenter@gmail.com</a>
Address Line 1	23330 Highway 50
Address Line 2	
Address Line 3	
City	Merrill
State	OR
Zip	97633
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: Chemult Community and Tourims Association**

TIN	931215464
Unique Entity Identifier	
POC Email Address	<a href="mailto:lori.henry@live.com">lori.henry@live.com</a>
Address Line 1	PO BOx 33
Address Line 2	
Address Line 3	
City	Chemult
State	OR
Zip	97331
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No

In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No
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**Subrecipient Name: Klamath Community Youth Sports Complex**

TIN	931226388
Unique Entity Identifier	
POC Email Address	<a href="mailto:mikereeder@charter.net">mikereeder@charter.net</a>
Address Line 1	4500 Foothills Blvd
Address Line 2	
Address Line 3	
City	Klamath Falls
State	OR
Zip	97603
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

**Subrecipient Name: American Red Cross**

TIN	530196605
Unique Entity Identifier	
POC Email Address	<a href="mailto:davis.schaeffer@redcross.org">davis.schaeffer@redcross.org</a>
Address Line 1	3131 N. Vancouver Ave
Address Line 2	
Address Line 3	
City	Portland
State	OR
Zip	97227
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

**Subrecipient Name: REACH, Inc.**

TIN	943038729
Unique Entity Identifier	
POC Email Address	<a href="mailto:ronmoe@reachkfalls.com">ronmoe@reachkfalls.com</a>
Address Line 1	2350 Maywood Dr

Address Line 2	
Address Line 3	
City	Klamath Falls
State	OR
Zip	97601
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	No
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

## Subawards

### Subaward No: 1505-0271-023

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$130,000.00
Subaward Date	9/23/2021
Place of Performance Address 1	2350 Maywood Dr
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Klamath Falls
Place of Performance State	OR
Place of Performance Zip	97601
Place of Performance Zip+4	
Description	Job training program for persons with disabilities
Subrecipient	REACH, Inc.
Period of Performance Start	11/23/2021
Period of Performance End	12/31/2026

### Subaward No: 1505-0271-003

Subaward Type	Subaward
Subaward Obligation	\$50,000.00
Subaward Date	11/23/2021
Place of Performance Address 1	PO Box 243
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Klamath Falls
Place of Performance State	OR
Place of Performance Zip	97601
Place of Performance Zip+4	
Description	Underserved and disadvantaged youth in foster care system
Subrecipient	CASA for Children of Klamath County
Period of Performance Start	11/23/2021
Period of Performance End	12/31/2026

### Subaward No: 1505-0271-012

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$60,000.00
Subaward Date	9/23/2021

Place of Performance Address 1	2045 Arthur St
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Klamath Falls
Place of Performance State	OR
Place of Performance Zip	97601
Place of Performance Zip+4	
Description	Create ADA compliant bathrooms at the Senior Citizens' Center
Subrecipient	Klamath Basin Senior Citizens' Center Inc
Period of Performance Start	11/24/2021
Period of Performance End	12/31/2024

**Subward No: 1505-0271-009**

Subaward Type	Subaward
Subaward Obligation	\$50,000.00
Subaward Date	9/23/2021
Place of Performance Address 1	3837 Altamont Dr
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Klamath Falls
Place of Performance State	OR
Place of Performance Zip	97603
Place of Performance Zip+4	
Description	Expansion of facility for increase of students and staff
Subrecipient	Friends of the Children Klamath Basin
Period of Performance Start	11/2/2021
Period of Performance End	12/31/2021

**Subward No: 1505-0271-010**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$125,000.00
Subaward Date	9/23/2021
Place of Performance Address 1	2865 Daggett Ave
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Klamath Falls
Place of Performance State	OR
Place of Performance Zip	97601

Place of Performance Zip+4	
Description	Create and build ADA accessible playground at Moore Park in Klamath Falls, within the QTC.
Subrecipient	Healthy Klamath
Period of Performance Start	1/1/2022
Period of Performance End	12/31/2024

**Subward No: 1505-0271-016**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$55,000.00
Subaward Date	9/23/2021
Place of Performance Address 1	4500 Foothills Blvd
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Klamath Falls
Place of Performance State	OR
Place of Performance Zip	97603
Place of Performance Zip+4	
Description	Outdoor facilities for youth sports
Subrecipient	Klamath Community Youth Sports Complex
Period of Performance Start	1/1/2022
Period of Performance End	12/31/2024

**Subward No: 1505-0271-020**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$275,000.00
Subaward Date	9/23/2021
Place of Performance Address 1	1930 South 6th St
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Klamath Falls
Place of Performance State	OR
Place of Performance Zip	97601
Place of Performance Zip+4	
Description	Job training and affordable housing program
Subrecipient	Klamath Works, Inc
Period of Performance Start	12/21/2021
Period of Performance End	12/31/2023

**Subward No: 1505-0271-021**

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$250,000.00
Subaward Date	9/23/2021
Place of Performance Address 1	23330 Highway 50
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Merrill
Place of Performance State	OR
Place of Performance Zip	97633
Place of Performance Zip+4	
Description	Community building attached to community school; serve students and families
Subrecipient	Lost River Booster Club
Period of Performance Start	12/1/2021
Period of Performance End	12/31/2025

**Subaward No: 1505-0271-022**

Subaward Type	Subaward
Subaward Obligation	\$170,000.00
Subaward Date	9/23/2021
Place of Performance Address 1	3201 Campus Dr
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Klamath Falls
Place of Performance State	OR
Place of Performance Zip	97601
Place of Performance Zip+4	
Description	Behavioral Health Clinic Expansion
Subrecipient	Oregon Tech Foundation, Inc
Period of Performance Start	1/4/2022
Period of Performance End	12/31/2026

**Subaward No: 1505-0271-029**

Subaward Type	Subaward
Subaward Obligation	\$500,000.00
Subaward Date	1/4/2022
Place of Performance Address 1	3647 HWY 39
Place of Performance Address 2	
Place of Performance Address 3	

Place of Performance City	Klamath Falls
Place of Performance State	OR
Place of Performance Zip	97603
Place of Performance Zip+4	
Description	New residential substance use disorder (SUD) treatment facility
Subrecipient	Transformations Wellness Center
Period of Performance Start	1/4/2022
Period of Performance End	12/31/2026

**Subward No: 1505-0271-011**

Subaward Type	Subaward
Subaward Obligation	\$200,000.00
Subaward Date	9/23/2021
Place of Performance Address 1	PO Box 5250
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Klamath Falls
Place of Performance State	OR
Place of Performance Zip	97601
Place of Performance Zip+4	
Description	Rail Expansion; storage
Subrecipient	Juhl Enterprises Inc
Period of Performance Start	11/30/2021
Period of Performance End	12/31/2021

**Subward No: 1505-0271-026**

Subaward Type	Subaward
Subaward Obligation	\$100,000.00
Subaward Date	11/30/2021
Place of Performance Address 1	200 N 7th St
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Klamath Falls
Place of Performance State	OR
Place of Performance Zip	97601
Place of Performance Zip+4	
Description	Ventilation system; revenue loss for tourism; non-profit assistance
Subrecipient	Ross Ragland Theater



Period of Performance Start	11/30/2021
Period of Performance End	12/31/2026

**Subward No: 1505-0271-027**

Subaward Type	Subaward
Subaward Obligation	\$750,000.00
Subaward Date	1/18/2022
Place of Performance Address 1	PO Box 1529
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Klamath Falls
Place of Performance State	OR
Place of Performance Zip	97601
Place of Performance Zip+4	
Description	Housing Rehabilitation Program
Subrecipient	South Central Oregon Economic Development District
Period of Performance Start	1/18/2022
Period of Performance End	12/31/2026

**Subward No: 1505-0271-017**

Subaward Type	Subaward
Subaward Obligation	\$250,000.00
Subaward Date	9/23/2021
Place of Performance Address 1	3300 Memorial Dr
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Klamath Falls
Place of Performance State	OR
Place of Performance Zip	97601
Place of Performance Zip+4	
Description	Boom/Crane Truck
Subrecipient	Lobo Truss LCC
Period of Performance Start	11/30/2021
Period of Performance End	12/2/2021

**Subward No: 1505-0271-008**

Subaward Type	Subaward
Subaward Obligation	\$200,000.00
Subaward Date	9/23/2021

Place of Performance Address 1	1301 Esplanade Ave
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Klamath Falls
Place of Performance State	OR
Place of Performance Zip	97601
Place of Performance Zip+4	
Description	Revenue loss; rail expansion
Subrecipient	Ed Staub and Sons Petroleum, Inc.
Period of Performance Start	1/11/2022
Period of Performance End	12/31/2026

# Expenditures

## Expenditures for Awards more than \$50,000

### Expenditure: EN-00288668

Project Name	REACH, Inc.
Subaward ID	SUB-0190453
Subaward No	1505-0271-023
Subaward Amount	\$130,000.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	
Expenditure Start	9/23/2021
Expenditure End	12/31/2026
Expenditure Amount	\$130,000.00

### Expenditure: EN-00076422

Project Name	CASA for Children of Klamath County
Subaward ID	SUB-0010518
Subaward No	1505-0271-003
Subaward Amount	\$50,000.00
Subaward Type	Subaward
Subrecipient Name	
Expenditure Start	11/23/2021
Expenditure End	12/31/2026
Expenditure Amount	\$50,000.00

### Expenditure: EN-00288541

Project Name	Klamath Basin Senior Citizens' Center
Subaward ID	SUB-0168216
Subaward No	1505-0271-012
Subaward Amount	\$60,000.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	
Expenditure Start	9/23/2021
Expenditure End	12/31/2026
Expenditure Amount	\$60,000.00

**Expenditure: EN-00074745**

Project Name	Friends of the Children Klamath Basin
Subaward ID	SUB-0039469
Subaward No	1505-0271-009
Subaward Amount	\$50,000.00
Subaward Type	Subaward
Subrecipient Name	
Expenditure Start	9/23/2021
Expenditure End	12/31/2021
Expenditure Amount	\$50,000.00

**Expenditure: EN-00074471**

Project Name	Ross Ragland Theater
Subaward ID	SUB-0039463
Subaward No	1505-0271-026
Subaward Amount	\$100,000.00
Subaward Type	Subaward
Subrecipient Name	
Expenditure Start	11/30/2021
Expenditure End	12/31/2026
Expenditure Amount	\$100,000.00

**Expenditure: EN-00275153**

Project Name	Klamath Works
Subaward ID	SUB-0168233
Subaward No	1505-0271-020
Subaward Amount	\$275,000.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	
Expenditure Start	11/23/2021
Expenditure End	12/31/2026
Expenditure Amount	\$275,000.00

**Expenditure: EN-00275521**

Project Name	SCOEDD
Subaward ID	SUB-0039456

Subaward No	1505-0271-027
Subaward Amount	\$750,000.00
Subaward Type	Subaward
Subrecipient Name	
Expenditure Start	2/8/2022
Expenditure End	12/31/2025
Expenditure Amount	\$0.00

**Expenditure: EN-00074500**

Project Name	J&P Wholesale
Subaward ID	SUB-0049886
Subaward No	1505-0271-011
Subaward Amount	\$200,000.00
Subaward Type	Subaward
Subrecipient Name	
Expenditure Start	9/23/2021
Expenditure End	12/31/2021
Expenditure Amount	\$200,000.00

**Expenditure: EN-00074566**

Project Name	Lobo Truss LCC
Subaward ID	SUB-0049879
Subaward No	1505-0271-017
Subaward Amount	\$250,000.00
Subaward Type	Subaward
Subrecipient Name	
Expenditure Start	11/30/2021
Expenditure End	12/31/2021
Expenditure Amount	\$250,000.00

**Aggregate Expenditures for Awards less than \$50,000**

Expenditure: EN-00028435

Project Name	CERT - Community Emergency Response Team Klamath County
Subaward Type (Aggregates)	Aggregate of Grants Awarded
Total Period Expenditure Amount	\$17,000.00
Total Period Obligation Amount	\$17,000.00

Expenditure: EN-00028433

Project Name	Teen CERT
Subaward Type (Aggregates)	Aggregate of Grants Awarded
Total Period Expenditure Amount	\$8,000.00
Total Period Obligation Amount	\$8,000.00

Expenditure: EN-00273699

Project Name	Chemult Community Tourism Association
Subaward Type (Aggregates)	Aggregate of Grants Awarded
Total Period Expenditure Amount	\$0.00
Total Period Obligation Amount	\$50,000.00

Expenditure: EN-00028437

Project Name	D&G Holdings Northwest LLC dba Crazy R Pizza
Subaward Type (Aggregates)	Aggregate of Grants Awarded
Total Period Expenditure Amount	\$20,000.00
Total Period Obligation Amount	\$20,000.00

Expenditure: EN-00028441

Project Name	Klamath Film
Subaward Type (Aggregates)	Aggregate of Grants Awarded
Total Period Expenditure Amount	\$3,000.00
Total Period Obligation Amount	\$3,000.00

Expenditure: EN-00275506

Project Name	Red Cross
Subaward Type (Aggregates)	Aggregate of Grants Awarded
Total Period Expenditure Amount	\$10,000.00
Total Period Obligation Amount	\$10,000.00

Expenditure: EN-00028318

Project Name	Citizens for Safe Schools
Subaward Type (Aggregates)	Aggregate of Grants Awarded
Total Period Expenditure Amount	\$50,000.00
Total Period Obligation Amount	\$50,000.00

Expenditure: EN-00273809

Project Name	Klamath County Chamber of Commerce Job Fair
Subaward Type (Aggregates)	Aggregate of Grants Awarded

Total Period Expenditure Amount	\$15,000.00
Total Period Obligation Amount	\$15,000.00

Expenditure: EN-00028443

Project Name	Klamath County Chamber of Commerce Job Fair
Subaward Type (Aggregates)	Aggregate of Grants Awarded
Total Period Expenditure Amount	\$5,000.00
Total Period Obligation Amount	\$5,000.00

# Report

## Revenue Replacement

Is your jurisdiction electing to use the standard allowance of up to \$10 million, not to exceed your total award allocation, for identifying revenue loss?	Yes
Revenue Loss Due to Covid-19 Public Health Emergency	\$10,000,000.00
Were Fiscal Recovery Funds used to make a deposit into a pension fund?	No
Please provide an explanation of how revenue replacement funds were allocated to government services	<ul style="list-style-type: none"><li>• County-wide departments digitization for public use</li><li>• Generator and refrigeration for Public Health</li><li>• Medical Examiner</li><li>• County Premium Pay</li><li>• HR Recruitment tools</li><li>• Watermaster office</li><li>• Building Permits</li><li>• Expansion of County Fairgrounds</li><li>• IT wages for employees to work from home</li><li>• Janitorial special Cleaning</li><li>• Body Scanner and Mail Scanner</li><li>• Code Enforcement</li><li>• Public Safety Personnel</li><li>• Grant Manager</li></ul>



# Overview

Total Obligations	\$8,509,485.68
Total Expenditures	\$1,794,286.52
Total Number of Projects	56
Total Number of Subawards	15
Total Number of Expenditures	18