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CITY OF NEWPORT, OREGON NON-PROFIT, SOCIAL SERVICE AGENCY GRANT AGREEMENT

THIS AGREEMENT is between the City of Newport, an Oregon municipal corporation (City), and Habitat for Humanity of Lincoln County (Grantee).

TERMS OF AGREEMENT

1. USE OF FUNDS

Funding for this agreement is intended to assist community non-profit, social service organizations in the delivery of their services to residents of Newport. Grantee shall utilize funds provided under this agreement for that purpose.

2. COMPENSATION AND PAYMENT

The Grantee shall be paid a lump sum amount of \$2,000.00 for services identified in Section 1.

Payment to Grantee shall be made by City within thirty (30) calendar days after execution of this agreement, and on receipt, by the City of a W-9.

3. SUBMITTING NOTICE

All notices shall be made in writing and may be given by personal delivery or mail. Payments may be made by personal delivery, mail, or electronic transfer. The following addresses shall be used to transmit notices and other information:

City: City of Newport

169 SW Coast Highway Newport, Oregon 97365

541.574.0613

e.glover@newportoregon.gov

Contractor: Habitat for Humanity of Lincoln County

Notices mailed to the address provided for notice in this section shall be deemed given upon deposit in the United States mail, postage prepaid. In all other instances, notices, bills and payments shall be deemed given at the time of actual delivery.

4. STATUS OF GRANTEE

Grantee certifies that:

- A. Grantee is not an officer, employee, or agent of the City as those terms are used in ORS 30.265.
- B. No employee of the City, or any partnership or corporation in which a City employee has an interest, has, or will receive any remuneration of any description from Grantee, either directly or indirectly, in connection with this Agreement, except as specifically declared in writing prior to any reimbursement to Grantee.
- C. If applicable, Grantee will obtain a City business license.

5. WARRANTY & INDEMNIFICATION

Grantee certifies that:

- A. Grantee is fully liable for the acts and omissions of Grantee that cause any damage, injury, death, property damage or loss to any person or property.
- B. Grantee will indemnify and defend the City, its officers, agents, employees, and volunteers and hold them harmless from any and all liability, causes of action, claims, losses, damages, judgments, or other costs or expenses including attorney's fees that may be asserted by any person or entity which in any way arise from, during, or in connection with, the performance of the work described in this Agreement. Grantee's indemnification shall also cover claims brought against the City under state or federal workers' compensation laws. If any aspect of this indemnity shall be found to be illegal or invalid for any reason whatsoever, the illegality or invalidity shall not affect the validity of the remainder of this indemnification.

FINAL REPORT

Grantee shall submit a final report, by August 1, 2024, showing how the grant funds were used, and the number of City of Newport residents served by grantee from January through June 2024.

7. COMPLIANCE WITH LAWS AND RULES

Grantee shall comply with all applicable federal, state, and local laws, rules, and regulations.

City of Newport:	
DRUM	05-07-24
City of Newport	Date
169 SW Coast Highway	
Newport, Oregon 97365	
Business Phone: 541.574.0603	
Grantee:	
Habitat for Humanity of Lincoln County	Date

Grantee shall comply with all applicable federal, state, and local laws, rules, and regulations.

City of Newport

City of Newport

169 SW Coast Highway
Newport, Oregon 97365
Business Phone: 541.574.0603

Grantee:

Liambolay

Habitat for Humanity of Lincoln County

Date



NON-PROFIT SOCIAL SERVICE AGENCY GRANT APPLICATION

Agency Name: Habitat for Humanity of Lincoln County
Mailing Address:
Contact Person and Title:Lucinda Taylor, Executive Director
Phone Number:
E-Mail Address:
Federal Employer ID No.
Amount Requested \$_2,500
 Describe briefly the services provided by your agency to the citizens of Newport. (Use additional pages if necessary.)
We build and rehabilitate homes and sell them to low-income households, provide home repairs for low-income
homeowners, and provide access to matched savings accounts through the IDA program. We also provide
disaster recovery assistance related to homeownership.
Describe your organization's target client population (cultural diversity, age, income, sex, special needs, family structure, qualifications, etc.). (Use additional pages if necessary.)
We serve low-income households at 80% AMI or less. Homeownership opportunities may have more
restrictive income limits. Disaster recovery services may be provided to higher income families.
3. How long has your organization been in existence?
We were established in 1995.
 What is your organization's goal or purpose in providing services? (Use additional pages if necessary.)
We believe everyone deserves a decent place to live. Our programs are focused on activities that promote
this opportunity for low-income households.

What is your organization's procedure for making client referrals for additional services and services you are unable to provide? (Use additional pages if necessary).

We provide referrals to other nonprofits and social service agencies when possible. This typically involves looking up resources and providing contact information.

Describe any specific challenges, limitations, or restrictions that your organization faces in serving its clients. (Use additional pages if necessary.)

Funding and land availability are the primary limiting factors for our programs. We also need more staff to fully support our clients, but that also comes down to funding.

 How has your current organizational budget changed from last year's budget (i.e., new programs started, significant changes in expenditures or funding sources, agency restructuring, etc.) (Use additional pages if necessary.)

Our budget has increased to accommodate new funding for home repairs and the IDA program. We have additional one-time funding through the donation of homes for sale to wildfire survivors. This will allow us to increase home production and serve more families.

8. How will your organization use the requested funds if your grant is approved? (Use additional pages if necessary.)

We have access to funding for programs but limited funding for general operations. The grant would be applied to general operating expenses.

9. What sources of financial support, in excess of \$2,500, did your organization obtain within the past 12 months? (Use additional pages if necessary.)

Source	Amount Obtained
OHCS LIFT & HDIP for Waldport home construction OHCS Homeowner Services Capacity Building grant	\$360,000 \$300,000
Lincoln County Social Services Grant (home repairs) City of Lincoln City Nonprofit Grant (home repairs) Joseph F Weston Public Foundation	\$11,700 \$15,000 \$25,700
So Hum Foundation Habitat Oregon Rural Ready (land acquisition)	\$5,000 \$50,000

10. Describe, on separate pages, how your programs and facilities are accessible under the Americans with Disability Act requirements. If not accessible, provide a plan for making programs and facilities accessible.



10. Describe, on separate pages, how your programs and facilities are accessible under the Americans with Disability Act requirements. If not accessible, provide a plan for making programs and facilities accessible.

Our office is accessible to those using a walker or wheelchair.

Both the Lincoln City and Newport ReStores are accessible to those using a walker or wheelchair. We provide assistance loading purchases and unloading donations.

Our equal employment opportunity statement is posted on our website and we apply these principles to all operations.

Equal Employment Opportunity

Habitat for Humanity of Lincoln County is committed to the principles of equal employment. We are committed to complying with all federal, state, and local laws providing equal employment opportunities, and all other employment laws and regulations. It is our intent to maintain a work environment that is free of harassment, discrimination, or retaliation because of age (40 and older), ancestry, sex, sexual orientation (including transgender status, gender identity or expression), pregnancy (including childbirth, lactation, and related medical conditions), gender, race (including physical characteristics that are historically associated with race including, but not limited to, natural hair, hair texture, hair type, and protective hairstyles such as hair color or manner of wearing hair that includes, for example, braids, regardless of whether the braids are created with extensions or styled with adornments, locs, and twists), religion, color, national origin, physical or mental disability, genetic information (including testing and characteristics), veteran status, uniformed servicemember status, or any other status protected by federal, state, or local laws. We are dedicated to the fulfillment of this policy in regard to all aspects of employment, including but not limited to recruiting, hiring, placement, transfer, training, promotion, rates of pay, and other compensation, termination, and all other terms, conditions, and privileges of employment.