



**MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST
NOTICE OF INTENT**

(Revised: 9/23/13)

Board Clerk Use Only

Meeting Date: 12/5/13
Agenda Item #: C.5
Est. Start Time: 9:30 am
Date Submitted: 11/20/13

**NOTICE OF INTENT for Multnomah County Health Department to submit
 Agenda a grant for up to \$10,000 to the HSPRP PHEP Carryover Project –
 Title: Medical Examiner (2 of 2).**

Note: This APR is for NOI's only. APRs are available for other types of submittals. Title should not be more than 2 lines but be sufficient to describe the action requested.

Requested Meeting Date:	<u>December 5, 2013</u>	Time Needed:	<u>NA – Consent Item</u>
Department:	<u>Health</u>	Division:	<u>Health Officer</u>
Contact(s):	<u>Kathryn Richer and Marc Harris</u>		
Phone:	<u>503-988-3663</u>	Ext.	<u>24223; 29778</u>
Presenter Name(s) & Title(s):	<u>NA – Consent Item</u>		
I/O Address:	<u>160/8; 160/9</u>		

General Information

1. What action are you requesting from the Board?

Approval for the Director of the Health Department to submit an application for up to \$10,000 to the Oregon Health Network Health Security, Preparedness, and Response Program: Public Health Emergency Preparedness BP1 Carryover Projects Application.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

The State Health Security, Preparedness and Response Program (HSPRP) anticipates unobligated funds from the immediate past period will be available for carryover in the Public Health Emergency Preparedness (PHEP) federal funding stream. HSPRP has invited local health departments to submit preparedness project proposals for consideration. Projects should be focused primarily on improving the Medical Surge, Fatality Management, and/or Volunteer Management capabilities. Applicants may submit multiple applications for funding; projects should range from a minimum of \$5,000.00 to a

maximum of \$10,000.00, including indirect and administrative costs, and should be able to be completed by June 30, 2014.

Multnomah County Health Department intends to submit an application for the Medical Examiner's office within the Health Officer's division for Mobile Morgue/Mass Fatality Vehicle supplies. The Mobile Morgue/Mass Fatality Vehicle is a regional asset coordinated by Clark, Washington, and Multnomah Counties that serves the entire Urban Areas Security Initiative (UASI) in the event of a mass fatality emergency event. The UASI Region includes Multnomah, Clackamas, Washington, and Columbia counties in Oregon, plus Clark County in Washington State. The Mobile Morgue provides resources to conduct morgue operations for a mass fatality event, including the ability to conduct autopsies on the scene and in the field. Currently, there are no Mobile Morgue field resources in the Portland section of the USAI.

The proposed grant project will support the regions mass fatality response by requesting up to \$10,000 to purchase additional equipment required for a fully equipped Mobile Morgue and equipment to fully outfit Regional Mass Fatality Response teams with appropriate tools to conduct on scene and in field operations. Regional Mass Fatality Response teams will then receive sufficient training with the necessary supplies to conduct emergency operations through MCHD and its USAI partners. The project will provide Portland section of the USAI with the essential resources necessary to efficiently and respectfully manage death investigations and morgue operations during a mass fatality event.

3. Explain the fiscal impact (current year and ongoing).

This is a one-time funding opportunity for up to \$10,000.

4. Explain any legal and/or policy issues involved.

None.

5. Explain any citizen and/or other government participation that has or will take place.

None.

Grant Application/Notice of Intent

If the request is a **Grant Application** or **Notice of Intent**, please answer **all** of the following in detail:

• **Who is the granting agency?**

The Oregon Health Network Health Security, Preparedness, and Response Program.

• **Specify grant (matching, reporting and other) requirements and goals.**

Projects must be completed by June 30, 2014. Approved projects/proposals may be asked to present at the 2014 Preparedness Conference.

• **Explain grant funding detail – is this a one time only or long term commitment?**

This is a one time funding opportunity.

• **What are the estimated filing timelines?**

Grant applications were due November 22, 2013. If the NOI is not approved, the application will be withdrawn.

• **If a grant, what period does the grant cover?**

January 2014 –June 30, 2014.

- **When the grant expires, what are funding plans?**
When grant funds expire the project will be complete.
- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**

All central and indirect costs are recovered in this project

Required Signatures

**Elected Official
or Department/
Agency Director:**

KaRin Johnson for
Lillian Shirley/s/kj

11/05/2013
Date:

Budget Analyst:

Althea Gregory /s/

Date: 11/20/2013

Note: Please submit electronically. We are no longer using actual signatures. Insert names of your approvers followed by /s/. Please insert date approved