



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9-24-15)

## Board Clerk Use Only

Meeting Date: 3/23/17  
Agenda Item #: C.10  
Est. Start Time: 9:30 am  
Date Submitted: 3/16/17

## Agenda NOTICE OF INTENT for Grant Application to the Youth Development Title: Council – Runaway Youth

*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>4/6/2017</u>	Time Needed:	<u>Consent agenda</u>
Department:	<u>County Human Services</u>	Division:	<u>Youth &amp; Family Services</u>
Contact(s):	<u>Peggy Samolinski and Rose Bak</u>		
Phone:	<u>87453 or 87522</u>	Ext.	<u></u>
Presenter Name(s) & Title(s):	<u>NA</u>		
<u></u>			

A Notice of Intent is required to obtain approval from the Board of County Commissioners to ensure a competitive grant proposal is in alignment with the County's mission; to receive an indication from the Board of its willingness to commit the necessary County resources to support the grant. A Budget Modification is required to appropriate funds received from a successful grant proposal.

## Notice of Intent Specific Information

### Department recommendation for consent agenda placement (*must meet all criteria*):

- Proposal is under \$500,000/ year.
- Proposal does not require cash match as part of the budget.
- Proposal does not commit County to on-going programming following award.
- Proposal adheres to the County's indirect guidelines.
- Proposal is within the Department's strategic direction.
- Proposal does not have policy and/or legal implications that warrant a public dialog.

*XTo the best of my knowledge, this proposal adheres to all of the above criteria and may be placed on the Board of County Commissioner's Consent Agenda. I understand the proposal can be moved to the regular Board Agenda for any reason by Commissioners or their staff.*

☐ *To the best of my knowledge, this proposal does not meet criteria for placement on the Consent Agenda and should be placed on the Regular Agenda.*

**Please complete for any NOI:**

<b>Granting Agency</b>	Oregon Youth Development Council
<b>Proposal due date</b>	April 10, 2017
<b>Grant period</b>	July 1, 2017 – June 30, 2019
<b>Approximate level of funding by year</b>	\$100,000
<b>Program Offer(s) potentially impacted</b>	PO 25138 Runaway Youth Services
<b>How do you expect to spend the majority of funds? (check all that apply)</b>	<input type="checkbox"/> Personnel <input checked="" type="checkbox"/> Sub-contracts <input type="checkbox"/> Capital (including equipment)
<b>Does grant require match? If so, describe type (cash, FTE, etc) and %</b>	No

**1. Brief overview of grant's purpose and/or impact.**

Grant application supports Runaway Youth Services that are contracted through the Youth and Family Services Division. These services support youth who have left their home, by providing emergency shelter and counseling supports to reunite them with their parent/caregiver.

This funding used to be part of the Commission on Children and Families and was awarded on a non-competitive basis. With the dissolution of the Commission system and the development of the Youth Development Council, funding became a biennial competitive process.

**2. Brief overview of how proposal is aligned with Department's strategic direction.**

This proposal supports the Department's long term goal of "Education for All" and "Quality of Life".

**3. Describe any community and/or government input considered in planning for this grant.**

This is a renewal application. The agency that receives these funds was involved in planning the original application (4 years ago). For the renewal, they support this application.

**4. What partners may be included in program activities?**

The partner included in the program activities is Janus Youth Programs.

**5. Generally, what are the grant's reporting requirements?**

There is both expenditure reporting as well as outputs (numbers served) and outcomes (changes in behavior). Both are on a quarterly basis.

**Please complete for NOIs on the Regular Board Agenda ONLY:**

**6. When the grant expires, will your Department continue to fund the program? If so, how?**

7. Are 100% of the central and departmental indirect costs recovered? If not, please explain.
8. If the proposal is not aligned with your Department's strategic direction, explain why you are pursuing it at this time.
9. If the grant requires a cash match, how will you meet that requirement?
10. Are there policy issues and/or legal implications related to this proposal that may warrant a public dialog? If so, please explain.

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### Required Signatures

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Elected Official  
or Department/  
Agency Director: Liesl Wendt /s/ 03/16/2017 Date: \_\_\_\_\_

Budget Analyst: Adam Brown /s/ 03/16/2017 Date: \_\_\_\_\_

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