



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(Revised: 8/18/11)

Board Clerk Use Only

Meeting Date: 9-37-23
Agenda Item #: R.6
Est. Start Time: 9:55 am
Date Submitted: 9-12-12

Agenda Title: Requesting Board Approval of SE Health Clinic FAC-1 Phase 2 Project Design & Construction for SEHC Primary Care Remodel

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.

Requested Meeting Date: September 27th, 2012
Time Needed: 10 minutes
Department: County Assets/Health
Division: FPM/Health
Contact(s): Greg Hockert / Wendy Lear
Phone: 503-988-6975 **Ext.** 86975 **I/O Address:** 274/1
Presenter Name(s) & Title(s): Greg Hockert and Wendy Lear

General Information

1. What action are you requesting from the Board?

Request approval of Southeast Health Clinic (SEHC) FAC-1 Phase 2 Project Design and Project Construction for SEHC Primary Care Remodel.

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.

FAC-1 Informational Packet Attached

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

The total Southeast Health Center project cost is \$1,996,000. Multnomah County Health Department (MCHD) secured \$279,000 in the FY2013 budget for the relocation of Environmental Health and Regional Arts and Culture Council (RACC) fees.

Of the remaining \$1,717,000 in project costs, \$118,000 was expensed in FY2012. The Board of County Commissioners budgeted \$802,015 in contingency with MCHD to return to the Board when budget, financing, and construction plans are finalized through the FAC-1 process. CareOregon has committed \$500,000 toward this project and MCHD continues to reach out to other partners to fund the remaining \$296,985 for this project.

Budget Modification approval will be conducted through a separate board action.

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

Required Signature

Elected
Official or
Department
Director:


Sherry Swackhamer

Date: 9-12-12