



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9-24-15)

Board Clerk Use Only

Meeting Date: 6.22.17
Agenda Item #: C.2
Est. Start Time: 9:30 am
Date Submitted: 6/14/17

Agenda NOTICE OF INTENT for submission of a grant application to Metro for Title: up to \$300,000 over two years

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:	06/22/2017	Time Needed:	N/A; consent
Department:	Health	Division:	Public Health
Contact(s):	Jae Douglas, Marc Harris		
Phone:	503-988-7847	Ext.	87847
Presenter Name(s) & Title(s):	503-988-8693	I/O Address:	213/3/350 160/9
	N/A		

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.

☒ *To 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:

Granting Agency	Metro
Proposal due date	June 30, 2017
Grant period	April 1, 2018 – March 30, 2020
Approximate level of funding by year	\$150,000
Program Offer(s) potentially impacted	40037
How do you expect to spend the majority of funds? (check all that apply)	<input checked="" type="checkbox"/> Personnel <input checked="" type="checkbox"/> Sub-contracts <input type="checkbox"/> Capital (including equipment)
Does grant require match? If so, describe type (cash, FTE, etc) and %	Yes, a 10% in-kind (non-cash) match is required. The match will be FTE.

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

Metro's 2040 Planning and Development Grants program supports a range of local planning projects and activities. The grants help remove barriers to private investment in development, promote planning activity that makes land ready for development, and help to implement the Portland region's long term plan for livability, outlined in the 2040 Growth Concept. The Health Department, Department of Community Services, and Department of County Assets are partnering to submit a proposal focused the Vance and Yeon area, which is approximately 86 acres of land comprised of 8 individual parcels located in Gresham. The proposed project will build off of past and current planning activities for the area. The current scope of work for the area has two main phases. Phase I, which will occur during FY18, focuses on collecting existing information and data so the County can better understand the existing conditions of the area, as well as County and community needs. This phase will be mostly completed prior to the start of the grant project period. The grant project period will support Phase II of the project by focusing on determining the best use for the plan area. This portion of the project will examine the known potential uses of the site and opportunities for the site based on constraints identified within Phase I and the needs of the County. It will also include community input. The main outcome of Phase II will be a Master Plan for the area. Grant funds and a budget commitment of in-kind (non-cash) match of at least 10% will support County staff and external consultants to complete the Master Plan.

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

Program activities are aligned with the Health Department's mission *to assure, promote, and protect the health of the people of Multnomah County in partnership with the communities we serve*. The program also aligns with the Health Department Strategic Framework's broad goal to *Prioritize investments in programs and infrastructure that improve health outcomes and health equity*.

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

The County has been working with the City of Gresham and community partners to support planning within the area.

4. What partners may be included in program activities?

Key project partners will include the City of Gresham, State of Oregon Department of Environmental Quality, and Rockwood Community Development Corporation.

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

Grantees are expected to provide reports on progress upon completion of identified work tasks and milestones.

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.

Required Signatures

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

Wendy Lear on behalf of Joanne Fuller/s/ **Date:** 6/13/2017

Budget Analyst: Jeff Renfro/s/ **Date:** 6/14/2017

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