



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9-24-15)

## Board Clerk Use Only

Meeting Date: 5/31/18  
Agenda Item #: C.2  
Est. Start Time: 9:30 a.m.  
Date Submitted: 5/16/18

**Agenda Title:** NOTICE OF INTENT to submit a grant application to HRSA for  
**Title:** \$100,000 for capital improvement for Student Health Centers

*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.*

<b>Requested Meeting Date:</b>	<u>May 31, 2018</u>	<b>Time Needed:</b>	<u>N/A Consent</u>
<b>Department:</b>	<u>Health</u>	<b>Division:</b>	<u>Integrated Clinical Services</u>
<b>Contact(s):</b>	<u>Alex Lowell, Marc Harris</u>		
	<u>503-988-9751</u>	<u>89751</u>	
<b>Phone:</b>	<u>503-988-8693</u>	<b>Ext.</b>	<u>88693</u>
<b>Presenter Name(s) &amp; Title(s):</b>	<u>N/A</u>		
	<u>I/O Address: 448/2; 160/9</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.

☒ *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:**

<b>Granting Agency</b>	U.S. Health Resources & Services Administration
<b>Proposal due date</b>	May 31, 2018
<b>Grant period</b>	02/01/2019 – 01/31/2021
<b>Approximate level of funding by year</b>	\$100,000 total (not per year)
<b>Program Offer(s) potentially impacted</b>	40024A – School Based Health Centers
<b>How do you expect to spend the majority of funds? (check all that apply)</b>	<input type="checkbox"/> Personnel <input type="checkbox"/> Sub-contracts <input checked="" 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.**

The purpose of the grant is to increase access to mental health, substance abuse, and childhood obesity-related services in school-based health centers by funding minor alteration/renovation projects and/or the purchase of moveable equipment. The Health Department will request funding for paint and signage in accordance with the Student Health Center (SHC) Program rebranding at David Douglas, Jefferson, and Parkrose SHCs; soundproofing at Jefferson and Parkrose SHCs; new furniture for waiting rooms and Mental Health Consultant offices for all three clinics; and scales for the three clinics. Mental health, substance abuse, and overweight/obesity are often sensitive issues for which clients may avoid seeking care. Improving perception and comfort of the clinic settings will encourage access and utilization.

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

The proposed project is aligned with the Health Department's mission to assure, promote, and protect the health of the people of Multnomah County and the strategic goal to invest in programs and infrastructure that improve health outcomes.

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

The proposed project has been approved by the Health Center Program's Community Health Council.

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

Partners will include the host schools (David Douglas, Jefferson, and Parkrose high schools).

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

The grant requires semi-annual progress reports.

**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:** Mark Lewis /s/ **Date:** 5/15/18

**Budget Analyst:** Trista Zugel-Bensel /s/ **Date:** 5/16/18

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