

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 | Oregon Health Authority |
| Proposal due date | 12/7/16 |
| Grant period | 1/1/17-6/30/17 |
| Approximate level of funding by year | \$4,000 |
| Program Offer(s) potentially impacted | 40014-17 |
| How do you expect to spend the majority of funds? (check all that apply) | <input type="checkbox"/> Personnel <input type="checkbox"/> Sub-contracts <input type="checkbox"/> Capital (including equipment) <input checked="" type="checkbox"/> Supplies |
| Does grant require match? If so, describe type (cash, FTE, etc) and % | No |

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

Immunize Oregon grants are designed to support immunization projects and activities in Oregon. The grant awards are relatively small and are created for activities/projects that can be completed within a four to six month timeframe. The grant program is designed to help support Immunize Oregon's mission of creating sustainable partnerships to support a healthier Oregon through collaboration and education in the following focus areas: education for staff/training, community outreach and education, vaccination equipment and technology, health equity and partnerships, and ALERT Immunization Registry. The proposed project would fund supplies related to the focus areas of community outreach and education and vaccination equipment and technology.

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

The proposed project fits squarely within the Health Department's mission to assure, promote, and protect the health of the people of Multnomah County in partnership with the diverse communities we serve. In addition, the proposal supports the Public Health Division's strategic direction of "Relentlessly Pursuing Health Equity". As the local Public Health Authority immunization activities are required as a part of multiple Oregon Administrative Rules

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

These grant funds will support supplies needed to maintain current program activities

4. What partners may be included in program activities?

The immunization program partners with a wide array of partners to implement on-going activities including schools, child care settings, the state, and community based organizations.

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

Reporting requirements are not specified.

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: 11/14/2016

Budget Analyst:

Jeff Renfro/s/

Date: 11/14/2016

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