



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9-24-15)

## Board Clerk Use Only

Meeting Date: 6/28/18  
Agenda Item #: C.3  
Est. Start Time: 9:30 a.m.  
Date Submitted: 6/12/18

**Agenda Title:** NOTICE OF INTENT to apply to up to \$375,000 from the Teen Pregnancy Prevention Tier 2 funding opportunity.

*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>June 28, 2018</u>	<b>Time Needed:</b>	<u>N/A – consent</u>
<b>Department:</b>	<u>Health</u>	<b>Division:</b>	<u>Public Health</u>
<b>Contact(s):</b>	<u>Kim Toevs, Marc Harris</u>		
<b>Phone:</b>	<u>503-793-5078;</u>	<u>88764;</u>	<u>160/6</u>
<b>Presenter Name(s) &amp; Title(s):</b>	<u>503-988-8693</u>	<b>Ext.</b> <u>88693</u>	<b>I/O Address:</b> <u>160/9</u>
	<u>N/A – consent agenda</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>	Department of Health and Human Services, Office of the Assistant Secretary for Health, Office of Adolescent Health
<b>Proposal due date</b>	June 29, 2018
<b>Grant period</b>	09/01/2018 – 08/31/2020
<b>Approximate level of funding by year</b>	\$375,000
<b>Program Offer(s) potentially impacted</b>	40025
<b>How do you expect to spend the majority of funds? (check all that apply)</b>	<input checked="" 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 matching is required.

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

The purpose of the Teen Pregnancy Prevention Tier 2 funding opportunity is to develop and test innovative strategies to prevent teen pregnancy, promote healthy adolescence, and address youth sexual risk holistically. The intended results are increases in healthy decision-making among youth, enhanced protective factors for youth, and improvements at the systems-level and/or with families and/or caregivers.

The Health Department will submit an application proposing to provide innovative teen pregnancy prevention/healthy adolescence promotion programming that is grounded in evidence-based strategies tailored to middle school-aged youth in a variety of school and community settings. The project will be designed to reach youth broadly, and provide a special focus on subpopulations that experience sexual health disparities, including youth of color.

Funding will be used to support Health department staff, evaluation, and contracts with community partners.

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

By promoting healthy adolescence and addressing racial health disparities, the proposed project contributes to the Health Department Strategic Framework broad goal to *Prioritize investments in programs and infrastructure that improve health outcomes and health equity* and mission to, *in partnership with the diverse communities we serve, promote and protect the health of the people of Multnomah County.*

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

Discussions to shape the proposal have occurred among multiple partners, including community-based organizations, schools, and other agencies, that participate in the Community Advisory Group for the current Adolescents and Community Together program.

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

Partners may include include schools and community-based organizations, to be finalized during the beginning of the grant period.

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

Quarterly performance reports are required, as well as a final performance report covering the entire project period.

**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:** 6/11/18

**Budget Analyst:**

Trista ZUGEL-BENSEL /s/

**Date:** 6/12/2018

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