



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9-24-15)

## Board Clerk Use Only

Meeting Date: 12/15/16  
Agenda Item #: C.3  
Est. Start Time: 9:30 am  
Date Submitted: 12/7/16

## Agenda NOTICE OF INTENT to submit a grant application for up to \$1,500 to the Title: Oregon Department of Transportation

*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: 12/15/16 Time Needed: N/A  
Department: Health Division: Public Health  
Contact(s): Ronnie Meyers, Tamara Duncan and Alison Frye  
X84274  
X82442  
Phone: 503-988-3663 Ext. X88687 I/O Address: 322/1/HBI; 160/9  
Presenter Name(s) & Title(s): 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:**

<b>Granting Agency</b>	Oregon Department of Transportation
<b>Proposal due date</b>	12/9/16
<b>Grant period</b>	1/1/17 -06/30/17
<b>Approximate level of funding by year</b>	\$1,500 (for six months)
<b>Program Offer(s) potentially impacted</b>	40058-17
<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 type="checkbox"/> Capital (including equipment) <input checked="" type="checkbox"/> Other (supplies)
<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.**

Funding is available to public entities and non-profit 501 (c)(3) organizations providing community-level child passenger safety outreach to families in Clackamas, Multnomah, and Washington counties. The maximum funding request for FY17 is \$1,500.00. Funds may be used to purchase car safety seats, booster seats, 2017 LATCH Manuals, Huggable Images dolls, and other equipment and supplies to support car safety seat/booster seat distribution efforts. These grant funds will be used to purchase additional car safety seats and booster seats, which will be distributed during the Healthy Birth Initiative's monthly child safety seat clinic.

**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".

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

The Healthy Birth Initiative's Community Action Network, which includes representation from the community and other stakeholder organizations, is always involved in program activity planning.

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

None.

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

Reporting requirements are minimal.

**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:**

Wendy Lear on behalf of Joanne Fuller/s/

**Date:** 12/7/2016

**Budget Analyst:**

Jeff Renfro/s/

**Date:** 12/7/2016

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