



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9/23/13)

Board Clerk Use Only

Meeting Date: _____
Agenda Item #: _____
Est. Start Time: _____
Date Submitted: _____

Agenda Title: NOTICE OF INTENT to submit an application to the Oregon Health Authority for up to \$10,000

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: _____ **Time Needed:** _____ Consent Item
Department: Health **Division:** Environmental Health
Contact(s): Jae Douglas, Jade Dodge, Alison Frye and Laurel Moses
87847
87845
88687
Phone: _____ **Ext.** 88648 **I/O Address:** 231/3/350;160/9
Presenter Name(s) & Title(s): N/A – Consent Item

General Information

1. What action are you requesting from the Board?

Authorization for the Director of the Health Department to submit an application to the Oregon Health Authority's "Building the Capacity of Local Public Health to Engage in Community Projects Related to Brownfield Redevelopment" funding opportunity for up to \$10,000.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

The Oregon Health Authority Public Health Division (OHA-PHD) Brownfield Initiative works to build Oregon's capacity to integrate health considerations into brownfield planning efforts and projects through actions that: engage local residents, support healthy environments, foster collaborations among diverse stakeholders, provide health education, address health inequity, and promote the health benefits of redevelopment. The OHA-PHD is looking to fund and support one project led by a local health department or tribal public health authority to build their capacity to integrate health considerations into brownfield planning

efforts and projects. This project will have a particular emphasis on identifying health and equity concerns prior to redevelopment.

MCHD's proposed project includes health equity mapping as it corresponds to brownfields site mapping completed by the City of Portland and Metro to identify and prioritize environmental justice indicators and site specific work. This will be accomplished through building relationships with key stakeholders and regional players as the local health authority responsible for ensuring health equity as it relates to environmental justice. Through this process the Health Department will develop health-based recommendations to share and vet with decision-makers and community members. This capacity building work will help build the foundation for future Health Department regional leadership in brownfield.

3. Explain the fiscal impact (current year and ongoing).

This grant would provide the Health Department with up to \$10,000 over approximately an eight month period.

4. Explain any legal and/or policy issues involved.

None

5. Explain any citizen and/or other government participation that has or will take place.

The proposed project would involve collaboration with the City of Portland and Metro; fostering collaborations among diverse stakeholders and the community to identify health inequities and prioritize site specific work; and the development of health-based recommendations to partners and decision-makers.

Grant Application/Notice of Intent

If the request is a Grant Application or Notice of Intent, please answer all of the following in detail:

- **Who is the granting agency?**

The granting agency is the Oregon Health Authority.

- **Specify grant (matching, reporting and other) requirements and goals.**

No matching is required. The goal is to build Oregon's capacity to integrate health considerations into brownfield planning efforts through actions that: engage local residents, support healthy environments, foster collaborations among diverse stakeholders, provide health education, address health inequity, and promote the health benefits of redevelopments.

A final report is required that includes a summary of the project goals, objectives, activities, and outcomes; lessons learned, including challenges and success stories within the context of your project; identification of stakeholders and collaborations; and recommendations to improve future funding opportunities from OHA-PHD.

- **Explain grant funding detail – is this a one-time only or long term commitment?**

One time only.

- **What are the estimated filing timelines?**

The application was due on December 5th and therefore had to be submitted prior to Board approval. If the Board does not approve the NOI, the application will be withdrawn.

- **If a grant, what period does the grant cover?**

The project period is from January 15, 2015 – September 29, 2015.

- **When the grant expires, what are funding plans?**

The project will be over when the grant expires.

- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**

All indirect costs are covered.

Required Signatures

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

Wendy Lear on behalf of Joanne Fuller/s/ **Date:** 11/20/2014

Budget Analyst: _____

Date: _____

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