



**MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST
NOTICE OF INTENT**

(Revised: 9-24-15)

Board Clerk Use Only

Meeting Date: 3/23/17
 Agenda Item #: C.6
 Est. Start Time: 9:30 am
 Date Submitted: 3/14/17

**Agenda NOTICE OF INTENT to submit a grant application for \$20,000 to the
 Title: Oregon School Based Health Alliance**

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: 3/23/2017 **Time Needed:** N/A Consent
Department: Health **Division:** Integrated Clinical Services
Contact(s): Alexandra Lowell and Marc Harris
Phone: 89751 **Ext.** 88693 **I/O Address:** 448/2; 160/9
Presenter Name(s) & Title(s): N/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.

X *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 School Based Health Alliance
Proposal due date	3/15/2017 – application will be withdrawn if NOI not approved
Grant period	4/2017 – 3/2019
Approximate level of funding by year	\$10,000
Program Offer(s) potentially impacted	40024
How do you expect to spend the majority of funds? (check all that apply)	<input checked="" type="checkbox"/> Personnel <input type="checkbox"/> Sub-contracts <input type="checkbox"/> Capital (including equipment)
Does grant require match? If so, describe type (cash, FTE, etc) and %	No

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

The Oregon School-Based Health Alliance (OSBHA) CORE grant program assists school-based health centers (SBHCs) as they work with adolescents to develop healthy relationship skills and knowledge, with a specific focus on social and sexual health. The Health Department’s SBHC Program recognizes the need to provide effective health promotion and education focused on youth sexual and relationship health in a framework that utilizes a health equity lens to address health disparities impacting communities of color and other marginalized populations in Multnomah County. The proposed project will build on the program’s Youth Action Councils at Roosevelt and Centennial High Schools to engage students in promoting social justice and health equity to support healthy youth relationships. Activities will be youth-led and include strengthening partnerships at the two school sites; recruiting additional students to participate on the Councils; training youth; holding health equity summits; and disseminating information about the project to stakeholders. Grant funds will support interns, supplies, trainings, and travel.

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

The proposed project fits squarely within the Health Department’s mission: *In partnership with the communities we serve, the Health Department assures, promotes and protects the health of the people of Multnomah County.* It also supports the SBHC program’s mission, which is *to unite health and education for success in school and life by providing Multnomah County school-aged youth access to comprehensive preventive, primary and mental health care.*

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

The Community Health Council and Youth Advisory Councils have approved the scope of work.

4. What partners may be included in program activities?

The SBHC program will partner with schools, youth, other County partners, and community partners.

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

Reporting requirements include mid-year and year-end 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.

Required Signatures

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

Wendy Lear on behalf of Joanne Fuller/s/ **Date:** 3/14/2017

Budget Analyst: Jeff Renfro/s/ **Date:** 3/14/2017

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