



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9-24-15)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS

AGENDA # C-3 DATE 8/25/16
MARINA BAKER, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 082516
Agenda Item #: C.3
Est. Start Time: 9:30 am
Date Submitted: 8/16/16

Agenda Title: NOTICE OF INTENT for the Health Department to submit an application to Oregon Health Authority for \$5,000

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:	<u>8/25/2016</u>	Time Needed:	<u>N/A</u>
Department:	<u>Health</u>	Division:	<u>ICS</u>
Contact(s):	<u>Alexandra Lowell and Alison Frye</u>		
Phone:	<u>503-988-9721</u>	<u>89721</u>	<u>439;</u>
Presenter Name(s) & Title(s):	<u>503-988-8687</u>	Ext. <u>88687</u>	I/O Address: <u>160/9</u>
	<u>N/A</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:

Granting Agency	Oregon Health Authority
Proposal due date	8/25/2016
Grant period	9/16 - 8/17(approximate)
Approximate level of funding by year	\$5,000
Program Offer(s) potentially impacted	40024
How do you expect to spend the majority of funds? (check all that apply)	<input type="checkbox"/> Personnel <input checked="" 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 Health Authority reproductive health program is making funds available to local programs to support local youth engagement projects. These funds are intended to help programs engage youth in projects that enhance and encourage access to sexual and reproductive health information, services and resources in their communities. Youth can best inform the programs, services and policies that affect their health and well-being through involvement in the planning and delivery of services.

The Health Department's School-Based Health Center (SBHC) program will implement two activities with grant funds. 1) Engaging Youth Action Council (YAC) members and a professional video production consultant to create a short youth-focused video about SBHCs and their services. The video will be completed in by February 2017, which is SBHC Awareness Month, and shared online, during SBHC outreach activities, and with school and community partners. 2) SBHC staff will complete training in client-centered family planning counseling to enhance their ability to meet the needs of youth. Training will occur in Fall 2016.

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. The proposed project also aligns with results from the Community Health Improvement Plan produced by the Oregon Health Equity Alliance (OHEA) and commissioned by the Health Department. One of the community-identified priorities was "Access to Culturally Responsive Health Care"

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

The Community Health Council will approve the application.

4. What partners may be included in program activities?

School-Based Youth Action Councils; video production consultant.

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

Reporting requirements include a final report to be submitted after the end of the 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.

Required Signatures

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

Wendy Lear on behalf of Joanne Fuller/s/

Date: 8/16/2016

Budget Analyst:

Jeff Renfro /s/

Date: 8/16/2016

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