



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(Revised: 09/23/13)

## Board Clerk Use Only

Meeting Date: 10/2/14  
Agenda Item #: R.6  
Est. Start Time: 10:35 am  
Date Submitted: 9/22/14

**Agenda Title:** Proclaiming the Week of October 2 to October 9, 2014 as Minority Enterprise Development Week in Multnomah County, Oregon

*Note: Title should not be more than 2 lines but be sufficient to describe the action requested.*

**Requested Meeting Date:** October 2, 2014  
**Time Needed:** 10 minutes  
**Department:** Non-D, DCM  
**Division:** Chair's office, Finance  
**Contact(s):** Liz Smith Currie, Lee Fleming  
**Phone:** 503-988-4435 **Ext.** 84435 **I/O Address:** 503/6  
**Presenter Name(s) & Title(s):** Lee Fleming Supplier Diversity Officer Multnomah County, Kimberly Mitchell-Phillips, Small Business Development Program Manager at the Port of Portland and Chair, Business Diversity Institute

## General Information

### 1. What action are you requesting from the Board?

Approve a proclamation proclaiming the week of October 2 through October 9, 2014, as Minority Enterprise Development (MED) week in Multnomah County, Oregon.

### 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.

Since 1983, the U.S. President has proclaimed a National MED Week observance to recognize the outstanding achievements of minority business enterprises. Municipalities and Metropolitan areas throughout the nation plan events to celebrate and honor Minority Businesses in conjunction with Minority Enterprise Development Week. Locally, the Business Diversity Institute (BDI) is holding training workshops on October 7th and a MED Week Luncheon will take place on October 9, 2014.

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

None

### 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.

None

## Required Signature

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



**Date:** September 22,  
2014

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*Note: Please submit electronically. Insert names of your approvers followed by /s/ - we no longer use actual signatures. Please insert date approved."*