



## MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 8/18/11)

### Board Clerk Use Only

Meeting Date: 4/19/12  
Agenda Item #: C.2  
Est. Start Time: 9:30 am  
Date Submitted: 4/4/12

**Agenda Title:** **NOTICE OF INTENT: Request to apply for National Association of Area Agencies on Aging best practice funding**

*Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.*

**Requested Meeting Date:** April 19, 2012 **Time Needed:** N/A Consent Agenda  
**Department:** County Human Services **Division:** Aging and Disability Serv.  
**Contact(s):** Paul Iarrobino  
**Phone:** 503-988-3620 **Ext.** 24030 **I/O Address:** 167/1/510  
**Presenter Name(s) & Title(s):** N/A

### General Information

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

The Department of County Human Services (DCHS), Aging and Disability Services Division (ADSD), is requesting approval to nominate our Gatekeeper Program as a volunteer best practice. If selected, we will receive an award ranging between \$8,000 - \$15,000. Funding is provided by the National Association of Area Agencies on Aging.

#### 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 National Association of Area Agencies on Aging is issuing a "Call for What's Working." They are looking for best practice volunteer-based programs to address the growing needs of older adults in the community. They are selecting 16 programs to nationally recognize and replicate in new communities.

This action will impact program offer #25020A ADS Access and Early Intervention Services. The funds will be used to expand the program to other sites by mentoring at least 2 mentee sites, developing and conducting a webinar presentation, and presenting at a national conference.

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

If awarded, this opportunity will provide ADSD with up to \$15,000 one time only funds.

**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.**

Potential mentees will include Area Agencies on Aging/Disability (governmental or non-profit agencies) or other network business partners.

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**Grant Application/Notice of Intent**

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

- **Who is the granting agency?**

National Association of Area Agencies on Aging.

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

There are no match requirements for this award.

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

This is a one-time only award. If selected, deliverables include mentoring at least two mentee sites, conducting a webinar presentation, and presenting at a national conference.

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

April 20, 2012

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

This funding opportunity is not a grant, but an opportunity to become recognized nationally for ADSD's Gatekeeper Program and to help mentor new programs.

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

N/A – this funding source is not a grant.

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

Yes

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**Required Signatures**

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



**04/03/12**

**Date:**

**Budget Analyst:**

**Christian Elkin /s/**

**Date:**

**4/3/12**