



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9-24-15)

## Board Clerk Use Only

Meeting Date: 4/13/17  
Agenda Item #: C.1  
Est. Start Time: 9:30 am  
Date Submitted: 4/3/17

## Agenda NOTICE OF INTENT for submission of a grant application to the March Title: of Dimes

*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>04/13/2017</u>	Time Needed:	<u>N/A; consent</u>
Department:	<u>Health</u>	Division:	<u>Public Health</u>
Contact(s):	<u>Tamara Duncan, Marc Harris</u>		
Phone:	<u>503-988-4274</u>	<u>84274</u>	<u>322/1</u>
Presenter Name(s) & Title(s):	<u>503-988-8693</u>	Ext. <u>88693</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:**

<b>Granting Agency</b>	March of Dimes
<b>Proposal due date</b>	April 17, 2017
<b>Grant period</b>	July 2017-December 2017
<b>Approximate level of funding by year</b>	\$20,000
<b>Program Offer(s) potentially impacted</b>	40058
<b>How do you expect to spend the majority of funds? (check all that apply)</b>	<input type="checkbox"/> Personnel <input type="checkbox"/> Sub-contracts <input type="checkbox"/> Capital (including equipment)
<b>Does grant require match? If so, describe type (cash, FTE, etc) and %</b>	No

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

The purpose of the March of Dimes Community Grants program is to invest in projects that further their strategic goal of promoting equity in birth outcomes. The Oregon/SW Washington chapter of March of Dimes requested that the Health Department's Healthy Birth Initiatives (HBI) submit an application to support development and implementation of a peer-based outreach, education, and public awareness campaign focused on increasing the number of African American pregnant women in Multnomah County accessing HBI services. Healthy Birth Initiatives provides culturally specific home-visiting case management, education, and support to pregnant and parenting African American women and their families to reduce disparities in low birth weight, premature birth, and infant mortality.

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

Program activities are aligned with the Health Department's mission *to assure, promote, and protect the health of the people of Multnomah County in partnership with the communities we serve*. The program also aligns with the Health Department Strategic Framework's broad goal to *Prioritize investments in programs and infrastructure that improve health outcomes and health equity*.

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

The HBI Collective Action Network, community members, and clients have helped plan grant activities.

**4. What partners may be included in program activities?**

The program has numerous established partnerships with community members, organizations, and clients through its Collection Action Network. The proposed project will develop a peer-based Parent Leadership and Involvement Committee which will identify effective community outreach, recruitment, and retention strategies; assist in the development of social media and other marketing materials; provide health education presentations to community and organizational groups to reach local African Americans and recruit women into HBI; and other activities as identified by the group.

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

Grantees are expected to report at 6 months and end of 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.**

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**Required Signatures**

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

Joanne Fuller /s/

**Date:** 4/3/2017

**Budget Analyst:** Jeff Renfro /s/

**Date:** 4/3/2017

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