



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

(Revised: 9-24-15)

**Board Clerk Use Only**

**Meeting Date:** 8/16/18  
**Agenda Item #:** R.2  
**Est. Start Time:** 9:50 a.m.  
**Date Submitted:** 7/31/18

**Agenda Title:** **NOTICE OF INTENT to apply for \$9,642,194 from the HRSA Bureau of Primary Health Care Service Area Competition (SAC)**

*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.*

<b>Requested Meeting Date:</b>	<u>8/16/2018</u>	<b>Time Needed:</b>	<u>5 min</u>
<b>Department:</b>	<u>Health</u>	<b>Division:</b>	<u>Integrated Clinical Services</u>
<b>Contact(s):</b>	<u>Vanetta Abdellatif, Marc Harris</u>		
<b>Phone:</b>	<u>503-988-8887;</u>	<u>88887;</u>	
<b>Presenter Name(s) &amp; Title(s):</b>	<u>503-988-8693</u>	<b>Ext.</b> <u>88693</u>	<b>I/O Address:</b> <u>160/9; 160/9</u>
	<u>Vanetta Abdellatif, ICS Director and Interim Health Department Co-Director; Marc Harris, Development Administrator</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>	Health Resources & Services Administration, Bureau of Primary Care
<b>Proposal due date</b>	August 21, 2018
<b>Grant period</b>	January 1, 2019 – December 31, 2021
<b>Approximate level of funding by year</b>	\$9,642,194 per year
<b>Program Offer(s) potentially impacted</b>	Multiple Program Offers in Integrated Clinical Services
<b>How do you expect to spend the majority of funds? (check all that apply)</b>	<input checked="" 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 Health Center Program, funded by the Health Resources & Services Administration, Bureau of Primary Care, supports community-based and patient-directed organizations that provide primary health care services to the nation’s medically underserved populations. The purpose of this Service Area Competition is to ensure continued access to affordable, quality primary health care services for communities and vulnerable populations.

The Health Department Health Center Program is operated by the Integrated Clinical Services (ICS) Division. The Department has received this funding since 1980. The Health Center Program includes funding to provide health services to people experiencing homelessness. ICS currently utilizes funds to operate seven Community Health Centers, 10 school-based health centers, seven dental clinics, seven pharmacies, and an HIV Health Services Center. The population of focus for the Health Center Program is the 35% of the county’s population that lives on incomes below 200% of the Federal Poverty Level; each year around 70,000 patients receive comprehensive primary care, dental, and behavioral health services. Grant funds support a range of clinical and non-clinical positions throughout ICS.

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

The services funded by the Health Center Program directly align with the Health Department mission to assure, promote, and protect the health of the people of Multnomah County, including the 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 Health Center Program’s Community Health Council will approve the application prior to submission.

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

MCHD coordinates with a wide range of safety net health care providers, the Coalition of Community Health Clinics, Health Share of Oregon, Oregon Primary Care Association, and other stakeholders to ensure collaborative service delivery.

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

Annual non-competing continuation applications will document progress on program-specific goals and performance measures. Grantees will also submit a Uniform Data System Universal Report and Grant Report annually.

**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?**

When the grant expires, a new Service Area Competition will be released for grantees to renew their funding.

**7. Are 100% of the central and departmental indirect costs recovered? If not, please explain.**

Yes.

**8. If the proposal is not aligned with your Department’s strategic direction, explain why you are pursuing it at this time.**

The proposal is in alignment with the Department’s strategic direction.

**9. If the grant requires a cash match, how will you meet that requirement?**

The grant does not require a cash match.

**10. Are there policy issues and/or legal implications related to this proposal that may warrant a public dialog? If so, please explain.**

There are no policy issues or legal implications that may warrant public dialog.

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**Required Signatures**

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**Elected Official or Department/ Agency Director:** Mark Lewis/s/ **Date:** 07/30/2018

**Budget Analyst:** Trista Zugel-Bensel/s/ **Date:** 7/31/2018

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