



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9/23/13)

Board Clerk Use Only

Meeting Date: 6/19/14
Agenda Item #: C.4
Est. Start Time: 9:30 am
Date Submitted: 6/11/14

Agenda **NOTICE OF INTENT to submit an application for up to \$4,000 to the Title: Immunize Oregon Grant Program.**

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>6/19/2014</u>	Time Needed:	<u>NA -- CONSENT ONLY</u>
Department:	<u>Health</u>	Division:	<u>Communicable Disease</u>
Contact(s):	<u>Amy Sullivan and Laurel Moses</u>		
Phone:	<u>503-988-8822;</u>	Ext.	<u>N/A</u>
Presenter Name(s) & Title(s):	<u>503-988-8648</u>	I/O Address:	<u>160/3; 160/9</u>
	<u>NA – CONSENT ONLY</u>		

General Information

1. What action are you requesting from the Board?

Authorization for the Director of the Health Department to submit an application for \$4,000 to the Immunize Oregon Grant Program.

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 CDC reports that each year in the United States, 5-20% of the population is infected with flu, more than 200,000 people are hospitalized from flu complications, and as many as 49,000 people die from flu. An annual seasonal flu vaccine is the best way to reduce the chances that you will get seasonal flu and lessen the chance that you will spread it to others. Providing flu vaccines is one of the most important roles in modern communicable disease prevention played by public health departments. Every year, the demand for easily accessible and affordable vaccinations strains available resources. For the 2014-2015 flu season, the Health Department's Communicable Disease Services is planning on holding clinic events

at convenient, community-based sites throughout the county to provide free flu vaccinations. These events will increase the Department's capacity to vaccinate the county's most vulnerable residents who may not otherwise be able to access or afford the vaccine. If awarded, funds will cover costs for supplies, like adhesive bandages; travel to transport the vaccines to and from the events; and on-call nurses to help staff the events.

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

The grant will provide Communicable Disease Services with a one-time award of \$4,000.

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.

Grant Application/Notice of Intent

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

- **Who is the granting agency?**

Immunize Oregon is the granting agency. Immunize Oregon is a new lifespan immunization coalition formed by the merging of the Oregon Adult Immunization Coalition (OAIC) and the Oregon Partnership to Immunize Children (OPIC). The coalition's goals include partnership building, outreach, education, and raising the immunization rates of all Oregonians. Immunize Oregon works in close partnership with the Oregon Health Authority Immunization program.

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

Funds must be completely expended by grantee no later than December 31, 2014. All Recipients are required to submit a final two-page narrative to Immunize Oregon describing the outcome of the funded project. This report is due sixty days after completion of the grant activity, no later than March 2, 2015. Grantees will be listed on the Immunize Oregon website, announced to the Immunize Oregon Membership, and named in the Immunize Oregon Annual Report to the Community. Grant activities may be highlighted in Immunize Oregon publications, on the Immunize Oregon website, in the Annual Report and at Immunize Oregon events. Applications that identify in-kind contributions, matching funds, or other partnerships will be given priority.

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

This is a one time funding commitment from late July, 2014 to December 31, 2014.

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

The grant application is due June 20th, 2014.

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

Funds will be disbursed by August and must be expended by December 31, 2014.

- **When the grant expires, what are funding plans?**
When the funds expire the project will be complete.
- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**
Yes, 100% of indirect costs are covered by this project.

Required Signatures

**Elected Official
or Department/
Agency Director:** Wendy Lear /s/ for Joanne Fuller **Date:** 6/11/2014

Budget Analyst: Althea Gregory /s/ **Date:** 6/11/2014

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