



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9-24-15)

**Board Clerk Use Only**

Meeting Date: 8/16/18  
 Agenda Item #: C.10  
 Est. Start Time: 9:30 a.m.  
 Date Submitted: 7/31/18

**Agenda NOTICE OF INTENT to apply for up to \$300,000 from OHA's Strategies  
 Title: for Policy And environmental Change Tobacco Free 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.*

<b>Requested Meeting Date:</b> <u>08/16/2018</u>	<b>Time Needed:</b> <u>N/A - consent</u>
<b>Department:</b> <u>Health</u>	<b>Division:</b> <u>Environmental Health</u>
<b>Contact(s):</b> <u>Kari McFarlan, Marc Harris</u>	
<u>503-988-9455; 89455;</u>	
<b>Phone:</b> <u>503-988-8693</u> <b>Ext.</b> <u>88693</u>	<b>I/O Address:</b> <u>231/3/250; 160/9</u>
<b>Presenter Name(s) &amp; Title(s):</b> <u>N/A - consent</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>	Oregon Health Authority
<b>Proposal due date</b>	August 8, 2018
<b>Grant period</b>	August 1, 2018 – June 30, 2019
<b>Approximate level of funding by year</b>	\$300,000 for the 11-month project period
<b>Program Offer(s) potentially impacted</b>	40006 – Tobacco Prevention & Control
<b>How do you expect to spend the majority of funds? (check all that apply)</b>	<input checked="" type="checkbox"/> Personnel <input checked="" 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 Strategies for Policy and enviRonmental Change (SPArC) Tobacco Free program funds projects to implement tobacco prevention and education strategies that address 1) changing the retail environment to limit the influence of tobacco and/or 2) protecting and strengthening jurisdictional clean indoor air policies. Goals are to promote tobacco-free environments and communities, reduce the influence of tobacco in the retail environment, and encourage tobacco users to quit and keep youth from starting.

Multnomah County Health Department (MCHD) received SPArC funds during the first round of funding in 2014 and the second round in 2016. With this funding MCHD and partners conducted extensive community assessment and engagement work to identify priority tobacco prevention and education strategies, which led to multiple policy changes. These include limits on e-cigarette sales to youth, bans on indoor vaping, and tobacco retail licensing in Multnomah County, as well as the statewide raising of the minimum legal sales age for tobacco products. 2018 SPArC funding will focus on engaging partners and community members to assess various options to address flavored tobacco products, including menthol, and proximity of tobacco retailers to schools. Funding will support County staff, communications, and contracts with partners.

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

The plans for continued SPArC funding are directly aligned with the Health Department’s mission to assure, promote, and protect the health of the people of Multnomah County and work toward the broad goals to 1) Position MCHD as a trusted partner to state/local officials for assessment, policy development, and long-range planning, and 2) Prioritize investments in programs and infrastructure that improve health outcomes and health equity. SPArC activities also employ the key strategy to Influence federal, state, and local officials to address community health priorities in planning, policy development, financing, and legislation.

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

Youth will be engaged to ensure strategies are community-driven.

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

Partners will likely include the Oregon Health Equity Alliance, Multnomah Youth Commission, Student Health Center Youth Action Councils, and Providence Rebels with a Cause.

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

Semi-annual program plan reports will be required.

**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:**

Mark Lewis/s/

**07/30/2018**

**Date:**

**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*