



**MULTNOMAH COUNTY  
AGENDA PLACEMENT REQUEST  
NOTICE OF INTENT  
(Revised: 9-24-15)**

**Board Clerk Use Only**

**Meeting Date:** 5/19/16  
**Agenda Item** C.1  
**Est. Start** 9:30 am  
**Date** 5/3/16

**Agenda Title:** **NOTICE OF INTENT to apply for up to \$10,000 from the Oregon Health Authority School-Based Health Center 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:** 5/19/16 **Time Needed:** N/A – consent

**Department:** Health **Division:** Integrated Clinical Services

**Contact(s):** Alexandra Lowell and Alison Frye

**Phone:** \_\_\_\_\_ **Ext.** 89751 **I/O Address:** 439;160/9  
**Ext.** 88687

**Presenter Name(s) & Title(s):** N/A

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.

*X 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>	5/20/16
<b>Grant period</b>	7/1/16-6/30/17
<b>Approximate level of funding by year</b>	\$10,000
<b>Program Offer(s) potentially impacted</b>	40024-17
<b>How do you expect to spend the majority of funds? (check all that apply)</b>	<input 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 SBHC State Program Office (SPO) announced the availability of one-time only mini-grants to support "Youth-Friendly" Clinic Projects. The School-Based Health Center (SBHC) Program sees almost 7,000 youth per year across 13 sites. If funded the proposed project will focus on:

A SBHC marketing and outreach campaign that will:

- o Build on an existing rebranding process to design a rebrand for SBHC that includes logo, slogan, color palate, brochure template and poster template
- o Engage youth in rebranding process of all design elements through focus groups, etc.
- o Produce outreach and marketing materials for entire SBHC program to increase youth access/utilization of SBHC services

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

School-based clinics are located at designated elementary, middle and high schools in Multnomah County. They facilitate access to comprehensive preventive, primary and mental healthcare for Multnomah County school-aged youth, to keep them healthy and ready to learn.

A core value of SBHCs is creating strong partnerships between SBHCs and school communities. Making clinics more youth friendly and involving youth in this process, supports that core value.

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

The SBHC has on-going relationships with schools that have SBHCs as well as other schools in neighborhoods where SBHCs are located.

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

School districts where SBHCs are located.

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

All grantees will be required to submit a final narrative report detailing grant activities, quotes/stories from youth participants, photos and SBHC staff feedback. The report must include a final budget detailing expenditure of funds.

**Please complete for NOIs on the Regular Board Agenda ONLY:**

5. When the grant expires, will your Department continue to fund the program? If so, how?
6. Are 100% of the central and departmental indirect costs recovered? If not, please explain.
7. If the proposal is not aligned with your Department's strategic direction, explain why you are pursuing it at this time.
8. If the grant requires a cash match, how will you meet that requirement?
9. 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:**

Wendy Lear on behalf of Joanne Fuller /s/      **Date:** 5/3/2016

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

**Date:** 5/3/2016

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