



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 8/18/11)

Board Clerk Use Only

Meeting Date: 9/26/13
Agenda Item #: C.1
Est. Start Time: 9:30 am
Date Submitted: 9/16/13

Agenda Title: **NOTICE OF INTENT for County Human Services to apply to Providence Community Grants Council for the Supplemental Nutrition Assistance Program (SNAP)**

Requested Meeting Date: Next Available Consent Agenda **Time Needed:** N/A
Department: County Human Services **Division:** Community Services
Contact(s): Mary Li
Phone: 503.988.6295 **Ext.** 26787 **I/O Address:** 167/2
Presenter Name(s) & Title(s): N/A – Consent Agenda

General Information

1. What action are you requesting from the Board?

The Department of County Human Services (DCHS) requests approval to submit a proposal to the Providence Community Grants Council to provide outreach and enrollment services for the Supplemental Nutrition Assistance Program (SNAP). The proposal requests approximately \$22,000 for the period 1-1-14 to 12-31-14. Submission timelines did not allow for this NOI to be submitted prior to the due date so the application will be withdrawn if Board of County Commissioner authorization is not granted.

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.

SNAP outreach to under-served households is critical to addressing food insecurity for Multnomah County residents. Partners for a Hunger Free Oregon (PFHFO), dedicated to ending food insecurity, reports that minorities, seniors, and college students make up the populations with the lowest SNAP participation rates. Further, the U.S. Department of Agriculture estimates that only 50% of eligible Latino households are receiving SNAP, a percentage much lower than the rest of Multnomah County residents. We know from

PFHFO research that the County has 71,673 SNAP-eligible households that are not participating in the program based on barriers to information and access.

If this grant application is successful it will impact program offer #25139A – Anti-Poverty Services.

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

The application requests a one time only funding opportunity of PR \$22,000 to add staff time to an existing SNAP outreach position, which is partially funded with a State of Oregon SNAP Outreach grant.

4. Explain any legal and/or policy issues involved.

N/A

5. Explain any citizen and/or other government participation that has or will take place.

N/A

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?**

The granting agency is the Providence Community Grants Council.

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

The overall goal of the grant is to provide targeted outreach and direct application assistance to those who are eligible to access the federal SNAP program, but who face access barriers in enrolling. The grant does not require match.

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

The funding opportunity is a one time, 12 month funding opportunity. There is no long-term commitment promised or inferred.

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

The RFP was released on August 22, 2013. It was due on Friday, September 13th.

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

January 1, 2104 to December 31, 2014.

- **When the grant expires, what are funding plans?**

The Community Services Division will renew its SNAP Outreach grant on October 1, 2014.

- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**

In-direct costs are covered under the current SNAP Outreach grant.

Required Signatures

**Elected Official
or Department/
Agency Director:** Kathy Tinkle for Susan Myers /s/ **Date:** 9/12/13
Name/Title: _____
(signature)

Budget Analyst: Jennifer Unruh /s/ **Date:** 9/13/13
Name/Title: _____
(signature)