



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9-24-15)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # C.3 DATE 6/28/18
TAJA NELSON, ASST. BOARD CLERK

Board Clerk Use Only

Meeting Date: 6/28/18
Agenda Item #: C.3
Est. Start Time: 9:30 a.m.
Date Submitted: 6/12/18

Agenda Title: NOTICE OF INTENT to apply to up to \$375,000 from the Teen Pregnancy Prevention Tier 2 funding opportunity.

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>June 28, 2018</u>	Time Needed:	<u>N/A – consent</u>
Department:	<u>Health</u>	Division:	<u>Public Health</u>
Contact(s):	<u>Kim Toevs, Marc Harris</u>		
Phone:	<u>503-793-5078;</u>	<u>88764;</u>	<u>160/6</u>
Presenter Name(s) & Title(s):	<u>503-988-8693</u>	Ext. <u>88693</u>	I/O Address: <u>160/9</u>
	<u>N/A – consent agenda</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:

Granting Agency	Department of Health and Human Services, Office of the Assistant Secretary for Health, Office of Adolescent Health
Proposal due date	June 29, 2018
Grant period	09/01/2018 – 08/31/2020
Approximate level of funding by year	\$375,000
Program Offer(s) potentially impacted	40025
How do you expect to spend the majority of funds? (check all that apply)	<input checked="" type="checkbox"/> Personnel <input checked="" type="checkbox"/> Sub-contracts <input type="checkbox"/> Capital (including equipment)
Does grant require match? If so, describe type (cash, FTE, etc) and %	No matching is required.

1. Brief overview of grant's purpose and/or impact.

The purpose of the Teen Pregnancy Prevention Tier 2 funding opportunity is to develop and test innovative strategies to prevent teen pregnancy, promote healthy adolescence, and address youth sexual risk holistically. The intended results are increases in healthy decision-making among youth, enhanced protective factors for youth, and improvements at the systems-level and/or with families and/or caregivers.

The Health Department will submit an application proposing to provide innovative teen pregnancy prevention/healthy adolescence promotion programming that is grounded in evidence-based strategies tailored to middle school-aged youth in a variety of school and community settings. The project will be designed to reach youth broadly, and provide a special focus on subpopulations that experience sexual health disparities, including youth of color.

Funding will be used to support Health department staff, evaluation, and contracts with community partners.

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

By promoting healthy adolescence and addressing racial health disparities, the proposed project contributes to the Health Department Strategic Framework broad goal to *Prioritize investments in programs and infrastructure that improve health outcomes and health equity* and mission to, *in partnership with the diverse communities we serve, promote and protect the health of the people of Multnomah County.*

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

Discussions to shape the proposal have occurred among multiple partners, including community-based organizations, schools, and other agencies, that participate in the Community Advisory Group for the current Adolescents and Community Together program.

4. What partners may be included in program activities?

Partners may include include schools and community-based organizations, to be finalized during the beginning of the grant period.

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

Quarterly performance reports are required, as well as a final performance report covering the entire project period.

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.

Required Signatures

**Elected Official
or Department/
Agency Director:**

Mark Lewis /s/

Date: 6/11/18

Budget Analyst:

Trista ZUGEL-BENSEL /s/

Date: 6/12/2018

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