



**MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST
NOTICE OF INTENT**

(Revised: 9-24-15)

Board Clerk Use Only

Meeting Date: 3/23/17
 Agenda Item #: C.7
 Est. Start Time: 9:30 am
 Date Submitted: 3/14/17

Agenda Title: NOTICE OF INTENT to submit a grant application for \$100,000 to the Oregon Health Authority

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: 3/23/2017 **Time Needed:** N/A Consent
Department: Health **Division:** Integrated Clinical Services
Contact(s): Tasha Wheatt-Delancy and Marc Harris
Phone: 86642 88693 **Ext.** **I/O Address:** 160/9
Presenter Name(s) & Title(s): N/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:

Granting Agency	Oregon Health Authority
Proposal due date	4/3/2017
Grant period	7/1/17-6/30/18
Approximate level of funding by year	\$100,000
Program Offer(s) potentially impacted	40016
How do you expect to spend the majority of funds? (check all that apply)	<input checked="" type="checkbox"/> Personnel <input type="checkbox"/> Sub-contracts <input type="checkbox"/> Capital (including equipment)
Does grant require match? If so, describe type (cash, FTE, etc) and %	No

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

The Oregon Health Authority (OHA) is accepting applications to support 1) outreach to uninsured or underinsured Oregonians who may be eligible for the Oregon Health Plan (OHP), with particular focus on reaching refugees, unaccompanied youth, persons of color, justice-involved individuals, and LGBTQ populations; 2) application assistance to any individual seeking assistance, both those eligible for Oregon Health Plan and those eligible for private health insurance through Oregon’s Health Insurance Marketplace; and 3) education. The Health Department will apply to provide all three activities through staff supported by grants funds. This additional capacity will enable the Department to work in community settings to better reach the above mentioned populations and educate them about and enroll them in health insurance.

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

The proposed project fits squarely within the Health Department’s mission: *In partnership with the communities we serve, the Health Department assures, promotes and protects the health of the people of Multnomah County.* It also supports Integrated Clinical Services’ mission to *provide quality health services for people who experience barriers to accessing care.*

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

The Community Health Council has approved the proposed scope of work.

4. What partners may be included in program activities?

The Health Department will continue to partner with other Multnomah County departments, safety net providers, and community-based organizations to maximize local enrollment efforts.

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

Recipients must submit monthly reports.

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:**

Wendy Lear on behalf of Joanne Fuller/s/ **Date:** 3/14/2017

Budget Analyst: Jeff Renfro/s/ **Date:** 3/14/2017

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