



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(Revised: 09/23/13)

Board Clerk Use Only

Meeting Date: 10/9/14
Agenda Item #: R.4
Est. Start Time: 10:25 am
Date Submitted: 9/30/14

Agenda Title: **PROCLAMATION Proclaiming October 2014 as National Cyber Security Awareness Month in Multnomah County, Oregon**

Note: Title should not be more than 2 lines but sufficient to describe the action requested. Title on APR must match title on Ordinance, Resolution, Order or Proclamation.

Requested

Meeting Date: October 9, 2014 **Time Needed:** 10 minutes

Department: Non-Departmental **Division:** District 2

Contact(s): Jimmy Brown

Phone: 503-988-3971 **Ext.** 83971 **I/O Address:** 503/6

Presenter

Name(s) &

Title(s): Brig Otis, IT Security Manager

General Information

1. What action are you requesting from the Board?

Adoption of the proclamation naming October 2014 as National Cyber Security Awareness Month in Multnomah County, Oregon.

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.

National Cyber Security Awareness Month is a time to recognize the importance of computer security essentials. As Multnomah County becomes increasingly reliant on information technology to maintain many of its key functions, it is vital that employees implement safe practices to prevent, protect and respond to cyber threats. At Multnomah County, IT employees go to great lengths to maintain cyber security for staff and community members alike.

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

N/A

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.

The U.S. Department of Homeland Security, the National Cyber Security Alliance (www.staysafeonline.org) and the National Association of Counties have declared October 2014 as National Cyber Security Awareness Month.

Required Signature

**Elected
Official or
Department
Director:**



Date: 9/30/2014

Note: Please submit electronically. Insert names of your approvers followed by /s/ - we no longer use actual signatures. Please insert date approved.