



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(Revised: 09/23/13)

Board Clerk Use Only

Meeting Date: 6/19/14
Agenda Item #: R.1
Est. Start Time: 9:30 am Time Certain
Date Submitted: 5/23/14

Agenda Title: RESOLUTION Approving Mt. Hood Cable Regulatory Commission (MHCRC) Fiscal Year 2014-2015 Budget

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: June 19, 2014 **Time Needed:** 5 min

Department: Non-Departmental **Division:** Commission District 4

Contact(s): Diane McKeel, Commission District 4

Phone: _____ **Ext.** _____ **I/O Address:** _____

Presenter

Name(s) & Title(s): Carol Studenmund, County MHCRC Representative and Julie S. Omelchuck, MHCRC Staff

General Information

1. What action are you requesting from the Board?

Adopt Resolution Approving MHCRC FY2014-2015 Budget.

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.

MHCRC is made up of the cities of Fairview, Gresham, Portland, Wood Village, Troutdale and Multnomah County (Jurisdictions). Its mission is to:

- Advocate for and protect the public interest in the regulation and development of cable communications systems;
- Monitor and help resolve cable subscriber concerns; and
- Facilitate the planning and implementation of community uses of cable communication technologies that make use of the public right of way.

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

\$ 12,720	for staffing the MHCRC
\$ 41,203	in funding for MetroEast Community Television (MetroEast)
\$ 62,800	In funding for Portland Community Media (PCM)
\$ 116,723	Total

The estimated franchise fee revenue to Multnomah County's general fund is approximately \$56,615 during FY 2014-2015.

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

None.

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

MHCRC must obtain budget approval from all participating jurisdictions.

Required Signature

**Elected
Official or
Department
Director:**

Date:

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