



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9-24-15)

## Board Clerk Use Only

Meeting Date: 10/20/16  
Agenda Item #: C.2  
Est. Start Time: 9:30 am  
Date Submitted: 10/5/16

## Agenda NOTICE OF INTENT to National Association of City and County Health Title: Officials for up to \$60,000

*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.*

<b>Requested Meeting Date:</b>	10/20/16	<b>Time Needed:</b>	Consent Agenda
<b>Department:</b>	Health	<b>Division:</b>	Public Health
<b>Contact(s):</b>	Kim Toevs and Marc Harris		
<b>Phone:</b>	X88764	<b>I/O Address:</b>	160/6; 160/9
<b>Presenter Name(s) &amp; Title(s):</b>	Ext. X88693 Kim Toevs, Director, Adolescent Sexual Health Equity and STD/HIV/HCV Programs and Marc Harris, Health Services Development Administrator		

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:**

<b>Granting Agency</b>	Health Resources and Services Administration
<b>Proposal due date</b>	10/21/16
<b>Grant period</b>	1/1/2017-10/31/17
<b>Approximate level of funding by year</b>	\$60,000 for 10 months (\$72,000 annualized)
<b>Program Offer(s) potentially impacted</b>	40011A
<b>How do you expect to spend the majority of funds? (check all that apply)</b>	<input checked="" type="checkbox"/> Personnel <input checked="" type="checkbox"/> Sub-contracts <input type="checkbox"/> Capital (including equipment)
<b>Does grant require match? If so, describe type (cash, FTE, etc) and %</b>	No

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

The National Association of City and County Health Officials (NACCHO), with support from the Centers for Disease Control and Prevention Division of STD Prevention, is funding local health departments to implement a multi-site evaluation focused on identifying optimal uses for the Rapid Syphilis Test (RST). NACCHO will fund up to five local health departments to implement RST in setting(s) outside of traditional STD clinics with the goal of obtaining more systematic information on RST test performance, implementation, outcomes, and costs. Findings will be shared broadly to inform and support STD program RST implementation. The Health Department will use funding to support community-based testing for a minimum of 400 people at two high risk nonclinical settings (including both staff and test costs) and project management FTE.

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

The proposed project fits squarely within the Health Department's mission to assure, promote, and protect the health of the people of Multnomah County in partnership with the diverse communities we serve. In addition, the proposal supports the Public Health Division's strategic direction of "Relentlessly Pursuing Health Equity".

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

Activities build off current work and priorities identified in partnership with the community.

**4. What partners may be included in program activities?**

The Health Department will continue to partner with Cascade AIDS Project.

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

Summary of key project deliverables for awardees includes: 1) Final RST implementation, evaluation, and data collection plans 2) Results from RST and laboratory reference tests 3) Results from RST-identified case follow-up and field investigation 4) Key inputs for a basic cost analysis 5) Results from assessments of implementation activities (e.g., description of challenges identified, staff experiences, etc.) 6) Final versions of standard operating procedures for implementing RST in each setting, which should include best practices and lessons learned through project implementation and evaluation activities.

**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.**

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## Required Signatures

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**Elected Official  
or Department/**

**Agency Director:** Wendy Lear on behalf of Joanne Fuller /s/ **Date:** 10/5/2016

**Budget Analyst:** Jeff Renfro /s/ **Date:** 10/5/2016

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