



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

(Revised: 9-24-15)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # C.2 DATE 10/11/18
MARINA BAKER, BOARD CLERK

Board Clerk Use Only

Meeting Date: 10/11/18
Agenda Item #: C.2
Est. Start Time: 9:30 a.m.
Date Submitted: 9/25/18

Agenda Title: NOTICE OF INTENT to apply for \$50,000 from the American Cancer Society

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>10/11/2018</u>	Time Needed:	<u>N/A - Consent</u>
Department:	<u>Health</u>	Division:	<u>Integrated Clinical Services</u>
Contact(s):	<u>Vanetta Abdellatif, Marc Harris</u>		
Phone:	<u>503-988-8887;</u>	<u>88887;</u>	
Presenter Name(s) & Title(s):	<u>503-988-8693</u>	Ext. <u>88693</u>	I/O Address: <u>160/9; 160/9</u>
	<u>N/A – Consent</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	Health Resources & Services Administration, Bureau of Primary Care
Proposal due date	October 2018
Grant period	December 2018-November 2019
Approximate level of funding by year	\$50,000
Program Offer(s) potentially impacted	Multiple Program Offers in Integrated Clinical Services
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 Health Department's Health Center Program has been invited by the American Cancer Society (ACS) to apply for funds to support a quality improvement project focused on increasing colorectal cancer screening rates. The project focuses on patients aged 50-75, which is the key age group for colorectal cancer screening. The intervention will include outreach to patients by Community Health Workers to encourage completion of screening, as well as outreach to patients who have completed a screening and need a follow-up colonoscopy. Grant funds will support salaries for project oversight staff and Community Health Workers.

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

The proposed project aligns with the Health Department mission to assure, promote, and protect the health of the people of Multnomah County, including the goal to prioritize investments in programs and infrastructure that improve health outcomes and health equity.

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

The Health Center Program's Community Health Council will approve the application prior to submission.

4. What partners may be included in program activities?

MCHD will work with American Cancer Society during implement of the proposed project.

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

MCHD will provide regular reports to ACS on progress towards project targets.

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 /s/ **Date:** 9/25/18

Budget Analyst: _____ /s/ **Date:** _____

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