



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(Revised: 6/9/2014)

## Board Clerk Use Only

**Meeting Date:** 10/2/14  
**Agenda Item #:** R.8  
**Est. Start Time:** 10:55  
**Date Submitted:** 9/22/14

**Agenda Title:** PROCLAMATION Proclaiming October 2014 as Disability Awareness Month and National Disability Employment 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 2, 2014 **Time Needed:** 15 minutes  
**Department:** DCM and Non-Departmental **Division:** Central HR and ODE  
**Contact(s):** Amy Lippay  
**Phone:** 503-988-6376 **Ext.** 86376 **I/O Address:** 503/300/Central HR

## Presenter

**Name(s) & Title(s):** Ben Duncan, Office of Diversity and Equity Director; Tracy Buckner and Sherry Taylor, AdAPT co-chairs

## General Information

### 1. What action are you requesting from the Board?

Central Human Resources, the Office of Diversity and Equity and the AdAPT Employee Resource Group are requesting that the board proclaim October as Disability Awareness Month and National Disability Employment Awareness Month in Multnomah County.

### 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.

Through this proclamation, we wish to recognize the contributions of people with disabilities and help create a more inclusive culture for people with disabilities within Multnomah County.

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

There is no fiscal impact.

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

There are no legal or policy issues involved.

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

Communities nationwide are celebrating National Disability Employment Awareness Month in October.

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**Required Signature**

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**Elected  
Official or  
Department  
Director:**

Karyne Kieta /s/

**Date:**

9/22/14

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