



**MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST
NOTICE OF INTENT
(Revised: 9-24-15)**

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # C-7 DATE 1/21/16
MARINA BAKER, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 1/21/16
Agenda Item C.7
Est. Start 9:30 am
Date 1/11/16

Agenda Title: NOTICE OF INTENT for the Health Department to submit an application of up to \$300,000 to the Oregon Health Authority

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>1/21/16</u>	Time Needed:	<u>N/A - Consent</u>
Department:	<u>Health</u>	Division:	<u>Public Health</u>
Contact(s):	<u>Kari McFarlan and Alison Frye</u>		
Phone:	<u>x89455</u>	Ext.	<u>448/2</u>
Presenter Name(s) & Title(s):	<u>x88687</u>	I/O Address:	<u>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	Oregon Health Authority
Proposal due date	1/27/2016
Grant period	January 4, 2015 through June 30, 2017
Approximate level of funding by year	\$200,000
Program Offer(s) potentially impacted	40006,40037,40047A
How do you expect to spend the majority of funds? (check all that apply)	<input checked="" type="checkbox"/> Personnel <input checked="" 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 State of Oregon, Oregon Health Authority (OHA), requests Applications from qualified Applicants to implement tobacco prevention and education strategies that address changing the retail environment to limit the influence of tobacco. These funds stem from the Tobacco Master Settlement designated for tobacco prevention efforts. OHA anticipates awarding between four (4) and ten (10) grants to LPHAs through the SPArC Tobacco-free RFGA opportunity.

Multnomah County Health Department received funds during the last round of SPArC funding in summer of 2014. These funds supported a comprehensive retail assessment; development, implementation, and execution of a strategic communication and dissemination plan regarding assessment findings; and identification and agreement on policy, systems and environmental change strategies for county and city governments to consider relating to the retail environment. This culminated in several significant policy changes including: limits on e-cigarettes sales to youth, bans on indoor vaping, and tobacco retail licensing in Multnomah County. The proposed project will expand Multnomah County's efforts in retail environments.

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 communities we serve. In addition, the proposal supports the Public Health Division's strategic direction of "Relentlessly Pursuing Health Equity". Finally, the proposed project supports the work required by the ordinance passed by Board of County Commissioners in November 2015, requiring licenses for retailers to sell tobacco products.

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

MCHD worked closely with the Multnomah County Board of County Commissioners and Oregon Health Equity Alliance (OHEA) to implement the activities described above. Several OHEA

member organizations received subcontracts for these efforts. Similarly, MCHD will partner with these organizations during the next phase of work

4. What partners may be included in program activities?

Partners include members of the OHEA steering committee including:

- Asian Pacific American Network of Oregon (APANO)
- Causa Oregon (Causa)
- Center for Intercultural Organizing (CIO)
- Oregon Action (OA)
- Oregon Latino Health Coalition (OLHC)
- Upstream Public Health (Upstream)
- Urban League of Portland (ULPDX)
- Native America Youth Association (NAYA)

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

Award recipients will participate in all evaluation activities led by OHA throughout the duration of the funding period. Such activities may include: developing evaluation plan, collecting data and maintaining progress documentation, and developing final reports and dissemination products (conference presentations, success stories, earned media coverage, etc.).

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 on behalf of Joanne Fuller/s/

Date: 1/8/2016

Budget Analyst:

Jeff Renfro /s/

Date: 1/11/2016

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