



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9-24-15)

APPROVED: MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS

AGENDA # C-2 DATE 12/22/16  
MARINA BAKER, ASST BOARD CLERK

## Board Clerk Use Only

Meeting Date: 12/22/16  
Agenda Item #: C.2  
Est. Start Time: 9:30 am  
Date Submitted: 12/7/16

**Agenda** NOTICE OF INTENT to submit a grant application for up to \$5,000 to the  
**Title:** Oregon Health Authority's Medical Reserve Corps 2017 Mini-Grants

*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:** 12/15/2016 **Time Needed:** N/A - consent  
**Department:** Health **Division:** Health Officer  
**Contact(s):** Melissa McKinney, Uei Lei, Marc Harris  
88844;  
88733;  
**Phone:** 503-988-3663 **Ext.** 88693 **I/O Address:** 160/3; 160/7; 160/9  
**Presenter Name(s) & Title(s):** N/A

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>	Oregon Health Authority
<b>Proposal due date</b>	December 9, 2016
<b>Grant period</b>	12/15/2016-06/30/2017
<b>Approximate level of funding by year</b>	\$5,000 (for six months)
<b>Program Offer(s) potentially impacted</b>	40005-17
<b>How do you expect to spend the majority of funds? (check all that apply)</b>	<input checked="" type="checkbox"/> Personnel <input type="checkbox"/> Sub-contracts <input type="checkbox"/> Capital (including equipment) <input checked="" type="checkbox"/> Other (supplies)
<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 grant is intended to support the development of Oregon's Medical Reserve Corps (MRC) units through two objectives: 1) strengthen existing capabilities in disaster response and public health practice through provision of training courses and/or purchase of supporting materials or equipment; and 2) build community capacity in disaster response and public health practice through trainings and partnerships. Award range is \$3,500 - \$5,000. The Health Department will use the funding to hold a MRC training event, purchase supplies, and support personnel costs.

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

The Health Department's proposal to train and equip its MRC unit supports the Department's mission to assure, promote, and protect the health of the people of Multnomah County, in partnership with the diverse communities we serve. The Emergency Preparedness Program and the MRC unit are vital to protecting the public's health in the event of a large-scale emergency.

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

None.

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

The MRC is a voluntary unit made up of local licensed health care professionals who will be called on to assist in the response to a large-scale health or medical emergency. These volunteers may be involved in program activities.

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

Reporting requirements are minimal.

**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:** 12/7/2016

**Budget Analyst:**

Jeff Renfro/s/

**Date:** 12/7/2016

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