



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9-24-15)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS

AGENDA # C.1 DATE 4/13/17
MARINA BAKER, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 4/13/17
Agenda Item #: C.1
Est. Start Time: 9:30 am
Date Submitted: 4/3/17

Agenda NOTICE OF INTENT for submission of a grant application to the March Title: of Dimes

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>04/13/2017</u>	Time Needed:	<u>N/A; consent</u>
Department:	<u>Health</u>	Division:	<u>Public Health</u>
Contact(s):	<u>Tamara Duncan, Marc Harris</u>		
Phone:	<u>503-988-4274</u>	<u>84274</u>	<u>322/1</u>
Presenter Name(s) & Title(s):	<u>503-988-8693</u>	Ext. <u>88693</u>	I/O Address: <u>160/9</u>
	<u>N/A</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	March of Dimes
Proposal due date	April 17, 2017
Grant period	July 2017-December 2017
Approximate level of funding by year	\$20,000
Program Offer(s) potentially impacted	40058
How do you expect to spend the majority of funds? (check all that apply)	<input 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 purpose of the March of Dimes Community Grants program is to invest in projects that further their strategic goal of promoting equity in birth outcomes. The Oregon/SW Washington chapter of March of Dimes requested that the Health Department's Healthy Birth Initiatives (HBI) submit an application to support development and implementation of a peer-based outreach, education, and public awareness campaign focused on increasing the number of African American pregnant women in Multnomah County accessing HBI services. Healthy Birth Initiatives provides culturally specific home-visiting case management, education, and support to pregnant and parenting African American women and their families to reduce disparities in low birth weight, premature birth, and infant mortality.

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

Program activities are aligned with 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*. The program also aligns with the Health Department Strategic Framework's broad 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 HBI Collective Action Network, community members, and clients have helped plan grant activities.

4. What partners may be included in program activities?

The program has numerous established partnerships with community members, organizations, and clients through its Collection Action Network. The proposed project will develop a peer-based Parent Leadership and Involvement Committee which will identify effective community outreach, recruitment, and retention strategies; assist in the development of social media and other marketing materials; provide health education presentations to community and organizational groups to reach local African Americans and recruit women into HBI; and other activities as identified by the group.

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

Grantees are expected to report at 6 months and end of project period.

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:**

Joanne Fuller /s/

Date: 4/3/2017

Budget Analyst:

Jeff Renfro /s/

Date: 4/3/2017

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