



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST BUDGET MODIFICATION

(Revised: 5/24/13)

Board Clerk Use Only

Meeting Date: 3/27/14
 Agenda Item #: R.3
 Est. Start Time: 10:15 am
 Date Submitted: 3/5/14

**Agenda Title: BUDGET REALLOCATION FPM14-04– BRIDGE SHOP ROOF PROJECT
 CP08.12.38**

Requested Meeting Date: <u>March 27, 2014</u>	Time Needed: <u>10 mins.</u>
Department: <u>County Assets</u>	Division: <u>Facilities</u>
Contact(s): <u>John Lindenthal</u>	
Phone: <u>503-988-4213</u> Ext. <u>X84213</u> I/O Address: <u>Bldg. 274/1</u>	
Presenter Name(s) & Title(s): <u>John Lindenthal - Capital Program Manager; Cyrus Yamin – Project Manager</u>	

General Information

1. What action are you requesting from the Board?

Request approval of a budget reallocation of FY2014 Capital funds in the amount of \$100,000 for the Bridge Shop Roof Project.

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.

The project goal is to remove several layers (total tear-off) of existing roofing that are well past useful life and replace with a new roof. Structural upgrades to bring the roof up to current seismic code are also being completed.

There are two different roofing types on the Bridge shop that are being replaced. The north side is a shingle type roof while the south side is a flat roof.

When the north side existing roofing material was removed extensive damage to the roof deck and one of the wood trusses bearing support was discovered to be heavily damaged. Temporary supports had to be immediately installed to remediate a severe safety issue. The required repairs exceed the project budget contingency.

The south side roof has yet to be replaced under this contract (waiting for good weather) and it is likely that the south side roof will also have some damage that is a hidden condition.

This budget reallocation will pay for the repair of the damages already discovered and provide additional contingency for the rest of the project.

This budget reallocation will increase the total project budget from \$500,000 to \$600,000.

Program offer is #78006 – Facilities Capital Improvement Fund. The overall program offer is unchanged. The impact is at the individual project budget level.

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

The impact is to the individual project budget(s) and will not affect the overall FY2014 Capital Improvement Program (CIP) budget. Approval of this budget reallocation will result in the following FY2014 Capital budget adjustments:

1. Reallocate \$100,000 from the Future Capital Projects line item (CP08.14.2507) to the Bridge Shop Roof Project (CP08.12.38). These funds were a part of the FY2014 carry-over funds for future projects in the Capital program plan.

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

None

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

None

Budget Modification

If the request is a **Budget Modification**, please answer **all** of the following in detail:

- **What revenue is being changed and why? If the revenue is from a federal source, please list the Catalog of Federal Assistance Number (CFDA).**

N/A

- **What budgets are increased/decreased?**

No overall Capital Improvement Program budgets are being changed. The changes are only at the project level within the Capital Improvement Program budget.

- **What do the changes accomplish?**

Approval of this budget reallocation will correct the individual project budget deficiency.

- **Do any personnel actions result from this budget modification? Explain.**

No.

- **If a grant, is 100% of the central and department indirect recovered? If not, please explain why.**

N/A

- **Is the revenue one-time-only in nature? Will the function be ongoing? What plans are in place to identify a sufficient ongoing funding stream?**

N/A

- **If a grant, what period does the grant cover? When the grant expires, what are funding plans? Are there any particular stipulations required by the grant (i.e. cash match, in kind match, reporting requirements etc)?**

N/A

NOTE: Attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

Required Signatures

Facilities Director:

Michael Bowers \s\ _____ **Date:** 3/5/14 _____

Budget Director:

Karyne Kieta \s\ _____ **Date:** 3/5/14 _____

**Chief Financial
Officer:**

Eric Arellano \s\ _____ **Date:** 3/5/14 _____

Countywide HR:

N/A _____ **Date:** _____

Note: Please submit electronically. Insert names of your approvers followed by /s/ - we no longer use actual signatures. Please date each signature. Use "n/a" when signature not applicable."