



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST BUDGET MODIFICATION

(revised 12/31/09)

## Board Clerk Use Only

**Meeting Date:** 4/15/2010

**Agenda Item #:** C-6

**Est. Start Time:** 9:30 am

**Date Submitted:** 4/6/2010

## BUDGET MODIFICATION: NOND - 14

**Agenda Title:** BUDGET MODIFICATION NOND-14, reclassifying one position in Information Technology

*Note: For all other submissions (i.e. Notices of Intent, Ordinances, Resolutions, Orders or Proclamations) please use the APR short form.*

<b>Requested Meeting Date:</b>	April 15, 2010	<b>Amount of Time Needed:</b>	N/A (Consent)
<b>Department:</b>	Nondepartmental	<b>Division:</b>	Information Technology
<b>Contact(s):</b>	Richard Martinez		
<b>Phone:</b>	(503) 988-4528	<b>Ext.</b>	84528
<b>I/O Address:</b>	503/4		
<b>Presenter(s):</b>	N/A		

## General Information

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

The Information Technology is requesting Board approval of a budget modification authorizing the reclassification of one position.

### 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.

Information Technology (IT) requests Board approval of a reclassification request for the following position.

Position Title (Old)	Position Title (New)	Position Number	FTE
Development Analyst/Sr	Human Resources Analyst/Sr	700500	No FTE Change

Information Technology requested the Central Class Compensation Unit to examine the duties of

this position. The Central Class Compensation Unit approved the classification changes noted above. Position 700500 is budgeted for FY 2010 in Program Offer 79001 – Division Management.

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

The reclassification request is being accomplished within current resources for FY 2010. Ongoing expenses for this position will be recovered via standard service rates.

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

The reclassifications, for which approval is sought in this request, have been reviewed by the Human Resources Division.

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

N/A

## ATTACHMENT A

### 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?  
N/A
- What do the changes accomplish?  
Reclassification of one position.
- Do any personnel actions result from this budget modification? Explain.  
Reclassification of one position.
- 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

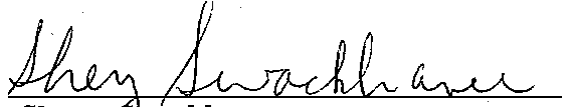
*NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.*

## ATTACHMENT B

### BUDGET MODIFICATION: NOND - 13

#### Required Signatures

Elected Official or  
Department/  
Agency Director:

  
Sherry Swackhamer

Date: \_\_\_\_\_

Budget Analyst:

  
Julie Neburka

Date: \_\_\_\_\_

Department HR:

Date: \_\_\_\_\_

Countywide HR:

Date: \_\_\_\_\_