



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST BUDGET MODIFICATION

(revised 12/31/09)

APPROVED: MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # R-10 DATE 6/17/2010  
LYNDA GROW, BOARD CLERK

## Board Clerk Use Only

Meeting Date: 6/17/2010  
Agenda Item #: R-10  
Est. Start Time: 11:15 am

## BUDGET MODIFICATION: Nond- 20

**Agenda Title:** Budget Modification Nondepartmental 20, adding \$23,987 in grant revenue to the Commission on Children, Families, and Community FY 2010 budget.

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

Requested Meeting Date:	<u>June 17, 2010</u>	Amount of Time Needed:	<u>5 min</u>
Department:	<u>Non-Dept</u>	Division:	<u>CCFC</u>
Contact(s):	<u>Joshua Todd, Marsha Ehlers</u>		
Phone:	<u>503-988-6991</u>	Ext.	<u>86991</u>
		I/O Address:	<u>167/200/1/CCFC</u>
Presenter(s):	<u>Joshua Todd</u>		

## General Information

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

Request authorization to allocate \$23,987 to the CCFC FY10 budget carried over from FY09 Federal dollars Youth Investment -Relief Nursery to be spent in the first 3 months for the Relief Nursery Program.

### 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 CCFC impacts policy, leverages resources and makes strategic investments to build a thriving community. This bud mod would allow State allocations for FY10 to be increased and would reduce the impact of State funding reductions for FY11. This budmod would positively impact the CCFC's ability to provide day care for families in crisis.

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

If approved, this budmod would increase the CCFC budget by \$23,987 which would be a pass

through to the two vendors who provide this service.

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

N/A

**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).**

Relief Nursery: Youth Investment (CFDA# 93.667) FY09 funding was approved to be carried over and spent in FY10. This bud mod will add this to the FY10 budget.

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

The Relief Nurseries service provided by two vendors under contract will be increased. (VOA and Children's Relief Nursery)

- **What do the changes accomplish?**

This change will allow biennium dollars to be increased which will help offset the State funding reduction for FY11 for relief nurseries. CCFC receives both Federal and State money for this activity.

- **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.**

No. Federal regulations on this grant do not allow for indirect charges

- **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?**

The revenue is ongoing. This change is a one-time only rollover from FY09.

- **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)?**

This money was required to be spent in the first 3 months of FY10 which it was.

*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- 20**

### Required Signatures

**Elected Official or  
Department/  
Agency Director:**

**Date:**

**Budget Analyst:**



**Date: 6-10-10**

**Department HR:**

**Date:**

**Countywide HR:**

**Date:**