



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST (revised 09/22/08)

Board Clerk Use Only

Meeting Date: 4/22/2010
Agenda Item #: R-11
Est. Start Time: 10:27 am
Date Submitted: 4/1/2010

BUDGET MODIFICATION: HD-10 - 30

Agenda Title: **BUDGET MODIFICATION HD-10-30 – Request approval to appropriate \$30,000 in revenue from David Douglas School District.**

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.

Requested Meeting Date:	<u>22 April 2010</u>	Amount of Time Needed:	<u>5 Minutes</u>
Department:	<u>Health Department</u>	Division:	<u>Community Health Services</u>
Contact(s):	<u>Lester A. Walker, Budget and Finance Manager</u>		
Phone:	<u>503-988-3663</u>	Ext.	<u>26457</u>
		I/O Address:	<u>167/2/210</u>
Presenter(s):	<u>Kathy Norman, Adolescent Health Program Manager; Loreen Nichols, CHS Director</u>		

General Information

1. What action are you requesting from the Board?

Approval of appropriation of \$30,000 in funding from the David Douglas School District.

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 Multnomah County Health Department 4REAL program (formerly known as STARS) has been providing adolescent health education at Multnomah County high schools and middle schools since 1996. Because of the Health Department's longstanding partnership with the school district and the knowledge and skill set of Health Department staff, David Douglas has asked the 4REAL program to provide educational workshops to all 4th and 5th grade students in the district. The workshops provide information to students on the physical and emotional changes associated with puberty.

Under this fee for service contract, the Health Department will provide workshops to the 4th and 5th graders of the nine elementary schools in the David Douglas School District by February 2010.

This increase in funding affects Program Offer 40025 – Adolescent Health Promotion Program.

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

Approval of this budget modification will increase the Health Department's federal/state FY 2010 budget by \$30,000.

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.

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?**

The Health Department's federal/state revenue budget will increase by \$30,000 in FY 2010 as a result of the work performed under this grant.

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

As a result of this budget modification, the Health Department's budget will have the following changes:

- Temporary budget will increase by: \$20,222
- Non Base Fringe budget will increase by: \$5,864
- Non Base Insurance budget will increase by: \$859
- Supplies budget will increase by: \$490
- Central Indirect budget will increase by: \$746
- Department Indirect budget will increase by: \$1,819

- **What do the changes accomplish?**

The Health Department will provide workshops to the 4th and 5th graders of the nine elementary schools in the David Douglas School District by February 2010.

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

No additional FTE will result from this budget modification. The internal services costs necessary to support any temp/on-call staff utilized on this grant are included in the current FY 2010 budget.

- **How will the county indirect, central finance and human resources and departmental overhead costs be covered?**

The revenue covers these costs.

- **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?**

This contract will be renewed annually.

- **If a grant, what period does the grant cover?**

September 1, 2009 – June 1, 2010

- **If a grant, when the grant expires, what are funding plans?**

This is a fee for service contract that will be renewed annually.

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: HD-10 - 30

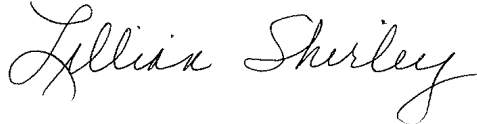
Required Signatures

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

KaRin Johnson for

03/24/2010

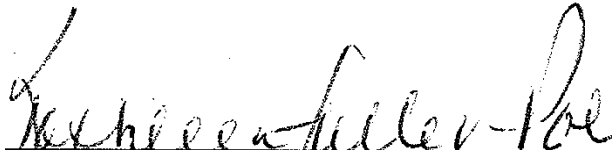
Date:



04/01/10

Budget Analyst:

Date:



Department HR:

Date:

03/22/2010

Countywide HR:

Date: