



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST BUDGET MODIFICATION

(revised 12/31/09)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # R-5 DATE 5/20/2010
LYNDA GROW, BOARD CLERK

Board Clerk Use Only

Meeting Date:	5/20/2010
Agenda Item #:	R-5
Est. Start Time:	10:05 am
Date Submitted:	4/28/2010

BUDGET MODIFICATION: HD-10 - 39

BUDGET MODIFICATION HD-10-39 Request approval to appropriate \$50,522 in revenue from the State of Oregon – Department of Human Services, Office of Family Health – Family Planning Services.

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

Requested Meeting Date:	May 20, 2010	Amount of Time Needed:	5 Minutes
Department:	Health Department	Division:	Integrated Clinical Services
Contact(s):	Lester A. Walker, Budget and Finance Manager		
Phone:	503-988-3663	Ext.	26457
	I/O Address:		167/2/210
Presenter(s):	Susan Kirchoff, Health Centers Operations Director		

General Information

1. What action are you requesting from the Board?

Approval of appropriation of \$50,522 in revenue from the State of Oregon – Department of Human Services, Office of Family Health – Family Planning Services.

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.

Since the early 1960's Multnomah County has been receiving annual funding from the Oregon Department of Human Services, Office of Family Health, to provide family planning services to low income citizens of reproductive age. Family Planning Services (FPS) are the educational, comprehensive medical and social services necessary to aid individuals to determine freely the number and spacing of their children. The Health Department has been awarded additional FY 2010 funding for FPS in the amount of \$50,522. This additional funding will be used to offset the high

cost of contraceptives.

This increase in funding affects Program Offer 40023: East County Health Clinic.

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 \$50,522.

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.

The Health Department has a Community Health Council that meets monthly and gives citizens the opportunity to shape Departmental policy and direction. They will be advised of this award.

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).**

The Health Department's federal/state revenue budget will increase by \$50,522 in FY 2010 as a result of this grant.

This is federal revenue, CFDA 93.994: Maternal and Child Health Services Block Grant to the States.

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

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

- Drugs budget will increase by \$46,202
- Central Indirect budget will increase by \$1,257
- Department Indirect budget will increase by \$3,063

- **What do the changes accomplish?**

This funding will offset the increasing cost of providing contraceptives.

- **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.

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

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 revenue is one-time-only, and the function is not ongoing. When the grant expires, the project will have been completed.

- **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)?**

The grant period is July 1, 2009 – June 30, 2010.

There are no match requirements or non-standard reporting requirements.

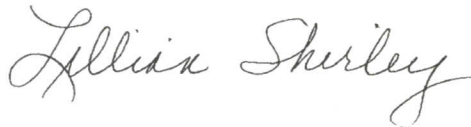
NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

ATTACHMENT B

BUDGET MODIFICATION: HD-10 - 39

Required Signatures

Elected Official
or Department/
Agency
Director:



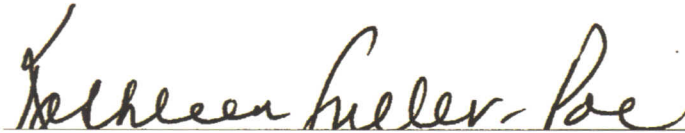
Date: 4-23-10
WL/lp

Budget Analyst:



Date: 04/28/10

Department
HR:



Date: 4/15/10

Countywide
HR:

Date:

Budget Modification ID: **HD-10-39****EXPENDITURES & REVENUES**

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with SAP.

Budget/Fiscal Year: 2010

Line No.	Fund Center	Fund Code	Program #	Func. Area	Internal Order	Accounting Unit	Cost Center	WBS Element	Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
1	40-70	26120	40023	0030		4SA32-1			50190	0	(50,522)	(50,522)		Increase IG-OP-Fed Thru St
2	40-70	26120	40023	0030		4SA32-1			60310	0	46,202	46,202		Increase Drugs
3	40-70	26120	40023	0030		4SA32-1			60350	0	1,257	1,257		Increase Central Indirect
4	40-70	26120	40023	0030		4SA32-1			60355	0	3,063	3,063		Increase Dept Indirect
5											0			
6	19	1000		0020		9500001000			50310		(1,257)	(1,257)		Indirect Reimb Rev in GF
7	19	1000		0020		9500001000			60470		1,257	1,257		CGF Contingency Expenditure
8											0			
9	40-90	1000	40040	0030			409050		50370		(3,063)	(3,063)		Dept Indirect Revenue
10	40-90	1000	40040	0030			409001		60000		3,063	3,063		Dept Indirect Offsetting Exp
11											0			
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