



**MULTNOMAH COUNTY  
AGENDA PLACEMENT REQUEST  
BUDGET MODIFICATION**

(revised 12/31/09)

APPROVED: MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # R.9 DATE 6-2-11  
LYNDA GROW, BOARD CLERK

**Board Clerk Use Only**

<b>Meeting Date:</b>	6/2/11
<b>Agenda Item #:</b>	R.9
<b>Est. Start Time:</b>	10:35 AM
<b>Date Submitted:</b>	5/4/11

**BUDGET MODIFICATION: HD-11-19**

<b>Agenda Title:</b>	<b>BUDGET MODIFICATION HD-11-19 Request approval to appropriate \$73,295 in revenue from the State of Oregon – Department of Human Services – Program Design and Evaluation Services (PDES).</b>
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*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>	June 2, 2011	<b>Amount of Time Needed:</b>	5 Minutes
<b>Department:</b>	Health Department	<b>Division:</b>	Program Design & Evaluation Services (PDES)
<b>Contact(s):</b>	Lester A. Walker, Budget and Finance Manager		
<b>Phone:</b>	503-988-3663	<b>Ext.:</b>	26457
<b>Presenter(s):</b>	Haiou He, PDES Manager; Julie Maher, PDES Director		
<b>I/O Address:</b>	167/2/210		

**General Information**

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

Approval of appropriation of \$73,295 in revenue from the State of Oregon – Department of Human Services – Program Design and Evaluation Services (PDES).

**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 Program Design and Evaluation Services (PDES) is an interdisciplinary, inter-agency evaluation and research work group, jointly established by the Multnomah County Health Department and the Oregon Health Authority (OHA), Office of Disease Prevention and Epidemiology and PDES is funded in part through the DHS Local Public Health Authority (LPHA) intergovernmental agreement. PDES monitors the health of and reports on the status of Multnomah County residents, provides data analysis and evaluation support to Health Department programs, and responds to information requests from the general public.

As part of the on-going collaboration with OHA, PDES has received additional grant funds through

the LPHA intergovernmental agreement with the State of Oregon to:

- Conduct an evaluation of the state's system for influenza surveillance and influenza vaccine delivery response. The overall goal of the evaluation is to define objectives for satisfactory surveillance and response, identify any gaps in the surveillance system or response during the 2009-2010 season, and make recommendations for improvement.;
- Develop and disseminate culturally and linguistically appropriate messages targeted at first-generation Latinos about maintaining a healthy lifestyle in order to reduce adverse pregnancy outcomes;
- Conduct and report state-level analysis of disparities as part of the Oregon's Home Visiting Needs Assessment. PDES will collect and gather data from multiple sources to examine for disparities.

This increase in funding effects Program Offer 40035: Health Assessment, Planning and Evaluation. Health Assessment, Planning and Evaluation informs and supports health program and policy decisions through providing research, evaluation, program and fund development services. Health Assessment, Planning and Evaluation identifies health issues and concerns within the county, provides leadership for department-wide strategic planning, procurement of grant funds, and the development and evaluation of evidence-based programs. Evaluation efforts are aimed at examining the effectiveness of programs and initiatives and identifying opportunities for community health improvement.

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

Approval of this budget modification will increase the Health Department's federal/state FY 2011 budget by \$73,295.

**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).**

The Health Department's federal/state revenue budget will increase by \$73,295 in FY 2011 as a result of this grant. The federal revenue sources include CFDA 93.069 and 93.110.

- **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 \$42,725
- Non Base Fringe budget will increase by \$12,113
- Non Base Insurance budget will increase by \$9,146
- Supplies budget will increase by \$2,840
- Local Travel/Mileage will increase by \$204
- Central Indirect budget will increase by \$1,824
- Department Indirect budget will increase by \$4,443

No additional FTE will result from this budget modification.

- **What do the changes accomplish?**

The program objectives are to collect data and provide data analysis and evaluation support, as well as to prepare and disseminate information to targeted populations.

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

No additional FTE will result from this budget modification. Existing FTE will perform services and will be covered by other contracts and grants when this project ends. The internal services costs necessary to support existing staff utilized on this grant are included in the current FY 2011 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 functions are not ongoing. When the grant expires, the projects 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, 2010 – June 30, 2011. 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-11-19**

**Required Signatures**

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

**KaRin Johnson for:**

**5-2-11**

**Date:**

*Lillian Shirley*

*[Signature]*

**05/04/2011**

**Budget Analyst:**

**Date:**

**Department HR:**

*Kristeen Fuller*

**Date:**

**4/26/2011**

Budget Modification ID: **HD-11-19**

**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: 2011

Line No.	Fund Center	Fund Code	Program #	Func. Area	Accounting Unit			Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
					Internal Order	Cost Center	WBS Element						
1	40-16	32430	40035	30			4SA97-2	50190	-	(49,567)	(49,567)		IG-OP-Fed Thru St
2	40-16	32430	40035	30			4SA97-2	60100	-	30,205	30,205		Increase Temporary
3	40-16	32430	40035	30			4SA97-2	60135	-	8,355	8,355		Increase Non Base Fringe
4	40-16	32430	40035	30			4SA97-2	60145	-	6,769	6,769		Increase Non Base Insurance
5	40-16	32430	40035	30			4SA97-2	60350	-	1,233	1,233		Increase Central Indirect
6	40-16	32430	40035	30			4SA97-2	60355	-	3,005	3,005		Increase Department Indirect
7													
8	40-16	32402	40035	30			4SA102-1	50190	(15,720)	(34,200)	(18,480)		IG-OP-Fed Thru St
9	40-16	32402	40035	30			4SA102-1	60100	-	8,920	8,920		Increase Temporary
10	40-16	32402	40035	30			4SA102-1	60135	-	2,677	2,677		Increase Non Base Fringe
11	40-16	32402	40035	30			4SA102-1	60145	-	2,259	2,259		Increase Non Base Insurance
12	40-16	32402	40035	30			4SA102-1	60240	-	2,840	2,840		Increase Supplies
13	40-16	32402	40035	30			4SA102-1	60270	166	370	204		Increase Local Travel/Mileage
14	40-16	32402	40035	30			4SA102-1	60350	247	707	460		Increase Central Indirect
15	40-16	32402	40035	30			4SA102-1	60355	935	2,055	1,120		Increase Department Indirect
16													
17	40-16	32383	40035	30			4SA96-1	50180	(18,070)	(23,318)	(5,248)		IG-OP-Direct St
18	40-16	32383	40035	30			4SA96-1	60100	-	3,600	3,600		Increase Temporary
19	40-16	32383	40035	30			4SA96-1	60135	-	1,081	1,081		Increase Non Base Fringe
20	40-16	32383	40035	30			4SA96-1	60145	-	118	118		Increase Non Base Insurance
21	40-16	32383	40035	30			4SA96-1	60350	284	415	131		Increase Central Indirect
22	40-16	32383	40035	30			4SA96-1	60355	1,075	1,393	318		Increase Department Indirect
23													
24	72-10	3500		20		705210		50316	274,250	265,104	(9,146)		Insurance Revenue
25	72-10	3500		20		705210		60330	790,839	799,985	9,146		Offsetting expenditure
26													
27	19	1000		20		9500001000		50310	(5,448,271)	(5,449,705)	(1,824)		Indirect Reimb Rev in GF
28	19	1000		20		9500001000		60470	6,616,593	6,618,027	1,824		CGF Contingency Expenditure
29													
											0	0	<b>Total - Page 1</b>
											0	0	<b>GRAND TOTAL</b>