



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST BUDGET MODIFICATION

(revised 12/31/09)

Board Clerk Use Only

Meeting Date: 6/10/2010

Agenda Item #: R-15

Est. Start Time: 10:39 am

BUDGET MODIFICATION: MCSO - 16

Agenda Title: BUDGET MODIFICATION MCSO-16 appropriating \$7,863 from the Oregon State Fire Marshal for our assistance in Hazardous Materials (HazMat) Cleanup throughout the Portland Metro Area.

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

Requested Meeting Date:	Next Available	Amount of Time Needed:	5 Minutes
Department:	Sheriff's Office	Division:	Enforcement
Contact(s):	Wanda Yantis, Fiscal Manager		
Phone:	503-988-4455	Ext.	84455 I/O Address: 503/350
Presenter(s):	Capt. Jason Gates and Wanda Yantis		

General Information

1. What action are you requesting from the Board?

The Sheriff's Office is requesting approval of Budget Modification MCSO-16 to appropriate \$7,863 in Special Operations Funds to our Enforcement Division budget for the purchase of equipment to be used for Hazardous Materials Cleanups.

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 Sheriff's Office is reimbursed by the Oregon State Fire Marshal's Office for our services provided at actual Hazardous Material (HazMat) events in Multnomah, Clackamas, Hood River, Wasco and Jefferson Counties. These funds are dedicated for purchase of expendable HazMat equipment, required health physicals and specialized HazMat training not covered by other sources. This action affects Program Offer MCSO 60063 Patrol Services.

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

This will increase the Enforcement Division's revenue by \$7,863 in the Special Operations Fund.
All overhead costs are covered.

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).**

This will increase the Enforcement Division's revenue by \$7,863 in the Special Operations Fund.
This funding is not from a federal source.

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

-The Enforcement Division will increase their Special Operations budget by \$7,863
-Increase Dept Indirect by \$393
-Increase Central Indirect by \$198

- **What do the changes accomplish?**

This will increase the Enforcement Division's revenue by \$7,863 in the Special Operations Fund.

- **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.**

All overhead costs are covered.

- **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 program is renewed from year to year. The amount depends on the number of clean-ups performed each year. When the funding is exhausted, our participation in the program will end.

- **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 funding covers FY 10. When the funding is exhausted, our participation in the program will end.

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: MCSO - 16

Required Signatures

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



Date: _____

Budget Analyst:



Date: _____

Department HR:

Date: _____

Countywide HR:

Date: _____