



**MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST
BUDGET MODIFICATION**

(revised 08/02/10)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # C.1 DATE 1/5/12
LYNDA GROW, BOARD CLERK

Board Clerk Use Only

Meeting Date:	<u>1/5/12</u>
Agenda Item #:	<u>C.1</u>
Est. Start Time:	<u>9:30 am</u>
Date Submitted:	<u>12/20/11</u>

BUDGET MODIFICATION: DCHS12-22

Agenda Title:	BUDGET MODIFICATION DCHS12-22, reclassifying a full-time Program Manager 1 to a Program Supervisor in SUN Service System Division, as determined by the Class/Comp unit of Central Human Resources
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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.

Requested Meeting Date:	<u>Next Available</u>	Amount of Time Needed:	<u>5 minutes</u>
Department:		Division:	<u>SUN Service System Division</u>
Contact(s):	<u>Dana Lloyd</u>		
Phone:	<u>503-988-3691</u>	Ext.:	<u>26858</u>
		I/O Address:	<u>167/620</u>
Presenter Name(s) & Title(s):	<u>Consent Agenda</u>		

General Information

1. What action are you requesting from the Board?

The Department of County Human Services (DCHS) recommends approval of budget modification DCHS12-22, reclassifying a full-time Program Manager 1 to a Program Supervisor in SUN Service System Division (SUNSSD), as approved by the Class/Comp unit of Central Human Resources.

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.

This budget modification reflects an HR Class/Comp decision on a reclassification request initiated by SUNSSD management in Program Offer 25156 – SUN Bienestar Social Services. After evaluation of this position it was determined that the Program Supervisor position better reflected the duties and responsibilities. The duties of this position include serving as a first-level supervisor over a professional staff of 3 County employees who are responsible for the coordination and

provision of program services at the Ortiz Center. Responsibilities of this position include staff supervision, program management, partnership development, and facility/building (Ortiz Center) liaison functions.

Note: Due to the small span of supervision, this position is under review as part of the Span of Control review for FY13.

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

The pay scale for a Program Supervisor is lower than that of a Program Manager I however the position rate will not change. There will be no overall financial impact of this action.

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).**

No revenue is being changed.

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

The overall budget impact for SUNSSD is neutral.

- **What do the changes accomplish?**

This budget modification will formally approve the classification decision from Central Human Resources Class/Comp which allows for a classification that better reflects the work assignment and duties of the position involved

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

Yes. The approval of this budget modification will result in the reclassification a full-time position in SUN Services System Division from a Program Manager I to a Program Supervisor, as determined by the Class/Comp unit of Central Human Resources.

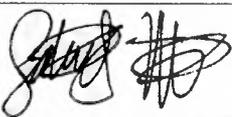
- **If a grant, is 100% of the central and department indirect recovered? If not, please explain why.**
N/A
- **Is the revenue one-time-only in nature? Will the function be ongoing? What plans are in place to identify a sufficient ongoing funding stream?**
N/A
- **If a grant, what period does the grant 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)?**
N/A

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: DCHS12-02

Required Signatures

Elected Official or Department/ Agency Director:	<u>Dana C. Lloyd for Kathy Jinkle</u>	Date:	<u>12/14/11</u>
Budget Analyst:	<u></u>	Date:	<u>12/19/2011</u>
	<u>Urmila Jhattu</u>		<u>12/14/11</u>
Department HR:	<u>Urmila Jhattu</u>	Date:	<u> </u>
	<u></u>		
Countywide HR:	<u>John Kaneski</u>	Date:	<u>12/16/11</u>

DCHS12-01

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: 2012

Line No.	Fund Center	Fund Code	Program #	Func. Area	Accounting Unit			Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Description
					Internal Order	Cost Center	WBS Element					
1												
2												
3												
4	No Financial Impact for FY12											
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