



**MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST
BUDGET MODIFICATION**

(revised 12/31/09)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # R-4 DATE 5/20/2010
LYNDA GROW, BOARD CLERK

Board Clerk Use Only

Meeting Date:	<u>5/20/2010</u>
Agenda Item #:	<u>R-4</u>
Est. Start Time:	<u>10:00 am</u>
Date Submitted:	<u>4/28/2010</u>

BUDGET MODIFICATION: HD-10 - 38

Agenda Title: BUDGET MODIFICATION HD-10-38 Request approval to appropriate \$110,000 in revenue from Kaiser Permanente.

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

General Information

1. What action are you requesting from the Board?

Approval of appropriation of \$110,000 in revenue from Kaiser Permanente to support a dental sealant program at local middle schools and preventive routine and urgent dental services for pregnant women.

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's Dental Services program provides oral health services to uninsured and underinsured residents. Providing preventive care for children is an essential component of the care provided. The grant funds from Kaiser Permanente will enable the Health Department to implement a dental sealant project for children at local middle schools and to provide routine and urgent care to pregnant women in need.

This increase in funding affects Program Offer 40017A: Dental Services.

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 \$110,000.

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.

This project will be conducted in collaboration with local middle schools.

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 \$110,000 in FY 2010 as a result of this grant.

This is not a federal revenue source.

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

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

- The Temporary budget will increase by \$65,773
- The Non Base Fringe budget will increase by \$19,073
- The Non Base Insurance budget will increase by \$2,795
- The Printing budget will increase by \$1,000
- The Supplies budget will increase by \$1,453
- The Med & Dental Supplies budget will increase by \$10,500
- The Central Indirect budget will increase by \$2,736
- The Dept Indirect budget will increase by \$6,670

- **What do the changes accomplish?**

This grant will support preventive, routine and urgent dental services for pregnant women. This grant will also support a dental sealant project for children at County middle schools.

- **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 December 18, 2008 - December 1, 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 - 38

Required Signatures

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

Lillian Shirley

Date: 4-23-10
WL/lp

Budget Analyst:

[Signature]

Date: 04/28/10

**Department
HR:**

Kathleen Heller-Poe

Date: 4/15/10

**Countywide
HR:**

Date:

