



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

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: 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 \$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.

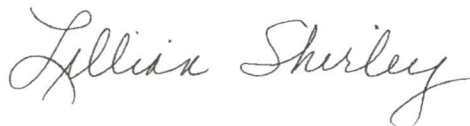
<p><i>NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.</i></p>

ATTACHMENT B

BUDGET MODIFICATION: HD-10 - 38

Required Signatures

Elected Official
or Department/
Agency
Director:



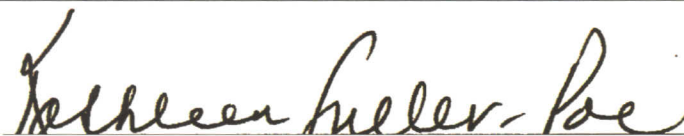
4-23-10
Date: WL/lp

Budget Analyst:



Date: 04/28/10

Department
HR:



Date: 4/15/10

Countywide
HR:

Date:

Budget Modification ID: HD-10-38

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	40-60	32268	40017	0030			4CA106-4	50210	0	(50,000)	(50,000)		Increase OP-Nongov't Prog
2	40-60	32268	40017	0030			4CA106-4	60100	0	34,315	34,315		Increase Temporary
3	40-60	32268	40017	0030			4CA106-4	60135	0	9,951	9,951		Increase Non Base Fringe
4	40-60	32268	40017	0030			4CA106-4	60145	0	1,458	1,458		Increase Non Base Insurance
5	40-60	32268	40017	0030			4CA106-4	60350	0	1,244	1,244		Increase Central Indirect
6	40-60	32268	40017	0030			4CA106-4	60355	0	3,032	3,032		Increase Dept Indirect
7										0			
8	40-60	32268	40017	0030			4CA106-5	50210		60,000	60,000		Increase OP-Nongov't Prog
9	40-60	32268	40017	0030			4CA106-5	60100		31,458	31,458		Increase Temporary
10	40-60	32268	40017	0030			4CA106-5	60135		9,122	9,122		Increase Non Base Fringe
11	40-60	32268	40017	0030			4CA106-5	60145		1,337	1,337		Increase Non Base Insurance
12	40-60	32268	40017	0030			4CA106-5	60180		1,000	1,000		Increase Printing
13	40-60	32268	40017	0030			4CA106-5	60240		1,453	1,453		Increase Supplies
14	40-60	32268	40017	0030			4CA106-5	60246		10,500	10,500		Increase Med & Dental Supplie
15	40-60	32268	40017	0030			4CA106-5	60350		1,492	1,492		Increase Central Indirect
16	40-60	32268	40017	0030			4CA106-5	60355		3,638	3,638		Increase Dept Indirect
17										0			
18	72-10	3500		0020		705210		50316		(2,795)	(2,795)		Insurance Revenue
19	72-10	3500		0020		705210		60330		2,795	2,795		Offsetting Expenditure
20										0			
21	19	1000		0020		9500001000		50310		(2,736)	(2,736)		Indirect Reimb Rev in GF
22	19	1000		0020		9500001000		60470		2,736	2,736		CGF Contingency Expenditure
23										0			
24	40-90	1000	40040	0030		409050		50370		(6,670)	(6,670)		Dept Indirect Revenue
25	40-90	1000	40040	0030		409001		60000		6,670	6,670		Dept Indirect Offsetting Exp
26										0			
27										0			
28										0			
29										0			
											120,000	0	Total - Page 1
											120,000	0	GRAND TOTAL