



# Multnomah County Agenda Placement Request Budget Modification

(Revised 9/23/13)

## Board Clerk Use Only

Meeting Date: \_\_\_\_\_

Agenda Item #: \_\_\_\_\_

Est. Start Time: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**Agenda Title:** BUDGET MODIFICATION # NOND-04-16: Reclassifying a 1.00 Staff Assistant to a Program Manager 1 in the Office of Emergency Management

**Requested Meeting Date:** 10/8/15

**Time Needed:** N/A Consent

**Department:** 1000 - Nondepartmental - All Other

**Division:** Office of Emergency Management

**Contact(s):** Christian Elkin - Principal Budget Analyst

**Phone:** 503.988.7689

**Ext.** 87689

**I/O Address** 503/5

**Presenter Name(s) & Title(s):** N/A - Consent agenda

## General Information

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

The Office of Emergency Management requests approval of a budget modification to reclassify a 1.00 FTE Staff Assistant to a 1.00 Program Manager 1 as approved by Central Human Resources Class/Comp unit.

### 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.

Reclassification of a vacant Staff Assistant to a Program Manager 1 was approved for recommendation to the Board of County Commissioners by the Central Human Resources Class/Comp unit. The position is responsible for planning, organizing, directing, and integrating daily operations. The position performs the duties of the director in their absence. The budget modification impacts program offer 10012A Office of Emergency Management.

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

The budget modification is budget neutral as the positions have the same salary.

### 4. Explain any legal and/or policy issues involved.

N/A

**5. Explain any citizen or other government participation.**

N/A

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**Budget Modification**

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**6. What revenue is being changed and why? If the revenue is from a federal source, please list the Catalog of Federal Assistance Number (CFDA).**

N/A

**7. What budgets are increased/decreased?**

N/A

**8. What do the changes accomplish?**

Approval of a classification decision from Central Human Resources Class/Comp unit.

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

No, the position is vacant.

**10. If a grant, is 100% of the central and department indirect recovered? If not, please explain why.**

N/A

**11. 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

**12. 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 (e.g. cash match, in kind match, reporting requirements, etc)?**

N/A

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**Required Signature**

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**Elected Official or  
Dept. Director:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Budget Analyst:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Department HR:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Countywide HR:** \_\_\_\_\_

**Date:** \_\_\_\_\_