



Multnomah County
Agenda Placement Request
Budget Modification
(FY 2018)

Board Clerk Use Only

Meeting Date: _____

Agenda Item #: _____

Est. Start Time: _____

Date Submitted: _____

Agenda Title: BUDGET MODIFICATION # DCM-02-19: Reclassification of two Contract Specialist positions to Contract Specialist Senior positions

Requested Meeting Date: _____ **Time Needed:** _____

Department: 72 - County Management **Division:** Finance and Risk Management

Contact(s): Mark Campbell and Deb Anderson

Phone: 5039886355 **Ext.** 86355 **I/O Address** 503/1

Presenter Name(s) & Title(s): Consent Agenda

General Information

1. What action are you requesting from the Board?

Approval of reclassification #4077 and #4078 as recommended by the Class Comp section of Central HR, for positions 710027 and 710019. Both Contract Specialist positions are reclassified to Contract Specialist Senior positions effective December 1, 2017.

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 employee-initiated request in the Finance and Risk Management Division of the Department of County Management is requested for reclassification from Contract Specialist to Contract Specialist Senior due to additional complex duties that have been taken on over time. The purpose of this position is to provide oversight, training, and interpretation of the countywide contract compliance completion and approval process while ensuring the county's contracts comply with Federal, State, and County rules, procedures, and policies.

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

This action increases personnel costs by \$5,663 in the current fiscal year, and is offset by a reduction in supplies. The top of range of the new classification is 19.3% higher than the current classification. It is anticipated that in subsequent fiscal years the financial impact of the reclassification will be covered within existing resources.

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

None.

5. Explain any citizen or other government participation.

None.

Budget Modification

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).

Risk Fund revenue increases by \$270.

7. What budgets are increased/decreased?

Risk Fund increased by \$270.

8. What do the changes accomplish?

Reclassification.

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

NA

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

NA

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?

NA

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)?

NA

Required Signature

**Elected Official or
Dept. Director:** _____

Date: _____

Budget Analyst: _____

Date: _____

Department HR: _____

Date: _____

Countywide HR: _____

Date: _____