



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 # DCHS-25-15: Increasing the Aging and Disability Services Division Federal/State fund appropriation by \$292,469

Requested Meeting Date: _____ **Time Needed:** 5 minutes

Department: 25 - County Human Services **Division:** Aging & Disability Services

Contact(s): Lee Girard

Phone: 503-988-3620 **Ext.** 83768 **I/O Address** 167/1/510

Presenter Name(s) & Title(s): _____

General Information

1. What action are you requesting from the Board?

The Department of County Human Services (DCHS) is requesting approval of budget modification DCHS-25-15 which increases Aging and Disability Services Division (ADSD) fiscal year 2015 budget by \$292,469 for Older Americans Act allowable activities.

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 State of Oregon has awarded ADSD one-time only funding to back-fill reductions to the Older Americans Act due to federal sequestration budget cuts. The total award amount is \$292,469 for 12 months from July 1, 2014 to June 30, 2015. The funding will be part of program offer 25020A – ADS Access & Early Intervention Services.

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

Approval of this budget modification will increase the total ADSD budget for fiscal year 2015 by \$292,469. This additional funding will increase the following expenses:

- Personnel by \$67,251 to pay for a full-time Limited Duration Program Technician.
- Professional Services by \$38,963 to contract for one-time services to develop benefits enrollment improvements in our Aging & Disability Resource Center (ADRC) .
- Pass Through by \$186,255 to contract with current community contractors for senior center

support, older adult nutrition services, case management, and family caregiver assistance.

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

N/A

5. Explain any citizen or other government participation.

N/A

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).

ADSD Access & Early Intervention Services Federal/State funding for fiscal year 2015 will increase by \$292,469. There is no CFDA Number related to this funding.

7. What budgets are increased/decreased?

The fiscal year 2015 budget for ADSD Access & Early Intervention Services, program offer 25020A will increase by \$292,469.

The service reimbursement from the Federal/State fund to the risk management fund will increase by \$16,751.

8. What do the changes accomplish?

Funds will be used to enhance current services related to Older American Act allowable activities.

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

Yes. Personnel costs will increase by \$67,251 to fund a new full-time Limited Duration Program Technician to assist with administrative and programmatic work which will include support for a variety of contract and end-user services, reporting and data analysis.

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

No. This award does not pay any central and department indirect costs incurred.

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?

This is a one-time only award with no anticipation of ongoing additional funding.

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)?

This is a one-time only award for \$292,469 covering 12 months from July 1, 2014 to June 30, 2015. There are no cash match or in kind match requirements.

Required Signature

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

Date: _____

Budget Analyst: _____

Date: _____

Department HR: _____

Date: _____

Countywide HR: _____

Date: _____