



**MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST
BUDGET MODIFICATION**

(revised 12/31/09)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # 2-5 DATE 9/16/2010
LYNDA GROW, BOARD CLERK

Board Clerk Use Only	
Meeting Date:	9/16/2010
Agenda Item #:	R-5
Est. Start Time:	10:05 am

BUDGET MODIFICATION: HD-11-03

**BUDGET MODIFICATION HD-11-03 reduces the Heath Department's
Agenda federal/state budget appropriation by \$80,058 based on state budget reductions
Title: as of September 1st, 2010.**

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>Sept 16, 2010</u>	Amount of Time Needed:	<u>5 Minutes</u>
Department:	<u>Health Department</u>	Division:	<u>Community Health Services</u>
Contact(s):	<u>Lester A. Walker, Budget and Finance Manager</u>		
Phone:	<u>503-988-3663</u>	Ext.	<u>26457</u>
		I/O Address:	<u>167/2/210</u>
Presenter(s):	<u>Loreen Nichols, Community Health Services Director</u>		

General Information

- 1. What action are you requesting from the Board?**
Approval of reduction in appropriation of \$80,058 in revenue from the State of Oregon based on budget reductions as of September 1st, 2010
- 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.**
These budget reductions will reduce state appropriations to program 40013B- Early Childhood Services for First Time Parents in the amount of \$80,058. The department does not intend to reduce service levels or personnel levels to the program as a result of the reduced appropriations, instead looking to manage the reduction throughout the year with department-wide savings.
- 3. Explain the fiscal impact (current year and ongoing).**
\$80,058 reduction in state appropriation to the Community Health Services Division.

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.

N/A

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 will decrease by \$80,058 in FY 2011 as a result state budget cuts.

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

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

- Community Health Services state appropriation will decrease by \$80,058

- **What do the changes accomplish?**

Reduces the Health Department's federal/state budget by \$80,058 based on state reductions as of September 1st 2010.

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

No reduction in FTE will result from this budget modification.

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

N/A

- **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?**

The reductions in appropriation will be managed internally through department-wide savings without disruption to service levels on an ongoing basis.

- **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)?**

N/A

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-11 - 03

Required Signatures

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

Lillian Shirley

Date: 09/08/10

Budget Analyst:

[Signature]

Date: 09/08/10

Department HR:

Kathleen Fuller

Date: 09/08/2010

Countywide HR:

Date: _____

