



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST BUDGET MODIFICATION

(revised 12/31/09)

APPROVED: MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # R.13 DATE 6-2-11  
LYNDA GROW, BOARD CLERK

## Board Clerk Use Only

Meeting Date:	6/2/11
Agenda Item #:	R.13
Est. Start Time:	10:47 am
Date Submitted:	5/4/11

## BUDGET MODIFICATION: HD-11-23

**BUDGET MODIFICATION HD-11-23 Request approval to appropriate \$50,000**  
**Agenda Title: in additional revenue from the Washington State Department of Health – Tobacco Prevention and Control Program.**

*Note: For all other submissions (i.e. Notices of Intent, Ordinances, Resolutions, Orders or Proclamations) please use the APR short form.*

<b>Requested Meeting Date:</b>	<u>June 2, 2011</u>	<b>Amount of Time Needed:</b>	<u>5 Minutes</u>
<b>Department:</b>	<u>Health Department</u>	<b>Division:</b>	<u>Program Design &amp; Evaluation Services (PDES)</u>
<b>Contact(s):</b>	<u>Lester A. Walker, Budget and Finance Manager</u>		
<b>Phone:</b>	<u>503-988-3663</u>	<b>Ext.</b>	<u>26457</u>
<b>I/O Address:</b>	<u>167/2/210</u>		
<b>Presenter(s):</b>	<u>Haiou He, PDES Manager; Julie Maher, PDES Director</u>		

## General Information

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

Approval of appropriation of \$50,000 in additional revenue for fiscal year 2011 from the Washington State Department of Health. Through this award the Multnomah County Health Department (MCHD) will assist the Washington State Tobacco Prevention and Control Program by providing research analysis and evaluation support.

### 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.

Tobacco remains the main cause of preventable disease and death in Washington state, killing about 7,600 people every year. This despite major gains in reducing tobacco use and exposure since the Washington State Department of Health started the Tobacco Prevention and Control Program nearly ten years ago.

While adult smoking has declined by 32 percent, from 22.4 percent in 1999 to 14.8 percent in 2009, about 750,000 Washingtonians still smoke. In addition, some racial and ethnic groups, and people with less education and income, use tobacco at much higher rates.

So far youth smoking has dropped by 50 percent, but 70,000 Washington youth still smoke. In fact, 50 kids start smoking every day. And now many of them are using other types of tobacco, such as cigars, smokeless products, chew, snuff, pipes and flavored cigarettes.

The Tobacco Prevention and Control program has four major goals:

- To prevent youth from beginning to use tobacco.
- To help youth and adults quit using tobacco.
- To reduce exposure to secondhand smoke.
- To reduce tobacco use in high-risk groups.

The Multnomah County Health Department's Program Design & Evaluation Services unit (PDES) has been contracted by the Washington State Department of Health to assist the Washington Tobacco Prevention and Control Program by providing research analysis and evaluation support to program assessment staff. Assessment and evaluation support work will include: technical support, Healthy Community Project evaluation, Priority Population Networks evaluation, Tribal Community Inventory Report, tobacco research summaries, cell phone comparison study, School-based Tobacco Prevention Program evaluation, and Tobacco Evaluation Advisory Committee Support.

The budget period for this award is 07/01/2009 through 01/31/2012, with a total award amount of \$682,800. This budget modification adds an additional \$50,000 to the FY2011 budget. Bringing the total FY2011 budgeted amount up to \$350,000. There are additional funds in the Health Department's submitted FY2012 budget for this award.

This increase in funding effects Program Offer 40035: Health Assessment, Planning and Evaluation. Health Assessment, Planning and Evaluation informs and supports health program and policy decisions through providing research, evaluation, program and fund development services. Health Assessment, Planning and Evaluation identifies health issues and concerns within the county, provides leadership for department-wide strategic planning, procurement of grant funds, and the development and evaluation of evidence-based programs. Evaluation efforts are aimed at examining the effectiveness of programs and initiatives and identifying opportunities for community health improvement.

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

Approval of this budget modification will increase the Health Department's federal/state FY 2011 budget by \$50,000.

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

N/A

**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 budget will increase by \$50,000 in FY11 as a result of the work performed under this award.

- **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 \$37,335
- The Non Base Fringe budget will increase by \$5,218
- The Non Base Insurance budget will increase by \$3,089
- The Local/Travel Mileage budget will be increased by \$599
- The Central Indirect budget will increase by \$786
- The Dept Indirect budget will increase by \$2,973

No additional FTE will result from this budget modification.

- **What do the changes accomplish?**

Through this award the Multnomah County Health Department's Program Design & Evaluation Services unit will assist the Washington Tobacco Prevention and Control Program by providing research analysis and evaluation support to program assessment staff.

- **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 2011 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 July 1, 2009 – January 31, 2012. When the grant expires, the project will have been completed. There are no match requirements or non-standard reporting requirements.

*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-11-23**

### Required Signatures

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

**KaRin Johnson for:**

**5-2-11**

**Date:**

*Lillian Shirley*

*[Signature]*

**05/04/11**

**Budget Analyst:**

**Date:**

**Department HR:**

*Kathleen Fuller for*

**Date: 4/26/2011**

**Countywide HR:**

**Date:**

Budget Modification ID: **HD-11-23****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: 2011

Line No.	Fund Center	Fund Code	Program #	Func. Area	Accounting Unit			Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
					Internal Order	Cost Center	WBS Element						
1	40-16	32054	40035	30			4CA40-3	50200	0	(50,000)	(50,000)		IG-OP-Other Revenue
2	40-16	32054	40035	30			4CA40-3	60100	0	37,335	37,335		Increase Temporary
3	40-16	32054	40035	30			4CA40-3	60135	0	5,218	5,218		Increase Non Base Fringe
4	40-16	32054	40035	30			4CA40-3	60145	0	3,089	3,089		increase Non Base Insurance
5	40-16	32054	40035	30			4CA40-3	60270	0	599	599		Increase Local Travel/Mileage
6	40-16	32054	40035	30			4CA40-3	60350	0	786	786		Increase Central Indirect
7	40-16	32054	40035	30			4CA40-3	60355	0	2,973	2,973		Increase Department Indirect
8													
9	72-10	3500		20		705210		50316	274,250	271,161	(3,089)		Insurance Revenue
10	72-10	3500		20		705210		60330	790,839	793,928	3,089		Offsetting expenditure
11													
12	19	1000		20		9500001000		50310	(5,448,271)	(5,449,705)	(786)		Indirect Reimb Rev in GF
13	19	1000		20		9500001000		60470	6,616,593	6,618,027	786		CGF Contingency Expenditure
14													
15	40-90	1000	40040	30		409050		50370	(5,929,918)	(5,935,343)	(2,973)		Dept Indirect Revenue
16	40-90	1000	40040	30		409001		60000	355,952	361,377	2,973		Dept Indirect Offsetting Exp
17													
18													
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