



**MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST
BUDGET MODIFICATION**

(revised 12/31/09)

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

Board Clerk Use Only

Meeting Date: 6/2/11
Agenda Item #: R.11
Est. Start Time: 10:41 AM
Date Submitted: 5/4/11

BUDGET MODIFICATION: HD-11-21

Agenda Title: BUDGET MODIFICATION HD-11-21 Request approval to appropriate \$20,000 in revenue from the State of Alaska Department of Health & Social Services – Obesity 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.

Requested Meeting Date:	<u>June 2, 2011</u>	Amount of Time Needed:	<u>5 Minutes</u>
Department:	<u>Health Department</u>	Division:	<u>Program Design & Evaluation Services (PDES)</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>Haiou He, PDES Manager; Julie Maher, PDES Director</u>		

General Information

1. What action are you requesting from the Board?

Approval of appropriation of \$20,000 in revenue for fiscal year 2011 from the State of Alaska Department of Health & Social Services. Through this award the Multnomah County Health Department (MCHD) will assist the Alaska Obesity Prevention and Control Program with evaluation of childhood obesity prevention efforts.

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.

Obesity continues to be a serious health concern in Alaska. In 2009, 65% of adults were overweight or obese and the state has high rates of childhood and youth obesity. Overweight and obesity are alarming because both conditions increase the risk for a number of health problems, including chronic diseases, which can lead to reduced quality of life, premature death, and substantial healthcare and productivity-related costs.

- 26% of Alaskan high school students are overweight or obese; 12% are classified as obese
- 26% of Alaskan Adults do NOT meet physical activity recommendations
- 26% of adults watch more than 3 hours of TV a day
- 77% of adults do not consume the recommend 5 servings of fruits and vegetables each day
- 47% of Alaskan adults drink at least one sugar sweetened beverage or soda a day

The mission of the Alaska Obesity Prevention and Control Program is to prevent and reduce obesity among Alaskans through the promotion of physical activity and good nutrition.

The Multnomah County Health Department's Program Design & Evaluation Services unit (PDES) has been contracted by the State of Alaska Department of Health & Social Services to assist the Alaska Obesity Prevention and Control Program staff with evaluation of childhood obesity prevention efforts. Work will include development of an evaluation plan, qualitative and quantitative data management and analysis, data interpretation and a technical report of the findings which is suitable for submission to a peer-reviewed journal.

The budget period for this award is 12/13/2010 through 6/30/2011.

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 \$20,000.

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 \$20,000 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 \$11,405
- The Non Base Fringe budget will increase by \$3,705
- The Non Base Insurance budget will increase by \$2,756
- The Supplies budget will be increased by \$424
- The Central Indirect budget will increase by \$497
- The Dept Indirect budget will increase by \$1,213

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 Alaska Obesity Prevention and Control Program staff with evaluation of childhood obesity prevention efforts. Work will include development of an evaluation plan, qualitative and quantitative data management and analysis, data interpretation and a technical report of the findings which is suitable for submission to a peer-reviewed journal.

- **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 December 13, 2010 – June 30, 2011. 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-11-21

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

Date:

4/26/2011

Countywide HR:

Date:

Budget Modification ID: **HD-11-21****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	32444	40035	30			4CA152-01-1	50200	0	(20,000)	(20,000)		IG-OP-Other Revenue
2	40-16	32444	40035	30			4CA152-01-1	60100	0	11,405	11,405		Increase Temporary
3	40-16	32444	40035	30			4CA152-01-1	60135	0	3,705	3,705		Increase Non Base Fringe
4	40-16	32444	40035	30			4CA152-01-1	60145	0	2,756	2,756		increase Non Base Insurance
5	40-16	32444	40035	30			4CA152-01-1	60240	0	424	424		Increase Supplies
6	40-16	32444	40035	30			4CA152-01-1	60350	0	497	497		Increase Central Indirect
7	40-16	32444	40035	30			4CA152-01-1	60355	0	1,213	1,213		Increase Department Indirect
8													
9	72-10	3500		20		705210		50316	274,250	271,494	(2,756)		Insurance Revenue
10	72-10	3500		20		705210		60330	790,839	793,595	2,756		Offsetting expenditure
11													
12	19	1000		20		9500001000		50310	(5,448,271)	(5,449,705)	(497)		Indirect Reimb Rev in GF
13	19	1000		20		9500001000		60470	6,616,593	6,618,027	497		CGF Contingency Expenditure
14													
15	40-90	1000	40040	30		409050		50370	(5,929,918)	(5,935,343)	(1,213)		Dept Indirect Revenue
16	40-90	1000	40040	30		409001		60000	355,952	361,377	1,213		Dept Indirect Offsetting Exp
17													
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