



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST BUDGET MODIFICATION

(revised 08/02/10)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # R-8 DATE 11/4/2010
VANDA GROW, BOARD CLERK

Board Clerk Use Only

Meeting Date: 11/4/2010
Agenda Item #: R-8
Est. Start Time: 10:20 am

BUDGET MODIFICATION: DCHS11 - 13

Agenda Title: BUDGET MODIFICATION DCHS11-13 Increases the Department of County Human Services, Human Resource Unit staffing by 0.5 FTE.

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

Requested Meeting Date: Next Available **Amount of Time Needed:** 5 minutes
Department: County Human Services **Division:** Human Resources
Contact(s): Kathy Tinkle
Phone: 503-988-3691 **Ext.** 26858 **I/O Address:** 167/2nd
Presenter Name(s) & Title(s): Urmila Jhattu, DCHS Human Resources Manager

General Information

1. What action are you requesting from the Board?

The Department of County Human Services (DCHS) recommends approval of budget modification DCHS-13, which will increase the DCHS Human Resources (HR) staffing by .50 FTE increasing a Human Resources Analyst 2 position from 0.5 FTE to 1.0 FTE.

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.

Program Offer # 25001 – DCHS Human Resources Unit supports the department's 700 regular and 33 temporary employees located throughout the County by providing services and consultation to managers and employees. Due to the additional level of HR support needed to support the work of the department, it is necessary to increase a currently budgeted position (Human Resource Analyst 2) from a 0.5 FTE to 1.0 FTE. This is accomplished by reallocating \$30,000 from temporary staffing services with the balance of \$5,116 from professional services to fund the position. This position is strategic to the department's recruitment and retention of qualified professionals needed to meet the county's growing human services demand.

**Budget Modification APR
Submit to Board Clerk**

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

The current year fiscal impact will be a net effect of zero (0). Ongoing expense will be directly proportionate to the county's increase in personnel cost based on Cost of Living Adjustments and Wage/Salary step increases, where applicable.

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).**

There is no revenue being changed.

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

Program Offer # 25001 – Human Resources budget is being increase by \$1,285. Personnel cost will increase by a net of \$5,116, Professional Services will decrease by \$3,831. Program Offer # 25002 - Business Services budget will decrease Professional Services by \$1,285.

- **What do the changes accomplish?**

Program Offer # 25001 – Human Resources will increase by 0.50 FTE.

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

Yes, the approval of this budget modification will result in an increase in the currently budgeted position number 705795 – Human Resource Analyst 2, from 0.50 FTE to 1.0 FTE.

- **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?**

N/A

- **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

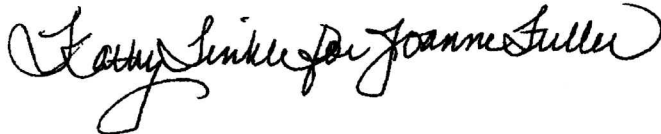
<p><i>NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.</i></p>

ATTACHMENT B

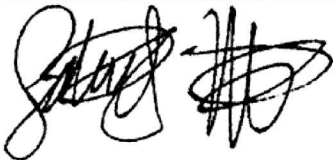
BUDGET MODIFICATION:

Required Signatures

Elected Official
or Department/
Agency
Director:

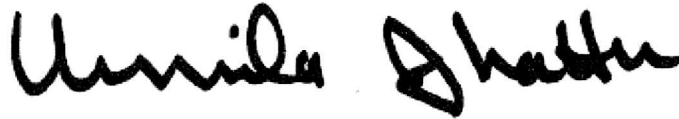


Date: 10/21/10



10/22/10

Budget Analyst:

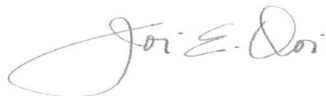


Date: _____

Department
HR:

Date: 10/21/10

Countywide
HR:



Date: October 21,
2010

Budget Modification ID: **DCHS11-13****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	26-10	1000	25001	40			CHSBS.HR.CGF	60000	148,667	170,757	22,090		Permanent
2	26-10	1000	25001	40			CHSBS.HR.CGF	60130	44,482	50,836	6,354		Salary Related Expenses
3	26-10	1000	25001	40			CHSBS.HR.CGF	60140	38,124	44,796	6,672		Insurance Benefits
4										0			
5	26-10	1000	25001	40			CHSBS.HR.CGF	60170	3,831	0	(3,831)		Professional Svcs
6	26-10	1000	25001	40			CHSBS.HR.CGF	60100	30,000	0	(30,000)		Temp
7										0			
8	26-10	1000	25002	40			CHSBS.FIN.CGF	60170	78,020	76,735	(1,285)		Professional Svcs
9										0			
10										0			
11										0			
12										0			
13	72-10	3500		20		705210		50316		(6,672)	(6,672)		Svc Rmb Med/Dental
14	72-10	3500		20		705210		60330		6,672	6,672		Claims Paid
15										0			
16										0			
17										0			
18										0			
19										0			
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