



Multnomah County Agenda Placement Request Budget Modification (FY 2018)

Board Clerk Use Only

Meeting Date: _____

Agenda Item #: _____

Est. Start Time: _____

Date Submitted: _____

Agenda Title: BUDGET MODIFICATION # DCS-04-19: Classification of a new Program Communications Coordinator Position

Requested Meeting Date: 7/26/18 **Time Needed:** Consent Calendar

Department: 91 - Community Services **Division:** Transportation

Contact(s): Ian Cannon

Phone: 503-988-3595 **Ext.** 83595 **I/O Address** 425

Presenter Name(s) & Title(s): N/A (Consent Calendar)

General Information

1. What action are you requesting from the Board?

The Department of Community Services is requesting the Board approve a budget modification DCS-4-19 for the classification of a Program Communications Coordinator position in the Transportation Division determined by the Classification Compensation (Class Comp) Unit of Central Human Resources.

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 Transportation Division has seen a significant expansion in duties and responsibilities which requires this position to create and lead the implementation of the division's strategic communications plan. Management requested the Class Comp Unit of Central Human Resources review the position classification. The job description was submitted to Central Human Resources to determine the appropriate classification of this position. Class Comp determined that the Program Communications Coordinator was the appropriate classification for the duties assigned.

The position (719366) is a new position which will be created by this budget modification classification in the Transportation Division in response to Class Comp's decision.

The changes will impact program offer 91013-19 Transportation Road Services.

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

The classification of position 719366 will increase personnel costs by \$114,187 in the current year. The Program's budget line item will be reduced to offset the increased cost of this position.

In subsequent fiscal years, the classified position will be subject to approved cost of living adjustments (COLA) and step and merit increases in accordance with collective bargaining agreements and county personnel rules. Increased costs in future fiscal years will be funded within the Transportation Division budget.

This will increase the Community Services Department's total FTE.

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).

No change in revenues

7. What budgets are increased/decreased?

This will change the Community Services Department's total FTE and budget in the County Road Fund.

8. What do the changes accomplish?

Classify a 1.00 FTE Program Communications Coordinator, position 719366, in the Transportation Division of the Community Services Department. Class Comp approved with an effective date of 07/06/18 (Request #4104).

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

N/A

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

The indirect charges is only for the estimated work on non capital projects.

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?

N/A

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)?

The position is funded through the Transportation Road Fund.

Required Signature

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

Date: _____

Budget Analyst: _____

Date: _____

Department HR: _____

Date: _____

Countywide HR: _____

Date: _____