

SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Request Item No: 210000YE01	For Fiscal Year: 2019
Requesting Organization: 21000000 YOUTH SERVICES DI	Date of Request: 31-Jul-19
Budget Adjust Type(s): New Revenue or Expense FTE Action	Ongoing (Y or N): Y
	If Yes, next year's CF impact: \$0
	Net FTE Change: 1.00

Description and Justification:

YSV Prevention Outside Revenue True-Up : Youth Services received several outside revenues for its prevention program after the June budget cycle. This request is to true up the revenues accordingly and also to request a time limited position required by the new interlocal agreement with Magna Township.

*\$37K: Increase prevention revenue (412000) from a new Magna Township interlocal agreement to fund 1 time limited FTE - CTC coordinator

*\$14K: Decrease federal funds from DWS (415000) for the prevention program

*\$41K: Increase prevention revenue (431055) for new grants award by SLCO Health Department/Prevention Services

Fund Impact

SUMMARY OF FUND IMPACT BY FUND	
FUND:	120 GRANT PROGRAMS FUND
Fund Impact (Budgetary)	\$0
Fund Impact (Transfers)	\$0
TOTAL FUND IMPACT	\$0

SUMMARY OF CNTY FUNDING IMPACT BY DEPT				
DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
2100000700 ALCOHOL AND DRUG PREVENTION	63,740	63,740	0	0
TOTALS	63,740	63,740	0	0

Approvals

Division Director: _____	Date: _____
Dept. or Elected Fiscal Mgr: _____	Date: _____
Dept. Dir. or Elected Official: _____	Date: _____
Facilities Division Director: _____ <i>(Capital Projects Only)</i>	Date: _____
Chief Financial Officer: _____ Approve	Date: _____
Mayor or Designee: _____ Approve	Date: _____
Council Action: _____	Date: _____

Budget Adjustment Detail

Budget Year: 2019 * **Requesting Department:** 21000000 YOUTH SERVICES DIVISION
Budget Period: Post June Year-End * **Req Item No:** 210000YE01 * **Adjustment Title:** YSV Prevention Outside Revenue True-Up
Adjustment Type(s): New Revenue or Expense FTE Action

Expense Budget String(s):

FUND	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
120	2100000700	601040	TIME LIMITED EMPLOYEES		37,731
120	2100000700	601050	TEMPORARY SEASONAL EMERGENCY		(13,005)
120	2100000700	603005	SOCIAL SECURITY TAXES		1,744
120	2100000700	603025	RETIREMENT OR PENSION CONTRIB		6,489
120	2100000700	603040	LTD CONTRIBUTIONS		181
120	2100000700	603045	SUPPLEMENTAL RETIREMENT (401K)		186
120	2100000700	603050	HEALTH INSURANCE PREMIUMS		19,458
120	2100000700	611010	PHYSICAL MATERIALS-BOOKS		5,948
120	2100000700	619015	MILEAGE ALLOWANCE		870
120	2100000700	639025	OTHER PROFESSIONAL FEES		624

TOTAL EXPENDITURES Page 1: \$60,225
TOTAL EXPENDITURES ALL PAGES: \$63,740

Revenue Budget String(s):

FUND	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
120	2100000700	412000	LOCAL GOVT PRIVATE GRANTS		37,014
120	2100000700	415000	FEDERAL GOVERNMENT GRANTS		(14,000)
120	2100000700	431055	INTERFUND REVENUE-HEALTH		40,726

TOTAL REVENUES Page 1: \$63,740
TOTAL REVENUES ALL PAGES: \$63,740

Balance Sheet/Fund Unrestriction String(s):

Bal sheet strings only required for Proprietary Fund adjustments or fund unrestricted; check if applicable.

FUND	SUB-DEPT ID	BAL. SHEET ACCOUNT	AMOUNT
		BAL_SHT or 499999	
		BAL_SHT or 499999	
		BAL_SHT or 499999	

TOTAL BALANCE SHEET CHANGE: \$0

*	Ongoing (Y or N):	<u>Y</u>		No. of New FTEs:	<u>0.00</u>	(2)
	If Yes, next year's CF impact:	<u>\$0</u>		No. of New Time Limited FTEs:	<u>1.00</u>	(2)
				No. of Transferred FTEs:	<u>0.00</u>	(2)
				No. of Abolished FTEs:	<u>0.00</u>	(2)

Fund Balance Transfers:

From Fund	From Dept ID	To Fund	To Dept ID	Amount

Description and justification: (Attach additional pages as needed.)*

Youth Services received several outside revenues for its prevention program after the June budget cycle. This request is to true up the revenues accordingly and also to request a time limited position required by the new interlocal agreement with Magna Township.

*\$37K: Increase prevention revenue (412000) from a new Magna Township interlocal agreement to fund 1 time limited FTE - CTC coordinator

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(1) If the request is for a grant, include the dates the grant will expire and what obligations are required of the County after the grant expires.

REQUEST FOR INTERIM/JUNE/YEAR-END BUDGET ADJUSTMENT (Additional Detail)

Expense Budget String(s):

FUND	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
120	2100000700	639050 CLIENT SUPPORT SERVICES			3,515
					<u>\$3,515</u>

Revenue Budget String(s):

FUND	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
					<u>\$0</u>

Position Management Information

INSTRUCTIONS: Complete one section for each position. To facilitate efficient execution of HR actions, please complete ALL fields as requested. TO fields are required for all position actions while FROM fields only need to be entered for position transfers. Print pages for completed sections and attach to the budget adjustment form.

Position 1		
Position Number (For changes to existing positions)	NEW	
Existing/Proposed Job Start Date	7/1/2019	
Existing/Proposed Job Code	9993	
Existing/Proposed Job Title	CTC Coordinator	
Position Type: Full-Time (FT), Part-Time (PT)	FT	
Time Limited? Yes / No	YES	
If Time Limited, expected expiration date	6/30/2023	
Location Code (four digit number)		
Fund	To:	From:
PS/BRASS Sub Department Id	To:	From:
Reports To Position Number		
Reports To Job Title		
FTE (Example: .50 / .75 / 1.0)	To: 1	From:
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))	TL	

Position 2		
Position Number (For changes to existing positions)		
Existing/Proposed Job Start Date		
Existing/Proposed Job Code		
Existing/Proposed Job Title		
Position Type: Full-Time (FT), Part-Time (PT)		
Time Limited? Yes / No		
If Time Limited, expected expiration date		
Location Code (four digit number)		
Fund	To:	From:
PS/BRASS Sub Department Id	To:	From:
Reports To Job Title		
FTE (Example: .50 / .75 / 1.0)	To:	From:
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))		

Position 3		
Position Number (For changes to existing positions)		
Existing/Proposed Job Start Date		
Existing/Proposed Job Code		
Existing/Proposed Job Title		
Position Type: Full-Time (FT), Part-Time (PT)		
Time Limited? Yes / No		
If Time Limited, expected expiration date		
Location Code (four digit number)		
Fund	To:	From:
PS/BRASS Sub Department Id	To:	From:
Reports To Position Number		
Reports To Job Title		
FTE (Example: .50 / .75 / 1.0)	To:	From:
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))		

Total No. of New FTEs:	0
Total No. of New Time Limited FTEs:	1
Total No. of Transferred FTEs:	0
Total No. of Abolishments:	0
Total No. of Other Actions:	0

(a) Totals will transfer to the "Adj Request" tab's FTE section.

Council Approval section below to be completed only by Council Staff and to be submitted to HR for final processing.				
Council Approved:	Yes:	No:	Date:	Signature: