

19-053

### SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

#### Executive Summary

Request Item No: 210000IA03	For Fiscal Year: <b>2019</b>
Requesting Organization: 21000000 YOUTH SERVICES DI	Date of Request: 18-Dec-18
Budget Adjust Type(s): New Revenue or Expense	Ongoing (Y or N): Y
FTE Action	If Yes, next year's CF impact: \$0
	Net FTE Change: 2.50

#### Description and Justification:

DCFS additional funding for 2.5 FTEs: DCFS increases the contract amount by \$200,000 annually for Youth Services' shelter services program. This additional funding will fund 2.5 new FTEs of Youth Worker merit positions. The intent is to lower the staff to client ratio to improve the coverage for the program. This contract is funded by the state general fund and is considered as an on-going funding source. This is a budget neutral request, no County funding is required.

#### 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
2100000600 SHELTER SERVICES	200,000	200,000	0	0
TOTALS	200,000	200,000	0	0

#### Approvals

Division Director:	Carolyn J.Hansen <small>Digitally signed by Carolyn J.Hansen Date: 2018.12.18 16:07:31 -07'00'</small>	Date: _____
Dept. or Elected Fiscal Mgr:	Yanping Ding <small>Digitally signed by Yanping Ding Date: 2018.12.18 16:09:14 -07'00'</small>	Date: _____
Dept. Dir. or Elected Official:	Karen Crompton <small>Digitally signed by Karen Crompton Date: 2018.12.19 09:18:58 -07'00'</small>	Date: _____
Facilities Division Director: (Capital Projects Only)	_____	Date: _____
Chief Financial Officer:	 Approve	Date: 12/19/18
Mayor or Designee:	 Approve	Date: 12/27/18
Council Action:	_____	Date: _____

## Budget Adjustment Detail

**Budget Year:** 2019      \* **Requesting Department:** 21000000 YOUTH SERVICES DIVISION  
**Budget Period:** Pre-June Interim      \* **Req Item No:** 2100001A03      \* **Adjustment Title:** DCFS additional funding for 2.5 FTEs  
**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	2100000600	601030 PERMANENT AND PROVISIONAL			122,943
120	2100000600	603005 SOCIAL SECURITY TAXES			9,405
120	2100000600	603025 RETIREMENT OR PENSION CONTRIB			22,708
120	2100000600	603040 LTD CONTRIBUTIONS			590
120	2100000600	603050 HEALTH INSURANCE PREMIUMS			41,030
120	2100000600	611015 EDUCATION AND TRAINING SERV/SUPP			750
120	2100000600	615016 COMPUTER SOFTWARE SUBSCRIPTION			2,400
120	2100000600	615050 MEALS AND REFRESHMENTS			60
120	2100000600	639025 OTHER PROFESSIONAL FEES			114

**TOTAL EXPENDITURES Page 1:** \$200,000  
**TOTAL EXPENDITURES ALL PAGES:** \$200,000

**Revenue Budget String(s):**

FUND	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
120	2100000600	411000 STATE GOVERNMENT GRANTS			200,000

**TOTAL REVENUES Page 1:** \$200,000  
**TOTAL REVENUES ALL PAGES:** \$200,000

**Balance Sheet/Fund Unrestriction String(s):**       Bal sheet strings only required for Proprietary Fund adjustments or fund unrestrictions; 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):** Y      **No. of New FTEs:** 2.50 (2)  
**If Yes, next year's CF impact:** \$0      **No. of New Time Limited FTEs:** 0.00 (2)  
    **No. of Transferred FTEs:** 0.00 (2)  
    **No. of Abolished FTEs:** 0.00 (2)

**Fund Balance Transfers:**

From Fund	From Dept ID	To Fund	To Dept ID	Amount

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

DCFS increases the contract amount by \$200,000 annually for Youth Services' shelter services program. This additional funding will fund 2.5 new FTEs of Youth Worker merit positions. The intent is to lower the staff to client ratio to improve the coverage for the program. This contract is funded by the state general fund and is considered as an on-going funding source. This is a budget neutral request, no County funding is required.

(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.

## 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	1/1/2019	
Existing/Proposed Job Code	719	
Existing/Proposed Job Title	Youth Worker	
Position Type: Full-Time (FT), Part-Time (PT)	TBD	
Time Limited? Yes / No	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: 2.5	From:
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))	N	

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 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))		

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:	2.5
Total No. of New Time Limited FTEs:	0
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: