

SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Request Item No: 215000IA02 For Fiscal Year: 2019
 Requesting Organization: 21500000 HEALTH Date of Request: 10-Apr-19
 Budget Adjust Type(s): New Revenue or Expense Ongoing (Y or N): Y
 If Yes, next year's CF impact: \$0
 Net FTE Change: 1.00

Description and Justification:

HLT 1 Partnership for Success Prevention Coord.: The Health Department received a four year federal grant that is designated specifically for the purposes of hiring a prevention coordinator to assist with decreasing substance use rates in Salt Lake County through community engagement, partnerships, coalitions, and evidence based strategies.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND	
FUND:	370 HEALTH 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
2150002023 PREVENTION BUREAU	95,000	95,000	0	0
TOTALS	95,000	95,000	0	0

Approvals

Division Director: Gary Edwards Digitally signed by Gary Edwards Date: 2019.04.10 08:22:39 -0600 Date: _____

Dept. or Elected Fiscal Mgr: Yanping Ding Digitally signed by Yanping Ding Date: 2019.04.10 08:28:49 -0600 Date: _____

Dept. Dir. or Elected Official: *Karen Crompton* Date: 4.10.2019

Facilities Division Director: *[Signature]* Date: _____
(Capital Projects Only)

Chief Financial Officer: *[Signature]* Date: 4/10/19

Mayor or Designee: *[Signature]* Date: 4/10/19
Approve

Council Action: _____ Date: _____
Approve

Budget Adjustment Detail

Budget Year: 2019 * Requesting Department: 21500000 HEALTH

Budget Period: Pre-June Interim * Req Item No: 2150001A02 * Adjustment Title: HLT 1 Partnership for Success Prevention Coord.

Adjustment Type(s): Now Revenue or Expense

Expense Budget String(s):

FUND	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
370	2150002023	601040			54,829
370	2150002023	603005			4,195
370	2150002023	603025			8,555
370	2150002023	603040			605
370	2150002023	603045			265
370	2150002023	603050			20,040
370	2150002023	613025			250
370	2150002023	615005			50
370	2150002023	615015			1,000
370	2150002023	615016			300

TOTAL EXPENDITURES Page 1: \$90,089
 TOTAL EXPENDITURES ALL PAGES: \$95,000

Revenue Budget String(s):

FUND	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
370	2150002023	415000			95,000

TOTAL REVENUES Page 1: \$95,000
 TOTAL REVENUES ALL PAGES: \$95,000

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
 If Yes, next year's CF impact: \$0
 No. of New FTEs: 0.00 (2)
 No. of New Time Limited FTEs: 1.00 (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.)*

The Health Department received a four year federal grant that is designated specifically for the purposes of hiring a prevention coordinator to assist with decreasing substance use rates in Salt Lake County through community engagement, partnerships, coalitions, and evidence based strategies.

\$95,000 is the annual amount GA.

(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
370	2150002023	615025			1,350
370	2150002023	615050			400
370	2150002023	618015			1,500
370	2150002023	621020			281
370	2150002023	621025			1,400
					\$4,911

Revenue Budget String(s):

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

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		
Existing/Proposed Job Title		
Position Type: Full-Time (FT), Part-Time (PT)	FT	
Time Limited? Yes / No	Yes	
If Time Limited, expected expiration date	6/30/2024	
Location Code (four digit number)		
Fund	To: 370	From:
PS/BRASS Sub Department Id	To: 2150001011	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 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:	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:
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