

### SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

#### Executive Summary

Request Item No: 215000IA01	For Fiscal Year: 2019
Requesting Organization: 21500000 HEALTH	Date of Request: 8-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: 0.75

#### Description and Justification:

Noxious Weed Coordinator: The Health Department received a state grant for noxious weed control to combat two priority noxious weed species which currently are in limited distribution within the county. Health is requesting a 0.75 FTE allocation to provide resources and technical expertise to local partners and community leaders, and coordinate noxious weed treatment with a contractor. This position is key in advancing the goals of the Salt Lake County Weed Board and will be on the ground, treating, mapping, monitoring and coordinating this project as well as working with partners on several high priority species with limited distribution in Salt Lake County.

#### 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
2150001011 HEALTH ADMIN	78,520	78,520	0	0
TOTALS	78,520	78,520	0	0

#### Approvals

Division Director:	Gary Edwards <small>Digitally signed by Gary Edwards Date: 2019.04.09 10:09:35 -08'00'</small>	Date: _____
Dept. or Elected Fiscal Mgr:	Yanping Ding <small>Digitally signed by Yanping Ding Date: 2019.04.09 10:18:32 -08'00'</small>	Date: _____
Dept. Dir. or Elected Official:	<i>Karen Crompton</i>	Date: 4-9-2019
Facilities Division Director: (Capital Projects Only)	_____	Date: _____
Chief Financial Officer:	<i>[Signature]</i> Approve	Date: 4/10/19
Mayor or Designee:	<i>[Signature]</i> Approve	Date: 4/10/19
Council Action:	Approve	Date: _____

## Budget Adjustment Detail

**Budget Year:** 2019      **Requesting Department:** 2150000 HEALTH  
**Budget Period:** Pre-June Interim      **Req Item No:** 2150001A01      **Adjustment Title:** Noxious Weed Coordinator  
**Adjustment Type(s):** New Revenue or Expense

**Expense Budget String(s):**

FUND	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
370	2150001011	601040			37,230
370	2150001011	603005			2,850
370	2150001011	603025			5,810
370	2150001011	603040			410
370	2150001011	603045			180
370	2150001011	603050			20,040
370	2150001011	639025			12,000
					<b>TOTAL EXPENDITURES Page 1:</b>
					<b>TOTAL EXPENDITURES ALL PAGES:</b>

\$78,520

\$78,520

**Revenue Budget String(s):**

FUND	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
370	2150001011	411000			78,520

**TOTAL REVENUES Page 1:**

\$78,520

**TOTAL REVENUES ALL PAGES:**

\$78,520

**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: 0.75 (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 state grant for noxious weed control to combat two priority noxious weed species which currently are in limited distribution within the county. Health is requesting a 0.75 FTE allocation to provide resources and technical expertise to local partners and community leaders, and coordinate noxious weed treatment with a contractor. This position is key in advancing the goals of the Salt Lake County Weed Board and will be on the ground, treating, mapping, monitoring and coordinating this project as well as working with partners on several high priority species with limited distribution in Salt Lake County.

(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	7/1/2019
Existing/Proposed Job Code	
Existing/Proposed Job Title	
Position Type: Full-Time (FT), Part-Time (PT)	PT
Time Limited? Yes / No	Yes
If Time Limited, expected expiration date	6/30/2020
Location Code (four digit number)	
Fund	To: 370 From:
PS/BRASS Sub Department Id	To: 2150001011 From:
Reports To Position Number	150621
Reports To Job Title	Noxious Weed Control Spv
FTE (Example: .50 / .75 / 1.0)	To: 0.75 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:	0.75
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.