

REQUEST FOR BUDGET ADJUSTMENT

15.6

Executive Summary

Reference No: 605000IA03 For Fiscal Year: 2017
 Requesting Organization: 60500000 INFORMATION SVCS Date of Request: 15-Mar-17
 Budget Adjust Type(s): New Revenue and Expenditure One Time Change (Y or N): Y
 If No, next year's impact: \$0
 Net FTE Change: 0.00

Description and Justification:

State Funding HB3: The Vulnerable Population Steering Committee accepted a proposal made by Salt Lake County and awarded to Salt Lake County \$260,000 to use to help meet the Legislative mandate of H.B. 3. The scope of the bill is to have the Agency coordinate with the counties to plan, scope, design, and begin implementation an integrated data system that would coordinate services for vulnerable populations including homeless individuals and families, individuals with mental illness and substance abuse issues, and individuals undergoing rehabilitation through the criminal justice system. Salt Lake County will design and implement a solution that is designed as a template for other counties to adapt. This is a onetime funding agreement that can be amended if additional funding is allocated.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

FUND:	110 GENERAL 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
6050000410 SOLUTIONS ADMIN	260,000	260,000	0	0
TOTALS	260,000	260,000	0	0

Approvals

Division Director:

Date: 3/15/17

Dept. or Elected Fiscal Mgr:

Date: 3/15/17

Dept. Dir. or Elected Official:

Date: 3/15/17

Facilities Division Director:
(Capital Projects Only)

Date:

Chief Financial Officer:

Date: 3-15-17

Mayor or Designee:

Approve

Approve

Date: 3-16-17

Council Action:

Approve

Date:

Budget Adjustment Detail

Budget Year: 2017 * Requesting Department: 60500000 INFORMATION SVCS
 Budget Period: Pre-June Interim * Req Item No: 18050001A03 * Adjustment Title: State Funding HB3
 Adjustment Type(s): New Revenue and Expenditure

Expense Budget String(s):

FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
110	060	6050000410	601040	AH0B3		130,000
110	060	6050000410	615020	AH0B3		90,000
110	060	6050000410	639045	AH0B3		25,000
110	060	6050000410	611015	AH0B3		15,000
TOTAL EXPENDITURE CHANGE:						\$260,000

Revenue Budget String(s):

FUND	AGENCY	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
110	060	6050000410	411000	AH0B3		260,000
TOTAL REVENUE CHANGE:						\$260,000

Balance Sheet String(s): ☐ Bal sheet strings only required for Proprietary Fund adjustments; check if applicable.

FUND	SUB-DEPT ID	BAL. SHEET ACCOUNT	AMOUNT
		BAL_SHT	
		BAL_SHT	
		BAL_SHT	
TOTAL BALANCE SHEET CHANGE:			\$0

* One Time Change (Y or N): Y No. of New FTEs: 0.00 (2)
 If No, next year's impact: \$0 No. of New Time Limited FTEs: 1.00 (2)
 No. of Transferred FTEs: 0.00 (2)
 No. of Other 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 Vulnerable Population Steering Committee accepted a proposal made by Salt Lake County and awarded to Salt Lake County \$260,000 to use to help meet the Legislative mandate of H.B. 3. The scope of the bill is to have the Agency coordinate with the counties to plan, scope, design, and begin implementation an integrated data system that would coordinate services for vulnerable populations including homeless individuals and families, individuals with mental illness and substance abuse issues, and individuals undergoing rehabilitation through the criminal justice system. Salt Lake County will design and implement a solution that is designed as a template for other counties to adapt. This is a onetime funding agreement that can be amended if additional funding is allocated.

(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)		
Existing/Proposed Job Start Date		5/1/2017
Existing/Proposed Job Code		
Existing/Proposed Job Title		Principal Software Engineer
Position Type: Full-Time (FT), Part-Time (PT)		
Time Limited? Yes / No		FT
If Time Limited, expected expiration date		Yes
Location Code (four digit number)		4/30/2017
Fund		1152
PS/BRASS Sub Department Id		To: 110 From:
Reports To Position Number		To: 6050000410 From:
Reports To Job Title		3491
FTE (Example: .50 / .75 / 1.0)		Solutions Manager
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))		To: 1 From:
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		
PS/BRASS Sub Department Id		
Reports To Position Number		
Reports To Job Title		
FTE (Example: .50 / .75 / 1.0)		
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		
PS/BRASS Sub Department Id		
Reports To Position Number		
Reports To Job Title		
FTE (Example: .50 / .75 / 1.0)		
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 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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15.7

REQUEST FOR BUDGET ADJUSTMENT

Executive Summary

Reference No: 230000IA01	For Fiscal Year: 2017
Requesting Organization: 23000000 AGING AND ADULT S	Date of Request: 13-Mar-17
Budget Adjust Type(s): FTE Request	One Time Change (Y or N): NO
New Revenue and Expenditure	If No, next year's impact: \$51,005
	Net FTE Change: 0.50

Description and Justification:

New Choice Case Management Services (Medicaid): AAS is requesting a .50 FTE Time Limited Public Health Nurse to manage the New Choices Waiver and Medicaid Waiver clients. This is a budget neutral request and no additional Salt Lake County funding is requested.

AAS is experiencing a shortage of nurse resources in the New Choices Waiver program. With this new position, AAS projects to bring in about \$51K from Medicaid revenues. The estimate is based on the rate: nurse case management units at approximately 3-4 units per month for 56 clients ($56 \times 3.6 \times \$20.81 = \$4,195.30$) with additional clients added during open enrollment which starts March 1, 2017.

Medicaid Funded

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
2300000602 WAIVER	38,253	38,253	0	0
TOTALS	38,253	38,253	0	0

Approvals

Division Director:

Paul Leggett
Digitally signed by Paul Leggett
Date: 2017.03.13 16:20:08
+0600

Date: _____

Dept. or Elected Fiscal Mgr:

Yanping Ding
Digitally signed by Yanping Ding
Date: 2017.03.13 16:26:17
+0600

Date: _____

Dept. Dir. or Elected Official:


Karen Crompton
Digitally signed by Karen Crompton
Date: 2017.03.15 08:12:57

Date: _____

Facilities Division Director:
(Capital Projects Only)

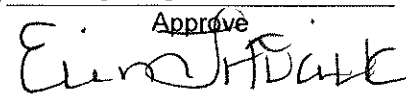
Date: _____

Chief Financial Officer:



Date: 3/15/17

Mayor or Designee:


Approve

Date: 3/16/17

Council Action:

Approve

Date: _____

Budget Adjustment Detail									
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Budget Year: 2017 * Requesting Department: 23000000 AGING AND ADULT SERVICES

Budget Period: Pre-June Interim * Req Item No: 230000IA01 * Adjustment Title: New Choice Case Management Services (Medicaid)

Adjustment Type(s): FTE Request New Revenue and Expenditure

Expense Budget String(s):

FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
120	020	2300000602	601030			22,712
120	020	2300000602	603005			1,737
120	020	2300000602	603025			3,407
120	020	2300000602	603040			227
120	020	2300000602	603045			381
120	020	2300000602	603050			9,790

TOTAL EXPENDITURE CHANGE:	\$38,253
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Revenue Budget String(s):

[illegible]

TOTAL REVENUE CHANGE:	\$38,253
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Balance Sheet String(s): ☐ Bal sheet strings only required for Proprietary Fund adjustments; check if applicable.

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

TOTAL BALANCE SHEET CHANGE:		\$0
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* One Time Change (Y or N): No
If No, next year's impact: \$51,005

No. of New FTEs:	0.00	(2)
No. of New Time Limited FTEs:	0.50	(2)
No. of Transferred FTEs:	0.00	(2)
No. of Other FTEs:	0.00	(2)

Fund Balance Transfers:

[illegible]

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

AAS is requesting a .50 FTE Time Limited Public Health Nurse to manage the New Choices Waiver and Medicaid Waiver clients. This is a budget neutral request and no additional Salt Lake County funding is requested.

AAS is experiencing a shortage of nurse resources in the New Choices Waiver program. With this new position, AAS projects to bring in about \$51K from Medicaid revenues. The estimate is based on the rate: nurse case management units at approximately 3-4 units per month for 56 clients ($56 \times 3.6 \times \$20.81 = \$4,195.30$) with additional clients added during open enrollment which starts March 1, 2017.

(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.

(2) For FTE related requests, complete and print the "Position" tab. Totals from that tab will be carried over to here.

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	
Existing/Proposed Job Code	
Existing/Proposed Job Title	PUBLIC HEALTH NURSE
Position Type: Full-Time (FT), Part-Time (PT)	PT
Time Limited? Yes / No	YES
If Time Limited, expected expiration date	3/31/2020
Location Code (four digit number)	
Fund	To: From:
PS/BRASS Sub Department Id	To: From:
Reports To Position Number	2340
Reports To Job Title	Alternative Program Manager
FTE (Example: .50 / .75 / 1.0)	To: From: 0.5
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))	TL

Gabriel Anguiano

From: Yanping Ding
Sent: Wednesday, March 15, 2017 11:43 AM
To: Gabriel Anguiano
Cc: Karen Crompton; Paul Leggett; Jessica Montgomery
Subject: Emailing - 230000IA01 New Choice CM Medicaid 0.5 TL Public Health Nurse.pdf
Attachments: 230000IA01 New Choice CM Medicaid 0.5 TL Public Health Nurse.pdf

Gabe,

Attached please find the interim budget adjustment request from AAS for a 0.5 FTE time limited position, funded by the Medicaid revenues. This is a budget neutral request, no County funding is requested. The current year budget (2017) is a 9-month budget, the next year's budget impact is full year, which will be funded by Medicaid.

Please let me know if you have any questions. We would like to get this on next Tuesday's COW meeting if Mayor would support it.

Thank you.

Yanping

REQUEST FOR BUDGET ADJUSTMENT

15,8

Executive Summary

Reference No: 461000IA01	For Fiscal Year: 2017
Requesting Organization: 46100000 FLOOD CONTROL PRO	Date of Request: 13-Mar-17
Budget Adjust Type(s): New Capital Project	One Time Change (Y or N): Y
Technical	If No, next year's impact: \$0
	Net FTE Change: 0.00

Description and Justification:

Flood Control Storm Drain Projects: This budget adjustment is to "true-up" the 5400 S Storm Drain project (FV\$130004) and transfer \$250,000 from FV\$130004 to two new Flood Control projects (EFCFP170004 and EFCFP170005). The funding is available in project FV\$130004 because the construction bid for Phase 4 was approximately \$600,000 below the engineer's cost estimate. The true-up is calculated as follows: (2016 Ending Budget Balance \$874,960.55 - 2017 Rebudget Amount \$200,000 = \$674,960 True-up). See attachment for additional description.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND	
FUND:	250 FLOOD CONTROL FUND
Fund Impact (Budgetary)	(\$674,960)
Fund Impact (Transfers)	\$0
TOTAL FUND IMPACT	(\$674,960)

SUMMARY OF CNTY FUNDING IMPACT BY DEPT				
DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
4610000000 FLOOD CONTROL PROJECTS PRGM	0	674,960	0	674,960
TOTALS	0	674,960	0	674,960

Approvals

Division Director: 


Date: 3/13/2017

Dept. or Elected Fiscal Mgr: 

Date: 3-13-17

Dept. Dir. or Elected Official: 

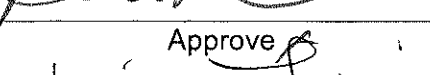
Date: 14 Mar 2017

Facilities Division Director:
(Capital Projects Only) 

Date: _____

Chief Financial Officer: 

Date: 3-16-17

Mayor or Designee: 
Approve

Date: 3-16-17

Council Action: _____
Approve

Date: _____

Budget Adjustment Detail

Budget Year: 2017 * Requesting Department: 46100000 FLOOD CONTROL PROJECTS

Budget Period: Pre-June Interim * Req Item No: 461000IA01 * Adjustment Title: Flood Control Storm Drain Projects

Adjustment Type(s): New Capital Project Technical

Expense Budget String(s):

FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
250	040	4610000000	683020		FV\$130004	424,960
250	040	4610000000	629015		EFCFP170004	100,000
250	040	4610000000	631020		EFCFP170005	150,000

TOTAL EXPENDITURE CHANGE: \$674,960

Revenue Budget String(s):

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

TOTAL REVENUE CHANGE: \$0

Balance Sheet String(s): ☐ Bal sheet strings only required for Proprietary Fund adjustments; check if applicable.

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

TOTAL BALANCE SHEET CHANGE: \$0

* One Time Change (Y or N): Y
If No, next year's impact:
No. of New FTEs: 0.00 (2)
No. of New Time Limited FTEs: 0.00 (2)
No. of Transferred FTEs: 0.00 (2)
No. of Other 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.)*

This budget adjustment is to "true-up" the 5400 S Storm Drain project (FV\$130004) and transfer \$250,000 from FV\$130004 to two new Flood Control projects (EFCFP170004 and EFCFP170005). The funding is available in project FV\$130004 because the construction bid for Phase 4 was approximately \$600,000 below the engineer's cost estimate. The true-up is calculated as follows: (2016 Ending Budget Balance \$874,960.55 - 2017 Rebudget Amount \$200,000 = \$674,960 True-up). See attachment for additional description.

(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.

Budget Adjustment 461000IA01 description continued:

The adjustment will move \$100,000 into project EFCFP170004, 7200 S Drain to Bingham Junction in Midvale. Salt Lake County Flood Control has an existing maintenance agreement with Midvale for the 7200 S Drain through Bingham Junction and is required to repair all damage to this facility through this area. The 7200 South drain channel and outfall to the Jordan River failed and scoured the banks of the channel due to a large rain event in August of 2016. This was an unanticipated project at the time the 2017 budget was submitted.

The adjustment will also move \$150,000 into project EFCFP170005, Sandy City Canal White City Storm Drain. Salt Lake County Flood Control has a maintenance agreement on the Sandy City Canal. The Sandy City Canal will not be used for irrigation in the future. Sandy City is converting a portion of the canal into stormwater detention. Currently stormwater from Sandy City and White City is conveyed in the existing Sandy City Canal. In order to remove the Sandy City and White City stormwater from the canal we are proposing a storm drain pipe to take the water from the canal at Big Bear Park to 700 East. The new storm drain will cross through White City and Sandy City. Salt Lake County Parks and Recreation is going to construct a trail on the existing canal. The funding for the storm drain portion of the project will be coming from Sandy City (63%), Salt Lake County Parks and Recreation (18.5%) and Salt Lake County Flood Control (18.5%). When the project is complete Salt Lake County Flood Control will no longer be responsible for maintenance on the Sandy City Canal. The \$150,000 will be Salt Lake County Flood Control's portion of the project.

Project FV\$130004
5400 South SD Replacement

2014 PeopleSoft Project Budget	\$ 2,498,000.00
2014 Expenses	\$ (1,350,077.68)
2014 Encumbrance	\$ -
2014 PeopleSoft Remaining Budget	<u>\$ 1,147,922.32</u>
2014 Carry Forward Amount	\$ 750,000.00
2015 True-up Amount	<u>\$ 397,922.32</u>
Subtotal	\$ 1,147,922.32
Cancelled 2014 Encumbrance	\$ -
True-up Rounding	<u>\$ (0.32)</u>
2015 PeopleSoft Project Budget	\$ 1,147,922.00
2015 Expenses	\$ (226,110.20)
2015 Encumbrance	<u>\$ (31,656.52)</u>
2015 PeopleSoft Remaining Budget	\$ 890,155.28
2015 Carry Forward Amount	\$ 869,513.00
2016 True-up Amount	<u>\$ 20,643.00</u>
2016 Budget Amount	\$ 890,156.00
Budget Adjustment 08/2/2016	<u>\$ 1,283,757.00</u>
2016 PeopleSoft Project Budget	\$ 2,173,913.00
2016 Expenses	\$ (948,532.26)
2016 Encumbrance (PEC)	\$ (4,218.12)
2016 Encumbrance (Lyndon Johnson)	\$ (4,046.70)
2016 Encumbrance (Rolfe)	<u>\$ (342,155.37)</u>
2016 PeopleSoft Remaining Budget	\$ 874,960.55
2016 Carry Forward	\$ 200,000.00
2017 True-up Amount	<u>\$ 674,960.55</u>
2017 True-up Rounding adjustment	\$ (0.55)
2017 PeopleSoft Remaining Budget	<u>\$ 874,960.00</u>

Gabriel Anguiano

From: Amy McCormick
Sent: Wednesday, March 15, 2017 6:10 PM
To: Gabriel Anguiano
Cc: Jared C Steffey; K. Dirk Peterson; Darrin Casper; Kade Moncur; Lizel Allen
Subject: FW: 2017 Budget Adjustment
Attachments: FV\$130004.pdf; FY17a_20170321Est_Flood Control Proj_New Capital Proj_Ref461000IA01.pdf; 1_4610_FV\$130004_TrueUp_KE2017.xlsx; 20160315_FV\$130004_BudgetStatus.PDF

Hi Gabe,

I too originally thought the 2016 available balance was \$852,779.89. After I reviewed 2016 expenses, I determined that the balance should be \$874,960.55. See attached budget status report as of 03/15/2017.

The \$22,180.66 difference is due to a journal entry (19964) that Accounts Payable processed to accrue 2016 retention to the project. The reversing entry (19996) was processed in January 2017. The \$22,180.66 is already included in the 2016 encumbrance total (Rolfe Excavation and Construction, PO 30884, Contract PP16123C). If the \$22,180.66 is also subtracted as an expense in 2016, then the \$22,180.66 will be counted twice, once as an expense and once as an encumbrance.

I have attached the supporting spreadsheet. See worksheet tab labeled "FV\$130004 Expenses 03-07-2017" to see the detail of the 2016 project expenses. I have highlighted the lines in red that involve the \$22,180.66.

I think that the budget adjustment true-up amount is correct based on the above explanation. Let me know if you disagree with my reasoning. If you still think we need to change the adjustment, let me know.

We were hoping to have the adjustment on next Tuesday's COW. Is this still possible?

I will be out of the office tomorrow but can be available to discuss any questions.

Thanks,
Amy

From: Gabriel Anguiano
Sent: Wednesday, March 15, 2017 5:04 PM
To: Jared C Steffey <JSteffey@slco.org>; Amy McCormick <AMccormick@slco.org>
Cc: K. Dirk Peterson <KDPeterson@slco.org>; Darrin Casper <DCasper@slco.org>
Subject: 2017 Budget Adjustment

Hello,

Please see attachments.

I am sure it's just a matter of timing but the most current PB610 report shows an available balance of \$852,779.89. Could you please update the attached budget adjustment to reflect the most current balance?

Something to keep in mind during the June Opening true-up process is the beginning balance for this fund should be increased by the \$652,779 amount.

	Current Period	Inception-To-Date
<u>Back to Table of Contents</u>		
Fund 250		
225005 Due to Other Funds - Default	\$0.00	\$0.00
227020 Unearned Revenue	\$194.16	\$194.16
250105 Unavailable Property Tax Reven	\$0.00	\$187,467.31
	\$756,976.92	\$1,102,373.36
Fund 250 Total Liabilities		
Fund Balance		
Fund 250		
301005 Pre-Encumbrances	\$0.00	\$0.00
301010 Prior Years Encumbrances	(\$86,066.78)	\$280,618.03
301015 Current Year Encumbrances	(\$137,143.38)	\$1,340,529.42
311025 RFB-Bond Retirement	\$0.00	\$21.45
313010 CFB - For OPEB	\$0.00	\$0.00
313015 CFB - For Compensated Absences	\$0.00	\$26,530.12
317005 Fund Balance - Unassigned	\$3,338,921.26	\$6,236,951.01
	\$3,115,711.10	\$7,884,650.03
Fund 250 Total Fund Balance		
Fund 250 Out of Balance	\$0.00	(\$0.00)