

15.2 ✓

REQUEST FOR INTERIM/JUNE/YEAR-END BUDGET ADJUSTMENT

Executive Summary

Reference No: 410000YE01	For Fiscal Year: 2016
Requesting Organization: 41000000 ANIMAL SERVICES	Date of Request: 1-Mar-17
Budget Adjust Type(s): Appropriation Unit Shift	One Time Change (Y or N): Y
Unforeseen / Exigency	If No, next year's impact: \$0
	Net FTE Change: 0.00

Description and Justification:


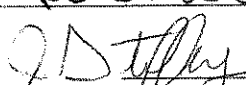
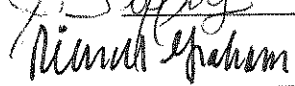
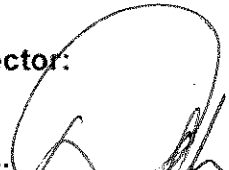

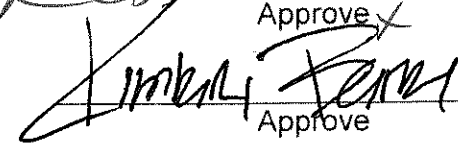

Urban Wildlife Program: In 2016, we anticipated an entire year (approx \$80,000) for the USDA-APHIS Urban Wildlife contract. The contract was not executed until April so we shifted resources to account for 3/4 a year of service. In Jan, USDA declared they had fulfilled the contract & billed unexpectedly for the remainder.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND	
FUND:	230 MUNICIPAL SERVICE DISTRICT 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
TOTALS	0	0	0	0

Approvals

Division Director:		Date:	1/2/17
Dept. or Elected Fiscal Mgr:		Date:	3-3-17
Dept. Dir. or Elected Official:		Date:	3-3-17
Facilities Division Director: (Capital Projects Only)		Date:	
Chief Financial Officer:		Date:	3-8-17
Mayor or Designee:	 Approve	Date:	3-8-17
Council Action:	 Approve	Date:	

Budget Adjustment Detail									
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Budget Year: 2016 *** Requesting Department:** 41000000 ANIMAL SERVICES

Budget Period: Year-End * Req Item No: 410000YE01 * Adjustment Title: Urban Wildlife Program

Adjustment Type(s): Appropriation Unit Shift Unforeseen / Exigency

Expense Budget String(s):

[illegible]

TOTAL EXPENDITURE CHANGE:	\$0
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Revenue Budget String(s):

[illegible]

TOTAL REVENUE CHANGE:	\$0
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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
-----------------------------	--	-----

* One Time Change (Y or N): Y
If No, next year's impact: \$0

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:

[illegible]

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

In 2016, we anticipated an entire year (approx \$80,000) for the USDA-APHIS Urban Wildlife contract. The contract was not executed until April so we shifted resources to account for 3/4 a year of service. In Jan, USDA declared they had fulfilled the contract & billed unexpectedly for the remainder.

(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 BUDGET ADJUSTMENT

15.3 ✓

Executive Summary

Reference No: 502000IA01	For Fiscal Year: 2017
Requesting Organization: 50200000 MUNICIPAL SERVICE	Date of Request: 2-Mar-17
Budget Adjust Type(s): FTE Transfers	One Time Change (Y or N): Y
	If No, next year's impact: \$0
	Net FTE Change: 1.00

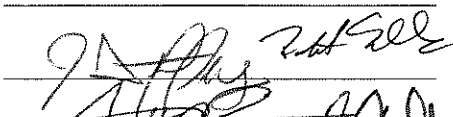
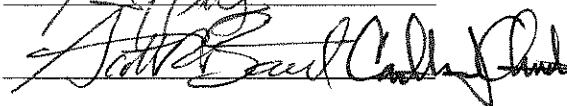
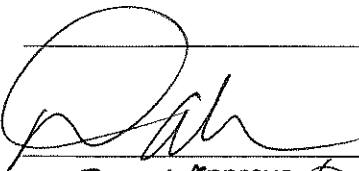

Description and Justification:
 Transfer ED position: Transfer Economic Development Position to Regional Development as part of Mayor's Office Reorganization

Fund Impact

SUMMARY OF FUND IMPACT BY FUND		
FUND:	110 GENERAL FUND	735 PUBLIC WORKS FUND
Fund Impact (Budgetary)	\$0	\$0
Fund Impact (Transfers)	\$0	\$0
TOTAL FUND IMPACT	\$0	\$0

SUMMARY OF CNTY FUNDING IMPACT BY DEPT				
DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
1025000200 ECONOMIC DEVELOPMENT	60,000	60,000	0	0
TOTALS	60,000	60,000	0	0

Approvals

Division Director: _____	Date: _____
Dept. or Elected Fiscal Mgr: 	Date: 3-3-17
Dept. Dir. or Elected Official: 	Date: 3-2-17
Facilities Division Director: _____	Date: _____
Chief Financial Officer: 	Date: 3/6/17
Mayor or Designee: 	Date: 3-2-17
Council Action: _____	Date: _____

Approve

Budget Adjustment Detail

Budget Year: 2017 *** Requesting Department:** 50200000 MUNICIPAL SERVICES - STAT AND GENL
Budget Period: Pre-June Interim *** Req Item No:** 502000IA01 *** Adjustment Title:** Transfer ED position
Adjustment Type(s): FTE Transfers

Expense Budget String(s):

FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
735	040	5020000100	661005			(60,000)
735	040	5020000100	693020			60,000
110	010	1025000200	601030			60,000

TOTAL EXPENDITURE CHANGE: \$60,000

Revenue Budget String(s):

FUND	AGENCY	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
110	010	1025000200	431180			60,000

TOTAL REVENUE CHANGE: \$60,000

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
 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: 1.00 (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.)*

Transfer Economic Development Position to Regional Development as part of Mayor's Office Reorganization

(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)	8357		
Existing/Proposed Job Start Date	4/1/2017 3-15-17		
Existing/Proposed Job Code	039		
Existing/Proposed Job Title	Economic Development Director		
Position Type: Full-Time (FT), Part-Time (PT)	FT		
Time Limited? Yes / No	No		
If Time Limited, expected expiration date	N/A		
Location Code (four digit number)	1046		
Fund	To: 735	From: 110	
PS/BRASS Sub Department Id	To: 1015000100	From: 1025000200	
Reports To Position Number	1582		
Reports To Job Title	Economic Development Director		
FTE (Example: .50 / .75 / 1.0)	To: 1	From: 1	
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))	T		

15.4 ✓

REQUEST FOR BUDGET ADJUSTMENT

Executive Summary

Reference No: 102500IA01	For Fiscal Year: 2017	
Requesting Organization: 10250000 OFFICE OF REGIONA	Date of Request: 8-Mar-17	
Budget Adjust Type(s): FTE Request	One Time Change (Y or N): N	
	If No, next year's impact: \$108,000	
	Net FTE Change: TL 1.00	

Description and Justification:

New FTE Time Limited: Regional Planning Manager. Salt Lake County has most of its undeveloped land located along its western corridor, including large tracts still in the unincorporated county. These will require greater county involvement until those property owners determine their course of governance but provide great opportunity to plan and develop these remaining areas into communities that combine housing, employment, and community services in a comprehensive way to minimize need for extensive travel. Given the unique challenges and opportunities for this area, Salt Lake County has a need to begin working proactively with the major property owners to plan for mixed uses, urban centers, public utility and appropriate transportation infrastructure. This requires a planning program manager with appropriate skills and vision to lead the County's effort in carrying out a comprehensive planning effort with property owners, urban services providers and local, regional and state officials. This position would report to the Director of Regional Planning and Transportation and will be time limited funded through transportation funds that allow administrative and planning functions.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

FUND:	110 GENERAL FUND	130 TRANSPORTATION PRESERVATION FUND
Fund Impact (Budgetary)	(\$108,000)	\$108,000
Fund Impact (Transfers)	\$108,000	(\$108,000)
TOTAL FUND IMPACT	\$0	\$0

SUMMARY OF CNTY FUNDING IMPACT BY DEPT

DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
1025000800 REGIONAL TRANSPORT AND PLANNING	0	108,000	0	108,000
1031000000 TRANSPORTATION PRESERVATN PROJ PRGM	0	(108,000)	0	(108,000)
TOTALS	0	0	0	0

Approvals

Division Director: _____

Date: _____

Dept. or Elected Fiscal Mgr: _____

Date: 3-8-17

Dept. Dir. or Elected Official: _____

Date: 3/8/17

Facilities Division Director:
(Capital Projects Only)

Date: _____

Chief Financial Officer: _____

Date: 3-8-17

Mayor or Designee: _____

Date: 3-8-17

Council Action: _____

Date: _____

Approve

Approve

Approve

Budget Adjustment Detail

Budget Year: 2017 * Requesting Department: 10250000 OFFICE OF REGIONAL DEVELOPMENT
 Budget Period: Pre-June Interim * Req Item No: 102500IA01 * Adjustment Title: New FTE Time Limited
 Adjustment Type(s): FTE Request

Expense Budget String(s):

FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
110	010	1025000800	801040			108,000
130	010	1031000000	885080			(108,000)
TOTAL EXPENDITURE CHANGE:						\$0

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): Γ 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): N
 If No, next year's impact: 108,000

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 Other FTEs: 0.00 (2)

Fund Balance Transfers:

From Fund	From Dept ID	To Fund	To Dept ID	Amount
130	1031000000	110	1025000800	108,000

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

Regional Planning Manager: Salt Lake County has most of its undeveloped land located along its western corridor, including large tracts still in the unincorporated county. These will require greater county involvement until those property owners determine their course of governance but provide great opportunity to plan and develop these remaining areas into communities that combine housing, employment, and community services in a comprehensive way to minimize need for extensive travel.

Given the unique challenges and opportunities for this area, Salt Lake County has a need to begin working proactively with the major property owners to plan for mixed uses, urban centers, public utility and appropriate transportation infrastructure. This requires a planning program manager with appropriate skills and vision to lead the County's effort in carrying out a comprehensive planning effort with property owners, urban services providers and local, regional and state officials. This position would report to the Director of Regional Planning and Transportation and will be time limited funded through transportation funds that allow administrative and planning functions.

(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)	N/A		
Existing/Proposed Job Start Date	4/1/2016		
Existing/Proposed Job Code	N/A		
Existing/Proposed Job Title	Regional Planning Manager		
Position Type: Full-Time (FT), Part-Time (PT)	FT		
Time Limited? Yes / No	Yes		
If Time Limited, expected expiration date	12/31/2017		
Location Code (four digit number)			
Fund	To: 110	From: 110	
PS/BRASS Sub Department Id	To: 1025000800	From: 1025000800	
Reports To Position Number	00007477		
Reports To Job Title	Director Regional Plan/Trans		
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		

15.5 ✓

REQUEST FOR BUDGET ADJUSTMENT

Executive Summary	
Reference No: 2150001A03 Requesting Organization: 21500000 HEALTH Budget Adjust Type(s): FTE Request	For Fiscal Year: 2017 Date of Request: 3-Mar-17 One Time Change (Y or N): N If No, next year's impact: \$87,190 Net FTE Change: TL 1.00
Description and Justification: HLT-TM Epidemiologist: The Health Department is requesting 1-new time limited FTE for our Epidemiology bureau based on additional grant funding received after the 2017 budget submission. This new position will help us better handle an increasing caseload and be able to increase the Health Departments response to the existing measles & mumps outbreak and any future outbreaks.	

Fund Impact

SUMMARY OF FUND IMPACT BY FUND	
FUND:	370 HEALTH FUND
Fund Impact (Budgetary)	\$0
Fund Impact (Transfers)	\$0
TOTAL FUND IMPACT	\$0

Ongoing Impact Grant Funded.

SUMMARY OF CNTY FUNDING IMPACT BY DEPT				
DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
2150005052 EPIDEMIOLOGY	0	87,190	0	87,190
2150005053 INFECTIOUS DISEASE	92,758	5,568	0	(87,190)
TOTALS	92,758	92,758	0	0

Approvals

Division Director:	Gary Edwards <small>Digitally signed by Gary Edwards Date: 2017.03.03 11:08:42 -07'00'</small>	Date: _____
Dept. or Elected Fiscal Mgr:	Yanping Ding <small>Digitally signed by Yanping Ding Date: 2017.03.03 11:10:51 -07'00'</small>	Date: _____
Dept. Dir. or Elected Official:	Karen Crompton <small>Digitally signed by Karen Crompton Date: 2017.03.03 11:13:46 -07'00'</small>	Date: _____
Facilities Division Director: (Capital Projects Only)	_____	Date: _____
Chief Financial Officer:	 Approve	Date: 3/6/17
Mayor or Designee:	 Approve	Date: 3/8/17
Council Action:	_____	Date: _____

Budget Adjustment Detail

Budget Year: 2017 * Requesting Department: 21500000 HEALTH
 Budget Period: Pre-June Interim * Req Item No: 215000IA03 * Adjustment Title: HLT-TM Epidemiologist
 Adjustment Type(s): FTE Request

Expense Budget String(s):

FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
370	020	2150005052	601040			55,840
370	020	2150005052	603005			4,272
370	020	2150005052	603025			8,326
370	020	2150005052	603040			268
370	020	2150005052	603045			994
370	020	2150005052	603050			17,490
370	020	2150005053	609025			5,568
TOTAL EXPENDITURE CHANGE:						<u>\$92,758</u>

Revenue Budget String(s):

FUND	AGENCY	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
370	020	2150005053	423000			55,561
370	020	2150005053	415000			37,197
TOTAL REVENUE CHANGE:						<u>\$92,758</u>

Balance Sheet String(s): if 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:			<u>\$0</u>

* One Time Change (Y or N): N No. of New FTEs: 0.00 (2)
 If No, next year's impact: \$87,190 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 Health Department is requesting 1-new time limited FTE for our Epidemiology bureau based on additional grant funding received after the 2017 budget submission. This new position will help us better handle an increasing caseload and be able to increase the Health Departments response to the existing measles & mumps outbreak and any future outbreaks.

(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		
Existing/Proposed Job Code	9993	
Existing/Proposed Job Title		
Position Type: Full-Time (FT), Part-Time (PT)	FT	
Time Limited? Yes / No	Yes	
If Time Limited, expected expiration date	2020	
Location Code (four digit number)		
Fund	To: 370	From:
PS/BRASS Sub Department Id	To: 2150005052	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	

Gabriel Anguiano

From: Yanping Ding
Sent: Friday, March 03, 2017 12:40 PM
To: Gabriel Anguiano
Subject: RE: Emailing - FY17a_20170314Est_Health_FTE TL 1.00_Ref215000IA03.pdf

The impact will be funded by the grant funds not the county funding. It is a budget neutral request.

Yanping Ding
385.468.7128

From: Gabriel Anguiano
Sent: Friday, March 3, 2017 12:38 PM
To: Yanping Ding <YDing@slco.org>
Subject: Emailing - FY17a_20170314Est_Health_FTE TL 1.00_Ref215000IA03.pdf

Hi Yanping,

You identify the ongoing county impact to be \$87,190.00 for 2018, is that because the additional grant funding for 2017 might not be available in 2018?

Thanks!

Gabriel Anguiano Jr
Associate Budget Administrator, SLCo Mayor's Finance
(385) 468-7078
GAnguiano@slco.org



Gabriel Anguiano Jr
SLCo
Associate Budget Administrat...
Mayor's Finance

(385) 468-7078 Work
GAnguiano@slco.org
2001 South State Street N4100
Salt Lake City, UT 84190-0001

156 ✓

REQUEST FOR INTERIM/JUNE/YEAR-END BUDGET ADJUSTMENT

Executive Summary

Reference No: 940000IA01	For Fiscal Year: 2017
Requesting Organization: 9400000000 SURVEYOR	Date of Request: 2-Mar-17
Budget Adjust Type(s): FTE Position/Reclass	One Time Change (Y or N): N
	If No, next year's impact: Vacant Reclass
	Net FTE Change: 0.00
Description and Justification:	
<p>Vacnt Recls Lead Chf of Prty to Sprv Chf of Prty: Vacant Reclass Lead Chief of Party position to new Supervising Chief of Party position. New position will have direct reports from other party chiefs and supervise survey field tech crew. Will also help with additional office duties assigned by Surveyor's Field Operations Manager.</p>	

Fund Impact

SUMMARY OF FUND IMPACT BY

FUND:

Fund Impact (Budgetary)

Fund Impact (Transfers)

Total Fund Impact

SUMMARY OF CNTY FUNDING IMPACT BY DEPT

DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
TOTALS	0	0	0	0

Approvals

Division Director:

K/A

Date:

Dept. or Elected Fiscal Mgr:

Gregory Berglund

Date:

3/2/17

Dept. Dir. or Elected Official:

Chris [Signature]

Date:

3/2/17

Facilities Division Director:

(Capital Projects Only)

[Signature]

Date:

3/1/17

Chief Financial Officer:

Approve

Date:

Mayor or Designee:

Kim [Signature]

Approve

Date:

3/8/17

Council Action:

Approve

Date:

Budget Adjustment Detail									
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Fiscal Year: 2017 *** Ref No:** 9400-01 *** Adjustment Type:** Pre-June Interim

Requesting Department: 9400000000 SURVEYOR - * Adjustment Title: Vacant Rec'd Lead Chf of Prty to Sprv Chf of Prty

Budget Adjustment Type(s):	FTE Position/Reclass				
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Expense Budget String(s):

[illegible]

TOTAL EXPENDITURE CHANGE:	\$0
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Revenue Budget String(s):[illegible]

TOTAL REVENUE CHANGE:		\$0
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Balance Sheet String(s): ☐ Check if Proprietary Fund

PS FUND	PS SUB-DEPT ID	PS BAL. SHEET ACCOUNT	AMOUNT
		(Enter PS Balance Sheet Account here.)	

TOTAL BALANCE SHEET CHANGE: \$0

* **One Time Change (Y or N):** N
If No, next year's impact: Vacant Reclass

No. of New FTEs:	0	**
No. of Transferred FTEs:	100	**
No. of New Time Limited FTEs:	0	**

Fund Balance Transfers:

From Fund	From Dept ID	To Fund	To Dept ID	Amount

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

Vacant Reclass Lead Chief of Party position to new Supervising Chief of Party position. New position will have direct reports from other party chiefs and supervise survey field tech crew. Will also help with additional office duties assigned by Surveyor's Field Operations Manager.

* 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: Please include a detailed description of the position action and request(s) including but not limited to whether it is a new position, a change to an existing one or a proposal to abolish or shift a percent of the allocation.

Description:

Vacant Reclass Lead Chief of Party to Supervising Chief of Party.

Required Position Information

Position Number (only if an existing position)	Will be new position replacing 00000684
Existing/Proposed Job Start Date	03/16/2017
Existing/Proposed Job Code	661
Existing/Proposed Job Title	Supervising Chief of Party
Position Type: Full-Time (FT), Part-Time (PT)	FT
Time Limited? Yes / No	No
If Time Limited , expected expiration date	NA
Location Code (four digit number)	1297
Reports To Position Number	00000703
Reports To Job Title	Surveyor's Field Operations Manager
FTE (Example: .50 / .75 / 1.0)	1.000
Action Type: (New position, Reclassification, Transfer, FTE)	Reclassification

Total No. of New FTEs:	0
Total No. of Transferred FTEs:	1.000
Total No. of New Time Limited FTEs:	0

* 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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REQUEST FOR INTERIM/JUNE/YEAR-END BUDGET ADJUSTMENT

15.7 ✓

Executive Summary

Reference No: 355099YE01 355099IA01 LD	For Fiscal Year: 2017
Requesting Organization: 35509900 SPCC RESERVE CAPI	Date of Request: 1-Mar-17
Budget Adjust Type(s): New Initiative	One Time Change (Y or N): Y
	If No, next year's impact: \$0
	Net FTE Change: 0.00

Description and Justification:

Kitchen Study: We are requesting a budget adjustment that would add \$31,000 to the Kitchen Expansion Study project. The scope of this project has been expanded to include the food preparation area and the dish washing area at recommendation from the onsite caterer and hired architect to complete the study. We are requesting these additional funds to come from and reduce the budget established for the Sound System - Phase 1 project. In total, this project was budgeted for \$300,000 and has the tolerance to allocate these funds to the Kitchen Expansion Study project.

Fund Impact

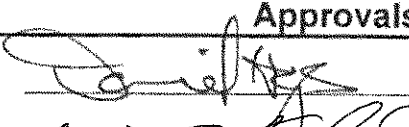
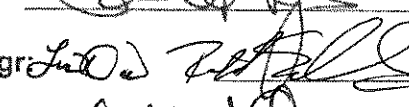


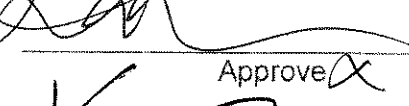

SUMMARY OF FUND IMPACT BY FUND

FUND:	180 RAMPTON SALT PALACE CONV CTR 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
TOTALS	0	0	0	0

Approvals

Division Director:		Date:	03/01/2017
Dept. or Elected Fiscal Mgr:		Date:	3-2-17 3-2-17
Dept. Dir. or Elected Official:		Date:	3/3/17
Facilities Division Director: (Capital Projects Only)		Date:	
Chief Financial Officer:		Date:	3/6/17
	Approve 		
Mayor or Designee:		Date:	3/8/17
Council Action:	Approve	Date:	

Budget Adjustment Detail	
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Budget Year: 2017

VO 3550A * Request
PIAO

* Requesting Department:

35508900 SPCC RESERVE CAPITAL PROJECTS

Budget Period: Pre-June Interim

* Req Item No: ~~SECRET~~

* Adjustment Title: Kitchen Study

Adjustment Type(s): ☒ New Initiative

Expense Budget String(s):

[illegible]

TOTAL EXPENDITURE CHANGE:

\$0

Revenue Budget String(s):

[illegible]

TOTAL REVENUE CHANGE:

\$0

Balance Sheet String(s): For 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:

[illegible]

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

We are requesting a budget adjustment that would add \$31,000 to the Kitchen Expansion Study project. The scope of this project has been expanded to include the food preparation area and the dish washing area at recommendation from the onsite caterer and hired architect to complete the study. We are requesting these additional funds to come from and reduce the budget established for the Sound System - Phase 1 project. In total, this project was budgeted for \$300,000 and has the tolerance to allocate these funds to the Kitchen Expansion Study project.

(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 BUDGET ADJUSTMENT

15.8 ✓

Executive Summary

Reference No: 631000IA01	For Fiscal Year: 2017
Requesting Organization: 63100000 FACILITIES MANAGE	Date of Request: 6-Mar-17
Budget Adjust Type(s): New Request	One Time Change (Y or N): Y
	If No, next year's impact: \$0
	Net FTE Change: 0.00

Description and Justification:

Real Estate Professional Fees: Real Estate is requesting these funds to pay for professional fees, due diligence and earnest money associated with homeless site selection work. The specifics include title reports, appraisals, environmental studies, and the acquisition agent.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

FUND:	110 GENERAL FUND
Fund Impact (Budgetary)	(\$100,000)
Fund Impact (Transfers)	\$0
TOTAL FUND IMPACT	(\$100,000)

SUMMARY OF CNTY FUNDING IMPACT BY DEPT

DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
6310002000 REAL ESTATE	0	100,000	0	100,000
TOTALS	0	100,000	0	100,000

Approvals

Division Director:

Date: _____

Dept. or Elected Fiscal Mgr:

Date: 3-6-2017

Dept. Dir. or Elected Official:

Date: 3-6-2017

Facilities Division Director:
(Capital Projects Only)

Date: _____

Chief Financial Officer:

Date: 3-7-2017

Mayor or Designee:

Date: 3-8-17

Council Action:

Date: _____

Approve

Budget Adjustment Detail

Budget Year: 2017 * Requesting Department: 63100000 FACILITIES MANAGEMENT
 Budget Period: Pre-June Interim * Req Item No: 631000IA01 * Adjustment Title: Real Estate Professional Fees
 Adjustment Type(s): New Request

Expense Budget String(s):

FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
110	060	6310002000	639025			60,000
110	060	6310002000	673005			40,000
TOTAL EXPENDITURE CHANGE:						\$100,000

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

Real Estate is requesting these funds to pay for professional fees, due diligence and earnest money associated with homeless site selection work. The specifics include title reports, appraisals, environmental studies, and the acquisition agent.

(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.