15.2 V

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):	Υ
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 (ap Wildlife contract. The contract was not executed until April so we service. In Jan, USDA declared they had fulfilled the contract & billing the contract with the contract will be serviced in Jan, USDA declared they had fulfilled the contract will be serviced in Jan, USDA declared they had fulfilled the contract will be serviced in Jan, USDA declared they had fulfilled the contract will be serviced in Jan, USDA declared they had fulfilled the contract will be serviced in Jan, USDA declared they had fulfilled the contract.	hifted resources to account for 3,	/4 a year of

Fur	br	lm	pact	

SUMMARY OF FUND IMPACT	T 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:	Bulle Date:	1/2/17
Dept. or Elected Fiscal Mgr:	The Date:	3-3-17
Dept. Dir. or Elected Official:	M Yruhum Date:	3-3-17
Facilities Division Director:	Date:	
(Capital Projects Only)	-	
Chief Financial Officer:	Date:	3-8-17
Mayor or Designee:	Approve Date:	3-8-17
	Approve `	- -
Council Action:	Approve Date:	

		<u> </u>	get Adjustmer	it Detail		
et Year:	2016		* Requesting D	epartment: 4100	0000 ANMAL SERVICES	and a financial contract the contract that the state of t
et Period: Yes	ar-End	* Req Item No:	410000YE01 ~	* Adjustment Title:	Urban Wildlife Program	
tment Type(s):	Appropriation Unit S	Shift -	Unforeseen / Ex	igency -	Page 1 August 1 Augus	
Expense Budget	String(s):					
FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
230	040	4100000100	639025			25
230	040	4100000100	601030			(25
					<u> </u>	
			<u> </u>	<u></u>	 	
			 		 	
 			+		 	
			1		 	
		1	1		 	
<u> </u>			TOTAL E	PENDITURE CHANGE	:	<u></u>

Revenue Budget	String(s):					W. C.
		:				
FUND	AGENCY	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
					<u> </u>	
					 	
					-	
			<u> </u>		 	·····
				<u> </u>	 	
			- 		 	
<u> </u>						
			 			<u> </u>
ļ	······································				· 	
				Year and a second	1	
			TOTA	L REVENUE CHANGE		
			T 01,	AL REVENUE CHANGE		······································
Rajance Sheet St	ring(s):					4444
Balance Sheet St	ring(s): ≨ Balsh	eet strings only required fo	TOT/			and the second s
			Proprietary Fund adjustments	chack if applicable.	2000 2000	NT
Balance Sheet St		eet strings only required fo	Proprietary Fund adjustments		AMOU	NT
			Proprietary Fund adjustments BAL. SHEE	chack if applicable.	2000 2000	NT
			Proprietary Fund adjustment BAL SHEE BAL_SHT	chack if applicable.	2000 2000	NT
			Proprietary Fund adjustments BAL_SHEE BAL_SHT BAL_SHT BAL_SHT	chack if applicable.	AMOU	NT
			Proprietary Fund adjustments BAL_SHEE BAL_SHT BAL_SHT BAL_SHT	: check if applicable.	AMOU	
* One Time	SUE Change (Y or N):	P-DEPT ID	Proprietary Fund adjustments BAL_SHEE BAL_SHT BAL_SHT BAL_SHT TOTAL BAL	check if applicable. FACCOUNT ANCE SHEET CHANGE No. of New FTEs:	0.00 (4	2)
* One Time	SUB	P-DEPT ID	Proprietary Fund adjustments BAL SHEE BAL SHT BAL SHT TOTAL BAL No. of Ne	check if applicable. FACCOUNT ANCE SHEET CHANGE No. of New FTEs: w Time Limited FTEs;	0.00 (4 0.00 (4	2)
* One Time	SUE Change (Y or N):	P-DEPT ID	Proprietary Fund adjustments BAL SHEE BAL SHT BAL SHT TOTAL BAL No. of Ne	icheck if applicable. FACCOUNT INCE SHEET CHANGE No. of New FTEs: W Time Limited FTEs: of Transferred FTEs:	0.00 (2 0.00 (2 0.00 (2	2) 2) 2)
* One Time	SUE Change (Y or N):	P-DEPT ID	Proprietary Fund adjustments BAL SHEE BAL SHT BAL SHT TOTAL BAL No. of Ne	check if applicable. FACCOUNT ANCE SHEET CHANGE No. of New FTEs: w Time Limited FTEs;	0.00 (2 0.00 (2 0.00 (2	2)
* One Time	SUE Change (Y or N): ext year's impact:	P-DEPT ID	Proprietary Fund adjustments BAL SHEE BAL SHT BAL SHT TOTAL BAL No. of Ne	icheck if applicable. FACCOUNT INCE SHEET CHANGE No. of New FTEs: W Time Limited FTEs: of Transferred FTEs:	0.00 (2 0.00 (2 0.00 (2	2)
* One Time	SUE Change (Y or N): ext year's impact:	P-DEPT ID	Proprietary Fund adjustments BAL SHEE BAL SHT BAL SHT TOTAL BAL No. of Ne	icheck if applicable. FACCOUNT INCE SHEET CHANGE No. of New FTEs: W Time Limited FTEs: of Transferred FTEs:	0.00 (2 0.00 (2 0.00 (2	2)
* One Time If No, ne	SUE Change (Y or N): ext year's impact:	Y \$0	Proprietary Fund adjustments BAL_SHT BAL_SHT BAL_SHT TOTAL BAL No. of No.	Check if applicable. FACCOUNT ANCE SHEET CHANGE No. of New FTES: W Time Limited FTES: No. of Other FTES:	0.00 (2 0.00 (2 0.00 (2	2)
* One Time	SUE Change (Y or N): ext year's impact:	P-DEPT ID	Proprietary Fund adjustments BAL SHEE BAL SHT BAL SHT TOTAL BAL No. of Ne	icheck if applicable. FACCOUNT INCE SHEET CHANGE No. of New FTEs: W Time Limited FTEs: of Transferred FTEs:	0.00 (2 0.00 (2 0.00 (2	2)
* One Time If No, ne	SUE Change (Y or N): ext year's impact:	Y \$0	Proprietary Fund adjustments BAL_SHT BAL_SHT BAL_SHT TOTAL BAL No. of No.	Check if applicable. FACCOUNT ANCE SHEET CHANGE No. of New FTES: W Time Limited FTES: No. of Other FTES:	0.00 (2 0.00 (2 0.00 (2	2)
* One Time If No, ne	SUE Change (Y or N): ext year's impact:	Y \$0	Proprietary Fund adjustments BAL_SHT BAL_SHT BAL_SHT TOTAL BAL No. of No.	Check if applicable. FACCOUNT ANCE SHEET CHANGE No. of New FTES: W Time Limited FTES: No. of Other FTES:	0.00 (2 0.00 (2 0.00 (2	2)
* One Time If No, ne	SUE Change (Y or N): ext year's impact:	Y \$0	Proprietary Fund adjustments BAL_SHT BAL_SHT BAL_SHT TOTAL BAL No. of No.	Check if applicable. FACCOUNT ANCE SHEET CHANGE No. of New FTES: W Time Limited FTES: No. of Other FTES:	0.00 (2 0.00 (2 0.00 (2	2)

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.

REQUEST FOR BUDGET ADJUSTMENT

153



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 Ti	me Change (Y or N):	Υ

One Time Change (Y or N):

If No, next year's impact:

Y \$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	r 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 D	EPT			
DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
1025000200 ECONOMIC DEVELOPMENT	60,000	60,000	O	0
TOTALS	60,000	60,000	0	0

Approvals	
Division Director:	Date:
Dept. or Elected Fiscal Mgr:	3-3-47 Date: 3-2-17
Dept. Dir. or Elected Official:	Date: 2 Mar 2017
Facilities Division Director: (Capital Projects Only)	Date:
Chief Financial Officer:	Date: 3/6/17
Mayor or Designee: 2 May June June	- Date: 3-2-17
Council Action:	Date:
Approve	

et Year:	2017	•••	* Requesting D	epartment: 50200	0000 MUNICIPAL SERVICES	-STAT AND (
et Period: P	re-June Interim 🔻	* Req Item No:	502000IA01 -	* Adjustment Title:	Transfer ED position	
ment Type(s):	FTE Transfers	—		-		
Expense Budge	t String(s):					
FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUN
735	040	5020000100	661005			
735	040	5020000100	693020			
110	010	1025000200	601030			
			TOTAL EX	(PENDITURE CHANGE:		\$
			IVIAL EX	ti Estoriotte ossastoes	_	
Revenue Budge	t String(s):				tion to the state of the state	
FUND	AGENCY	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUN
110	010	1025000200	431160	\\\\\\		
						-
		1	TOTA	L REVENUE CHANGE:		\$
Balance Sheet S	tring(s): Falshe	et strings only required for	Proprietary Fund adjustments	i: check if applicable.		
		DEPT ID	BAL. SHEET		AMOUN	IT.
FUND	308-	DEP I IU	BAL_SHT	ACCOON	Alhoon	• 1
			BAL_SHT			
			BAL_SHT			
			TOTAL BALA	NCE SHEET CHANGE:		
	<u> </u>		IOIAL BALA			_
	Ohana Of an Nil	V	IOIAL DALA	No of Now ETEs:	0.00 (2)	1
	Change (Y or N):	Y		No. of New FTEs:	0.00 (2)	
	e Change (Y or N): ext year's impact:	Y	_ No. of Ne	w Time Limited FTEs:	0.00 (2))
		Y	_ No. of Ne	w Time Limited FTEs: of Transferred FTEs:	0.00 (2) 1.00 (2)) }
lf No, n	ext year's impact:	Y	_ No. of Ne	w Time Limited FTEs:	0.00 (2)) }
	ext year's impact:	Y	_ No. of Ne	w Time Limited FTEs: of Transferred FTEs:	0.00 (2) 1.00 (2)) }
lf No, n	ext year's impact:	Y To Fund	_ No. of Ne	w Time Limited FTEs: of Transferred FTEs:	0.00 (2) 1.00 (2)) }
If No, n Fund Balance Tr	ext year's impact: ansfers:		No. of Ne No.	w Time Limited FTEs: of Transferred FTEs: No. of Other FTEs:	0.00 (2) 1.00 (2)) }
If No, n Fund Balance Tr	ext year's impact: ansfers:		No. of Ne No.	w Time Limited FTEs: of Transferred FTEs: No. of Other FTEs:	0.00 (2) 1.00 (2)) }
If No, n Fund Balance Tr	ext year's impact: ansfers:		No. of Ne No.	w Time Limited FTEs: of Transferred FTEs: No. of Other FTEs:	0.00 (2) 1.00 (2)) }
If No, n Fund Balance Tr	ext year's impact: ansfers:		No. of Ne No.	w Time Limited FTEs: of Transferred FTEs: No. of Other FTEs:	0.00 (2) 1.00 (2)) }
If No, n	ext year's impact: ansfers: From Dept ID	To Fund	No. of Ne No.	w Time Limited FTEs: of Transferred FTEs: No. of Other FTEs:	0.00 (2) 1.00 (2)) }
If No, n Fund Balance Tr From Fund otion and justific	ext year's impact: ansfers: From Dept ID ation: (Attach addi	To Fund	No. of Ne No.	w Time Limited FTEs: of Transferred FTEs: No. of Other FTEs: Amount	0.00 (2) 1.00 (2)) }

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	4/4/2017 3-15-17			15-17
Existing/Proposed Job Code	039			
Existing/Proposed Job Title	Economic Development Director			ctor
Position Type: Full-Time (FT), Part-Time (PT)	FT			VIII-IIV
Time Limited? Yes / No	No			
If Time Limited, expected expiration date	N/A			
Location Code (four digit number)		1	046	
Fund	To:	735	From:	110
PS/BRASS Sub Department Id	To:	1015000100	From:	1025000200
Reports To Position Number		1	582	
Reports To Job Title		Economic Devi	elopment Dire	ctor
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 S	Summary			- W - WIEWWY		
Reference No	102500IA01			For Fisc	al Year:	2017	
Requesting Organization	: 10250000	OFFICE OF R	REGIONA	Date of R	equest: 8-	Mar-17	
Budget Adjust Type(s):	: FTE Reques	st	One Ti	me Change (•	N	
	•			, next year's	•	108,000	
				Net FTE	•	L 1.00	
Description and Justif	ication:				·	_ 1.00	
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 ramaining 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 Im	pact				
SUMMARY OF FUND IMPACT BY	FUND						
	·	130 TRANSPOR	TATION				
		PRESERVATION	- 1				
Fund Impact (Budgetary)	(\$108,000)		108,000				
Fund Impact (Transfers)	\$108,000	·	108,000)				
TOTAL FUND IMPACT	\$0		\$0				
SUMMARY OF CNTY FUNDING IT	MPACT BY DEPT	Ţ					
DEPT		REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING		
1025000800 REGIONAL TRANSF	ORT AND	o	108,000	0	108,000		
1031000000 TRANSPORTATION	PRESERVATN		(100,000)		(400,000)		
PROJ PRGM		0	(108,000)	0	(108,000)		
TOTALS		0	0	0	0		
	<u> </u>	Approv	/als		·-		
Division Director:				Date:			
Dept. or Elected Fiscal MgF:	Tall		<u></u>	Date: 3-3	-17		
Dept. Dir. or Elected Official: Caltar Christonian Date: 3/8/17							
Facilities Division Director: Date:							
(Capital Projects Only) Chief Financial Officer: Date: 3-8-17			7-17				
Mayor or Designee: Approve Approve Approve			Date:	217			
Council Action:	A	pprove		Date:	, , , , , , , , , , , , , , , , , , ,		

		Budç	get Adjustmer	nt Detail		
t Year:	2017	_	* Requesting D	epartment: 10250	000 OFFICE OF REGIONA	L DEVELOPMENT
t Period:	re-June Interim -	* Reg Item No:	102500IA01 -	* Adjustment Title:	New FTE Time Limited	
		· · · · · · · · · · · · · · · · · · ·		·		
ment Type(s):	FTE Request	*		<u>_</u>		
Expense Budge	t String(s):					
FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
110	010	1025000800	601040			108,0
130	010	1031000000	685080			(108,0
	1		TOTAL F	L (PENDITURE CHANGE:	<u>. </u>	
			I WIND LI		-	
Revenue Budge	t String(s):				•	
			1 mari (m. 1) (m. 1) (m. 1)	5556/4 AT 15 (00T)	DOOLEGE IN ASSESS	444441419
FUND	AGENCY	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
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						· · · · · · · · · · · · · · · · · · ·
	_					
				,		
······································						
			TOTA	L REVENUE CHANGE:		
Balance Sheet \$	String(s): r- selebe	at strings only required for	Proprietary Fund adjustments	v check if applicable.	*	· · · · · · · · · · · · · · · · · · ·
FUND	SUB	DEPT ID		TACCOUNT	AMO	JN !
			BAL_SHT BAL_SHT			······································
	 		BAL_SHT			
	1			NCE SHEET CHANGE:		
					•	
	e Change (Y or N):	N		No. of New FTEs:		(2)
lf No, i	next year's impact:	108,000		w Time Limited FTEs:		(2)
			NO	of Transferred FTEs: No. of Other FTEs:		<i>(2)</i>
				No. of Other Fics.	0.00	(2)
Fund Balance T	ransfers:					
			1		1	
From Fund	From Dept ID	To Fund	To Dept ID	Amount		
130	1031000000	110	1025000800	108,000		
		 -				
					1	

Regional Planning Manager: Salt Lake County has most of its undeveloped land located along its western comidor, 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.

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	1
Existing/Proposed Job Code			V/A	
Existing/Proposed Job Title		Regional Pla	nning Manage	r
Position Type: Full-Time (FT), Part-Time (PT)			FT	
Time Limited? Yes / No	Yes			
If Time Limited, expected expiration date		12/311	2017	
Location Code (four digit number)		, ,		
Fund	To:	110	From:	110
PS/BRASS Sub Department Id	To:	1025000800	From:	1025000800
Reports To Position Number		080	07477	
eports To Job Title Director Regional Plan/Trans			ns	
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 V

2017

3-Mar-17

1.00

N.

\$87,190

For Fiscal Year:

Date of Request:

Net FTE Change: ⊤∟

One Time Change (Y or N):

If No, next year's impact:

REQUEST FOR BUDGET ADJUSTMENT

Executive Summary

Reference No: 215000IA03

Requesting Organization: 21500000 HEALTH

Budget Adjust Type(s): FTE Request

Description and Justification:							
HLT-TM Epidemiologist: The	Health Depart	met is requestir	ng 1-new time li	mited FTE f	or c	our Epidemeolo	gy bureau
based on additional grant fun							
handle an increasing caseloa	d and be able t	o increase the l	Health Departm	ients respon	ıse	to the existing/	measies &
mumps outbreak and any fut	ure outbreaks.						

		Fund Im	pact				
SUMMARY OF FUND IMPACT BY	FUND				,		0 1
FUND:	370 HEALTH				C	Moind T	mpart
	FUND				6	Dygoing I	Ded.
Fund Impact (Budgetary)	\$0					10(1-1)	
Fund Impact (Transfers)	\$0						
TOTAL FUND IMPACT	\$0						
SUMMARY OF CNTY FUNDING IF	MPACT BY DEPT	-					
DEPT		REVENUE	EXPENSE	BAL SHEET		CNTY FUNDING	
2150005052 EPIDEMIOLOGY		0	87,190		0	87,190	
2150005053 INFECTIOUS DISEAS	SE	92,758	5,568		0	(87,190)	
TOTALS		92,758	92,758	. •	0	-0	
		Approv	als		····		
Division Director:	Garv Edwar	rds Digitally signed by Gary	Edwards -42 -07'00'	Date:		***************************************	
Division Director:				Date.			
Dept. or Elected Fiscal Mgr:	Yanping Di	ng Digitally signed by Ya Date: 2017.03.03 11; -07'00'	inping Ding 10:51	Date:			
pept. or medical man.		Oigitally signed by Kar		D010.			
Dept. Dir. or Elected Official:	Karen Cromp	Crompton Oate: 2017.03.03 11:1		Date:			
and part of the control of the contr		A					
Facilities Division Director:				Date:			
(Capital Projects Only) /			V1032-04-0-				
/	1 Patr			7)/	111	
Chief Financial Officer:	X			Date:	/	6/17	
V	1 / A	pprove 🔍		Date:		•	
	Junto a d	12.	1	- · -	10	1	
Mayor or Designee:	XXIIIVILI	MIN	<u> </u>	Date:	/8	///	344 months
	U IA	pprove		•		- •	
Council Action:				Date:			
OUBIICII MULIUII.				~~~			

Approve

		Budç	get Adjustmei	nt Detail		
et Year:	2017	-	* Requesting D	epartment: 2150	0000 HEALTH	
et Period: Pro	e-June Interim 🔻	* Req Item No:	215000IA03 -	∗ Adjustment Title:	HLT-TM Epidemiologist	
tment 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			55,84
370	020	2150005052	603005			4,2
370	020	2150005052	603025			8,3:
370	020	2150005052	603040			21
370	020	2150005052	603045			9:
370	020	2150005052	603050			17,4
370	020	2150005053	609025			5,5
					<u> </u>	
	L		TOTAL EX	PENDITURE CHANGE	-1	\$92,75
Revenue Budget FUND	AGENCY	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
370		2150005053	423000	1110011010117		55,56
370		2150005053	415000		 	37,19
370	020	2 (30003033	413000			07710
			1	·		
			 			
			<u> </u>			
	<u> </u>	L	TOTA	AL REVENUE CHANGE		\$92,75
Balance Sheet St	tring(s):	at attions and conquired for	r Proprietary Fund adjustments	e chack if applicable	500/ 500/	
FUND	00,010	DEPT ID	`	T ACCOUNT	AMOL	INT
TOND	300-		BAL_SHT			
			BAL SHT			
			BAL_SHT			
<u> </u>	<u> </u>			ANCE SHEET CHANGE		\$

* One Time	e Change (Y or N):	N		No. of New FTEs:	0.00 (2)
If No. n	ext year's impact:	\$87,190	No. of Ne	ew Time Limited FTEs:	1.00	2)
•			No.	of Transferred FTEs:	0.00 (2)
				No. of Other FTEs:	0.00 (2)
Fund Balance Tra	ansfers:				-	
From Fund	From Dept ID	To Fund	To Dept ID	Amount	7	
From Fullu	From Septio	TO FULL	10 Sehrib		1	
					1	
	<u> </u>				-∤	

The Health Departmet is requesting 1-new time limited FTE for our Epidemeology 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.

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		9	993	
Existing/Proposed Job Title	I			
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	<u> </u>			
Reports To Job Title				
FTE (Example: .50 / .75 / 1.0)	То:	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@sico.org 2001 South State Street N4100 Salt Lake City, UT 84190-0001

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REQUEST FOR INTERIM/JUNE/YEAR-END BUDGET ADJUSTMENT

Executive Summa	ary				
Reference No: 940000IA01		For	Fiscal Year:	2017	
Requesting Organization: 9400000000 SUR	VEYOR	Date	of Request:	2-Mar-1	17
Budget Adjust Type(s): FTE Position/Recla	iss Oi	ne Time Chan	ge (Y or N):	N	
		if No, next yea	ar's impact:	Vacant Re	class
Description and Justification:		Net F	TE Change:	0.00	
Vacnt Recls Lead Chf of Prty to Sprv Chf of Prty: \ Chief of Party position. New position will have directed tech crew. Will also help with additional office dutie	ct reports from	other party chief	s and supervis	se survey fiel	vising d
Fur	id Impact				
FUND: Fund Impact (Budgetary) Fund Impact (Transfers) Total Fund Impact					
SUMMARY OF CNTY FUNDING IMPACT BY DEPT					
DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUND	ING
TOTALS	0	0		0	0
A	provals		propries de la companya de la compa		
Division Director:	Da	te:			
	- (te:	·	3/2/17	**************************************
Dept. Dir. or Elected Official:	Da	te:		3/2/17	
Facilities Division Director: Capital Projects Only)		te:		3/1/17	7
Mayor or Designee: Appropriate Appropriat	yve X ZM Da	te:-	-	3/8/17	

Page 1 of 2

Approve

Date:

Version 62

Council Action:

		Budg	et Adjustmer	nt Detail			
cal Year:	2017	* Ref No:	9400-01	≉ Adju	stment Type; Pre	June Interim	-
questing Department:	9400000000 S	URVEYOR	크 '	+ Adjustment Titie:	Vacnt Recis Lead Chi of F	Prty to Sprv Chf of Prty	
dget Adjustment Type	s(s): :	FTE Position/Reclass	<u> </u>		3		•]
Expense Budget	String(s):	•	,		,		
FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT	
	· · · · · · · · · · · · · · · · · · ·						
<u> </u>			TOTAL EX	PENDITURE CHANGE:			\$0
Revenue Budget S	String(s):						
FUND	AGENCY	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT	
	·						
							· · · · ·
			TOTAL	REVENUE CHANGE:	:		\$0
Balance Sheet Str	ing(e): □ Check if	Proprietary Fund					
PS FUND	PS SUB	-DEPT ID	PS BAL. SHEE	T ACCOUNT	AN	TOUNT	
<u> </u>			(Enter PS Balance Sheet Acc TOTAL BALAI	count here.) NCE SHEET CHANGE:			
						**	<u> </u>
	change (Y or N): ext year's impact:	N Vacant Reclass	No.	No. of New FTEs: of Transferred FTEs:	100	**	
			No. of Nev	/ Time Limited FTEs:	0	n.≉	
d Balance Transfers:							
From Fund	From Dept ID	To Fund	To Dept ID	Amount			

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.

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.

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

Regulred Position Information			
Position Number (only if an existing position)	Will be new position replacing 00000694		
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)	10,00		
Action Type: (New position, Reclassification, Transfer, FTE	Reclassification		

Total No. of New FTEs:	0
Total No. of Transferred FTEs:	Jr 0.00
Total No. of New Time Limted 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 FIR for final processing.
Council Approved: Yes: No:	Date: Signature:

REQUEST FOR INTERIM/JUNE/YEAR-END BUDGET ADJUSTMENT

	THE RESERVE OF A STREET WAS A STREET	Annual of Annual of Control of Co	A THE PROPERTY OF THE PROPERTY		
The state of the s	Executive Summary				
3	: 355099YE01 3550991		For Fiscal Year: 2017		
Requesting Organization	Date of Request: 1-Mar-17				
Budget Adjust Type(s): New Initiative One Time Change (Y or N):					
		If No	, next year's impact: \$0		
	ž** s *		Net FTE Change: 0.00		
Description and Justi		i il			
project. The scope of this parea at recommendation from these additional funds to contain the second	project has been expanded to om the onsite caterer and hi ome from and reduce the bu	o include the food red architect to co dget established f	31,000 to the Kitchen Expansion Study preparation area and the dish washing implete the study. We are requesting for the Sound System - Phase 1 project. allocate these funds to the Kitchen		
	Fund I	mpact			
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 IN	PACT RY DEPT				
DEPT	REVENUE	EXPENSE	BAL SHEET CNTY FUNDING		
TOTALS		0 0	0 1 0		
	∧ Appro	vals			
Division Director:	1/43	Carlo de la companya			
DIVISION DIRECTOR:		Date:	- 0x / 0x / se/ F		
Dept. or Elected Fiscal Mg	Julo Jeffel	Date:	3.2.17 3-2-1>		
Dept. Dir. or Elected Offici	al: Colla Marie	L_Date:	3/3/17		
Facilities Division Director		Date:			
(\ \frac{\frac{1}{2}}{2}		The state of the s		
Chìef Financial Officer: 🏷		Date:	3/6/17		
Mayor or Designee:	Approve Approve	Date:	3/8/17		
Council Action:	Approve	Date:			

et Year:	2017	vo	3550 Requesting D	epartment: 35509	900 SPCC RESERVE CAPIT	TAL PROJECTS
et Period:	Pre-June Interim -	* Req Item No:	/956790VE31.	* Adjustment Title:	Kacnen Study	
lment Type(s):	New Initiative		griphen handly a state of the second of the	***	at a testing construction of collection construction	Charles and from Service and the Service of the Ser
Expense Bud	get String(s):				- 12	
FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
180 180	030 030	3550990000	639025		SP009	31.
100	0.30	3550999000	607015	The state of the s	SP0093	(31,
no that consist to California paparas and an array						
			11°-11°-11°-11°-11°-11°-11°-11°-11°-11°			

		***************************************	TOTAL EX	PENDITURE CHANGE:		
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Revenue Bud	get String(s):					
FUND	AGENCY	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
	****)	Marie (a.)		
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
						3
***************************************				The state of the s		
·			TOTA	L REVENUE CHANGE:		
	m				· · · · · · · · · · · · · · · · · · ·	
salance Sheet	String(s): Fal sheet	strings only required for	Proprietary Fund adjustment	s; check if applicable.		
FUND	SUB-D	EPTID	\$100.00\$ \$100.00\$ \$100.00\$ \$100.00\$ \$100.00\$	ACCOUNT	AMOU	NT (
			BAL_SHT BAL_SHT			:
			BAL_SHT			
				NCE SHEET CHANGE:	10400	
* One Tir	ne Change (Y or N):	<u> </u>		No. of New FTEs:	0.00 (2	
II NO,	next year's impact:	adendes selectuaris de entre commence commence anno commence de la primita de la primita de la competitación d		w Time Limited FTEs: of Transferred FTEs:	0.00 (2	,
				No. of Other FTEs:	0.00	,
und Balance	Transfers:					ş.
From Fund	From Dept ID	To Fund	To Dept ID	Amount		
		AND		v promotina i sa a delimina viva successi and the second and a second and a second and a second and a second a		
			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
			<u> </u>	***************************************	į.	
······································	ication: (Attach additio				Annual State of the Control of the C	

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### REQUEST FOR BUDGET ADJUSTMENT

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

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

SUMMARY OF CNTY FUNDING IMPA	CT BY DEPT			
DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
6310002000 REAL ESTATE	0	100,000	0	100,000
TOTALS	0	100,000	Ó	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:  Approve X	Date: 3-7-2017
Mayor or Designee:	Date: 3-8-17
Council Action:  Approve	Date:

		Budg	get Adjustmer	nt Detail		
et Year:	2017		* Requesting D	epartment: 63100	0000 FACILITIES MANAGEMI	
et Period: Pre	June Interim	* Req Item No:	631000IA01	* Adjustment Title:	Real Estate Professional Fees	
tment Type(s):	New Request	*		<u></u>		~
Expense Budget	String(s):					
FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
110 110	060 060	6310002000 6310002000	639025 673005			60,000
110		6310002000	673005			40,000
·						
			TOTAL E	(PENDITURE CHANGE:	_	\$100,000
Revenue Budget	String(s):				guerra	
FUND	AGENCY	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
e de la composition della comp						
<del></del>						
***************************************						
			TOTA	AL REVENUE CHANGE:	<u> </u>	\$0
Balance Sheet S	tring(s): F Bal shee	t strings only required fo	r Proprietary Fund adjustments	s; check if applicable.		
FUND		DEPT ID		TACCOUNT	AMOU	NT STATE
			BAL_SHT			
			BAL_SHT BAL_SHT	······································	,	······································
			TOTAL BALA	NCE SHEET CHANGE:		\$0
	Change (Y or N):	<u></u>		No. of New FTEs:	0.00 (2	)
if No, n	ext year's impact:	\$0		w Time Limited FTEs:	0.00 (2	)
			NO	of Transferred FTEs: No. of Other FTEs:	0.00 (2	
Fund Balance Tr	ansfers:					
From Fund	From Dept ID	To Fund	To Dept ID	Amount	<b>]</b>	
\$ 1 VIII WILE	From Dopt ID	. O I uliu	To behilb	Amount		
<u>L </u>	<u> </u>				]	
iption and justific	ation: (Attach addit	ional pages as need	ed.)*			

include title reports, appraisals, environmental studies, and the acquisition agent.

Real Estate is requesting these funds to pay for professional fees, due diligence and earnest money associated with homeless site selection work. The specifics