REQUEST FOR INTERIM/JUNE/YEAR-END BUDGET ADJUSTMENT

| | Executive S | ummary | | | |
|--|---|---|--|--|--|
| Reference No: | 350099IA01 | | | For Fiscal Year: | 2017 |
| Requesting Organization: | 35009900 | CENTER FOR | THE AR | Date of Request: | 18-Jan-17 |
| Budget Adjust Type(s): | Existing Cap | ital Project | One Ti | me Change (Y or N): | Y |
| | | | If No | , next year's impact: | \$0 |
| | | | | Net FTE Change: | 0.00 |
| Description and Justif | ication: | | | | |
| PFF RW Grand Drape Auto the Jeanne Wagner Theate \$157,163 and our current be entire project. The initial es installation and in FY2016, budget up to \$99,163. In D project is recommended by | r curtain autom udget is \$99,16 stimate for this we requested a ecember 2016 | nation project. 53. This additi project was \$4! an additional \$4 , we bid the pro | The low bid for onal request of 5,500, in FY201 if,500 for the ir oject and the low | the curtain automation p \$58,000 is the difference 15. This initial estimate d astallation costs, bringing w bid is \$157,163, all incl | roject is to fund the id not include the project usive. This |
| | | Fund Im | npact | 1 1 | |
| | | | | | |
| SUMMARY OF FUND IMPACT BY | | | | | |
| | 185 FINE ARTS FUND | | | | |
| Fund Impact (Budgetary) | (\$58,000) | | | | |
| Fund Impact (Budgetary) Fund Impact (Transfers) | \$0 | | | | |
| TOTAL FUND IMPACT | (\$58,000) | | | | |
| | | | | | |
| SUMMARY OF CNTY FUNDING IN | MPACT BY DEPT | | | | |
| DEPT | | REVENUE | EXPENSE | BAL SHEET CNTY FUN | DING |
| 3500990000 CFA CAPITAL PROJ | ECTS PRGM | 0 | 58,000 | 0 5 | 8,000 |
| TOTALS | | 0 | 58,000 | 0 58 | 3,000 |
| | . / | Approv | vals | | |
| Division Director: | MY | 02/ | rdan. | Date: 01/18 | 3/17 |
| Dept. or Elected Fiscal Mg | r: Lus C |) w | to the contract of the contrac | Date: 1.23. | 17 |
| Dept. Dir. or Elected Offici | al: Noll | m.iga | ion | Date: $1 \cdot \alpha 3$ | 17 |
| Facilities Division Director (Capital Projects Only) | | | necessaria de constitución de la | Date: | |
| Chief Financial Officer: | Ado | Approve X | / | Date: $1/23/17$ | 7 |
| Mayor or Designee: | Eux | Approve | M | Date: | 17 |
| | | Approve | | | |

Page 1 of 1

Version 87 8/19/2016

7.

Mayor Financial Administration

| get Year: | 2017 | | * Requesting De | partment: 35009 | 900 CENTER FOR THE ARTS | S (CFA) Capital Proj |
|----------------------|--|----------------|---------------------------------------|---|--------------------------------------|---------------------------------------|
| et Period: | re-June Interim | * Req Item No: | 350099IA01 - | * Adjustment Title: | PFF RW Grand Drape Automat | ion |
| | Existing Capital Project | · | | | | |
| stment Type(s): | Existing Capital Project | | L | | Annual Company of the Annual Company | |
| Expense Budge | et String(s): | | | | | |
| FUND | AGENCY | SUB-DEPT ID | EXPENSE ACCOUNT | PROG/ACT ID (OPT) | PROJECT ID (CAP) | AMOUNT |
| 185 | 030 | 3500990000 | 607015 | | CFA_0026RW | 58, |
| | | | | | | |
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| | + | | | * | | |
| | | | | | | |
| | | | 50511 51 | PENDITURE CHANGE: | | \$58,0 |
| | | | TOTALEX | PENDITURE CHANGE: | | 330,0 |
| Revenue Budg | et String(s): | | | | - | |
| | | | | | | · · · · · · · · · · · · · · · · · · · |
| FUND | AGENCY | SUB-DEPT ID | REVENUE ACCOUNT | PROGIACT ID (OPT) | PROJECT ID (CAP) | AMOUNT |
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| | | | TOTA | L REVENUE CHANGE: | L | |
| | | | | | | |
| Balance Sheet | String(s): | | Proprietary Fund adjustments | a shock if applicable | | |
| | | | | T ACCOUNT | AMOU | NT. |
| | CUP | | | | rinou | * 1 |
| FUND | SUB-D | JEPT IU | | 1 ACCOUNT | | |
| | SUB-L | JEPT ID | BAL SHT BAL SHT | I ACCOUNT | | |
| | SUB-L | JEPT ID | BAL_SHT BAL_SHT BAL_SHT | | | |
| | SUB-I | JEPT ID | BAL_SHT BAL_SHT BAL_SHT | ANCE SHEET CHANGE: | | |
| FUND | | | BAL_SHT BAL_SHT BAL_SHT | | 8002 | 2) |
| * One Tir | me Change (Y or N): | Y \$0 | BAL SHT BAL SHT TOTAL BALA No. of No. | ANCE SHEET CHANGE: No. of New FTEs: ew Time Limited FTEs: | 0.00 (2 | 2) |
| * One Tir | me Change (Y or N): | Y | BAL SHT BAL SHT TOTAL BALA No. of No. | NO. of New FTEs: w Time Limited FTEs: of Transferred FTEs: | 0.00 (2 0.00 (2 0.00 (2 | ?) ?) |
| * One Tir | me Change (Y or N): | Y | BAL SHT BAL SHT TOTAL BALA No. of No. | ANCE SHEET CHANGE: No. of New FTEs: ew Time Limited FTEs: | 0.00 (2 0.00 (2 0.00 (2 | ?) ?) |
| * One Tir | me Change (Y or N): , next year's impact: | Y | BAL SHT BAL SHT TOTAL BALA No. of No. | NO. of New FTEs: w Time Limited FTEs: of Transferred FTEs: | 0.00 (2 0.00 (2 0.00 (2 | ?) ?) |
| * One Tir If No, | me Change (Y or N): , next year's impact: Transfers: | Y \$0 | BAL_SHT BAL_SHT TOTAL BALA No. of Ne | No. of New FTEs: W Time Limited FTEs: o. of Transferred FTEs: No. of Other FTEs: | 0.00 (2 0.00 (2 0.00 (2 | ?) ?) |
| * One Tir | me Change (Y or N): , next year's impact: | Y | BAL SHT BAL SHT TOTAL BALA No. of No. | NO. of New FTEs: w Time Limited FTEs: of Transferred FTEs: | 0.00 (2 0.00 (2 0.00 (2 | ?) ?) |
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| * One Tir If No, | me Change (Y or N): , next year's impact: Transfers: | Y \$0 | BAL_SHT BAL_SHT TOTAL BALA No. of Ne | No. of New FTEs: W Time Limited FTEs: o. of Transferred FTEs: No. of Other FTEs: | 0.00 (2 0.00 (2 0.00 (2 | ?) ?) |

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

This request is for an additional \$58,000 in Preservation Funds to complete the Jeanne Wagner Theater curtain automation project. The low bid for the curtain automation project is \$157,163 and our current budget is \$99,163. This additional request of \$58,000 is the difference to fund the entire project. The initial estimate for this project was \$45,500, in FY2015. This initial estimate did not include installation and in FY2016, we requested an additional \$45,500 for the installation costs, bringing the project budget up to \$99,163. In December 2016, we bid the project and the low bid is \$157,163, all inclusive. This project is recommended by the CFA Advisory Board and sufficient preservation funding is available.

(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.



Advisory Board

Diane Stewart Chair

Catherine Parrish Lake Vice-Chair

Members:

David Barber Tamara Burnside Max Chang Lee Dever Charlotte Fife-Jepperson Lisa Killpack Rich Singer

January 23, 2017

Mayor Ben McAdams Salt Lake County 2001 S. State Street N2100 Salt Lake City, UT 84190

Dear Mayor McAdams,

On January 20th, 2017, the Center for the Arts Advisory Board voted to support the recommendation of the CFA Advisory Board Preservation Fund Committee to request additional funds to complete the Jeanne Wagner Theater Stage Curtain Automation Project, originally approved in 2015.

We are seeking to add \$58,000 from our under-expend of 2016 Preservation funding to proceed with the project.

The low bid for the curtain automation project is \$157,163 and our current budget is \$99,163. This additional request of \$58,000 is the difference to fund the entire project.

The CFA Arts Partners support this request.

We appreciate your consideration of this request.

Sincerely,

Diane Stewart/12 Copherine Parris Jak Diane Stewart

Chair

Catherine Parrish Lake

Vice-Chair

REQUEST FOR BUDGET ADJUSTMENT

| Executive | | | | |
|--|---|--|--|----------------|
| Reference No: 82000001A | | | For Fiscal Year: | 2017 |
| Requesting Organization: 82000000 | | ORNEY | Date of Request: | 18-Jan-17 |
| Budget Adjust Type(s): FTE Reque | est | | ne Change (Y or N): | N #80 613 |
| | | If No, | next year's impact: | \$80,612 |
| | | | Net FTE Change: | 1.00 |
| Description and Justification: | | | -llbthllt-b-logislatu | ro in EV 2016 |
| New Time Limited FTE Forensic Intervie | wer: Through nev | v tunding provi | ded by the Utan legislatu n's Tustice Center to sun | nort forensic |
| the Attorney General's Office awarded an interviewing services for child victims of o | crime A portion of | the contract s | upports the hiring of an o | nsite forensic |
| interviewing services for child victims of interviewer to: A. interview child victims a | and B. train other i | nvestigators of | n the best practices of vie | ctim |
| interviewing. The state contract provides | 75% funding for a | a full time posit | ion and the remaining 25 | % of the |
| position must be funded by other sources | s. It does not requ | ire a county ma | atch and will accept any | other source. |
| Two other Children's Justice Centers in I | Jtah also received | I funding to hire | e forensic interviewers w | ith the same |
| 25% match requirement. | | | | |
| We started as a pilot project in June 201 | 6 with a contracte | d employee thi | rough Strategic Staffing I | BBSI. The 25% |
| match funding is provided by the Friends | Corporation via a | donation from | the LDS Foundation will | and and |
| funding. The employee has been working | g one day per wee | ek for the past : | ase this position to full ti | ne status due |
| response. This service has proven highly | y beneficial and W | e need to incre | ase tins position to full th | no status ado |
| to our high caseload. We will vigorously pursue federal and otl | ner grant opportur | nities for ongoir | na fundina support bevon | d 2017. |
| We will vigorously pursue lederal and ou | ner grant opportur | nado for origon | .g .aag | |
| | | 1 | | |
| | Fund Im | pact | | |
| SUMMARY OF FUND IMPACT BY FUND | | | Der Mayor, This adjustment has an ongoin | |
| FUND: 110 GENERAL | | | | 1 |
| FUND | - | | This adjustmen | nt, as subi |
| Fund Impact (Budgetary) \$0 Fund Impact (Transfers) \$0 | | | has an ongoing | of impact |
| Fund Impact (Transfers) \$0 TOTAL FUND IMPACT \$0 | | | | 0 |
| TOTAL POND INFACT | ני | | \$ 80,612 per 4 | year. |
| SUMMARY OF CNTY FUNDING IMPACT BY DEP | T . | | The stated in | tent is to |
| DEPT | REVENUE | EXPENSE | THE BROTONE VI | L. E |
| 8200000200 CJC AVENUES | 73,894 | 73,894 | eliminate theor | SUDDA II |
| TOTALS | 73,894 | 73,894 | Calune la mate | is not awa |
| | | | However the | edystrant o |
| | | | and collect | this intent |
| | | | NOT TERROOT | |
| | Approv | | However, the a not reflect take care | in Duran |
| Division Director: Rusa Ash | Digitally signed by Lisa Ashr DN: dewing, desisteounty, on Attorney, our Users, our GC, Date: 2017.01.18 15:16:11 -0 | nan I=Departments, ou=District cn=Lisa Ashra Date: 7'00' | - OW | VI-C (00) |
| | Digitally signed by Elizabeth Bayler | Attorney's | | |
| Dept. or Elected Fiscal Mgr: Elizabeth E | Bayler Office, ou, email=ebayler@skc.org, Date: 2017.01.18 15:14:45-07'00' | | | |
| | Digitally signed by Sim G DN: cn=Sim Gill, o=Salt L Ou=District Attorney, em | ake County, | | |
| Dept. Dir. or Elected Official: wm | C=US: Date: 2017.01.18 15:16:44 | Date: | | |
| | | Data | | |
| Facilities Division Director: | \ | Date: | | |
| (Capital Projects Only) |) / | | | |
| () | /All | - Doto: | 1/19/20 | 17 |
| Chief Financial Officer: | | Date: | | |
| | Approve | a ~ . | ,1,1, | |
| Mayor or Designee! / Im M | 11 XIM | Date: | 1/20/11 | Version 87 |
| Mayor Financial Administration | Approve Page 1 of 2 | | | 8/19/2016 |

| uncil Action: | | | Approve | Date: | | | | |
|--|--|---|---|---|-------------------------------|---------------------------------|--|--|
| Budget Adjustment Detail | | | | | | | | |
| | | Buaç | jet Adjustmer | it Detail | | | | |
| et Year: | 2017 | _ | * Requesting D | epartment: 820000 | 00 DISTRICT ATTORNEY | _ | | |
| et Period: Pre-Ju | ne Interim | * Req Item No: | 82000001A02 - | * Adjustment Title: | New Time Limited FTE Forens | sic Interviewer | | |
| tment Type(s): | TE Request | • | | - | | | | |
| Expense Budget St | ring(s): | | | | | | | |
| FUND | AGENCY | SUB-DEPT ID | EXPENSE ACCOUNT | PROG/ACT ID (OPT) | PROJECT ID (CAP) | AMOUNT | | |
| 110 | 082 | 8200000200 | 601040 | FE051 | | 49,5 | | |
| 110 | 082 | 8200000200 | 603025 | FE051 | | 6,2 | | |
| 110 | 082 | 8200000200 | 603050 | FE051 | | 15,38 | | |
| 110 | 082 | 8200000200 | 603040 | FE051 | | 16 | | |
| 110 | 082 | 8200000200 | 603005 | FE051 | | 2,56 | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | TOTAL EX | PENDITURE CHANGE: | | \$73,89 | | |
| Revenue Budget St | ring(s): | | | | (| | | |
| | | | | | | | | |
| FUND | AGENCY | SUB-DEPT ID | REVENUE ACCOUNT | PROG/ACT ID (OPT) | PROJECT ID (CAP) | AMOUNT | | |
| | | SUB-DEPT ID 8200000200 | REVENUE ACCOUNT | PROG/ACT ID (OPT) | PROJECT ID (CAP) | AMOUNT 55,42 | | |
| FUND | AGENCY | | | | PROJECT ID (CAP) | | | |
| FUND | AGENCY 082 | 8200000200 | 411000 | FE051 | PROJECT ID (CAP) | 55,42 | | |
| FUND | AGENCY 082 | 8200000200 | 411000 | FE051 | PROJECT ID (CAP) | 55,42 | | |
| FUND | AGENCY 082 | 8200000200 | 411000 | FE051 | PROJECT ID (CAP) | 55,4 | | |
| FUND | AGENCY 082 | 8200000200 | 411000 | FE051 | PROJECT ID (CAP) | 55,4 | | |
| FUND | AGENCY 082 | 8200000200 | 411000 | FE051 | PROJECT ID (CAP) | 55,4 | | |
| FUND | AGENCY 082 | 8200000200 | 411000 | FE051 | PROJECT ID (CAP) | 55,4 | | |
| FUND | AGENCY 082 | 8200000200 | 411000 | FE051 | PROJECT ID (CAP) | 55,42 | | |
| FUND | AGENCY 082 | 8200000200 | 411000 423000 | FE051 FE054 | PROJECT ID (CAP) | 55,42 18,43 | | |
| FUND | AGENCY 082 | 8200000200 | 411000 423000 | FE051 | PROJECT ID (CAP) | 55,4 18,4 | | |
| FUND | 082 082 | 820000200 820000200 | 411000 423000 | FE051 FE054 | PROJECT ID (CAP) | 55,4: 18,4: | | |
| FUND 110 110 110 110 110 110 110 110 110 11 | AGENCY 082 082 082 | 820000200 820000200 | 411000 423000 TOTA TProprietary Fund adjustment | FE051 FE054 | PROJECT ID (CAP) | \$5,42 18,47 \$73,89 | | |
| FUND 110 110 Balance Sheet Strin | AGENCY 082 082 082 | 820000200 8200000200 et strings only required fo | 411000 423000 TOTA TProprietary Fund adjustment | FE051 FE054 AL REVENUE CHANGE: s; check if applicable. | | \$5,42 18,47 \$73,89 | | |
| FUND 110 110 Balance Sheet Strin | AGENCY 082 082 082 | 820000200 8200000200 et strings only required fo | TOTA r Proprietary Fund adjustment | FE051 FE054 AL REVENUE CHANGE: s; check if applicable. | | \$5,42 18,47 \$73,89 | | |
| FUND 110 110 Balance Sheet Strin | AGENCY 082 082 082 | 820000200 8200000200 et strings only required fo | TOTA TOTA TProprietary Fund adjustment BAL. SHEE BAL_SHT BAL_SHT BAL_SHT | FE051 FE054 AL REVENUE CHANGE: as; check if applicable. | | \$73,89 | | |
| FUND 110 110 Balance Sheet Strin | AGENCY 082 082 082 | 820000200 8200000200 et strings only required fo | TOTA TOTA TProprietary Fund adjustment BAL. SHEE BAL_SHT BAL_SHT BAL_SHT | FE051 FE054 AL REVENUE CHANGE: s; check if applicable. | | \$55,4 18,4 \$73,89 | | |
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| FUND 110 110 Balance Sheet Strin FUND * One Time Cl If No, next | AGENCY 082 082 082 og(s): □ Bal she SUB mange (Y or N): year's impact: | 820000200 820000200 et strings only required fo | TOTA Proprietary Fund adjustment BAL. SHEE BAL_SHT BAL_SHT TOTAL BALA No. of Ne | FE051 FE054 AL REVENUE CHANGE: Es; check if applicable. T ACCOUNT ANCE SHEET CHANGE: No. of New FTES: W Time Limited FTES: | 0.00 (2 1.00 (2 | \$73,89 NT | | |
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| FUND 110 110 Balance Sheet Strin FUND * One Time Ch If No, next Fund Balance Trans | AGENCY 082 082 082 Og(s): Bal she SUB nange (Y or N): year's impact: | 820000200 8200000200 et strings only required fo -DEPT ID N \$80,612 | TOTA TOTA TOTA TOTA TOTA BAL. SHEE BAL_SHT BAL_SHT TOTAL BALA No. of Ne No | FE051 FE054 AL REVENUE CHANGE: AS; check if applicable. FACCOUNT NOCE SHEET CHANGE: No. of New FTES: W Time Limited FTES: No. of Other FTES: | 0.00 (2 1.00 (2 0.00 (2 | \$73,89 NT \$2) | | |

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

Through new funding provided by the Utah legislature in FY 2016 the Attorney General's Office awarded an ongoing contract to the Children's Justice Center to support forensic interviewing services for child victims of crime. A portion of the contract supports the hiring of an onsite forensic interviewer to: A. interview child victims and B. train other investigators on the best practices of victim interviewing. The state contract provides 75% funding for a full time position and the remaining 25% of the position must be funded by other sources. It does not require a county match and will accept any other source. Two other Children's Justice Centers in Utah also received funding to hire forensic interviewers with the same 25% match requirement.

We started as a pilot project in June 2016 with a contracted employee through Strategic Staffing BBSI. The 25% match funding is provided by the Friends Corporation via a donation from the LDS Foundation which is one time funding. The employee has been working one day per week for the past 5 months to test out demand and response. This service has proven highly beneficial and we need to increase this position to full time status due to our high caseload.

We will viacrously pursue federal and other grant opportunities for ongoing funding support beyond 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.

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 2/1/2017 | | | | |
| Existing/Proposed Job Code | | | | |
| Existing/Proposed Job Title | | Time Limited Fo | orensic Intervie | wer |
| Position Type: Full-Time (FT), Part-Time (PT) | | | FT | |
| Time Limited? Yes / No | | | Yes | |
| If Time Limited , expected expiration date | unknown | | | |
| Location Code (four digit number) | | 1 | 032 | |
| Fund | To: | 110 | From: | 110 |
| PS/BRASS Sub Department Id | To: | 8200000200 | From: | 8200000200 |
| Reports To Position Number | | | 598 | |
| Reports To Job Title | Asst Children's Justrice Center Mgr | | | |
| 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)) | | | TL | |

| Position 2 | | |
|---|-----|--|
| Position Number (For changes to existing positions) | | |
| Existing/Proposed Job Start Date | | AND DATE OF THE PARTY OF THE PA |
| 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 | a) |
|------------------------------------|---|-----|
| Total No. of New Time Limted FTEs: | 1 | a) |
| Total No. of Transferred FTEs: | 0 | a) |
| Total No. of Other Actions: | 1 | (a) |

⁽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: | | |

Action Type List:

N New

TL New Time Limited

R Reclass

T Transfer

A Abolish RA Re-allocate

O Other



Friends of the Salt Lake County Children's Justice Center 501c3 Nonprofit

Restoring Children's Trust in All of Us

December 13, 2016

BOARD OF

Blake Nakamura, Chief Deputy District Attorney Salt Lake County District Attorney Office 111 East Broadway, Suite 400 Salt Lake City, Utah 84111

President Chad Dunbar

RE: Letter of support to provide matching funds for a CJC Forensic Interviewer position

Vice Presidents Denise Rodgers Teresa Barnes

Dear Blake,

Treasurer Ed Deinert

The Friends o

Secretary Jody Wolf The Friends of the Salt Lake County Children's Justice Center nonprofit is in support of a full time position for the Children's Justice Center program to provide onsite forensic interviews of child victims and training services. We believe this vital to ensure the best quality care for abused and we are honored that we can support the success of this position to meet the increasing demand for services.

Lauren Humphries Dave Parson Gina Stahla

The Friends nonprofit has been supporting the pilot project by funding a portion of the part time position for the past 2 quarters with funds dedicated for this purpose. We are able to provide a match to the state contract funds for 2017 so that this position can be elevated to full time status.

Affiliate Board Members Sean Campbell Cori Owens Yoshi Shiraki Dave White

EXISITING DEDICATED FUNDS AVAILABLE \$ 27,235.99

We understand that the Children's Justice Center program will be pursuing Federal VOCA grant funds to cover the match for 2018 and forward.

BEST OF STATE

"Excelling and surpassing all else" Chad Dunbar, President

Sincerel

www.cjcslc.org

8282 South 2200 West • West Jordan, UT 84088 • Phone (385) 468-4580 • Fax (385) 468-4584

STATE OF UTAH

OFFICE OF THE ATTORNEY GENERAL



SEAN D. REYES ATTORNEY GENERAL

SPENCER E. AUSTIN Chief Criminal Deputy PARKER DOUGLAS Chief Federal Deputy & General Counsel Tyler R. Green Solicitor General MISSY W. LARSEN Chief of Staff BRIDGET K. ROMANO Chief Civil Deputy

January 3, 2017

Blake Nakamura, Chief Deputy District Attorney Salt Lake County District Attorney's Office 111 East Broadway, Suite 400 Salt Lake City, UT 84111

RE: Letter of support for CJC Forensic Interviewer position

Dear Blake:

I want to voice support for a fulltime forensic interview specialist at the Salt Lake County Children's Justice Center. The Attorney General's office has authorized a contract with the Salt Lake County Children's Justice Center (CJC) to support the improvement of forensic interviews of child victims of crime, using ongoing funding appropriated to the program in 2016.

There are currently three CJCs in Utah with such contracts, which provide for the hiring of staff to conduct onsite forensic interviews and for forensic interview training for allied agency professionals. In June 2016, the Salt Lake County CJC hired a part time person to conduct onsite forensic interviews. We support the expansion of the position to fulltime status to meet demand, to fulfill the intent of the funding, and to achieve the desired positive outcomes for more child victims of crime.

Per an agreement with the legislative sponsor, CJCs must provide a match for these positions from any non-state source, whether private, local or federal. To help centers launch this initiative, we have been able to cover 75 percent, leaving 25 percent for match. Over time, as more centers fill similar positions, that match will eventually drop to 50 percent, as agreed upon with the sponsor. Again, that match can be from any non-state source and does not bind a county to a funding obligation. In addition, the State can pay for forensic interview training expenses with no match required.

This initiative represented a critical step in elevating Utah practice to what is considered best practice in the field nationally. We intend to continue funding the designated Utah CJCs in the upcoming fiscal year and into the future, as well as to expand the initiative to other centers.

Sincerely,

Trace L. Tabet, Administrator

Utah Children's Justice Center Program

REQUEST FOR BUDGET ADJUSTMENT

| | Executive S | | | | | |
|--|-----------------------|-----------------|----------|-----------------|---------------|---------------|
| Reference No | | | | | al Year: | 2017 |
| Requesting Organization | | | | Date of F | • | 24-Jan-17 |
| Budget Adjust Type(s) |): FTE/Position | n Reclass | | Time Change | | N |
| | | | If N | o, next year's | | None |
| | | | | Net FTE | Change: | 0.00 |
| Description and Just | | | | | | |
| Reclassification Request_ | | 보다 | | a current vacar | nt informaite | on specialist |
| FTE into an Assistant Sup | ervisor FIE. Ir | ie CPDQ is atta | icnea. | | | |
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| | | Fund In | npact | | | |
| SUMMARY OF FUND IMPACT B | Y FUND | | | | | |
| FUND: | 110 GENERAL | | | | | |
| and the state of t | FUND | | | | | |
| Fund Impact (Budgetary) | \$0 | | | | | |
| Fund Impact (Transfers) | \$0 | | | | | |
| TOTAL FUND IMPACT | \$0 | | | | | |
| | | | | | | |
| SUMMARY OF CNTY FUNDING | IMPACT BY DEP | T | | | | |
| DEPT | | REVENUE | EXPENSE | BAL SHEET | CNTY FUND | DING |
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| Division Director: | 0 | . 1 | Date: | V- | 0.400446000 | |
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| Dept. or Elected Fiscal Mo | gr: UM | eggmi | Date: | | 1/29 | 1/ |
| Dent Dir er Fleeted Offic | ialı | "" | .> Date: | , | 1741 | |
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| Facilities Division Directo | | | Date: | , | | |
| | "///// | A | Date. | - | | |
| (Capital Projects Only) | | | | | | |
| Chief Financial Officer | , Uffet | | Date: | 1/ | 24/17 | 7 |
| Chief Financial Officer: | | Approva | Date. | | -111 | |
| | 1/. | Approve/ | | | | |
| Mover or Decimes: | Vimla | 1. Xom | Date: | 1/ | 20 /1 | |
| Mayor or Designee: | 411110 | ily you | V (Date. | 1 | 10 / 1- | 1 |
| | | Approve | | / | U | 100 |

Council Action:

Approve

Date:

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.

| attach to the budget adjustment form. | | | | |
|---|--|-------------|----------|--|
| Position 1 | | | | |
| Position Number (For changes to existing positions) | | 0000127 | 70 | |
| Existing/Proposed Job Start Date | | | | |
| Existing/Proposed Job Code | | 727/? | | |
| Existing/Proposed Job Title | Information Svcs Spec/Assistant Supervisor | | | |
| Position Type: Full-Time (FT), Part-Time (PT) | | FT | | |
| Time Limited? Yes / No | | No | | |
| If Time Limited, expected expiration date | | | | |
| Location Code (four digit number) | | 1003 | | |
| Fund | To: | 110 | From: | 110 |
| PS/BRASS Sub Department Id | To: | 9120001500 | From: | 9120001500 |
| Reports To Position Number | | 0000141 | 10 | |
| Reports To Job Title | | Supervis | sor | |
| 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)) | | R_ | | |
| 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 | То: | | From: | |
| Reports To Position Number | | | | |
| Reports To Job Title | | | | |
| FTE (Example: .50 / .75 / 1.0) | To: | | From: | 42 |
| 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) | Γ | | | |
| | | 71 19 29 27 | | |
| Existing/Proposed Job Start Date | | | | |
| Existing/Proposed Job Code Existing/Proposed Job Title | | | | New York Inc. Control of the Control |
| Position Type: Full-Time (FT), Part-Time (PT) | | | | |
| Time Limited? Yes / No | | | | |
| If Time Limited, expected expiration date | | | | |
| Location Code (four digit number) | | | | |
| Fund | То: | | From: | |
| PS/BRASS Sub Department Id | To: | | From: | |
| Reports To Position Number | 10. | | 7 10111. | |
| Reports To Job Title | | | | |
| FTE (Example: .50 / .75 / 1.0) | To: | | From: | |
| | 10. | | 110111. | |
| Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O)) | | | | |
| | T | 0 | | |
| Total No. of New FTEs: | - | | | |
| Total No. of New Time Limted FTEs: | - | 0 | | |
| Total No. of Transferred FTEs: | - | 0 | | |
| Total No. of Other Actions: | 1 | 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: | | |



CONDENSED POSITION DESCRIPTION QUESTIONNAIRE (CPDQ)

| | CLASSIFICAT | TION REQUEST |
|-------------------|--|--|
| | cil and HR Requirements Matrix, and forward to your h | personnel, obtain any necessary approvals as outlined in the IR consultant. In addition, please include your division's most nization Chart. |
| | This request is for a: Vacar | nt to Existing Position |
| Depa | artment Name: Salt Lake County Sheriff's Office | Position Number: 00001270 |
| Divis | sion Name: Administrative Services Division | Division Number: 9120001500 |
| | Information Regarding V | acant Existing Allocation |
| Curre | ent Job Title/Grade: Information Services Specialist | Job Code: 727-2 |
| New | Existing Title/Grade: Assistant Supervisior | |
| | | |
| | Agency Bu | dget Impact: |
| | There <u>is no</u> budget increase to this year or sul classification change. Please provide an explanat | bsequent year's budgets resulting from this position ion below: |
| | at that time. | rear's budgets will be impacted by compensation decisions on tyear's budgets. Below is a summary of the budget |
| | impact: | |
| | 3) The budget impact for this classification chang | e is unknown at this time. |
| | ness Justification: Please provide a brief summary ion classification request. | of the organization need or business justification for this |
| The cone of areas | Jail Records Unit currently has a civilian supervisor a of the line level staff are asked to cover as a supervis s within the jail, supervision trends towards civilian su | and 8 information specialists. When the supervisor is off sor. When span of control is compared to other operational supervisors having one assistant supervisor for every 6 to 8 on reclassified to an assistant supervision will provide for |

REQUEST FOR BUDGET ADJUSTMENT

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| Year: 2017 |
| uest: 18-Jan-17 or N): N |
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Page 1 of 2

Version 87 8/19/2016

Mayor Financial Administration

| | | Budg | get Adjustme | nt Detail—— | | |
|------------------|---------------------|------------------------------|--------------------------------|--|---|---------------------------------------|
| lget Year: | 2017 | | * Requesting D | epartment; 21500 | 0000 HEALTH | |
| lget Perlod: | re-June Interim • | * Req Item No: | 215000FTE01 - | * Adjustment Title: | Public Health Nutritionist | |
| ıstment Type(s): | FTE/Position Recla | ss + | | • | | |
| Expense Budge | et String(s): | This adjustment involve | es a reclass; while the next y | ear's financial impact may | be presented, no actual budg | et adjustment is requ |
| FUND | AGENCY | SUB-DEPT ID | EXPENSE ACCOUNT | | PROJECT ID (CAP) | AMOUNT |
| 370 | 020 | 2150000000 | 601040 | | | |
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| L | 1 | 1 | TOTAL EX | PENDITURE CHANGE: | | |
| | | | TO THE EX | ENDITORE CHARGE. | - | |
| Revenue Budge | t String(s): | | | | | |
| 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 S | (tuln of a). | | | | *** | · · · · · · · · · · · · · · · · · · · |
| | tinig(s). r Bal she | et strings only required for | Proprietary Fund adjustments | check if applicable. | | 339-1 |
| FUND | SUB- | DEPTID | BAL. SHEET | ACCOUNT | AMOUN | IΥ |
| | | | BAL_SHT BAL_SHT | | *************************************** | |
| | | | BAL_SHT | | | |
| | | | TOTAL BALA | NCE SHEET CHANGE: | | \$ |
| | Change (Y or N): | N | | No, of New FTEs: | 0.00 (2) | |
| II NO, II | ext year's impact: | \$ 2,572,00 | | v Time Limited FTEs: of Transferred FTEs: | 0.00 (2) | |
| | | | NO, | No. of Other FTEs: | 0.00 (2) | |
| Fund Balance Tr | ansfers: | | | Services (Secretary Services S | (2/ | |
| From Fund | From Dept ID | To Fund | To Deat ID | | | |
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Description and justification: (Attach additional pages as needed.)*

Health is requesting that the current position #2147 be made into two part time postions- .5 Public Health Nutritionist and a .5 Outreach Coordinator. The Outreach coordinator position will be responsible for the required WIC outreach efforts to help expand the WIC program in Salt Lake County. By having a dedicated position to also help monitor vendor and training components of WIC. This position will help ensure high quality service to participants and ensures compliance with Federal regulations and the Utah WIC vendor agreement.

(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) | | 2 | 147 |
| Existing/Proposed Job Start Date | | | |
| Existing/Proposed Job Code | | | |
| Existing/Proposed Job Title | | Public Hea | Ith Nutritionist |
| 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: | 2150004044 | 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)) | | | R |

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| Health Dept FT | s reclass bud | Health Dept FTEs reclass budget impact analysis | ysis | | ではないとは | が、中心を指揮 | 601030 | 603005 | 603025 | 603040 | 603045 | 603050 | A CAMPAGE CONTRACTOR | Firm Courses | |
|--|---------------------|--|---------|---|------------|------------------------|---|--|--|--|---|---|---|---|-------------|
| Dept ID | Position # | Dept ID Position # Employee Fr. To. | Fr. To. | Job Title | Job Code | Current FTE | Salary (Merit) | N= | V 15 1 1 1 | cun | | Health Ins. | TOTALS | | Tax Dollars |
| 2150004044 2150004044 2150004044 | 2147 2147 New | 14044 2147 Vacant F 14044 2147 Vacant T 19044 New Vacant T | ي ن ن ن | Public Health Nutritionist 23/25 619 Public Health Nutritionist 23/25 619 Outreach Coordinator 22 Net Annual Impact | 619 619 | (1.00) 0.50 0.50 | (43,620.00) 21,810.00 16,080.00 (5,730.00) | (3,336.00) 1,669.00 1,230.00 (437.00) | (6,546.00) 3,252.00 2,398.00 (896.00) | (204.00) 105.00 77.00 (22:00) | (732.00) 388.00 286.00 (58.00) | (17,490.00) 13,605.00 13,605.00 9,720.00 | (71,928.00) 40,829.00 33,676.00 2,577.00 | (71,928.00) 40,829.00 33,676.00 2,577.00 | 0.00 |
| | | | ម្ម | Fr. To. Net Annual Impact | | 00:0 | 0.00 | 00'0 | 0.00 | 0:00 | 00:0 | 0000 | 0.00 | 00:0 | 0.00 |
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