Mayor's Office: Council Agenda Item Request Form

This form and supporting documents (if applicable) are due the Wednesday before the COW meeting by noon.

Date Received	
(office use)	

Date of Request	April 27 th , 2017
Requesting Staff Member	Noella Sudbury
Requested Council Date	May 2 nd , 2017
Topic/Discussion Title	Jail Bed Capacity
Description	Discussion and approval of jail bed funding request.
Requested Action ¹	Approval
Presenter(s)	Sheriff Winder and Carrie Hackworth
Time Needed ²	30 minutes
Time Sensitive ³	Yes
Specific Time(s)4	
Contact Name & Phone	Noella Sudbury, 8-7096
Please attach the supporting documentation you plan to provide for the packets to this form. While not ideal, if supporting documents are not yet ready, you can still submit them by 10 am the Friday morning prior to the COW agenda. Items without documentation may be taken off for consideration at that COW meeting.	

Mayor or Designee approval:

¹ What you will ask the Council to do (e.g., discussion only, appropriate money, adopt policy/ordinance) – in specific terms.

² Assumed to be 10 minutes unless otherwise specified.

³ Urgency that the topic to scheduled on the requested date.

⁴ If important to schedule at a specific time, list a few preferred times.

REQUEST FOR BUDGET ADJUSTMENT

	LGOLOTT	OK BOBC	LI ADOO	O TIVILITY I		
	Executive S	Summary				
Reference No	: 912000IA03	X .		For Fisc	al Year:	2017
Requesting Organization	Date of R	equest:	24-Apr-17			
Budget Adjust Type(s)	One Ti	me Change (Y or N):	_N		
	FTE Reques	st	If No	, next year's	impact: 🤇	\$3,155,000
η				Net FTE C	hange:	4.00
Description and Justin	fication:					
Contract Jail Beds & FTE's						
for beds beginning in May 2						
June 2017) at a rate of \$52 State will contribute half of						
of the June budget process						
contracting and transportati						
requested for the FTE's is f						
1						
		Fund Im	pact			
SUMMARY OF FUND IMPACT BY	FUND			/		1 1
FUND:	110 GENERAL			Future .	react T	r se
	FUND			-1. 11	6	1-1-1
Fund Impact (Budgetary)	(\$704,860)		/	n 175 gartal	, of a	adillona,
Fund Impact (Transfers)	\$0			State &	s and	ex 1sting
TOTAL FUND IMPACT	(\$704,860)			cants as	propriat	ross. The
				Future in nitigated State \$1 carts as impact s	hould be	neutral.
SUMMARY OF CNTY FUNDING I	MPACT BY DEPT					
DEPT		REVENUE	EXPENSE	BAL SHEET	CNTY FUNDI	1G
9120000700 CORRECTIONS BUF	REAU	0	475,800		475,8	•
9120000800 JAIL PROCESSING		0			143,1	
9120001100 JAIL SECURITY		0			85,9	
TOTALS		0	704,860	0	704,8	50
		Approv	als			
Division Director:		174		Date:		
Division Birector.	\cap	1/ /	1	Date.	. 1 1	
Dept. or Elected Fiscal Mgr:	ame	Toll 110TH	*	Date:	124/17	
3(A COUNTY	0		17 111	
Dept. Dir. or Elected Official;	James	m. Un	and s	Date:	125/1.	2
(- 17		
Facilities Division Director:				Date:		
(Capital Projects Only)	1	1				
01: (5:	4/.	1/12				
Chief Financial Officer:		Date: 16	11/00			
	O - A	pprove X	0	25	4	
Mayor or Designee:	C10.00	JA1/188	1/	Date: 4	06/17	
, or or boolgiloo.	A	pprove		Date.		

Council Action:

Approve

Date:

	<u> </u>	Budg	get Adjustme	nt Detail		
et Year:	2017		* Requesting De		0000 COUNTY JAIL	
	-June Interim -	* Req item No:		* Adjustment Title:	Contract Jail Beds & FTE's	
tment Type(s):	New Initiative		FTE Request			
Expense Budget	String(s):					
FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROGIACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
110	091	9120000700	639025	GR001		475,8
110	091	9120001100	601035	GV014		30,3
110	091	9120001100	603005	GV014		2,3
110	091	9120001100	603030	GV014		9,2
110	091	9120001100	603040	GV014		1
110	091	9120001100	603050	GV014		8,1
110	091	9120001100	605010	GV014		7
110	091	9120001100	667030	GV014		30,0
110	091	9120001100	615030	GV014		3,0
110	091	9120001100	619005	GV014		2,0
				(PENDITURE CHANGE		\$561,7
			TOTAL EXPENDITURE	CHANGES (ALL TABS)	\$704,8
Revenue Budget	String(s):					
FUND	AGENCY	SUB-DEPT ID	REVENUE ACCOUNT	PROGIACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
1 0110	AGENO1	000-021 110	KEVERGE ACCOUNT	1110011101101111	1110000110 (011)	7.3
					 	
					+	
					 	
					 	
		 		·	+	
			+		+	
			 		+	
L	l	J			<u> </u>	L
			101/	AL REVENUE CHANGE	:	
Balance Sheet S	tring(s): r Bal she	et strings only required fo	r Proprietary Fund adjustment	s; check if applicable.		
FUND	SUB	DEPT ID	BAL. SHEE	TACCOUNT	AMO	DUNT
<u> </u>			BAL SHT		, , , , , ,	
			BAL_SHT	······································		
———			BAL_SHT		1	
L				ANCE SHEET CHANGE		
			IVIALDAL	THE SHEET SHAINE	••	
+ One Time	Change (V or N)	N		No. of New FTEs:	4.00	(2)
	Change (Y or N):		NN			_(2)
it No, n	ext year's impact:	\$3,155,000		w Time Limited FTEs:		_(2)
			No	o. of Transferred FTEs:		_(2)
				No. of Other FTEs:	0.00	_(2)
Fund Balance Tr	ransfers:					
	·	, <u> </u>			¬	
From Fund	From Dept ID	To Fund	To Dept ID	Amount	4	
		<u> </u>			_	
					_	
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	1	1	1			

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

The Sheriff's Office is requesting funding to start contracting with other County Jails for beds beginning in May 2017. The funding request consists of paying the cost of the beds for 2 months (May & June 2017) at a rate of \$52.00 per day for 150 beds (\$475,800). After the initial two months, beginning in July the State will contribute half of the cost per bed. (We will be requesting an additional \$1,423,500 (300 beds) as part of the June budget process.) The funding request also inicudes 4 FTE's that are required to manage the contracting and transportation of inmates related to contracting beds in other Counties. The amount of funding requested for the FTE's is for 8 months (\$229,060) and will be annualized in 2018.

(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 INTERIM/JUNE/YEAR-END BUDGET ADJUSTMENT (Additional Detail)

Expense Budget String(s):

FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
110	091	9120000800	601015	GS001		46,382
110	091	9120000800	601030	GS001		43,332
110	091	9120000800	603005	GS001		6,874
110	091	9120000800	603025	GS001		7,521
110	091	9120000800	603030	GS001		15,718
110	091	9120000800	603040	GS001		430
110	091	9120000800	603050	GS001		21,298
110	091	9120000800	605005	GS001		815
110	091	9120000800	605010	GS001		753
	1					
	1					
						\$4.42.492

\$143,123

Revenue Budget String(s):

FUND	AGENCY	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
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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	
on Number (For changes to existing positions)	
ng/Proposed Job Start Date 5/1/201	7
ng/Proposed Job Code 767-5	
ng/Proposed Job Title Corrections (Officer
on Type: Full-Time (FT), Part-Time (PT)	
Limited? Yes / No No	
e Limited , expected expiration date	
ion Code (four digit number) 1003	
To: 110	From:
RASS Sub Department Id To: 9120001100	From:
ts To Position Number	
ts To Job Title Corrections S	ergeant
Example: .50 / .75 / 1.0) To: 1	From:
Type: (New position (N), New TL (TL), Reclassification (R),	
fer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))	
fer (1), FTE Change/Re-Allocation (RA), Abolish (A), Other (O)) Position 2	N

Position 2			
Position Number (For changes to existing positions)			
Existing/Proposed Job Start Date		5/1	/2017
Existing/Proposed Job Code			345
Existing/Proposed Job Title		Correctio	ns Sergeant
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:
PS/BRASS Sub Department Id	To:	9120000800	From:
Reports To Position Number			
Reports To Job Title		Correction	ns Lieutenant
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))			N

Position 3			
Position Number (For changes to existing positions)			
Existing/Proposed Job Start Date		5/1	/2017
Existing/Proposed Job Code		7:	25 2
Existing/Proposed Job Title		Correction	ns Specialist
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:
PS/BRASS Sub Department Id	To:	9120000800	From:
Reports To Position Number			
Reports To Job Title		Correctio	ns Sergeant
FTE (Example: .50 / .75 / 1.0)	To:	2	From:
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))			N
Total No. of Nov. ETEs:			

Total No. of New FTEs:	4
Total No. of New Time Limted FTEs:	0
Total No. of Transferred FTEs:	0
Total No. of Other Actions:	0

(a) Totals will transfer to the "Adj Request" tab's FTE section.

Council Approval section below to be completed only by Council Staff and to be submitted to HR for final processing.								
Council Approved:	Yes:	No:	Date:	Signature:				