

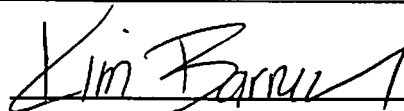
15.1

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)	
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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 Action¹	Approval
Presenter(s)	Sheriff Winder and Carrie Hackworth
Time Needed²	30 minutes
Time Sensitive³	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

Executive Summary

Reference No: 912000IA03
 Requesting Organization: 91200000 COUNTY JAIL
 Budget Adjust Type(s): New Initiative
 FTE Request

For Fiscal Year: 2017
 Date of Request: 24-Apr-17
 One Time Change (Y or N): N
 If No, next year's impact: \$3,155,000
 Net FTE Change: 4.00

Description and Justification:

Contract Jail Beds & FTE's: 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 includes 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.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

FUND:	110 GENERAL FUND
Fund Impact (Budgetary)	(\$704,860)
Fund Impact (Transfers)	\$0
TOTAL FUND IMPACT	(\$704,860)

Future impact to be mitigated by additional state \$'s and existing county appropriations. Thus, impact should be neutral.

SUMMARY OF CNTY FUNDING IMPACT BY DEPT

DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
9120000700 CORRECTIONS BUREAU	0	475,800	0	475,800
9120000800 JAIL PROCESSING	0	143,123	0	143,123
9120001100 JAIL SECURITY	0	85,937	0	85,937
TOTALS	0	704,860	0	704,860

Approvals

Division Director:

Date: _____

Dept. or Elected Fiscal Mgr:

Date: 4/24/17

Dept. Dir. or Elected Official:

Date: 4/25/17

Facilities Division Director:
 (Capital Projects Only)

Date: _____

Chief Financial Officer:

Date: 4/26/17

Mayor or Designee:

Date: 4/26/17

Council Action:

Date: _____

Approve

100

Expense Budget String(s):

[illegible]**Revenue Budget String(s):**[illegible]

Position Management Information

INSTRUCTIONS: Complete one section for each position. To facilitate efficient execution of HR actions, please complete ALL fields as requested. TO fields are required for all position actions while FROM fields only need to be entered for position transfers. Print pages for completed sections and attach to the budget adjustment form.

Position 1		
Position Number (For changes to existing positions)		
Existing/Proposed Job Start Date	5/1/2017	
Existing/Proposed Job Code	767-5	
Existing/Proposed Job Title	Corrections Officer	
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: 9120001100	From:
Reports To Position Number		
Reports To Job Title	Corrections Sergeant	
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 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	Corrections 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	Corrections 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	725_2	
Existing/Proposed Job Title	Corrections 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	Corrections 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 New FTEs:	4
Total No. of New Time Limited 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:
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