

15,4

REQUEST FOR BUDGET ADJUSTMENT

Executive Summary

| | |
|---|-------------------------------------|
| Reference No: 8400000YE02 | For Fiscal Year: 2017 |
| Requesting Organization: 82000000 DISTRICT ATTORNEY | Date of Request: 21-Jun-17 |
| Budget Adjust Type(s): FTE Request | One Time Change (Y or N): N |
| New Request | If No, next year's impact: \$54,266 |
| | Net FTE Change: 1.00 |

Description and Justification:

CJC- VOCA grant: The District Attorney's Office Children's Justice Center program has been awarded a VOCA grant for a Child and Family Specialist position. The total amount of the two-year grant is \$97,107.26 and begins July 1, 2017 through June 30, 2019 with possible additional awards at that time. This Time-Limited position will provide support services to child victims and others impacted by crime. Upon a victim arriving at the Children's Justice Center this employee will provide trauma supportive response, provide comfort items, and will also provide information to help the child and their family adjust to the investigative process. In addition, follow-up calls with the victims and their families on their well being will be conducted by the Child and Family Specialist. This budget request is for \$15,498 in spending authority that is required to hire the time-limited employee and purchase necessary items for them to begin providing services and to recognize the revenue that should be received as reimbursement for these expenses. Additional spending authority in both personnel and operating will be required in the amount of \$54,266 for 2018 and the remaining \$27,343 will be required in 2019 with offsetting revenue. No new County funds are requested.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

| FUND: | 110 GENERAL 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 |
|--------------------------|---------------|---------------|-----------|--------------|
| 8200000300 CJC SO VALLEY | 15,498 | 15,498 | 0 | 0 |
| TOTALS | 15,498 | 15,498 | 0 | 0 |

Approvals

Division Director:

Lisa Ashman

Digitally signed by Lisa Ashman
Date: 2017.06.21 10:06:52
-06'00'

Date: _____

Dept. or Elected Fiscal Mgr:

Elizabeth Bayler

Digitally signed by Elizabeth Bayler
DN: cn=Elizabeth Bayler, o=District
Attorney's Office, ou,
email=ebayler@dcso.org, c=US
Date: 2017.06.21 11:44:23 -06'00'

Date: _____

Dept. Dir. or Elected Official:

Sim Gill

Digitally signed by Sim Gill
Date: 2017.06.21 10:07:20
-06'00'

Date: _____

Facilities Division Director:

(Capital Projects Only)

Date: _____

Chief Financial Officer:

[Signature]

Date: 6/21/17

Mayor or Designee:

[Signature]

Date: 6/21/17

Approve

Council Action:

Date:

Approve

Budget Adjustment Detail

Budget Year: 2017 * Requesting Department: 82000000 DISTRICT ATTORNEY

Budget Period: Post June Year-End * Req Item No: 8400000YE02 * Adjustment Title: CJC- VOCA grant

Adjustment Type(s): FTE Request New Request

Expense Budget String(s):

| FUND | AGENCY | SUB-DEPT ID | EXPENSE ACCOUNT | PROG/ACT ID (OPT) | PROJECT ID (CAP) | AMOUNT |
|---------------------------|--------|-------------|-----------------|-------------------|------------------|----------|
| 110 | 082 | 8200000300 | 601040 | FE057 | | 7,280 |
| 110 | 082 | 8200000300 | 603025 | FE057 | | 1,345 |
| 110 | 082 | 8200000300 | 603040 | FE057 | | 35 |
| 110 | 082 | 8200000300 | 603050 | FE057 | | 4,185 |
| 110 | 082 | 8200000300 | 603005 | FE057 | | 557 |
| 110 | 082 | 8200000300 | 615025 | FE057 | | 1,177 |
| 110 | 082 | 8200000300 | 615020 | FE057 | | 120 |
| 110 | 082 | 8200000300 | 615035 | FE057 | | 800 |
| TOTAL EXPENDITURE CHANGE: | | | | | | \$15,498 |

Revenue Budget String(s):

| FUND | AGENCY | SUB-DEPT ID | REVENUE ACCOUNT | PROG/ACT ID (OPT) | PROJECT ID (CAP) | AMOUNT |
|-----------------------|--------|-------------|-----------------|-------------------|------------------|----------|
| 110 | 082 | 8200000300 | 415000 | FE057 | | 15,498 |
| TOTAL REVENUE CHANGE: | | | | | | \$15,498 |

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): N
 If No, next year's impact: \$54,266

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: 1.00 (2)

Fund Balance Transfers:

| From Fund | From Dept ID | To Fund | To Dept ID | Amount |
|-----------|--------------|---------|------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

The District Attorney's Office Children's Justice Center program has been awarded a VOCA grant for a Child and Family Specialist position. The total amount of the two-year grant is \$97,107.26 and begins July 1, 2017 through June 30, 2019 with possible additional awards at that time. This Time-Limited position will provide support services to child victims and others impacted by crime. Upon a victim arriving at the Children's Justice Center this employee will provide trauma supportive response, provide comfort items, and will also provide information to help the child and their family adjust to the investigative process. In addition, follow-up calls with the victims and their families on their well being will be conducted by the Child and Family Specialist. This budget request is for \$15,498 in spending authority that is required to hire the time-limited employee and purchase necessary items for them to begin providing services and to recognize the revenue that should be received as reimbursement for these expenses. Additional spending authority in both personnel and operating will be required in the amount of \$54,266 for 2018 and the remaining \$27,343 will be required in 2019 with offsetting revenue. No new County funds are requested.

(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 | 9/1/2017 |
| Existing/Proposed Job Code | |
| Existing/Proposed Job Title | Child and Family Specialist |
| Position Type: Full-Time (FT), Part-Time (PT) | FT |
| Time Limited? Yes / No | Yes |
| If Time Limited, expected expiration date | 6/30/2019 |
| Location Code (four digit number) | 1393 |
| Fund | To: 110 From: 110 |
| PS/BRASS Sub Department Id | To: 8200000300 From: 8200000300 |
| Reports To Position Number | 1663 |
| Reports To Job Title | Program Manager |
| 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 | |
| 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 Limited 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

Reclass Flag
 0



GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

State of Utah

OFFICE FOR VICTIMS OF CRIME

GARY A. SCHELLER
Director, UOVC

June 14, 2017

Susanne Mitchell
Salt Lake County CJC
8282 South 2200 West
West Jordan, UT 84088-9512

Dear Ms. Mitchell,

The Utah Office for Victims of Crime recently completed the 2017-2019 VOCA grant screening and approval process. The Salt Lake County Children's Justice Center VOCA grant application has been carefully reviewed and will receive \$97,107.26. Grant adjustments will need to be made prior to a final VOCA award being made. To discuss necessary changes, please call Tallie Viteri at 801-297-2620 or email at tviteri@utah.gov to schedule an appointment. Please call or email before Friday, June 23, 2017 to schedule your appointment.

We commend you for developing and implementing victim service programs and look forward to working with you during the 2017-2019 program years.

Sincerely,

A handwritten signature in black ink, appearing to read "G. Scheller", written over a circular stamp or seal.

Gary Scheller
Director, Utah Office for Victims of Crime

15.5

REQUEST FOR BUDGET ADJUSTMENT

Executive Summary

| | |
|---|--------------------------------------|
| Reference No: 8200000YE01 | For Fiscal Year: 2017 |
| Requesting Organization: 82000000 DISTRICT ATTORNEY | Date of Request: 21-Jun-17 |
| Budget Adjust Type(s): FTE Request | One Time Change (Y or N): N |
| New Request | If No, next year's impact: \$343,367 |
| | Net FTE Change: 5.00 |

Description and Justification:

VOCA- Counseling Services: The District Attorney's Office Counseling Services Unit has been awarded a VOCA grant for a Victim Services Program. The total amount of the two-year grant is \$598,237 and begins July 1, 2017 through June 30, 2019 with possible additional awards at that time. This program will enhance and strengthen our continued implementation of a victim centered approach to prosecution. Five Time-Limited Case Manager positions will provide direct case management services to underserved victims, including court support and advocacy as well as the coordination for other community social service needs. The distribution of this funding will span the remainder of the current budget year 2017, all of 2018 and 6 months of 2019. This budget request is for \$98,248 in spending authority that is required to get the program started and to recognize the revenue that should be received as reimbursement for these expenses. Additional spending authority in both personnel and operating will be required in the amount of \$343,367 for 2018 and the remaining \$156,016 will be required in 2019 with offsetting revenue. No new County funds are requested.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

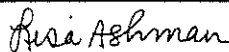
| FUND: | 110 GENERAL FUND |
|--------------------------|------------------|
| Fund Impact (Budgetary) | (\$0) |
| Fund Impact (Transfers) | \$0 |
| TOTAL FUND IMPACT | (\$0) |

SUMMARY OF CNTY FUNDING IMPACT BY DEPT

| DEPT | REVENUE | EXPENSE | BAL SHEET | CNTY FUNDING |
|-----------------------------|---------------|---------------|-----------|--------------|
| 8200000400 CRIMINAL JUSTICE | 98,248 | 98,248 | 0 | 0 |
| TOTALS | 98,248 | 98,248 | 0 | 0 |

Approvals

Division Director:



 Digitally signed by Lisa Ashman
 Date: 2017.06.21 09:39:43 -06'00'

Date:

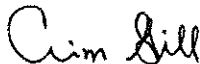
Dept. or Elected Fiscal Mgr:

Elizabeth Bayler

 Digitally signed by Elizabeth Bayler
 DN: cn=Elizabeth Bayler, o=District
 Attorney's Office, ou,
 email=ebayler@dkco.org, c=US
 Date: 2017.06.21 08:48:41 -06'00'

Date:

Dept. Dir. or Elected Official:



 Digitally signed by Sim Gill
 Date: 2017.06.21 08:40:25 -06'00'

Date:

Facilities Division Director:

(Capital Projects Only)

Date:

Chief Financial Officer:



Date:

6/21/17

Mayor or Designee:



Date:

6/21/17

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

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 | 9/1/2017 |
| Existing/Proposed Job Code | |
| Existing/Proposed Job Title | Case Manager |
| Position Type: Full-Time (FT), Part-Time (PT) | FT |
| Time Limited? Yes / No | Yes |
| If Time Limited, expected expiration date | 6/30/2019 |
| Location Code (four digit number) | 1084 |
| Fund | To: 110 From: 110 |
| PS/BRASS Sub Department Id | To: 8200000400 From: 8200000400 |
| Reports To Position Number | 534 |
| Reports To Job Title | Victim Counseling Program Manager |
| 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 | 9/1/2017 |
| Existing/Proposed Job Code | |
| Existing/Proposed Job Title | Case Manager |
| Position Type: Full-Time (FT), Part-Time (PT) | FT |
| Time Limited? Yes / No | Yes |
| If Time Limited, expected expiration date | 6/30/2019 |
| Location Code (four digit number) | 1084 |
| Fund | To: 110 From: 110 |
| PS/BRASS Sub Department Id | To: 8200000400 From: 8200000400 |
| Reports To Position Number | 534 |
| Reports To Job Title | Victim Counseling Program Manager |
| 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 3 | |
|---|-----------------------------------|
| Position Number (For changes to existing positions) | |
| Existing/Proposed Job Start Date | 9/1/2017 |
| Existing/Proposed Job Code | |
| Existing/Proposed Job Title | Case Manager |
| Position Type: Full-Time (FT), Part-Time (PT) | FT |
| Time Limited? Yes / No | Yes |
| If Time Limited, expected expiration date | 6/30/2019 |
| Location Code (four digit number) | 1084 |
| Fund | To: 110 From: 110 |
| PS/BRASS Sub Department Id | To: 8200000400 From: 8200000400 |
| Reports To Position Number | 534 |
| Reports To Job Title | Victim Counseling Program Manager |
| 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 |

| | |
|-------------------------------------|---|
| Total No. of New FTEs: | 0 |
| Total No. of New Time Limited FTEs: | 5 |
| 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 |
|-------------------|-----|----|------|-----------|

| Position 4 | | | |
|---|-----------------------------------|--------------|------------|
| Position Number (For changes to existing positions) | | | |
| Existing/Proposed Job Start Date | | 9/1/2017 | |
| Existing/Proposed Job Code | | | |
| Existing/Proposed Job Title | | Case Manager | |
| Position Type: Full-Time (FT), Part-Time (PT) | | FT | |
| Time Limited? Yes / No | | Yes | |
| If Time Limited, expected expiration date | | 6/30/2019 | |
| Location Code (four digit number) | | 1084 | |
| Fund | To: 110 | From: | 110 |
| PS/BRASS Sub Department Id | To: 8200000400 | From: | 8200000400 |
| Reports To Position Number | 534 | | |
| Reports To Job Title | Victim Counseling Program Manager | | |
| 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 5 | | | |
|---|-----------------------------------|--------------|------------|
| Position Number (For changes to existing positions) | | | |
| Existing/Proposed Job Start Date | | 9/1/2017 | |
| Existing/Proposed Job Code | | | |
| Existing/Proposed Job Title | | Case Manager | |
| Position Type: Full-Time (FT), Part-Time (PT) | | FT | |
| Time Limited? Yes / No | | Yes | |
| If Time Limited, expected expiration date | | 6/30/2019 | |
| Location Code (four digit number) | | 1084 | |
| Fund | To: 110 | From: | 110 |
| PS/BRASS Sub Department Id | To: 8200000400 | From: | 8200000400 |
| Reports To Position Number | 534 | | |
| Reports To Job Title | Victim Counseling Program Manager | | |
| 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 6 | | | |
|---|-----|-------|--|
| 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)) | | | |



GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

State of Utah

OFFICE FOR VICTIMS OF CRIME

GARY A. SCHELLER
Director, UOVC

June 14, 2017

Lorianne Szendre
Salt Lake County District Attorney's Office
2001 South State Street S3-600
Salt Lake City, UT 84190-0001

Dear Ms. Szendre,

The Utah Office for Victims of Crime recently completed the 2017-2019 VOCA grant screening and approval process. The Salt Lake County District Attorney's Office VOCA grant application has been carefully reviewed and will receive \$598,237.00. Grant adjustments will need to be made prior to a final VOCA award being made. To discuss necessary changes, please call Tallie Viteri at 801-297-2620 or email at tviteri@utah.gov to schedule an appointment. Please call or email before Friday, June 23, 2017 to schedule your appointment.

We commend you for developing and implementing victim service programs and look forward to working with you during the 2017-2019 program years.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary Scheller".

Gary Scheller
Director, Utah Office for Victims of Crime

15.60

REQUEST FOR BUDGET ADJUSTMENT

| Executive Summary | |
|--|---|
| Reference No: 505000 YE <u>01</u> Requesting Organization: 50500000 CAPITAL IMPROVEME Budget Adjust Type(s): Existing Capital Project | For Fiscal Year: 2017 Date of Request: 15-Jun-17 One Time Change (Y or N): Y If No, next year's impact: \$0 Net FTE Change: 0.00 |
| Description and Justification: <small>Combination of ECC HVAC PH1 & PH2 Capital Proj.: Emergency Operations Center HVAC Renovation Phase I to combine Emergency Operations Center Chiller Phase II into one fund. Due to the 24/7 operational needs of the Emergency Operations Center, Phase I of the major HVAC renovation was phased into 8 separate zones of construction throughout the building to keep various operations functional during the construction period. This work is being performed by the awarded contractor KHI Mechanical. In tandem to the HVAC renovation project is the engineering and design phase of the replacement Chiller project which was funded for 2017. In April the Chiller failed far earlier than anticipated and has since been temporarily repaired to run at fifty percent capacity. To expedite the emergency need of the replacement Chiller unit and to help manage and mitigate lead time impacts, the Chiller unit was Change Ordered to KHI Mechanical so the Chiller could be ordered immediately. The remainder of Phase II engineering and design is being finalized and is anticipated to be Change Ordered to KHI Mechanical while still on-site completing Phase I. As currently funded Phase I and Phase II need to be combined to anticipate the up-coming contract modifications to KHI Mechanical and to assure the on-going and uninterrupted operation of the EOC.</small> | |

Fund Impact

| SUMMARY OF FUND IMPACT BY FUND | |
|--------------------------------|--------------------------------------|
| FUND: | 450 CAPITAL IMPROVEMENTS 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: Dept. or Elected Fiscal Mgr: Dept. Dir. or Elected Official: Facilities Division Director: (Capital Projects Only) Chief Financial Officer: <div style="text-align: center; margin-top: 10px;"> Approve </div> Mayor or Designee: <div style="text-align: center; margin-top: 10px;"> Approve </div> Council Action: <div style="text-align: center; margin-top: 10px;"> Approve </div> | Date: 6/15/17 Date: 06/20/2017 Date: 6/19/17 Date: 6/15/17 Date: 6/21/17 Date: 6/21/17 Date: _____ Date: _____ |
|--|---|

| Budget Adjustment Detail | |
|--------------------------|--|
|--------------------------|--|

50500000 CAPITAL IMPROVEMENTS

* **Adjustment Title:** Combination of ECC HVAC PH1 & PH2 Capital Proj

Adjustment Type(s): Existing Capital Project

Expense Budget String(s):

[illegible]

| | |
|----------------------------------|------------|
| TOTAL EXPENDITURE CHANGE: | \$0 |
|----------------------------------|------------|

Revenue Budget String(s):[illegible]

TOTAL REVENUE CHANGE: \$0

Balance Sheet/Fund Unrestriction String(s):

☒ Bal sheet strings only required for Proprietary Fund adjustments or fund unrestrictions; check if applicable.

| FUND | SUB-DEPT ID | BAL. SHEET ACCOUNT | AMOUNT |
|------|-------------|--------------------|--------|
| | | BAL SHT or 499999 | |
| | | BAL SHT or 499999 | |
| | | BAL SHT or 499999 | |

| | | |
|-----------------------------|--|-----|
| 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.)³

Emergency Operations Center HVAC Renovation Phase I to combine Emergency Operations Center Chiller Phase II into one fund. Due to the 24/7 operational needs of the Emergency Operations Center, Phase I of the major HVAC renovation was phased into 8 separate zones of construction throughout the building to keep various operations functional during the construction period. This work is being performed by the awarded contractor KHI Mechanical.

In tandem to the HVAC renovation project is the engineering and design phase of the replacement Chiller project which was funded for 2017. In April the Chiller failed far earlier than anticipated and has since been temporarily repaired to run at fifty percent capacity. To expedite the emergency need of the replacement Chiller unit and to help manage and mitigate lead time impacts, the Chiller unit was Change Ordered to KHI Mechanical so the Chiller could be ordered immediately. The remainder of Phase II engineering and design is being finalized and is anticipated to be Change Ordered to KHI Mechanical while still on-site completing Phase I. As currently funded Phase I and Phase II need to be combined to anticipate the up-coming contract modifications to KHI Mechanical and to assure the on-going and uninterrupted operation of the EOC.

(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.

15,7

REQUEST FOR BUDGET ADJUSTMENT

| Executive Summary | | | |
|--|--|--------------------------------|--|
| Reference No: 50500000 YE <u>YE_02</u> | | For Fiscal Year: 2017 | |
| Requesting Organization: 50500000 CAPITAL IMPROVEME | | Date of Request: 15-Jun-17 | |
| Budget Adjust Type(s): Existing Capital Project | | One Time Change (Y or N): Y | |
| | | If No, next year's impact: \$0 | |
| | | Net FTE Change: 0.00 | |
| Description and Justification: Reallocate Capital Sheriff Parking Project: The Sheriff's Office Building was funded for a Slurry Coating project for 2017. Costs for this projects scope of work have exceeded the funds available by \$8,467.00. Funding for the same type of project was received for the Oxbow Jail, these costs for this projects scope of work have come in under by \$17,723.00. It is requested to budget adjust \$10,000.00 from the under spent portion of the Oxbow Jail fund and supplement the S.O.B. project with the required funding. | | | |

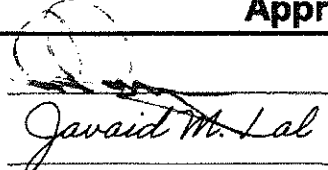
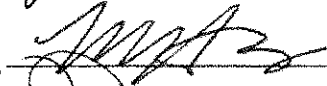


Fund Impact

| SUMMARY OF FUND IMPACT BY FUND | |
|--------------------------------|-------------------------------|
| FUND: | 450 CAPITAL IMPROVEMENTS 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 |

3

Approvals

| | | | |
|--|---|------------------|--|
| Division Director: |  | Date: 6/15/17 | |
| Dept. or Elected Fiscal Mgr: |  | Date: 06/20/2017 | |
| Dept. Dir. or Elected Official: |  | Date: 6/19/17 | |
| Facilities Division Director: (Capital Projects Only) |  | Date: 6/15/17 | |
| Chief Financial Officer: |  | Date: 6/21/17 | |
| Mayor or Designee: | Approve X  Approve | Date: 6/20/17 | |
| Council Action: | Approve | Date: | |

Budget Adjustment Detail

Budget Year: 2017 *** Requesting Department:** 50500000 CAPITAL IMPROVEMENTS
Budget Period: June *** Req Item No:** 50500000 *** Adjustment Title:** Reallocate Capital Sheriff Parking Project
Adjustment Type(s): Existing Capital Project

Expense Budget String(s):

| FUND | AGENCY | SUB-DEPT ID | EXPENSE ACCOUNT | PROG/ACT ID (OPT) | PROJECT ID (CAP) | AMOUNT |
|----------------------------------|--------|-------------|-----------------|-------------------|------------------|------------|
| 450 | 050 | 5050000000 | 607015 | | SHF90 | (10,000) |
| 450 | 050 | 5050000000 | 607015 | | SHF92 | 10,000 |
| | | | | | | |
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| | | | | | | |
| TOTAL EXPENDITURE CHANGE: | | | | | | \$0 |

Revenue Budget String(s):

| FUND | AGENCY | SUB-DEPT ID | REVENUE ACCOUNT | PROG/ACT ID (OPT) | PROJECT ID (CAP) | AMOUNT |
|------------------------------|--------|-------------|-----------------|-------------------|------------------|------------|
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| TOTAL REVENUE CHANGE: | | | | | | \$0 |

Balance Sheet/Fund Unrestriction String(s):

☐ Bal sheet strings only required for Proprietary Fund adjustments or fund unrestricted; check if applicable.

| FUND | SUB-DEPT ID | BAL. SHEET ACCOUNT | AMOUNT |
|------------------------------------|-------------|--------------------|------------|
| | | BAL_SHT or 499999 | |
| | | BAL_SHT or 499999 | |
| | | BAL_SHT or 499999 | |
| 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:

| From Fund | From Dept ID | To Fund | To Dept ID | Amount |
|-----------|--------------|---------|------------|--------|
| | | | | |
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| | | | | |

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

The Sheriff's Office Building was funded for a Slurry Coating project for 2017. Costs for this projects scope of work have exceeded the funds available by \$8,467.00. Funding for the same type of project was received for the Oxbow Jail, these costs for this projects scope of work have come in under by \$17,723.00. It is requested to budget adjust \$10,000.00 from the under spent portion of the Oxbow Jail fund and supplement the S.O.B. project with the required funding.

(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.

158

REQUEST FOR BUDGET ADJUSTMENT

| Executive Summary | |
|---|---|
| Reference No: 50500000 YE 03 Requesting Organization: 50500000 CAPITAL IMPROVEME Budget Adjust Type(s): Existing Capital Project | For Fiscal Year: 2017 Date of Request: 15-Jun-17 One Time Change (Y or N): Y If No, next year's impact: \$0 Net FTE Change: 0.00 |
| Description and Justification: SHF magnetic door lock Capital project: The Metro Jail is approaching 16 years of age and was developed using magnetic door locks in high security areas. 20 of the doors are currently malfunctioning and repair parts are unavailable due to age. To prevent injuries to prisoners or staff these door locks will need to be redesigned and retro fitted. The elevator project is coming in under budget so we have some room to reallocate budget to complete the ADC's magnetic door lock capital project. | |

Fund Impact

| SUMMARY OF FUND IMPACT BY FUND | |
|--------------------------------|-------------------------------|
| FUND: | 450 CAPITAL IMPROVEMENTS 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: 6/15/17 |
| Dept. or Elected Fiscal Mgr: | | Date: 06/20/2017 |
| Dept. Dir. or Elected Official: | | Date: 6/17/17 |
| Facilities Division Director: <i>(Capital Projects Only)</i> | | Date: 6/15/17 |
| Chief Financial Officer: | | Date: 6/21/17 |
| Mayor or Designee: | <div style="text-align: center;"> Approve </div> | Date: 6/21/17 |
| Council Action: | <div style="text-align: center;"> Approve </div> | Date: |

| Budget Adjustment Detail | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|
|--------------------------|--|--|--|--|--|--|--|--|--|

Budget Year: 2017

50500000 CAPITAL IMPROVEMENTS

Budget Period: June

505000

SHF magnetic door lock Capital project

Adjustment Type(s): Existing Capital Project

Expense Budget String(s):

[illegible]

\$0

Revenue Budget String(s):[illegible]

\$0

Balance Sheet/Fund Unrestriction String(s):

☐ Bal sheet strings only required for Proprietary Fund adjustments or fund unrestrictions; check if applicable.

| FUND | SUB-DEPT ID | BAL. SHEET ACCOUNT | AMOUNT |
|------|-------------|--------------------|--------|
| | | BAL. SHT or 499999 | |
| | | BAL. SHT or 499999 | |
| | | BAL. SHT or 499999 | |

\$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.)

The Metro Jail is approaching 16 years of age and was developed using magnetic door locks in high security areas. 20 of the doors are currently malfunctioning and repair parts are unavailable due to age. To prevent injuries to prisoners or staff these door locks will need to be redesigned and retro fitted. The elevator project is coming in under budget so we have some room to reallocate budget to complete the ADC's magnetic door lock capital 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

157

Executive Summary

| | |
|---|---|
| Reference No: 107099YE02 | For Fiscal Year: 2017 |
| Requesting Organization: 10709900 PARKS AND REC CAP | Date of Request: 21-Jun-17 |
| Budget Adjust Type(s): Existing Capital Project Appropriation Unit Shift | One Time Change (Y or N): Y If No, next year's impact: \$0 Net FTE Change: 0.00 |

Description and Justification:

Parks & Recreation TRCC Project Adjustments: In 2016, Parks & Recreation began capital projects to install a new multipurpose field at JL Sorenson Recreation Center in Herriman (PAR16JLRC01), and to replace the existing irrigation system at Tanner Park in Salt Lake City (PAR16TNP03). Both projects were rebudgeted in 2017 to complete construction. When construction bids came in, the bids were under budget and the projects will have available budget once construction is complete for the current scope. Parks & Recreation requests scope changes to both projects to complete other improvements to grounds at the respective sites: \$90,000 for landscape improvements at JL Sorenson, and \$70,000 for pavilion replacement and ADA improvements at Tanner. The improvements at Tanner Park would use the same account code as the existing expenditure budget, so no adjustment is requested, only a scope change. No new funding is requested.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

| | |
|--------------------------|--|
| FUND: | 181 TRCC TOURISM REC CULTRL CONVEN 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: _____ |
| Dept. or Elected Fiscal Mgr:  | Date: 6.21.17 |
| Dept. Dir. or Elected Official:  | Date: 6.21.17 |
| Facilities Division Director: (Capital Projects Only) | Date: _____ |
| Chief Financial Officer:  | Date: 6.21.17 |
| Mayor or Designee:  | Date: 6.21.17 |
| Council Action: _____ | Date: _____ |

Approve

| Budget Adjustment Detail | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|
|--------------------------|--|--|--|--|--|--|--|--|--|

* Requesting Department: 10709900 PARKS AND REC CAPITAL IMPROVEMENT

* Adjustment Title: Parks & Recreation TRCC Project Adjustments

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[illegible]

Figure 6

Figure 6 displays two plots related to the model fit. The top plot shows the observed data points (black dots) and the fitted curve (red line). The bottom plot shows the residuals (black dots) and the fitted curve (red line).

[illegible]

1. The first line of the document is a header containing the title "The first line of the document is a header" and the page number "1".

| FUND | SUB-DEPT ID | BAL. SHEET ACCOUNT | AMOUNT |
|------|-------------|--------------------|--------|
| | | BAL SHT | |
| | | BAL SHT | |
| | | BAL SHT | |

| | | |
|-------------------------------|------|-----|
| 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) |

[illegible]

In 2016, Parks & Recreation began capital projects to install a new multipurpose field at JL Sorenson Recreation Center in Herriman (PAR16JLRC01), and to replace the existing irrigation system at Tanner Park in Salt Lake City (PAR16TNPK03). Both projects were rebudgeted in 2017 to complete construction. When construction bids came in, the bids were under budget and the projects will have available budget once construction is complete for the current scope. Parks & Recreation requests scope changes to both projects to complete other improvements to grounds at the respective sites: \$90,000 for landscape improvements at JL Sorenson, and \$70,000 for pavilion replacement and ADA improvements at Tanner. The improvements at Tanner Park would use the same account code as the existing expenditure budget, so no adjustment is requested, only a scope change. No new funding is requested.

(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.

6/21/2017

Budget Details

Favorites

Main Menu

Commitment Control

Review Budget Activities

Budget Details

Home

Worklist

Performance Trace

Add to Favorites

Sign out

Commitment Control Budget Details

| Business Unit | Ledger Group | Fund | Agency | Dept | Account | Bud Ref | Project | Budget Period |
|---------------|--------------|------|--------|------------|---------|---------|-------------|---------------|
| SLC01 | SL_CAP_APP | 181 | 030 | 1070990000 | 000001 | 2017 | PAR16JLRC01 | 2017 |

Display Chart

Ledger Amounts

| | | | | |
|------------------|----------------|--|--|--------------------|
| Budget: | 403,415.00 USD | | | Max Rows 100 |
| Expense: | 21,510.06 USD | | | Attributes |
| Encumbrance: | 61,585.92 USD | | | Parent / Children |
| Pre-Encumbrance: | 0.00 USD | | | Associated Budgets |

Associate Revenue

0.00 USD

Available Budget

| | | | | |
|-------------------|------------|-----|-----------------|-----------|
| Without Tolerance | 320,319.02 | USD | Percent (79.4%) | Forecasts |
| With Tolerance | 320,319.02 | USD | Percent (79.4%) | |

Budget Exceptions

Exception Errors 0

Exception Warnings 0

Budget Exceptions

Return to Search

Previous in List

Next in List

Notify

| | |
|-----------------------------|------------------|
| Available as of 6/21/17 | 320,319.02 |
| Pending June true-up | (272,015.00) |
| Actual Available Budget | 48,304.02 |
| Encumbrance to be cancelled | 49,998.44 |
| | <u>98,302.46</u> |

REQUEST FOR BUDGET ADJUSTMENT

15,10

| Executive Summary | | | |
|--|--|---|--|
| Reference No: 554700YE02 | | For Fiscal Year: 2017 | |
| Requesting Organization: 55470000 PARKS AND RECREATION | | Date of Request: 21-Jun-17 | |
| Budget Adjust Type(s): Existing Capital Project Appropriation Unit Shift | | One Time Change (Y or N): Y If No, next year's impact: \$0 Net FTE Change: 0.00 | |
| Description and Justification: Parks & Recreation Bond Project Adjustments: In November 2016, Salt Lake County residents voted to approve Proposition A (Parks & Recreation Bond), which authorized the county to issue general obligation bonds to build new parks, trails, and recreation amenities, as well as to renovate and improve existing facilities. On February 28, 2017, the Council approved a budget adjustment request to establish expenditure budgets for the projects funded by the Parks & Recreation Bond. The capital renewal and replacement project (PARB17CRRP) was set up with a budget of \$31,000,000 and divided into many sub-projects (using the Activity field). Parks & Recreation desires to provide an update to the Council to clarify the scope of certain sub-projects, shift budget among sub-projects, and alter the scope of certain sub-projects. Please see attached worksheets. No additional funding is requested. | | | |

Fund Impact

| SUMMARY OF FUND IMPACT BY FUND | |
|--------------------------------|--|
| FUND: | 484 PARKS AND RECREATION GO BOND 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: _____ |
| Dept. or Elected Fiscal Mgr: | Date: 6.21.17 |
| Dept. Dir. or Elected Official: | Date: 6.21.17 |
| Facilities Division Director: (Capital Projects Only) | Date: _____ |
| Chief Financial Officer: | Date: 6.21.17 |
| Mayor or Designee: | Date: 6.21.17 |
| Approve | |
| Council Action: _____ | Date: _____ |
| Approve | |

Budget Adjustment Detail

Budget Year: 2017 * Requesting Department: 55470000 PARKS AND REREATION GO BOND PROJE
 Budget Period: Post June Year-End * Req Item No: 554700YE02 * Adjustment Title: Parks & Recreation Bond Project Adjustments
 Adjustment Type(s): Existing Capital Project Appropriation Unit Shift

Expense Budget String(s):

| FUND | AGENCY | SUB-DEPT ID | EXPENSE ACCOUNT | PROG/ACT ID (OPT) | PROJECT ID (CAP) | AMOUNT |
|------|--------|-------------|-----------------|-------------------|------------------|----------|
| 484 | 050 | 5547000000 | 607010 | | PARB17CRRP | 22,343 |
| 484 | 050 | 5547000000 | 607015 | | PARB17CRRP | 49,157 |
| 484 | 050 | 5547000000 | 629025 | | PARB17CRRP | (60,000) |
| 484 | 050 | 5547000000 | 673020 | | PARB17CRRP | (11,500) |
| | | | | | | |
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TOTAL EXPENDITURE CHANGE: \$0

Revenue Budget String(s):

| FUND | AGENCY | SUB-DEPT ID | REVENUE ACCOUNT | PROG/ACT ID (OPT) | PROJECT ID (CAP) | AMOUNT |
|------|--------|-------------|-----------------|-------------------|------------------|--------|
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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
 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:

| From Fund | From Dept ID | To Fund | To Dept ID | Amount |
|-----------|--------------|---------|------------|--------|
| | | | | |
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| | | | | |
| | | | | |

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

In November 2016, Salt Lake County residents voted to approve Proposition A (Parks & Recreation Bond), which authorized the county to issue general obligation bonds to build new parks, trails, and recreation amenities, as well as to renovate and improve existing facilities. On February 28, 2017, the Council approved a budget adjustment request to establish expenditure budgets for the projects funded by the Parks & Recreation Bond. The capital renewal and replacement project (PARB17CRRP) was set up with a budget of \$31,000,000 and divided into many sub-projects (using the Activity field). Parks & Recreation desires to provide an update to the Council to clarify the scope of certain sub-projects, shift budget among sub-projects, and alter the scope of certain sub-projects. Please see attached worksheets. No additional funding is requested.

(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

15.11

Executive Summary

| | |
|---|--------------------------------|
| Reference No: 554600YE01 | For Fiscal Year: 2017 |
| Requesting Organization: 55460000 PARLEYS TRAIL - P | Date of Request: 21-Jun-17 |
| Budget Adjust Type(s): Existing Capital Project | One Time Change (Y or N): Y |
| Appropriation Unit Shift | If No, next year's impact: \$0 |
| | Net FTE Change: 0.00 |

Description and Justification:

Parleys Trail Adjustment: In 2013, Parks & Recreation began a project (BND13 PARLEYS) to design and construct trail segments of Parley's Trail. The project has been rebudgeted in 2017 to continue work on the trail. The entire project budget has been in a capital expense account, and most of the language used regarding Parley's Trail centers on construction. However, there are existing parts of Parley's Trail that merely require repair. Parks & Recreation requests a scope clarification that the project will include repair and refurbishing existing parts of the trail, with the end goal of delivering a comprehensive and consistent trail system. No new funding is requested.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

| | |
|--------------------------|-----------------------------|
| FUND: | 431 PARK BOND PROJECTS 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:

Martin Jensen

Date: _____

Dept. or Elected Fiscal Mgr:

Lin Oun

Date: 6.21.17

Dept. Dir. or Elected Official:

Sally M. Green

Date: 6.21.17

Facilities Division Director:
(Capital Projects Only)

Date: _____

Chief Financial Officer:

[Signature]
Approve

Date: 6.21.17

Mayor or Designee:

Eira J. [Signature]
Approve

Date: 6.21.17

Council Action:

Date: _____

Approve

Budget Adjustment Detail

Budget Year: 2017 * Requesting Department: 55460000 PARLEYS TRAIL - PARK

Budget Period: Post June Year-End * Req Item No: * Adjustment T:

Adjustment Type(s): Building Capital Project Appropriation Unit Shift:

Expense Budget String(s):

| FUND | AGENCY | SUB-DEPT ID | EXPENSE ACCOUNT | PROG/ACT ID (OPT) | PROJECT ID (CAP) | AMOUNT |
|---------------------------|------------------------------------|-------------|-----------------|-------------------|------------------|------------|
| 431 | 030 <u>050</u> <u>W</u> | 5546000000 | 673020 | | BND13_PARLEYS | (24,000) |
| 431 | 030 <u>050</u> <u>W</u> | 5546000000 | 607010 | | BND13_PARLEYS | 24,000 |
| | | | | | | |
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| TOTAL EXPENDITURE CHANGE: | | | | | | <u>\$0</u> |

Revenue Budget String(s):

| FUND | AGENCY | SUB-DEPT ID | REVENUE ACCOUNT | PROG/ACT ID (OPT) | PROJECT ID (CAP) | AMOUNT |
|-----------------------|--------|-------------|-----------------|-------------------|------------------|------------|
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| TOTAL REVENUE CHANGE: | | | | | | <u>\$0</u> |

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: | | | <u>\$0</u> |

* 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 |
|-----------|--------------|---------|------------|--------|
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

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

In 2013, Parks & Recreation began a project (BND13_PARLEYS) to design and construct trail segments of Parley's Trail. The project has been rebudgeted in 2017 to continue work on the trail. The entire project budget has been in a capital expense account, and most of the language used regarding Parley's Trail centers on construction. However, there are existing parts of Parley's Trail that merely require repair. Parks & Recreation requests a scope clarification that the project will include repair and refurbishing existing parts of the trail, with the end goal of delivering a comprehensive and consistent trail system. No new funding is requested.

(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.

