

15.3

REQUEST FOR SL COUNTY BUDGET ADJUSTMENT

Executive Summary

Reference No: 250000YE01
Requesting Organization: 25000000 LIBRARY
Budget Adjust Type(s): Appropriation Unit Shift

For Fiscal Year: 2017
Date of Request: 3-Oct-17
Ongoing (Y or N): N
If Yes, next year's impact: \$0
Net FTE Change: 0.00

Description and Justification:

Appropriation Unit Shift: We would like to move funds from the operating sector to the capital sector. The purchases to be made from the capital sector are replacement of 4 sets of RFID inventory gates used in the branches to help eliminate theft of materials. The current sets are no longer working and have surpassed their typical hardware lifecycle replacement date. A digital color copier to replace the current copier, which we are spending alot of time and funds to maintain. This purchase will reduce maintenance charges, improve production levels and time efficiencies, improve productivity and prevent work-related injuries. An ATV to assist our Facilities staff in snow removal at our libraries. This will increase the safety of our patrons and our employees and reduce the risk of a fall during inclement weather. The ATV allows us to quickly clear the walks at our

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

FUND:	360 LIBRARY 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
2500000101 ADMIN - MANAGEMENT	0	(10,633)	0	(10,633)
2500000202 SYSTEMS	0	41,700	0	41,700
2500000300 MARKETING	0	55,000	0	55,000
2500000400 FACILITIES	0	7,668	0	7,668
2500000501 COLLECTION DEVELOPMENT	0	(100,000)	0	(100,000)
2500000713 SOUTH JORDAN LIBRARY	0	6,265	0	6,265
TOTALS	0	0	0	0

Division Director:

Date: 10/3/17

Dept. or Elected Fiscal Mgr:

Date: 10.3.17

Dept. Dir. or Elected Official:

Date: 10.3.17

Facilities Division Director:
(Capital Projects Only)

Date:

Chief Financial Officer:

Date: 10-3-17

Mayor or Designee:

Date: 10-3-17

Council Action:

Date:

Approve

Budget Adjustment Detail

* Budget Year: 2017 * Requesting Department: 25000000 LIBRARY
 * Budget Period: Post June Year-End * Req Item No: 250000YE01 * Adjustment Title: Appropriation Unit Shift
 * Adjustment Type(s): Appropriation Unit Shift

Expense Budget String(s):

FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
360	020	2500000713	679020			8,285
360	020	2500000400	679020			7,668
360	020	2500000300	679005			55,000
360	020	2500000202	679020			41,700
360	020	2500000501	611010			(100,000)
360	020	2500000101	621015			(10,000)
360	020	2500000101	615035			(633)

TOTAL EXPENDITURE CHANGE: \$0

Revenue Budget String(s):

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

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. SMT or 499999	
		BAL. SMT or 499999	
		BAL. SMT or 499999	

TOTAL BALANCE SHEET CHANGE: \$0

* Ongoing (Y or N): N
 If Yes, next year's impact: \$0

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

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

We would like to move funds from the operating sector to the capital sector. The purchases to be made from the capital sector are replacement of 4 sets of RFID inventory gates used in the branches to help eliminate theft of materials. The current sets are no longer working and have surpassed their typical hardware lifecycle replacement date. A digital color copier to replace the current copier, which we are spending alot of time and funds to maintain. This purchase will reduce maintenance charges, improve production levels and time efficiencies, improve productivity and prevent work-related injuries. An ATV to assist our Facilities staff in snow removal at our libraries. This will increase the safety of our patrons and our employees and reduce the risk of a fall during inclement weather. The ATV allows us to quickly clear the walks at our various libraries, which can be required multiple times during some snow storms. During the growing season, the ATV is used to assist with grounds maintenance, including spreading fertilizer and assisting with the planting of shrubs and trees. Signage for the outside of the South Jordan branch. The current signage at our South Jordan Library does not clearly identify the facility as being a County building. This request of replacing the signage supports our goal of ensuring that our library buildings are clearly identified as being a part of Salt Lake County.

(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.

15.4

REQUEST FOR BUDGET ADJUSTMENT

Executive Summary


Reference No: 250000_08 Requesting Organization: 25000000 LIBRARY Budget Adjust Type(s): FTE/Position Reclass Description and Justification: Reclassification-Tyler Custodian: In the past the 20 hour Custodian at Tyler Library has struggled to keep up with building maintenance and daily pickup of grounds. This is an older building in a location that has a large homeless population. Extra time is needed to help keep the grounds clear and safe for patrons.	For Fiscal Year: 2017 Date of Request: 2-Oct-17 One Time Change (Y or N): N If No, next year's impact: (\$2,283) Net FTE Change: 0.00
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Fund Impact

SUMMARY OF FUND IMPACT BY FUND	
FUND:	360 LIBRARY 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: 10/2/17
Dept. or Elected Fiscal Mgr:		Date: 10-2-17
Dept. Dir. or Elected Official:		Date: 10-3-17
Facilities Division Director: (Capital Projects Only)		Date: _____
Chief Financial Officer:		Date: 10-3-17
Mayor or Designee:	 Approve	Date: 10/3/17
Council Action:	_____ Approve	Date: _____

Budget Adjustment Detail

Budget Year: 2017	* Requesting Department: 25000000 LIBRARY	
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Budget Period: Post June Year-End * Req Item No: 250000_0 8 * Adjustment Title: Reclassification-Tyler Custodian

Adjustment Type(s): FTE/Position Reclass FTE/Position Reclass

Expense Budget String(s):

FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
360	020	2500000300	601030 PERMANENT AND PROVISIONAL			0
TOTAL EXPENDITURE CHANGE:						\$0

Revenue Budget String(s):

FUND	AGENCY	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
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): N No. of New FTEs: 0.00 (2)
 If No, next year's impact: (\$2.283) 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 DeptID	To Fund	To Dept ID	Amount

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

In the past the 20 hour Custodian at Tyler Library has struggled to keep up with building maintenance and daily pickup of grounds. This is an older building in a location that has a large homeless population. Extra time is needed to help keep the grounds clear and safe for patrons.

(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)		3129	
Existing/Proposed Job Start Date		9/16/2017	
Existing/Proposed Job Code		467	
Existing/Proposed Job Title		Library Shelver	
Position Type: Full-Time (FT), Part-Time (PT)		PT	
Time Limited? Yes / No		N	
If Time Limited, expected expiration date			
Location Code (four digit number)		1027	
Fund	To:	From:	
PS/BRASS Sub Department Id	To:	From:	
Reports To Position Number	2849		
Reports To Job Title	Circulation Spv		
FTE (Example: .50 / .75 / 1.0)	To:	From:	-0.25
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))			

Position 2			
Position Number (For changes to existing positions)		2894	
Existing/Proposed Job Start Date		9/16/2017	
Existing/Proposed Job Code		555	
Existing/Proposed Job Title		Custodial Maintenance Worker	
Position Type: Full-Time (FT), Part-Time (PT)		PT	
Time Limited? Yes / No		N	
If Time Limited, expected expiration date			
Location Code (four digit number)		1245	
Fund	To:	From:	
PS/BRASS Sub Department Id	To:	From:	
Reports To Position Number	3083		
Reports To Job Title	Library Manager		
FTE (Example: .50 / .75 / 1.0)	To:	From:	-0.5
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
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:

Action Type List:

N New
 TL New Time Limited
 R Reclass
 T Transfer
 A Abolish
 RA Re-allocate
 O Other

Reclass Flag
 0



Salt Lake County Job Description

Custodial Maintenance Worker

DEPARTMENT: Human Services

JOB CODE: 555 **GRADE:** 009

SALARY PLAN: GEN

SAFETY SENSITIVE: No

DIVISION: Library/2500

FLSA STATUS: Non-Exempt

EFFECTIVE DATE: 04/01/2011

JOB SUMMARY

Performs custodial cleaning, minor maintenance work and general building security in an assigned building or building area.

MINIMUM QUALIFICATIONS

Six (6) months custodial work experience or other closely related field; OR an equivalent combination of related education and experience.

ESSENTIAL FUNCTIONS

The following duties and responsibilities are intended to be representative of the work performed by the incumbent(s) in this position and are not all-inclusive. The omission of specific duties and responsibilities will not preclude it from the position.

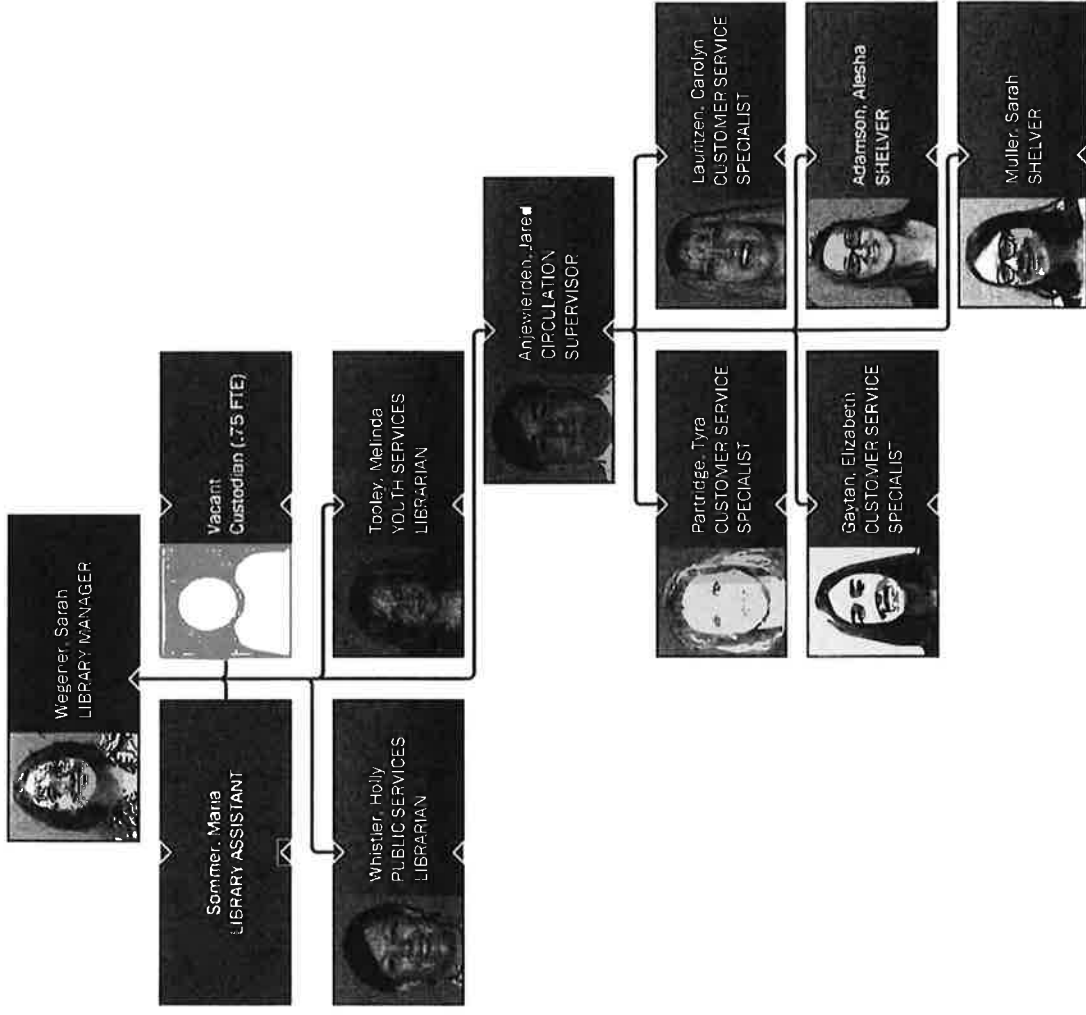
Applicants must be prepared to demonstrate the ability to perform the essential functions of the job with or without a reasonable accommodation.

- Provides daily custodial tasks including cleaning facility and equipment.
- Arranges, sets up and takes down facility tables and chairs, as assigned.
- Provides periodic duties of washing furniture, floors, walls, woodwork and windows.
- Performs cleaning, preventative maintenance and minor repairs on cleaning equipment.
- Performs minor plumbing and electrical maintenance and repair.
- Maintains and cleans building entrances. Assists with grounds maintenance and removes snow and ice from entrances as assigned.
- Maintains an inventory of facility cleaning supplies, tools and equipment. Orders new cleaning supplies as needed.
- Conducts security check of grounds and buildings. Secures the facility and equipment.

KNOWLEDGE, SKILLS AND ABILITIES (KSA)

Knowledge of:

- Methods, materials and equipment essential for custodial maintenance functions



CONDENSED POSITION DESCRIPTION QUESTIONNAIRE (CPDQ)

CLASSIFICATION REQUEST

Please complete this form, review with department/division personnel, obtain any necessary approvals as outlined in the Council and HR Requirements Matrix, and forward to your HR consultant. In addition, please include your division's most recent Organization Chart.

This request is for a:

Department Name: Community Services

Position Number: 00002894, 00003129

Division Name: Library Services

Division Number: 2500000717

Information Regarding Vacant Existing Allocation

Current Job Title/Grade: Custodial Maint Worker 9, Library Shelver 7

Job Code: 555, 467

New Existing Title/Grade: Custodial Maintenance Worker 9

Agency Budget Impact:



1) There **is no** budget increase to this year or subsequent year's budgets resulting from this position classification change. Please provide an explanation below:

Budget Impact projection = Savings of (\$2283)

We will use remaining .25 of unused shelver allocation, position # 3129

Position # 2894, Custodian will go from 20 to 30 hours per week.



2) There **is** an increase to this year or subsequent year's budgets. Below is a summary of the budget impact:




3) The budget impact for this classification change is unknown at this time.

Business Justification: Please provide a brief summary of the organization need or business justification for this position classification request.

In the past the 20 hour Custodian at Tyler Library has struggled to keep up with building maintenance and daily pickup of grounds. This is an older building in a location that has a large homeless population. Extra time is needed to keep the grounds clean and safe for patrons.

Department/Division Approval Signatures

By providing approval and electronically signing below, this certifies that processing this classification action does not have a negative impact on the current year's personnel budget. Any budgetary impact has already been addressed and approved by the Council, as needed.

Elected Official or Department Director	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature: 
Division Director/ Administrator	Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Signature: James D. Cooper <small>Digitally signed by James D. Cooper Date: 2017.09.06 16:11:40 -06'00'</small>
Immediate Supervisor	Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Signature: Pamela Park <small>Digitally signed by Pamela Park Date: 2017.09.06 16:00:24 -06'00'</small>

Immediate Supervisor's Title: Pamela Park

E-Mail: PPark@slcolibrary.org

Phone Number: 801-944-7500

HR Consultant Contact Information

Consultant	E-Mail	Phone
Debbie Wine	dwine@slco.org	(385) 468-0574
Tracy Byington	tbyington@slco.org	(385) 468-0588
Martinha Penrod	mpenrod@slco.org	(385) 468-0592
Terry Fortner	tfortner@slco.org	(385) 468-0591

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REQUEST FOR BUDGET ADJUSTMENT

Executive Summary

Reference No: 230000YE01 Requesting Organization: 23000000 AGING AND ADULT S Budget Adjust Type(s): FTE Request Appropriation Unit Shift	For Fiscal Year: 2017 Date of Request: 29-Sep-17 One Time Change (Y or N): N If No, next year's impact: \$0 Net FTE Change: 1.00
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Description and Justification:

DWS Senior Case Mgt Grant & Replacing an oven: AAS received a new grant from DWS, which requires 1 FTE new time limited position, to provide case management services to senior refugee population. This request is to request the FTE allocation and the appropriation, and also to recognize the revenues. It is a budget neutral request. The grant is effective August 1, 2017 to July 31, 2020. The contract was executed 09/28/2017.

AAS also requests to replace an oven in Draper Senior Center because the current one cannot be repaired. This expense will be absorbing by AAS current budget, however AAS will need to move the budget from Operating to Capital Purchasing appropriation unit.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

FUND:	120 GRANT PROGRAMS 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
2300000401 MOW	0	(8,000)	0	(8,000)
2300000603 CAREGIVER	9,166	9,166	0	0
2300000702 CENTERS	0	8,000	0	8,000
TOTALS	9,166	9,166	0	0

Approvals

Division Director:	Paul Leggett <small>Digitally signed by Paul Leggett Date: 2017.10.02 08:28:33 +08'00'</small>	Date: _____
Dept. or Elected Fiscal Mgr:	Yanping Ding <small>Digitally signed by Yanping Ding Date: 2017.10.02 08:28:23 +08'00'</small>	Date: _____
Dept. Dir. or Elected Official:	Karen Crompton <small>Digitally signed by Karen Crompton Date: 2017.10.02 08:51:31 +08'00'</small>	Date: _____
Facilities Division Director: (Capital Projects Only)	_____	Date: _____
Chief Financial Officer:	 Approve	Date: 10/2/17
Mayor or Designee:	 Approve	Date: 10/4/17
Council Action:	_____	Date: _____

Budget Adjustment Detail									
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Budget Year: 2017 *** Requesting Department:** 23000000 AGING AND ADULT SERVICES

Budget Period: Post June Year-End * **Req Item No:** 230000YE01 * **Adjustment Title:** DWS Senior Case Mgt Grant & Replacing an oven

Adjustment Type(s): FTE Request Appropriation Unit Shift

Expense Budget String(s):

FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
120	020	2300000603	601030			6,053
120	020	2300000603	603005			463
120	020	2300000603	603025			908
120	020	2300000603	603040			30
120	020	2300000603	603045			121
120	020	2300000603	603050			1,591
120	020	2300000401	609005			(8,000)
120	020	2300000702	679020			8,000

TOTAL EXPENDITURE CHANGE:	\$9,166
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Revenue Budget String(s):[illegible]

TOTAL REVENUE CHANGE:	\$9,166
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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
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* One Time Change (Y or N): N
If No, next year's impact: \$0

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:	0.00	(2)

Fund Balance Transfers:

From Fund	From Dept ID	To Fund	To Dept ID	Amount

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

AAS received a new grant from DWS, which requires 1 FTE new time limited position, to provide case management services to senior refugee population. This request is to request the FTE allocation and the appropriation, and also to recognize the revenues. It is a budget neutral request. The grant is effective August 1, 2017 to July 31, 2020. The contract was executed 09/28/2017.

AAS also requests to replace an oven in Draper Senior Center because the current one cannot be repaired. This expense will be absorbing by AAS current budget, however AAS will need to move the budget from Operating to Capital Purchasing appropriation unit.

(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	11/1/2017
Existing/Proposed Job Code	400
Existing/Proposed Job Title	Outreach Caseworker 13
Position Type: Full-Time (FT), Part-Time (PT)	FT
Time Limited? Yes / No	Yes
If Time Limited, expected expiration date	7/31/2020
Location Code (four digit number)	1005
Fund	To: From:
PS/BRASS Sub Department Id	To: From:
Reports To Position Number	2345
Reports To Job Title	Asst Program Mgr
FTE (Example: .50 / .75 / 1.0)	To: 1 From: 0
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))	TL

AAS FTE reclass budget impact analysis						501030		603005		603025		603040		603045		603050		Fund Sources	
Dept ID	Position #	Employee	Fr. To.	Job Title	Job Code	FTE	Salary (Merit)	FICA	Retirement	LTD	401K	Health Ins.	TOTALS	Outside Revenues	Tax Dollars				

Outreach Caseworker 13 Time

Limited

Net Annual Impact

**This position is required for a grant through DW's for elder Refugee case management Contract #18DW50080. Budget is annual expense.

Existing positions used to create the budget needs for this position. Benefits could differ with actual hire. Agency could balance any additional expenses in using the Temp/Seasonal line item

November 1 to December 31

Est.

2017

\$ 6,053.33

\$ 463.00

\$ 908.00

\$ 30.00

\$ 121.00

\$ 1,591.33

\$ 9,166.67

\$ 9,166.67

REQUEST FOR BUDGET ADJUSTMENT

15.6

Executive Summary

Reference No: 505000YE10	For Fiscal Year: 2017
Requesting Organization: 50500000 CAPITAL IMPROVEME	Date of Request: 22-Sep-17
Budget Adjust Type(s): New Capital Project	One Time Change (Y or N): Y
	If No, next year's impact: \$0
	Net FTE Change: 0.00

Description and Justification:

New Capital projects: Capital Project FAC151C: The lower level exhaust study is a project to study the redesign and replacement current exhaust system. The south building lower level kitchen has continually added equipment that rejects heat into the lower level parking garage. That and with added vehicle traffic from the Meal on Wheel program is creating a potentially unsafe work environment from heat, carbon monoxide level and poor air quality. If not addressed there is a potential impact for the indoor air quality for the entire south building of the government center. Capital Project FAC152C: The kitchen AHU study is a project to study the redesign and replacement of the current AHU serving the lower level kitchen. This unit is past it's useful life cycle. In addition the kitchen has added more heat load due to added equipment and increased output for the Meals on Wheels program.

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: 9/22/17

Dept. or Elected Fiscal Mgr:



Date: 9-27-17

Dept. Dir. or Elected Official:



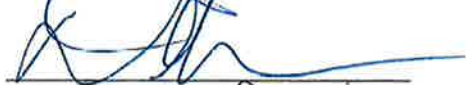
Date: 9-27-17

Facilities Division Director:
(Capital Projects Only)



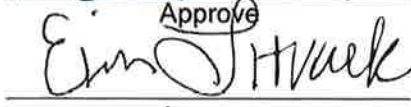
Date: 9/22/17

Chief Financial Officer:



Date: 9/28/17

Mayor or Designee:



Date: 10/4/17

Council Action:

Approve

Date:

Budget Adjustment Detail

Budget Year: 2017 *** Requesting Department:** 50500000 CAPITAL IMPROVEMENTS
Budget Period: Post June Year-End *** Req Item No:** 505000 YE 10 *** Adjustment Title:** New Capital projects
Adjustment Type(s): New Capital Project

Expense Budget String(s):

FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
450	050	5050000000	675010		AGE2017TEABAT	(30,000)
450	050	5050000000	675010		FAC151C	17,000
450	050	5050000000	675010		FAC152C	13,000
TOTAL EXPENDITURE CHANGE:						\$0

Revenue Budget String(s):

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

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

Capital Project FAC151C: The lower level exhaust study is a project to study the redesign and replacement current exhaust system. The south building lower level kitchen has continually added equipment that rejects heat into the lower level parking garage. That and with added vehicle traffic from the Meal on Wheel program is creating a potentially unsafe work environment from heat, carbon monoxide level and poor air quality. If not addressed there is a potential impact for the indoor air quality for the entire south building of the government center. **Capital Project FAC152C:** The kitchen AHU study is a project to study the redesign and replacement of the current AHU serving the lower level kitchen. This unit is past it's useful life cycle. In addition the kitchen has added more heat load due to added equipment and increased output for the Meals on Wheels program.

(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.

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REQUEST FOR BUDGET ADJUSTMENT

Executive Summary

Reference No: 505000YE11	For Fiscal Year: 2017
Requesting Organization: 50500000 CAPITAL IMPROVEME	Date of Request: 22-Sep-17
Budget Adjust Type(s): New Capital Project	One Time Change (Y or N): Y
	If No, next year's impact: \$0
	Net FTE Change: 0.00

Description and Justification:

New Capital projects: Capital Project AGE2017RVASTO: The stone façade at Riverton Senior Center is falling off of the facility in a variety of areas. This study is to review the stone and its installation to see if it can be reattached as originally designed, attached in a different way or if a new façade is the best long term approach.

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: 9/22/17

Dept. or Elected Fiscal Mgr:



Date: 9-27-17

Dept. Dir. or Elected Official:



Date: 9-27-17

Facilities Division Director:
(Capital Projects Only)



Date: 9/22/17

Chief Financial Officer:



Date: 9/28/17

Approve

Mayor or Designee:

Approve

Date: _____

Council Action:

Approve

Date: _____

Budget Adjustment Detail

Budget Year: 2017 *** Requesting Department:** 50500000 CAPITAL IMPROVEMENTS
Budget Period: Post June Year-End *** Req Item No:** 505000YE 11 *** Adjustment Title:** New Capital projects
Adjustment Type(s): New Capital Project

Expense Budget String(s):

FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
450	050	5050000000	675010		AGE2017TEABAT	(10,000)
450	050	5050000000	607015		AGE2017RVASTO	10,000
TOTAL EXPENDITURE CHANGE:						\$0

Revenue Budget String(s):

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

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

Capital Project AGE2017RVASTO: The stone façade at Riverton Senior Center is falling off of the facility in a variety of areas. This study is to review the stone and its installation to see if it can be reattached as originally designed, attached in a different way or if a new façade is the best long term approach.

(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.

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REQUEST FOR BUDGET ADJUSTMENT

Executive Summary

Reference No: 505000YE06	For Fiscal Year: 2017
Requesting Organization: 50500000 CAPITAL IMPROVEME	Date of Request: 25-Sep-17
Budget Adjust Type(s): New Capital Project	One Time Change (Y or N): Y
	If No, next year's impact: \$0
	Net FTE Change: 0.00

Description and Justification:

CJS Space Utilization Remodel: To accommodate additional staff requirements project is to design and remodel/construction of additional office spaces in the current CJS facility.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND


FUND:	110 GENERAL FUND	450 CAPITAL IMPROVEMENTS FUND
Fund Impact (Budgetary)	\$16,018	(\$16,018)
Fund Impact (Transfers)	\$0	\$0
TOTAL FUND IMPACT	\$16,018	(\$16,018)

SUMMARY OF CNTY FUNDING IMPACT BY DEPT

DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
2400000101 CRIMINAL JUSTICE ADMIN	0	(16,018)	0	(16,018)
5050000000 CAPITAL IMPROVEMENTS PRGM	0	16,018	0	16,018
TOTALS	0	0	0	0

Approvals

Division Director:



Date:

9/25/17

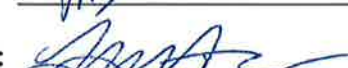
Dept. or Elected Fiscal Mgr:



Date:

9-27-17

Dept. Dir. or Elected Official:



Date:

9-27-17

Facilities Division Director:
(Capital Projects Only)



Date:

9/25/17

Chief Financial Officer:



Date:

9/20/17

Mayor or Designee:


Approve

Date:

10/4/17

Council Action:

Approve

Date:

Budget Adjustment Detail

Budget Year: 2017 *** Requesting Department:** 50500000 CAPITAL IMPROVEMENTS
Budget Period: Post June Year-End *** Req Item No:** 505000YE06 *** Adjustment Title:** CJS Space Utilization Remodel
Adjustment Type(s): New Capital Project

Expense Budget String(s):

FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
450	050	5050000000	639025		CJS01	(87,663)
450	050	5050000000	639010 CONSULTANTS FEES		003SA	(40,000)
110	020	2400000101	607015		CJS02	(16,018)
450	050	5050000000	607015		CJS02	123,681
TOTAL EXPENDITURE CHANGE:						\$0

Revenue Budget String(s):

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

Balance Sheet/Fund Unrestriction String(s):

☐ Bal sheet strings only required for Proprietary Fund adjustments or fund unrestrictedions; 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

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

To accommodate additional staff requirements project is to design and remodel/construction of additional office spaces in the current CJS facility.

(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.

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REQUEST FOR BUDGET ADJUSTMENT

Executive Summary

Reference No: 505000YE07	For Fiscal Year: 2017
Requesting Organization: 50500000 CAPITAL IMPROVEME	Date of Request: 21-Sep-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:

Combine CGC bathroom projects: Combining both Government center bathroom projects into 1 project for easier project tracking and budget expense usage.

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
5050000000 CAPITAL IMPROVEMENTS PRGM	0	(0)	0	(0)
TOTALS	0	(0)	0	(0)

Approvals

Division Director:



Date: 9/21/17

Dept. or Elected Fiscal Mgr:



Date: 9-27-17

Dept. Dir. or Elected Official:



Date: 9-27-17

Facilities Division Director:
(Capital Projects Only)



Date: 9/21/17

Chief Financial Officer:



Date: 9/28/17

Mayor or Designee:

Approve


Date: 10/4/17

Council Action:

Approve

Date:

Budget Adjustment Detail

Budget Year: 2017 *** Requesting Department:** 50500000 CAPITAL IMPROVEMENTS
Budget Period: Post June Year-End *** Req Item No:** 505000YE07 *** Adjustment Title:** Combine CGC bathroom projects
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 MAINTENANCE - BUILDINGS		FAC129C	(20,209)
450	050	5050000000	607015 MAINTENANCE - BUILDINGS		095C	20,209
TOTAL EXPENDITURE CHANGE:						(\$0)

Revenue Budget String(s):

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

From Fund	From Dept ID	To Fund	To Dept ID	Amount

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

Combining both Government center bathroom projects into 1 project for easier project tracking and budget expense usage.

(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.