SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Reference No: 356000IA01 For Fiscal Year: 2018 Requesting Organization: 35600000 EQUESTRIAN PARK E Date of Request: 3-Apr-18 Budget Adjust Type(s): Technical Ongoing (Y or N): Y If Yes, next year's CF impact: \$50,000 Net FTE Change: 0.00

Description and Justification:

Salt Lake County Re-Imagined Fair: During the 2018 budget process there were discussions about cutting the County fair. Through this process we went back and forth ultimately deciding to re-image the fair. Unfortunately during these discussions the amount listed in the budget cut reflected the entire programming budget rather than a reduced budget reflecting the re-imaged event. We are currently planning a re-imaged fair that continues the tradition of 4H, youth programs and competition. We are requesting to move \$50,000 from Fund Balance to Operations to cover the reduced budget that was cut in error during the 2018 budget process. This funding will provide the resources we need to host this annual event.

Fund Impact

SUMMARY OF FUND IMPACT	BY FUND
FUND:	186 EQUESTRIAN PARK FUND
Fund Impact (Budgetary)	(\$50,000)
Fund Impact (Transfers)	\$0
TOTAL FUND IMPACT	(\$50,000)

SUMMARY OF CNTY FUNDING IMPACT BY D	EPT			
DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
3560000000 EPEC OPERATIONS PRGM	0	50,000	0	50,000
TOTALS	0	50,000	0	50,000

Approvals	
Division Director: RBChalle B	Date: 4.3.18
Dept. or Elected Fiscal Mgr:	Date: 4.3.18
Dept. Dir. or Elected Official: Walf M. Your	Date:
Facilities Division Director: (Capital Projects Only)	Date:
Chief Financial Officer:	Date: 4-3-18
Mayor or Designee: Approve Approve Approve	Date: 4 4 18
Council Action: Approve	Date:

		Bud	get Adjustme	nt Detail		
et Year:	2018		* Requesting De	- L	00 EQUESTRIAN PARK EVENT	CTR (EPEC) O
et Period:	re-June Interim	* Req Item No:	356000IA01 -	* Adjustment Title:	Salt Lake County Re-Imagined	Fair
stment Type(s):	Technical	[*				
Expense Budge	et String(s):					
FUND	SUB-DEPT ID		EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
186	3560000000		639035			50
Revenue Budge	et String(s):			EXPENDITURES Page 1 NDITURES ALL PAGES		\$50, \$50,
FUND	SUB-DEPT ID		REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
		Del abo		TAL REVENUES Page 1 REVENUES ALL PAGES		
	Fund Unrestriction S	unrestr	ctions; check if applicable.	TOTAL STATE OF THE		NT
FUND	SUB-DEPT ID		BAL. SHEE	TACCOUNT	AMOU	NI
			BAL SHT or 499999			
			BAL_SHT or 499999			
			TOTAL BAL	ANCE SHEET CHANGE	=	
* If Yes, nex	Ongoing (Y or N): kt year's CF impact:	Y \$50,000		No. of New FTEs: lew Time Limited FTEs: o. of Transferred FTEs:	0.00	2) 2) 2)
Fund Balance 1	ransfers:			No. of Other FTEs:		2)
From Fund	From Dept ID	To Fund	To Dept ID	Amount]	
					-	
-					1	

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

During the 2018 budget process there were discussions about cutting the County fair. Through this process we went back and forth ultimately deciding to re-image the fair. Unfortunately during these discussions the amount listed in the budget cut reflected the entire programming budget rather than a reduced budget reflecting the re-imaged event. We are currently planning a re-imaged fair that continues the tradition of 4H, youth programs and competition. We are requesting to move \$50,000 from Fund Balance to Operations to cover the reduced budget that was cut in error during the 2018 budget process. This funding will provide the resources we need to host this annual event.

(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.

REQUI		SL COUNT	Y BUDGE	I ADJUST	MENI	
	Executive					***************************************
Reference No			iscal Year:	2018		
Requesting Organization					f Request:	20-Mar-18
Budget Adjust Type(s)			g (Y or N):	Y		
			If Yes,	next year's	CF impact:	\$0
				Net FT	E Change:	0.00
Description and Justi						
Patron Services Wage Incre- retain qualified individuals fo employees are our front line emergencies. Patron Service benefited positions. This requ we pay to be closer in line wi These positions have not rec \$11.70 to \$15, Ushers from S per hour. Since these costs a individual event settlements,	r Patrons Serv staff providing es includes Hou uest is for a wa th market rates eived a pay in \$7.25 to \$10, hare charged to	ices positions at customer servicuse Managers, hage increase for s. This will help worease since 200 lead Ushers from building users a	all of the Centice and implemented Ushers, Lethese positions with employee D7. This proposen \$8.57 to \$12 and are therefore	er for the Arts of the safet standard EM s. This increase thiring, retentions to increase and House Ma	venues. Patro y procedures T's. All are tel e will bring the n and improve EMT hourly vanagers from S	n Services in case of mporary, non- ecurrent rates morale. vages from \$10.70 to \$14
		Fund In	npact			
SUMMARY OF FUND IMPACT B						
FUND:	TAKEN SERVICE	26 UPACA ECCLES	S			
	ARTS FUND T	- Daniel Control of the State o				
Fund Impact (Budgetary)	\$0		0			
Fund Impact (Transfers)	\$0		0			
TOTAL FUND IMPACT	\$0		0			
SUMMARY OF CNTY FUNDING I	MPACT BY DEP					
DEPT		REVENUE	EXPENSE	BAL SHEET	CNTY FUNDIN	G
3400000600 GUEST SERVICES		10,485	10,485			0
3500000600 GUEST SERVICES		47,766	47,766	()	0
TOTALS		58,251	58,251	0		0
		Approv	vals			
Division Director:	Sall	Reace		Date: 3	121/18	,
Dept. or Elected Fiscal Mgr:	Jun E	20		Date: 3	21.18	
Dept. Dir. or Elected Official	Holl	M. you	_	Date: 3	21-18	91.92
Facilities Division Director: (Capital Projects Only)) 0		Date:	- miller vin	
Chief Financial Officer:	1	pprove D		Date: _ <u>2</u>	21-18	
Mayor or Designee:	Chin	pprove	ack	Date:	199 18	3
Council Action:				Date:		

Approve

	<u></u>	Bud	get Adjustme	nt Detail			
et Year:	2018	-	* Requesting De		350000	00 CENTER FOR THE ARTS	S (CFA)
et Period:	Pre-June Interim -	* Req Item No:	350000IA02 •	+ Adjustment Ti	ie:	Patron Services Wage Increa	50
stment Type(s): New Revenue or Exp	ense -			3		
Expense Bu	dget String(s):						
FUND	SUB-DEPT ID	I	EXPENSE ACCOUNT	PROGIACT ID	(OPT)	PROJECT ID (CAP)	AMOUNT
185	350000600		601050				44,37
185	3500000600		603005				3,39
726	3400000600		601050				9,74
726	3400000600		603005				74
			TOTAL E	XPENDITURE CI	HANGE:		\$68,26
Revenue Bu	dget String(s):					•	
FUND	SUB-DEPT ID		REVENUE ACCOUNT	PROGIACT ID	(OPT)	PROJECT ID (CAP)	AMOUNT
185	3500000600		421380				47,76
726	3400000600		421380				10,48
Balance She	eet/Fund Unrestriction S	tring(e); — Baist	neet strings only required for P	FAL REVENUE CI			\$ 68,26
	et/Fund Unrestriction S	tring(s): _ Balst check	ect strings only required for Polif applicable.	roprietary Fund adjus		fund unrestrictions;	
Batance She	set/Fund Unrestriction S	tring(s): Bal st check	ect strings only required for Prif applicable. BAL. SHEE				
		tring(e): Balst check	ect strings only required for Prif applicable. BAL_SHEE BAL_SHT or 499999	roprietary Fund adjus		fund unrestrictions;	
		tring(e): Balst check	ect strings only required for Prif applicable. BAL. SHEE	roprietary Fund adjus		fund unrestrictions;	
		tring(e): - Bal st check	BAL SHEE BAL SHEE BAL SHEE BAL SHEE BAL SHT or 49999 BAL SHT or 49999 BAL SHT or 49999	roprietary Fund adjus	stments or	fund unrestrictions;	TNU
	SUB-DEPT ID	check	BAL SHEE BAL SHEE BAL SHEE BAL SHEE BAL SHT or 49999 BAL SHT or 49999 BAL SHT or 49999	roprietary Fund adjus	HANGE:	fund unrestrictions;	TNU
FUND	SUB-DEPT ID Ongoing (Y or N):	Y	BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAI	T ACCOUNT ANCE SHEET COUNT No. of New	HANGE:	fund unrestrictions; AMOL	JNT
FUND	SUB-DEPT ID	check	BAL SHEE BAL SHEE BAL SHEE BAL SHEE BAL SHT or 499999 BAL SHT or 499999 TOTAL BAI No. of I	T ACCOUNT ANCE SHEET CI No. of New Item Limited	HANGE:	fund unrestrictions; AMOL	JNT 9
FUND	SUB-DEPT ID Ongoing (Y or N):	Y	BAL SHEE BAL SHEE BAL SHEE BAL SHEE BAL SHT or 499999 BAL SHT or 499999 TOTAL BAI No. of I	TACCOUNT ANCE SHEET CI No. of New New Time Limited O. of Transferred	HANGE: FTEs: FTEs:	0.00 0.00	JNT (2) (2) (2) (2)
# If Yes,	SUB-DEPT ID Ongoing (Y or N):	Y	BAL SHEE BAL SHEE BAL SHEE BAL SHEE BAL SHT or 499999 BAL SHT or 499999 TOTAL BAI No. of I	T ACCOUNT ANCE SHEET CI No. of New Item Limited	HANGE: FTEs: FTEs:	0.00 0.00	JNT 9
# If Yes,	Ongoing (Y or N): next year's CF impact:	Y	BAL SHEE BAL SHEE BAL SHEE BAL SHEE BAL SHT or 499999 BAL SHT or 499999 TOTAL BAI No. of I	TACCOUNT ANCE SHEET CI No. of New New Time Limited O. of Transferred	HANGE: FTEs: FTEs: FTEs:	0.00 0.00	(2) (2) (2) (2)
* If Yes,	Ongoing (Y or N): next year's CF impact:	Y \$0	BAL SHEE BAL SHEE BAL SHEE BAL SHEE BAL SHT or 499999 BAL SHT or 499999 TOTAL BAI No. of I	TACCOUNT ANCE SHEET CI No. of New New Time Limited No. of Other	HANGE: FTEs: FTEs: FTEs:	0.00 0.00	(2) (2) (2) (2)
* If Yes,	Ongoing (Y or N): next year's CF impact:	Y \$0	BAL SHEE BAL SHEE BAL SHEE BAL SHEE BAL SHT or 499999 BAL SHT or 499999 TOTAL BAI No. of I	TACCOUNT ANCE SHEET CI No. of New New Time Limited No. of Other	HANGE: FTEs: FTEs: FTEs:	0.00 0.00	(2) (2) (2) (2)
* If Yes,	Ongoing (Y or N): next year's CF impact:	Y \$0	BAL SHEE BAL SHEE BAL SHEE BAL SHEE BAL SHT or 499999 BAL SHT or 499999 TOTAL BAI No. of I	TACCOUNT ANCE SHEET CI No. of New New Time Limited No. of Other	HANGE: FTEs: FTEs: FTEs:	0.00 0.00	\$(2) (2) (2) (2)

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

This is a budget neutral request. It has become increasingly difficult to attract and retain qualified individuals for Patrons Services positions at all of the Center for the Arts venues. Patron Services employees are our front line staff providing customer service and implementing life safety procedures in case of emergencies. Patron Services includes House Managers, Head Ushers, Ushers and EMT's. All are temporary, non-benefited positions. This request is for a wage increase for these positions. This increase will bring the current rates we pay to be closer in line with market rates. This will help with employee hiring, retention and improve morale. These positions have not received a pay increase since 2007. This proposes to increase EMT hourly wages from \$11.70 to \$15, Ushers from \$7.25 to \$10, Head Ushers from \$6.57 to \$12 and House Managers from \$10.70 to \$14 per hour. Since these costs are charged to building users and are therefore passed through and recovered from individual event settlements, this is a budget neutral request.

(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.

We would like to increase the hourly rate for our four Front of House positions – EMTs, Head Ushers, House Managers and Ushers. It has been over 10 years since the last increase, and we are struggling to find qualified applicants to fill these roles. We have also lost several long-time employees due to not keeping up with market rates.

This request is budget neutral because all these costs are passed on to our building event renters.

We reached out to other theaters in our region and found the following comparison data:

EMT pay comparison:

CFA current - \$11.70. We would like to request increasing this to \$15/hour According to the U.S. Department of Labor's Bureau of Labor Statistics, the median salary of EMS workers was \$31,980 per year, or about \$15.38 per hour in 2014.

House Manager Pay Comparisons:

CFA current - \$10.70. We would like to request increasing this to \$14/hour Grand Theater @ SLCC - \$11.93
Hale Center Theater - \$10.25
Kingsbury - \$16.83
Pioneer - \$14.42
Scera Theater - \$12.00

Head Usher pay comparison:

CFA current - \$8.57. We would like to request increasing this to \$12/hour

An online search showed the following:
Theater House Manager is \$37,728 annually or \$12.38/hr.

There was no comparable position to Head Usher at any of the venues so there is no pay data.

Usher Pay Comparison:

CFA Current - range is \$7.25-\$9.48. We would like to increase what we pay Ushers to \$10/hour There was no comparable position to Head Usher at any of the venues so there is no pay data.

All these requested pay rates are outside the County's salary range for hourly employees. We asked HR to review this request, and they have approved our requested rates.

EMT - range is \$8.27-\$13.23, proposed \$15 House Manager - range is \$7.79-\$12.62, proposed is \$14 Head Usher - range is \$7.34-\$\$10.96, proposed is \$12 Usher - range is \$7.25-\$9.48, proposed \$10

ArtTix seller – range is \$7.28 - \$9.97. We were successful in getting \$10 approved in 2017.

SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary 2018 Reference No: 912000IA01 For Fiscal Year: Date of Request: 26-Mar-18 Requesting Organization: 91200000 COUNTY JAIL Ongoing (Y or N): Budget Adjust Type(s): New FTE If Yes, next year's CF impact: \$110,962 Net FTE Change: 1.00 **Description and Justification:** SHED Deputy: This request is for a Deputy II FTE as part of the transition of the SHED program from UPD back to Salt Lake County Sheriff's Office. The new FTE is offset by a reduction in the CW Law Enforcement contract with UPD. This request includes a vehicle which has been submitted to the Fleet Board for review. **Fund Impact** SUMMARY OF FUND IMPACT BY FUND 110 GENERAL **FUND:** FUND Fund Impact (Budgetary) \$0 \$0 Fund Impact (Transfers) \$0 TOTAL FUND IMPACT SUMMARY OF CNTY FUNDING IMPACT BY DEPT **BAL SHEET CNTY FUNDING** DEPT REVENUE **EXPENSE** 9120001100 JAIL SECURITY 0 110,962 0 110,962 9130000200 SHERIFF ADMIN AND 0 (110.962)0 (110,962)CONTINGENCY-CW 0 **TOTALS** Approvals **Division Director:** Date: Dept. or Elected Fiscal Mgr. Date: 3-27-18 Dept. Dir. or Elected Official: **Facilities Division Director:** (Capital Projects Only) Chief Financial Officer: Approve Mayor or Designee:

Approve

Date:

Council Action:

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et Year:	2018	-	* Requesting D	epartment:	912000	00 COUNTY JAIL	
et Period:	Pre-June Interim	* Req Item No:	912000IA01 -	* Adjustment	Title:	SHED Deputy	
stment Type(s)	: New FTE	3			3		
Expense Bud	lget String(s):						
FUND	SUB-DEPT ID		EXPENSE ACCOUNT	PROG/ACT I	D (OPT)	PROJECT ID (CAP)	AMOUNT
110	9120001100		601035	GV020			46,5
110	9120001100		603005	GV020			3,5
110	9120001100		603030	GV020			13,9
110	9120001100		603040	GV020			2
110	9120001100		603050	GV020			12,1
110	9120001100		605010	GV020			1,2
110	9120001100		615030	GV020			5,3
110	9120001100		667030	GV020			28,0
110	9130000200		639025	FX022			(110,
			<u>L</u>				
			TOTAL	EXPENDITURE	S Page 1:		
			TOTAL EXPE	NDITURES ALI	L PAGES:		
Revenue Bud	lget String(s):						
FUND	SUB-DEPT ID	Control of the Contro	REVENUE ACCOUNT	PROG/ACT I	D (OPT)	PROJECT ID (CAP)	AMOUNT
	000-021 1 10	ATTENDED CO. L. C.	REVERSE ASSESSED	TROOPAGE	D (01 1)	TROCEOT ID (OAL)	AMOUNT
							
	·						
			TO	TAL REVENUE	S Page 1:		
				REVENUES ALI	_		
Balance Shee	et/Fund Unrestriction S	String(s): Balsh	eet strings only required for Pr			fund unrestrictions:	
r		check	if applicable.				
FUND	SUB-DEPT ID			T ACCOUNT	Mary 1	AMO	UNT
<u> </u>			BAL_SHT or 499999				
			BAL_SHT or 499999				
			BAL_SHT or 499999				
			TOTAL BAL	ANCE CHEET	CHANGE.		
				ANCE SHEET	OI IAITOL.		
٠	Onnaine (V au th)					4.00	(2)
*	Ongoing (Y or N):	Υ	_	No. of Ne	w FTEs:	1.00	_(2)
* If Yes, n	Ongoing (Y or N): ext year's CF impact:	Y \$110,962	No. of N	No. of Ne	w FTEs: ed FTEs:	0.00	(2)
* If Yes, n			No. of N	No. of Ne ew Time Limite o. of Transferre	w FTEs: ed FTEs: ed FTEs:		(2) _(2)
* If Yes, n			No. of N	No. of Ne	w FTEs: ed FTEs: ed FTEs:	0.00	(2)
* If Yes, no	ext year's CF impact:		No. of N	No. of Ne ew Time Limite o. of Transferre	w FTEs: ed FTEs: ed FTEs:	0.00 0.00	(2) _(2)
Fund Balance	ext year's CF impact: e Transfers:	\$110,962	No. of N	No. of Ne ew Time Limite o. of Transferre No. of Oth	w FTEs: ed FTEs: ed FTEs: er FTEs:	0.00 0.00	(2) _(2)
	ext year's CF impact: e Transfers:		No. of N	No. of Ne ew Time Limite o. of Transferre	w FTEs: ed FTEs: ed FTEs: er FTEs:	0.00 0.00	(2) _(2)
Fund Balance	ext year's CF impact: e Transfers:	\$110,962	No. of N	No. of Ne ew Time Limite o. of Transferre No. of Oth	w FTEs: ed FTEs: ed FTEs: er FTEs:	0.00 0.00	(2) _(2)
Fund Balance	ext year's CF impact: e Transfers:	\$110,962	No. of N	No. of Ne ew Time Limite o. of Transferre No. of Oth	w FTEs: ed FTEs: ed FTEs: er FTEs:	0.00 0.00	(2) _(2)
Fund Balance	ext year's CF impact: e Transfers:	\$110,962	No. of N	No. of Ne ew Time Limite o. of Transferre No. of Oth	w FTEs: ed FTEs: ed FTEs: er FTEs:	0.00 0.00	(2) _(2)

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

This request is for a Deputy II FTE as part of the transition of the SHED program from UPD back to Salt Lake County Sheriff's Office. The new FTE is offset by a reduction in the CW Law Enforcement contract with UPD. This request includes a vehicle which has been submitted to the Fleet Board for review.

(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.

attach to the budget adjustment form.				
Position 1				
Position Number (For changes to existing positions)				
Existing/Proposed Job Start Date			1/1/2018	
Existing/Proposed Job Code			767-3	
Existing/Proposed Job Title			Deputy II	
Position Type: Full-Time (FT), Part-Time (PT)			FT	
Time Limited? Yes / No			No	
If Time Limited , expected expiration date				
Location Code (four digit number)			1003	
Fund	To:	110	From:	110
PS/BRASS Sub Department Id	To:	9120001100	From:	
Reports To Position Number			0000798	
Reports To Job Title		Deput	y Lieutenant II	
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	n der ein ein der eine		Children Crist	
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			The Control of the Section	n wind sala
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	10.		110111.	
Reports To Job Title				
FTE (Example: .50 / .75 / 1.0)	To:		From:	
			110111.	
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:			1	
Total No. of New Time Limted FTEs:				
Total No. of Transferred FTEs:			0	
Total No. of Transferred FIES:			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 comp	pleted only by Council Staff and to be su	ubmitted to HR for final processing.
Council Approved: Yes:	No: Date:	Signature: