

19-054

## SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

### Executive Summary

Request Item No: 210000IA02	For Fiscal Year: 2019	
Requesting Organization: 21000000 YOUTH SERVICES DI	Date of Request: 18-Dec-18	
Budget Adjust Type(s): New Revenue or Expense	Ongoing (Y or N): Y	
FTE Action	If Yes, next year's CF impact: \$0	
	Net FTE Change: 5.00	

**Description and Justification:**

DJJS additional funding for 5 FTEs: DJJS increases the contract amount by \$346,000 annually for Youth Services' crisis residential (CR) and juvenile receiving centers (JRC) programs. This additional funding will fund 5 new FTEs of Youth Worker merit positions. The intent is to lower the staff to client ratio to improve the coverage for the programs. The current contract expires by 6/30/2019 and Youth Services will enter the contract renewal process with DJJS in Spring 2019. This contract is funded by the state general fund and is considered as an on-going funding source. This is a budget neutral request, no County funding is required.

### 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
2100000300 BASIC CENTER PROGRAMS	346,000	346,000	0	0
TOTALS	346,000	346,000	0	0

### Approvals

Division Director:	Carolyn J. Hansen <small>Digitally signed by Carolyn J. Hansen Date: 2018.12.18 14:56:25 -07'00'</small>	Date: _____
Dept. or Elected Fiscal Mgr:	Yanping Ding <small>Digitally signed by Yanping Ding Date: 2018.12.18 15:13:52 -07'00'</small>	Date: _____
Dept. Dir. or Elected Official:	Karen Crompton <small>Digitally signed by Karen Crompton Date: 2018.12.18 15:15:20 -07'00'</small>	Date: _____
Facilities Division Director: (Capital Projects Only)		Date: _____
Chief Financial Officer:	 Approve	Date: 12/19/18
Mayor or Designee:	 Approve	Date: 12/27/18
Council Action:	_____ Approve	Date: _____

## Budget Adjustment Detail

Budget Year: 2019 \* Requesting Department: 21000000 YOUTH SERVICES DIVISION  
 Budget Period: Pre-June Interim \* Req Item No: 210000IA02 \* Adjustment Title: DJJS additional funding for 5 FTEs  
 Adjustment Type(s): New Revenue or Expense FTE Action

### Expense Budget String(s):

FUND	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
120	2100000300	601030 PERMANENT AND PROVISIONAL			203,642
120	2100000300	603005 SOCIAL SECURITY TAXES			15,748
120	2100000300	603025 RETIREMENT OR PENSION CONTRIB			38,022
120	2100000300	603040 LTD CONTRIBUTIONS			988
120	2100000300	603050 HEALTH INSURANCE PREMIUMS			82,060
120	2100000300	611015 EDUCATION AND TRAINING SERV/SUPP			1,250
120	2100000300	615016 COMPUTER SOFTWARE SUBSCRIPTION			4,000
120	2100000300	615050 MEALS AND REFRESHMENTS			100
120	2100000300	639025 OTHER PROFESSIONAL FEES			190

TOTAL EXPENDITURES Page 1: \$346,000  
 TOTAL EXPENDITURES ALL PAGES: \$346,000

### Revenue Budget String(s):

FUND	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
120	2100000300	411000 STATE GOVERNMENT GRANTS			346,000

TOTAL REVENUES Page 1: \$346,000  
 TOTAL REVENUES ALL PAGES: \$346,000

### 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

\* Ongoing (Y or N): Y No. of New FTEs: 5.00 (2)  
 If Yes, next year's CF impact: \$0 No. of New Time Limited FTEs: 0.00 (2)  
 No. of Transferred FTEs: 0.00 (2)  
 No. of Abolished 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.)\*

DJJS increases the contract amount by \$346,000 annually for Youth Services' crisis residential (CR) and juvenile receiving centers (JRC) programs. This additional funding will fund 5 new FTEs of Youth Worker merit positions. The intent is to lower the staff to client ratio to improve the coverage for the programs. The current contract expires by 6/30/2019 and Youth Services will enter the contract renewal process with DJJS in Spring 2019. This contract is funded by the state general fund and is considered as an on-going funding source. This is a budget neutral request, no County funding is required.

(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)	NEW	
Existing/Proposed Job Start Date	1/1/2019	
Existing/Proposed Job Code	719	
Existing/Proposed Job Title	Youth Worker	
Position Type: Full-Time (FT), Part-Time (PT)	TBD	
Time Limited? Yes / No	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: 5	From:
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))	N	

Position 2		
Position Number (For changes to existing positions)		
Existing/Proposed Job Start Date		
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:	5
Total No. of New Time Limited FTEs:	0
Total No. of Transferred FTEs:	0
Total No. of Abolishments:	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: