

19-159

SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Request Item No: 102500IA01 For Fiscal Year: 2019
 Requesting Organization: 10250000 RGNL TRANS HOUSIN Date of Request: 25-Jan-19
 Budget Adjust Type(s): FTE Action Ongoing (Y or N): Y
 If Yes, next year's CF impact: \$0
 Net FTE Change: 1.00 TL

Description and Justification:

FTE Lead Rehab-TL: By the end of 2019 the current Lead Hazard Reduction Demonstration grant will be completed and to help finish this federal grant the following projects will need to be completed for:

1. 100 lead hazard projects
2. 35 federal home bank projects
3. 40 University of Utah referrals
4. 60 Green Healthy Homes projects

These projects are designed to make existing homes in Salt Lake County healthy and safe and allow residents to remain in their own homes. These funds are targeted to low and moderate households. To help complete these projects Housing & Community Development Division (HCD) is requesting an additional time limited FTE position to help complete the listed projects by December 2019. The funding for this time limited FTE "Lead Rehab Coord - TL" will be covered currently by the Lead Hazard Reduction Demonstration grant, HCD is in the process of applying for another Lead Hazard Reduction grant that will run from Oct. 2019 to Oct. 2022 and depending on the new Lead Hazard Reduction grant (2019-2022) this Time Limited FTE will be funded by the new grant.

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
1025000625 LEAD BASE PAINT	64,890	64,890	0	0
TOTALS	64,890	64,890	0	0

Approvals

Division Director:

Date: _____

Dept. or Elected Fiscal Mgr:

Robert Trujillo

Digitally signed by Robert Trujillo
Date: 2019.01.25 12:37:23 -0700

Date: _____

Dept. Dir. or Elected Official:

Wilford H. Sommerkorn

Digitally signed by Wilford H.
Sommerkorn
Date: 2019.01.29 09:59:24 -0700

Date: _____

Facilities Division Director:

Date: _____

(Capital Projects Only)

Chief Financial Officer:

Gregory J. Delta (For Dawn Lager)
 Approve

Date: 1/30/2019

Mayor or Designee:

Euro J. Haick
 Approve

Date: 1/30/19

Council Action:

Approve

Date: _____

Budget Adjustment Detail									
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Budget Year: 2019 * Requesting Department: 10250000 RGNL TRANS HOUSING AND ECON DEV

Budget Period: Pre-June Interim * Req Item No: 1048001A04 * Adjustment Title: FTE Lead Rehab-TL

Adjustment Type(s): FTE Action

Expense Budget String(s):

[illegible]

TOTAL EXPENDITURES Page 1:	<u>\$64,890</u>
TOTAL EXPENDITURES ALL PAGES:	<u>\$64,890</u>

Revenue Budget String(s):[illegible]

TOTAL REVENUES Page 1:	\$64,890
TOTAL REVENUES ALL PAGES:	\$64,890

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
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* Ongoing (Y or N):	<u>Y</u>	No. of New FTEs:	<u>0.00</u>	(2)
If Yes, next year's CF impact:	<u>\$0</u>	No. of New Time Limited FTEs:	<u>1.00</u>	(2)
		No. of Transferred FTEs:	<u>0.00</u>	(2)
		No. of Abolished FTEs:	<u>0.00</u>	(2)

Fund Balance Transfers:

From Fund	From Dept ID	To Fund	To Dept ID	Amount

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

FT

By the end of 2019 the current Lead Hazard Reduction Demonstration grant will be completed and to help finish this federal grant the following projects will need to be completed for:

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(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)		8178
Existing/Proposed Job Start Date		3/1/2019
Existing/Proposed Job Code		9993
Existing/Proposed Job Title		Lead Rehab Coord - TL
Position Type: Full-Time (FT), Part-Time (PT)		FT
Time Limited? Yes / No		YES
If Time Limited, expected expiration date		12/31/2019
Location Code (four digit number)		1046
Fund	To: 110	From:
PS/BRASS Sub Department Id	To: 1025000625	From:
Reports To Position Number	9664	
Reports To Job Title	Housing Rehabilitation Spv-TL	
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))		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
Total No. of New Time Limited FTEs:	1
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: <input type="checkbox"/>	No: <input type="checkbox"/>	Date:	Signature:
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