

SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Request Item No: 820000YE01	For Fiscal Year: 2019
Requesting Organization: 82000000 DISTRICT ATTORNEY	Date of Request: 21-Aug-19
Budget Adjust Type(s): New Revenue or Expense	Ongoing (Y or N): Y
	If Yes, next year's CF impact: \$0
	Net FTE Change: 3.50

Description and Justification:

VOCA Grant FTEs Counseling/CJC: The District Attorney's Office has been awarded VOCA grants for our Counseling Unit and the Children's Justice Center. These grants are effective 7/1/19 and run through 6/30/21. Additional time-limited FTEs are included in the grants for a total of 3.50 FTE. This revenue neutral budget request is to request these 3.50 FTE allocations and add revenue and expense associated for the 2019 budget year. While this is an ongoing request, I have indicated that next year's County Funding impact is \$0 as this is a revenue neutral ongoing request.

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	7,094	7,094	0	0
8200000400 CRIMINAL JUSTICE	45,808	45,808	0	0
TOTALS	52,902	52,902	0	0

Approvals

Division Director: _____	Date: _____
Dept. or Elected Fiscal Mgr: _____	Date: _____
Dept. Dir. or Elected Official: _____	Date: _____
Facilities Division Director: (Capital Projects Only) _____	Date: _____
Chief Financial Officer: _____ Approve	Date: _____
Mayor or Designee: _____ Approve	Date: _____
Council Action: _____ Approve	Date: _____

Budget Adjustment Detail									
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Budget Year: 2019 * Requesting Department: 82000000 DISTRICT ATTORNEY

Budget Period: Post June Year-End *** Req Item No:** 820000YE01 *** Adjustment Title:** VOCA Grant FTEs Counseling/CJC

Adjustment Type(s): New Revenue or Expense

Expense Budget String(s):

FUND	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
110	8200000400	601040			28,189
110	8200000400	603025			5,207
110	8200000400	603040			135
110	8200000400	603050			10,120
110	8200000400	603005			2,156
110	8200000300	601040			4,305
110	8200000300	603025			795
110	8200000300	603040			21
110	8200000300	603050			1,644
110	8200000300	603005			329

TOTAL EXPENDITURES Page 1:	\$52,902
TOTAL EXPENDITURES ALL PAGES:	\$52,902

Revenue Budget String(s):

[illegible]

TOTAL REVENUES Page 1:	\$52,902
TOTAL REVENUES ALL PAGES:	\$52,902

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):	Y
If Yes, next year's CF impact:	\$0

No. of New FTEs:	0.00	(2)
No. of New Time Limited FTEs:	3.50	(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.)*

The District Attorney's Office has been awarded VOCA grants for our Counseling Unit and the Children's Justice Center. These grants are effective 7/1/19 and run through 6/30/21. Additional time-limited FTEs are included in the grants for a total of 3.50 FTE. This revenue neutral budget request is to request these 3.50 FTE allocations and add revenue and expense associated for the 2019 budget year. While this is an ongoing request, I have indicated that next year's County Funding impact is \$0 as this is a revenue neutral ongoing 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.

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)	TBD
Existing/Proposed Job Start Date	10/1/2019
Existing/Proposed Job Code	9993
Existing/Proposed Job Title	Case Manager - TL
Position Type: Full-Time (FT), Part-Time (PT)	FT
Time Limited? Yes / No	Yes
If Time Limited, expected expiration date	6/30/2021
Location Code (four digit number)	1397
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)	TBD
Existing/Proposed Job Start Date	10/1/2019
Existing/Proposed Job Code	9993
Existing/Proposed Job Title	Data Specialist- TL
Position Type: Full-Time (FT), Part-Time (PT)	PT
Time Limited? Yes / No	Yes
If Time Limited, expected expiration date	6/30/2021
Location Code (four digit number)	1397
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: 0.5 From: 0.5
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)	TBD
Existing/Proposed Job Start Date	10/1/2019
Existing/Proposed Job Code	9993
Existing/Proposed Job Title	MDT Manager- TL
Position Type: Full-Time (FT), Part-Time (PT)	FT
Time Limited? Yes / No	Yes
If Time Limited, expected expiration date	6/30/2021
Location Code (four digit number)	1397
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:	3.5
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:
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8200000_YE01		601040		603025		603040		603050		603005	
Personnel Description	Hourly	Annual Salary	1560 hours Salary	18.47% Retirement	0.48% LTD	Health	FICA	Total Benefits	Total Annual	Oct-Dec 2019	
Case Manager 14	21.45	44,606.04	33,462.00	6,180.43	160.62	14,187.89	2,559.84	23,088.78	56,550.78	18,850.26	
Data Specialist 12	8.07	16,785.60	12,589.20	2,325.23	60.43	4,078.90	963.07	7,427.63	20,016.83	6,672.28	
MDT Manager 15	24.69	51,360.00	38,516.40	7,113.98	184.88	12,094.14	2,946.50	22,339.51	60,855.91	20,285.30	
		9 MONTHS	84,567.60	15,619.64	405.92	30,360.94	6,469.42	Total Personnel Counseling		45,807.84	
		3 MONTHS	28,189.20	5,206.55	135.31	10,120.31	2,156.47				
Personnel Description	Hourly	Annual Salary	160 hours Salary	18.47% Retirement	0.48% LTD	Health	FICA	Total Benefits	Total Dec 2019		
Forensic Interviewer 14	26.91	56,160.00	4,305.22	795.17	20.67	1,644.00	329.35	2,789.19	7,094.40		
Total Personnel CJC									7,094.40		
8200000_YE02								Total Personnel Request		52,902.24	
Operating								VOCA		(45,807.84)	
								STATE of UTAH		(3,547.20)	
Counseling								CJC Friends		(3,547.20)	
2 computers with monitors	615025	1,200.00	2	2,400.00	0.00						
1 privacy screen	615035	150.00	1	150.00							
3 laptops	615025	1,500.00	3	4,500.00							
3 laptop accessories	615035	75.00	3	225.00							
side chair	615035	350.00	1	350.00							
3 phones	615030	700.00	3	2,100.00							
				9,725.00							
CJC											
1 computer with mnitors	615025	1,200.00	1	1,200.00							
desk and chair	615035	1,000.00	1	1,000.00							
telephone	615020	700.00	1	700.00							
				2,900.00							
Operating Total				12,625.00							
VOCA				(12,625.00)							



GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

State of Utah

OFFICE FOR VICTIMS OF CRIME

GARY A. SCHELLER
Director, UOVC

August 6, 2019

Lorianne Szendre
Salt Lake County District Attorney
2001 S State Street Ste. S3-600
Salt Lake City, UT 84190

Dear Ms. Szendre,

I am pleased to inform you that the Utah Office for Victims of Crime (UOVC) has approved a VOCA award in support of Salt Lake County Attorney Victim Services for the amount of **\$524,490.31** for year 1 and **\$577,462.38** for year 2 for a total award amount of **\$1,101,952.69**. Please use the assigned grant number **19VOCA052** in all correspondence regarding this contract. The grant award period is July 1, 2019 through June 30, 2021. The CFDA number for this award is 16.575.

By accepting this award, you assume administrative and financial responsibilities including the timely submission of all financial and programmatic reports, and resolution of all audit findings. Should your organization not adhere to the terms and conditions of this award, it is subject to termination for cause or other administrative action as appropriate. For these reasons, I encourage you to read the Certified Assurances and Grant Conditions, as they summarize important grant management issues.

Please note, all project-related materials and accounting records must be maintained for a period of three years from the date of your last financial status report, unless an audit has been initiated or unresolved audit findings remain. All records must be maintained until the audit findings are resolved.

Please find a completed copy of your contract on the online grants management system utahgrants.utah.gov. Quarterly grant progress reports, performance measure reports, and financial status reports must be submitted at least quarterly no later than October 31, January 31, April 30, and July 15. Financial reports may be submitted monthly.

If you have any questions regarding this award, please contact Pauli Romine, Grant Analyst, at (801) 333-3531 or promine@utah.gov. We look forward to working with you during the coming program year.

Sincerely,


Gary Scheller, Director
Utah Office for Victims of Crime



GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

State of Utah

OFFICE FOR VICTIMS OF CRIME

GARY A. SCHELLER
Director, UOVC

August 9, 2019

Susanne Mitchell
Salt Lake County Children's Justice Center

Dear Ms. Susanne:

I am pleased to inform you that the Utah Office for Victims of Crime (UOVC) has approved a VOCA award in support of AGENCY/PROGRAM for the amount of **\$77,674.99** for year 1 and **\$96,645.01** for year 2 for a total award amount of **\$174,320**. Please use the assigned grant number **19VOCA011** in all correspondence regarding this contract. The grant award period is July 1, 2019 through June 30, 2021. The CFDA number for this award is 16.575.

By accepting this award, you assume administrative and financial responsibilities including the timely submission of all financial and programmatic reports, and resolution of all audit findings. Should your organization not adhere to the terms and conditions of this award, it is subject to termination for cause or other administrative action as appropriate. For these reasons, I encourage you to read the Certified Assurances and Grant Conditions, as they summarize important grant management issues.

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If you have any questions regarding this award, please contact Vickie Bushman, Grant Analyst, at (801) 333-3526 or vsbushman@utah.gov. We look forward to working with you during the coming program year.

Sincerely,

Gary Scheller, Director
Utah Office for Victims of Crime