



BOARD OF COMMISSIONERS
Agenda Item Summary

Agenda Category:	BUDGET RESOLUTION	Item No:
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Date: June 30, 2020

Originating Department: FINANCE

Issue: In the Matter of the Adoption of a Budget Resolution within the Public Health Fund.

Background: This budget resolution increases revenues related to COVID19 in PHEP and Clinic Nursing as well as adjusts projected expenditures closer to actual throughout all sub-departments of Public Health.

Fiscal Impact: \$169,055.00 increase in revenues and expenditures in the Public Health Fund.

Recommended Motion: The Board of Commissioners of Klamath County, Oregon hereby approve the budget resolution for fiscal year 2019-2020 as outlined in the attached documents for changes to the Public Health Fund. Fiscal impact is a \$169,055.00 increase in revenues and expenditures.



 Department Head Signature

DONE AND DATED this _____ day of _____, 20__.

Chair	Vice-Chair	Commissioner
Approved <input type="checkbox"/>	Approved <input type="checkbox"/>	Approved <input type="checkbox"/>
Denied <input type="checkbox"/>	Denied <input type="checkbox"/>	Denied <input type="checkbox"/>

**KLAMATH COUNTY
BUDGET TRANSFER/RESOLUTION**

Resolution # _____

JE# _____

POSTED BY: _____ Date: _____

DATE: 5/26/2020
DEPARTMENT: Public Health - Emergency Preparedness

SIGNATURE: _____

<u>BUDGET NUMBER</u>	<u>LINE ITEM NAME</u>	<u>INCREASE</u>	<u>DECREASE</u>
<u>2410-4010-4029-4000-46000</u>	<u>Grants - Federal</u>	<u>\$77,168.00</u>	<u></u>
<u>2410-4010-4029-4000-50000</u>	<u>Salaries and Wages</u>	<u>\$43,053.00</u>	<u></u>
<u>2410-4010-4029-4000-51100</u>	<u>FICA</u>	<u>\$3,294.00</u>	<u></u>
<u>2410-4010-4029-4000-51200</u>	<u>Workmans Comp Tax</u>	<u>\$13.00</u>	<u></u>
<u>2410-4010-4029-4000-51300</u>	<u>Medical Insurance</u>	<u>\$7,413.00</u>	<u></u>
<u>2410-4010-4029-4000-51330</u>	<u>Life Insurance</u>	<u>\$26.00</u>	<u></u>
<u>2410-4010-4029-4000-51340</u>	<u>Short Term Disability</u>	<u>\$272.00</u>	<u></u>
<u>2410-4010-4029-4000-51400</u>	<u>Retirement - General</u>	<u>\$5,956.00</u>	<u></u>
<u>2410-4010-4029-4000-51560</u>	<u>Unemployment Compensation</u>	<u>\$215.00</u>	<u></u>
<u>2410-4010-4029-4000-51570</u>	<u>Workmans Compensation</u>	<u>\$753.00</u>	<u></u>
<u>2410-4010-4029-4000-65300</u>	<u>Rent</u>	<u>\$3,000.00</u>	<u></u>
<u>2410-4010-4029-4000-62000</u>	<u>Contract Services</u>	<u>\$13,173.00</u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u>TOTAL</u>	<u></u>	<u>\$154,336.00</u>	<u>\$0.00</u>

REASON FOR TRANSFER: Adjustment to reflect COVID work and COVID revenue through PHEP program element

**KLAMATH COUNTY
BUDGET TRANSFER/RESOLUTION**

Resolution # _____

JE# _____

POSTED BY: _____ Date: _____

DATE: 5/26/2020
DEPARTMENT: Public Health - Vital Records

SIGNATURE: _____

<u>BUDGET NUMBER</u>	<u>LINE ITEM NAME</u>	<u>INCREASE</u>	<u>DECREASE</u>
<u>2410-4010-4039-4000-67000</u>	<u>Travel and Training</u>		<u>\$1,000.00</u>
<u>2410-4010-4039-4000-69992</u>	<u>Postage</u>	<u>\$1,000.00</u>	
<u>2410-4010-4039-4000-69910</u>	<u>Facility Services</u>		
<u>2410-4010-4039-4000-69940</u>	<u>Risk Management</u>		
<u>2410-4010-4039-4000-69950</u>	<u>Insurance Liability</u>		
<u>2410-4010-4039-4000-98000</u>	<u>Operating Contingency</u>		
<u>TOTAL</u>		<u>\$1,000.00</u>	<u>\$1,000.00</u>

REASON FOR TRANSFER: Adjustment to EOY projections

**KLAMATH COUNTY
BUDGET TRANSFER/RESOLUTION**

Resolution # _____

JE# _____

POSTED BY: _____ Date: _____

DATE: 5/26/2020
DEPARTMENT: Public Health - Environmental Health

SIGNATURE: _____

<u>BUDGET NUMBER</u>	<u>LINE ITEM NAME</u>	<u>INCREASE</u>	<u>DECREASE</u>
<u>2410-4010-4041-4000-51300</u>	<u>Medical Insurance</u>		<u>\$46,000.00</u>
<u>2410-4010-4041-4000-62000</u>	<u>Contract Services</u>	<u>\$30,000.00</u>	
<u>2410-4010-4041-4000-63100</u>	<u>Dues</u>	<u>\$8,000.00</u>	
<u>2410-4010-4041-4000-66030</u>	<u>Postage</u>		<u>\$2,500.00</u>
<u>2410-4010-4041-4000-66040</u>	<u>Publications</u>	<u>\$2,500.00</u>	
<u>2410-4010-4041-4000-67000</u>	<u>Travel & Training</u>	<u>\$1,500.00</u>	
<u>2410-4010-4041-4000-66000</u>	<u>Supplies - Office</u>	<u>\$2,000.00</u>	
<u>2410-4010-4041-4000-66010</u>	<u>Supplies - Other</u>	<u>\$1,000.00</u>	
<u>2410-4010-4041-4000-66020</u>	<u>Copier Maint & Supply</u>	<u>\$1,500.00</u>	
<u>2410-4010-4041-4000-69983</u>	<u>Vehicle Fuel - internal</u>	<u>\$2,000.00</u>	
TOTAL		\$48,500.00	\$48,500.00

REASON FOR TRANSFER: Adjustment for end of year projections

**KLAMATH COUNTY
BUDGET TRANSFER/RESOLUTION**

Resolution # _____

JE# _____

POSTED BY: _____ Date: _____

DATE: 5/26/2020
DEPARTMENT: Public Health - Clinic Nursing

SIGNATURE: _____

<u>BUDGET NUMBER</u>	<u>LINE ITEM NAME</u>	<u>INCREASE</u>	<u>DECREASE</u>
<u>2410-4010-4044-4000-45000</u>	<u>Grants - State</u>	<u>\$91,887.00</u>	
<u>2410-4010-4044-4000-50000</u>	<u>Salaries and Wages</u>	<u>\$59,522.00</u>	
<u>2410-4010-4044-4000-51100</u>	<u>FICA</u>	<u>\$4,553.00</u>	
<u>2410-4010-4044-4000-51200</u>	<u>Workman Comp Tax</u>	<u>\$23.00</u>	
<u>2410-4010-4044-4000-51300</u>	<u>Medical Insurance</u>	<u>\$13,701.00</u>	
<u>2410-4010-4044-4000-51330</u>	<u>Life Insurance</u>	<u>\$15.00</u>	
<u>2410-4010-4044-4000-51340</u>	<u>Short Term Disability</u>	<u>\$168.00</u>	
<u>2410-4010-4044-4000-51400</u>	<u>Retirement - General</u>	<u>\$10,119.00</u>	
<u>2410-4010-4044-4000-51560</u>	<u>Unemployment Compensation</u>	<u>\$298.00</u>	
<u>2410-4010-4044-4000-51570</u>	<u>Workmans Compensation</u>	<u>\$1,042.00</u>	
<u>2410-4010-4044-4000-66010</u>	<u>Supplies - Other</u>	<u>\$2,346.00</u>	
<u>2410-4010-4044-4000-67555</u>	<u>Telephone</u>	<u>\$100.00</u>	
TOTAL		\$183,774.00	\$0.00

REASON FOR TRANSFER: Adjustment to reflect COVID work and COVID revenue through State Support program element

**KLAMATH COUNTY
BUDGET TRANSFER/RESOLUTION**

Resolution # _____

JE# _____

POSTED BY: _____ Date: _____

DATE: 5/26/2020
DEPARTMENT: Public Health - Outreach Nursing

SIGNATURE: _____

<u>BUDGET NUMBER</u>	<u>LINE ITEM NAME</u>	<u>INCREASE</u>	<u>DECREASE</u>
<u>2410-4010-4047-4000-51300</u>	<u>Medical Insurance</u>		<u>\$1,000.00</u>
<u>2410-4010-4047-4000-69983</u>	<u>Vehicle Fuel - internal</u>	<u>\$1,000.00</u>	
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_____	_____	_____	_____
_____	_____	_____	_____
TOTAL		\$1,000.00	\$1,000.00

REASON FOR TRANSFER: Adjustment to projections

**KLAMATH COUNTY
BUDGET TRANSFER/RESOLUTION**

Resolution # _____

JE# _____

POSTED BY: _____ Date: _____

DATE: 5/26/2020
DEPARTMENT: Public Health - WIC

SIGNATURE: _____

<u>BUDGET NUMBER</u>	<u>LINE ITEM NAME</u>	<u>INCREASE</u>	<u>DECREASE</u>
<u>2410-4010-4048-4000-51300</u>	<u>Medical Insurance</u>		<u>\$6,000.00</u>
<u>2410-4010-4048-4000-66000</u>	<u>Supplies - office</u>	<u>\$2,000.00</u>	
<u>2410-4010-4048-4000-66010</u>	<u>Supplies - other</u>	<u>\$2,000.00</u>	
<u>2410-4010-4048-4000-69991</u>	<u>Postage - Internal</u>	<u>\$2,000.00</u>	
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<u>TOTAL</u>	_____	<u>\$6,000.00</u>	<u>\$6,000.00</u>

REASON FOR TRANSFER: Adjustment to projections

**KLAMATH COUNTY
BUDGET TRANSFER/RESOLUTION**

Resolution # _____

JE# _____

POSTED BY: _____ Date: _____

DATE: 5/26/2020
DEPARTMENT: Public Health - Health Promotion

SIGNATURE: _____

<u>BUDGET NUMBER</u>	<u>LINE ITEM NAME</u>	<u>INCREASE</u>	<u>DECREASE</u>
<u>2410-4010-4048-4000-51300</u>	<u>Medical Insurance</u>		<u>\$2,000.00</u>
<u>2410-4010-4048-4000-69983</u>	<u>Vehicle Fuel - internal</u>	<u>\$1,500.00</u>	
<u>2410-4010-4048-4000-69982</u>	<u>Postage - internal</u>	<u>\$50.00</u>	
<u>2410-4010-4048-4000-69993</u>	<u>Tech Equipment - Internal</u>	<u>\$450.00</u>	
_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
TOTAL		\$2,000.00	\$2,000.00

REASON FOR TRANSFER: Adjustment to projections

THEREFORE, BE IT RESOLVED THAT IN ACCORDANCE WITH O.R.S. 294.463 THE FORGOING
HEREBY IS APPROVED _____ DISAPPROVED _____ THIS _____ DAY OF _____, 2020

BOARD OF COUNTY COMMISSIONERS

CHAIR

COMMISSIONER

COMMISSIONER