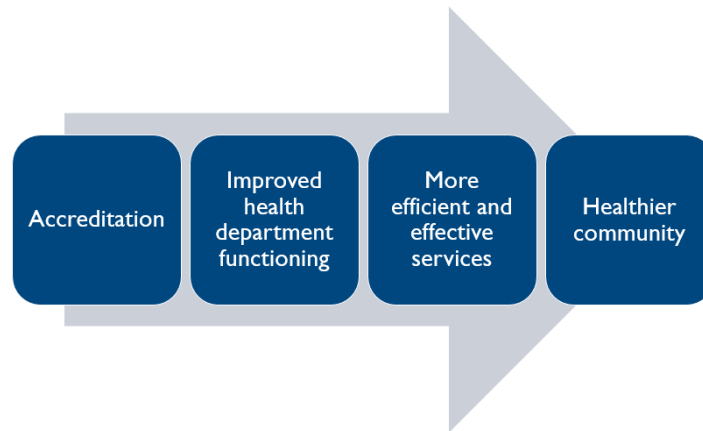


# Klamath County Public Health Accreditation Proposal

## What is Public Health Accreditation?

The accreditation process seeks to advance quality and performance within public health departments across the country. The Public Health Accreditation Board (PHAB) strives to improve public health service, value, and accountability to stakeholders and the community. Accreditation provides an opportunity for health departments to identify performance and quality improvement opportunities, improve management, develop leadership, and strengthen relationships within the community. Through the accreditation process, a health department's performance is measured against a set of nationally recognized, practice-focused and evidenced-based standards.



## Benefits of Public Health Accreditation

- Cost savings to health department
- Accredited Departments are competitive for external funding opportunities
- Significant improvements in agency process
- Increased data driven decision-making
- Development of a quality improvement (QI) culture
- Enhanced Performance Management
- Increased staff morale and increased internal collaboration and cohesion
- Increased support from governing entity
- Increased number of actively engaged community partners
- More community support and understanding of the local public health department

## What is the Return on Investment?

- Leverage for funding
- Streamlining federal grant application process
- Accountability and credibility
- Awareness of agency strengths and weaknesses
- Visibility

## Who accredits Public Health Departments?

The Public Health Accreditation Board (PHAB) is a not-for-profit agency formed to develop and implement the voluntary national accreditation program for state and local health departments. More information about Public Health Accreditation can be found on the PHAB website [www.phaboard.org](http://www.phaboard.org).

## Klamath County Public Health Accreditation Proposal

### Cost of Public Health Accreditation

Klamath County Public Health (KCPH) plans to seek out additional funding resources to offset the cost of the PHAB accreditation fee. However, Fiscal Year 17/18 grant opportunities have not yet been released. What the department does know is that recent funding streams have not covered costs associated with personnel time necessary for accreditation preparation. In order to make accreditation a priority, KCPH is requesting funding for staff FTE to support accreditation work. The estimated cost for KCPH to achieve accreditation readiness during FY 2017-2018 is **\$105,035**.

#### *Accreditation Staff Time and Cost Estimate*

PERSONNEL	TOTAL TIME	TOTAL COST
3 Staff Members	1768 hours	\$59,581
5 Members of the Leadership Team	748 hours	\$35,906
<b>TOTAL</b>	2516 hours	<b>\$95,487</b>

#### *Additional Costs*

	TOTAL COST
Indirect Costs	\$9,548

#### *Accreditation Fee Schedule*

YEAR	ACCREDITATION FEE (ONE-TIME)	ANNUAL FEE	VMSG DASHBOARD (\$100/USER)	TOTAL COST
FY 16-17	\$20,670	-	\$450*	<b>\$21,120</b>
FY 17-18	-	-	\$900	\$900
FY 18-19	-	\$5,600	\$750**	\$6350
<b>TOTAL</b>				<b>\$28,370</b>

### Klamath County Public Health Accreditation Status

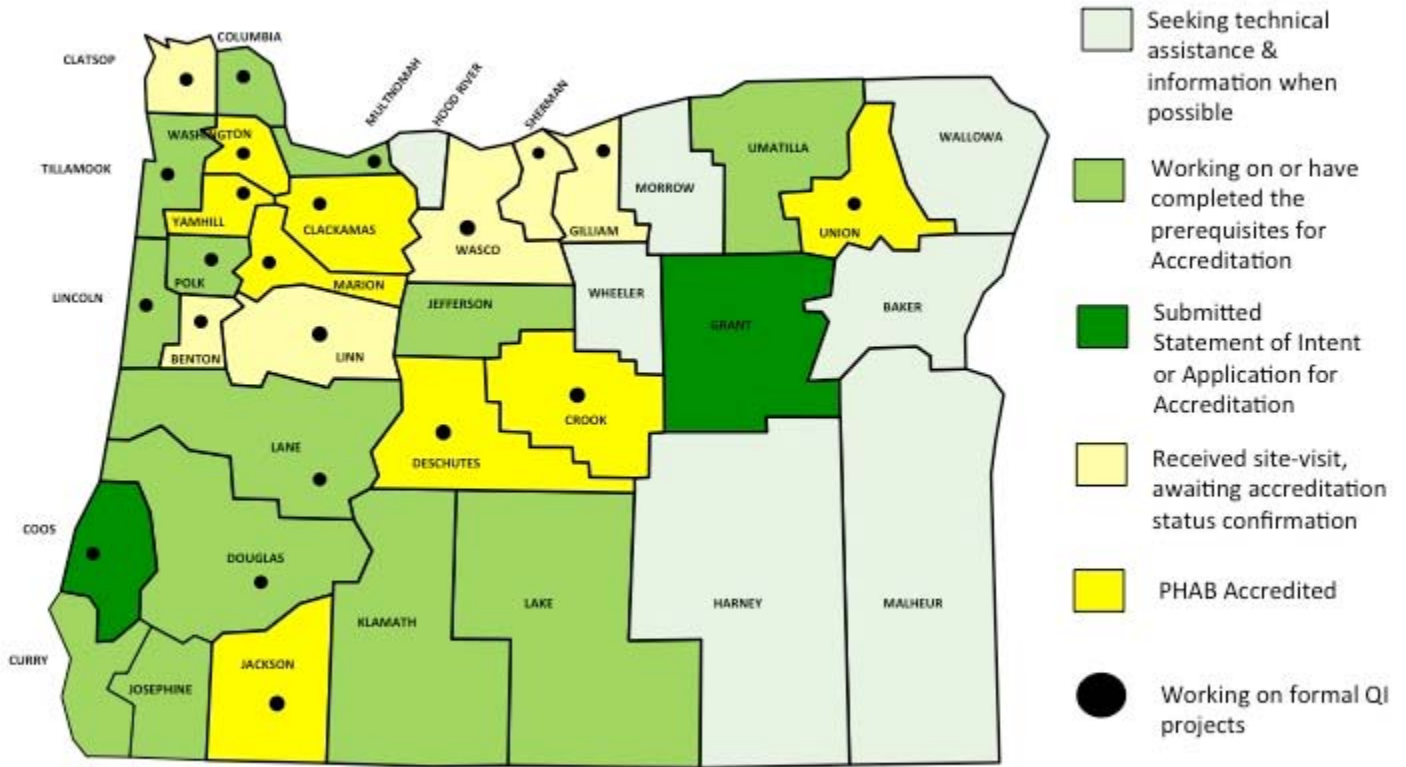
Three prerequisite documents are required before submitting the accreditation Statement of Intent. These documents must be dated within the past five years.

- Community Health Assessment (CHA) – 2015 Klamath County CHA is complete.
- Community Health Improvement Plan (CHIP) – 2016 Klamath County CHIP is in the final stages of completion.
- Agency Strategic Plan – KCPH 2015-2018 Strategic Plan is complete.

Timeliness is essential for accreditation readiness, as documents satisfying accreditation measures can expire within a two-year period. If efforts are to result in becoming an accredited public health department, a concentrated effort towards accreditation in a specified amount of time is essential. Otherwise, momentum to apply for accreditation will be lost and documents will expire, as evident by previous KCPH accreditation efforts. Unfortunately, past efforts were not been supported with the necessary resources.

How does Klamath County Public Health compare to other Oregon Health Departments?

# Local Accreditation Readiness 2017



Current as of March 2017 based on status updates and surveys conducted by CLHO. Please Note: this may not represent all health department progress toward accreditation as accreditation readiness evolves quickly.

Across the nation, PHAB-accredited health departments reach 50% of the U.S. population. The community benefit from accreditation is evident in the results of the Robert Wood Johnson Foundation County Health Rankings. The top ten healthiest counties in Oregon are either accredited or in the process of becoming accredited. Six local health departments are accredited, one accreditation decision is pending, one has submitted a Statement of Intent, and two have secured resources to pursue accreditation.

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# AGENDA REPORT BUDGET COMMITTEE

<b>AGENDA CATEGORY:</b>	<b>RESOLUTION</b>	<b>ITEM NO:</b>
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**ORIGINATING DEPARTMENT:** BUDGET OFFICE

**DATE ACTION REQUESTED:** 04/19/2017                      **DATE ACTION TAKEN:**

**ISSUE:** Adopt a supplemental budget within the General Fund Non-Departmental and Public Health and the Risk Management Fund.

**BACKGROUND & CONCLUSIONS:** Klamath County Public Health (KCPH) is requesting additional general fund support in order to move forward with accreditation. For the past several years KCPH has only been able to make minimal progress toward becoming accredited. With this support Public Health will be able to use existing staff whose current projects are ending, to manage and implement accreditation efforts throughout the department.

**FISCAL IMPACT:** Public Health fiscal impact, increased revenues and expenditures of \$147,000, General Fund, no fiscal impact; Risk Management Fund fiscal impact increased revenues and expenditures of \$1,546.00.

**RECOMMENDED MOTION:** Approve the supplemental budget as outlined in the attached document for changes to the Public Health Fund, fiscal impact increased revenues and expenditures of \$147,000 and the Risk Management Fund, fiscal impact increased revenues and expenditures of \$1,546.00.

**DEPARTMENT HEAD APPROVAL:** \_\_\_\_\_

**BUDGET OFFICER APPROVAL:** \_\_\_\_\_

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**KLAMATH COUNTY  
BUDGET TRANSFER/RESOLUTION**

Resolution # \_\_\_\_\_

JE# \_\_\_\_\_

POSTED BY: \_\_\_\_\_ Date: \_\_\_\_\_

**DATE:** 4/20/2017  
**DEPARTMENT:** Public Health

**SIGNATURE:** \_\_\_\_\_

<u>BUDGET NUMBER</u>	<u>LINE ITEM NAME</u>	<u>INCREASE</u>	<u>DECREASE</u>
<u>2410-4010-4029-4000-63100</u>	<u>Dues</u>	<u>\$400.00</u>	<u></u>
<u>2410-4010-4029-4000-67000</u>	<u>Travel &amp; Training</u>	<u>\$1,638.00</u>	<u></u>
<u>2410-4010-4029-4000-69900</u>	<u>Internal Services</u>	<u></u>	<u>\$1,770.00</u>
<u>2410-4010-4029-4000-69940</u>	<u>Risk Management</u>	<u></u>	<u>\$89.00</u>
<u>2410-4010-4029-4000-69950</u>	<u>Insurance Liability</u>	<u></u>	<u>\$179.00</u>
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<b>TOTAL</b>		<b>\$2,038.00</b>	<b>\$2,038.00</b>

**REASON FOR TRANSFER:** To adjust line items to reflect full need / full general fund request.

THEREFORE, BE IT RESOLVED THAT THE FORGOING HEREBY IS  
APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2017

**BUDGET COMMITTEE MEMBERS**

\_\_\_\_\_  
CHAIRMAN

\_\_\_\_\_  
COMMISSIONER

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COMMISSIONER

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LAY MEMBER

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LAY MEMBER

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LAY MEMBER

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**KLAMATH COUNTY  
BUDGET TRANSFER/RESOLUTION**

Resolution # \_\_\_\_\_

JE# \_\_\_\_\_

POSTED BY: \_\_\_\_\_ Date: \_\_\_\_\_

**DATE:** 4/20/2017  
**DEPARTMENT:** Public Health

**SIGNATURE:** \_\_\_\_\_

<u>BUDGET NUMBER</u>	<u>LINE ITEM NAME</u>	<u>INCREASE</u>	<u>DECREASE</u>
<u>2410-4010-4039-4000-50000</u>	<u>Salaries and Wages</u>		<u>\$4,529.00</u>
<u>2410-4010-4039-4000-51100</u>	<u>FICA</u>		<u>\$346.00</u>
<u>2410-4010-4039-4000-51200</u>	<u>Workmans Comp Tax</u>		<u>\$2.00</u>
<u>2410-4010-4039-4000-51300</u>	<u>Medical Insurance</u>		<u>\$803.00</u>
<u>2410-4010-4039-4000-51330</u>	<u>Life Insurance</u>		<u>\$1.00</u>
<u>2410-4010-4039-4000-51340</u>	<u>Short Term Disability</u>		<u>\$8.00</u>
<u>2410-4010-4039-4000-51400</u>	<u>Retirement - General</u>		<u>\$770.00</u>
<u>2410-4010-4039-4000-51560</u>	<u>Unemployment Compensation</u>		<u>\$22.00</u>
<u>2410-4010-4039-4000-51570</u>	<u>Workmans Compensation</u>		<u>\$79.00</u>
<u>2410-4010-4039-4000-69900</u>	<u>Internal Service Costs</u>	<u>\$697.00</u>	
<u>2410-4010-4039-4000-69910</u>	<u>Facility Services</u>		<u>\$2,572.00</u>
<u>2410-4010-4039-4000-69920</u>	<u>Tech Maint - Hardware Chg</u>		<u>\$375.00</u>
<u>2410-4010-4039-4000-69930</u>	<u>Tech Maint - User Chg</u>		<u>\$581.00</u>
<u>2410-4010-4029-4000-69940</u>	<u>Risk Management</u>		<u>\$357.00</u>
<b><u>TOTAL</u></b>		<b><u>\$697.00</u></b>	<b><u>\$10,445.00</u></b>

**REASON FOR TRANSFER:** To adjust line items to reflect full need / full general fund request.

THEREFORE, BE IT RESOLVED THAT THE FORGOING HEREBY IS  
APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2017

**BUDGET COMMITTEE MEMBERS**

\_\_\_\_\_  
CHAIRMAN

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COMMISSIONER

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COMMISSIONER

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LAY MEMBER

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LAY MEMBER

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LAY MEMBER

**KLAMATH COUNTY  
BUDGET TRANSFER/RESOLUTION**

Resolution # \_\_\_\_\_

JE# \_\_\_\_\_

POSTED BY: \_\_\_\_\_ Date: \_\_\_\_\_

**DATE:** 4/20/2017  
**DEPARTMENT:** Public Health

**SIGNATURE:** \_\_\_\_\_

<u>BUDGET NUMBER</u>	<u>LINE ITEM NAME</u>	<u>INCREASE</u>	<u>DECREASE</u>
2410-4010-4039-4000-69950	Insurance Liability		\$708.00
2410-4010-4039-4000-98000	Operating Contingency	\$10,456.00	
<b>TOTAL</b>		\$10,456.00	\$708.00

**REASON FOR TRANSFER:** To adjust line items to reflect full need / full general fund request.

THEREFORE, BE IT RESOLVED THAT THE FORGOING HEREBY IS APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2017

**BUDGET COMMITTEE MEMBERS**

\_\_\_\_\_  
CHAIRMAN

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COMMISSIONER

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COMMISSIONER

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LAY MEMBER

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LAY MEMBER

**KLAMATH COUNTY  
BUDGET TRANSFER/RESOLUTION**

Resolution # \_\_\_\_\_

JE# \_\_\_\_\_

POSTED BY: \_\_\_\_\_ Date: \_\_\_\_\_

**DATE:** 4/20/2017  
**DEPARTMENT:** Public Health

**SIGNATURE:** \_\_\_\_\_

<u>BUDGET NUMBER</u>	<u>LINE ITEM NAME</u>	<u>INCREASE</u>	<u>DECREASE</u>
<u>2410-4010-4041-4000-67000</u>	<u>Travel &amp; Training</u>	_____	<u>\$932.00</u>
<u>2410-4010-4041-4000-69900</u>	<u>Internal Services</u>	<u>\$697.00</u>	_____
<u>2410-4010-4041-4000-69920</u>	<u>Tech Maint - Hardware Chg</u>	_____	<u>\$375.00</u>
<u>2410-4010-4041-4000-69930</u>	<u>Tech Maint - User Chg</u>	_____	<u>\$581.00</u>
<u>2410-4010-4041-4000-69940</u>	<u>Risk Management</u>	<u>\$399.00</u>	_____
<u>2410-4010-4041-4000-69950</u>	<u>Insurance Liability</u>	<u>\$792.00</u>	_____
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<b><u>TOTAL</u></b>	_____	<u>\$1,888.00</u>	<u>\$1,888.00</u>

**REASON FOR TRANSFER:** To adjust line items to reflect full need / full general fund request.

THEREFORE, BE IT RESOLVED THAT THE FORGOING HEREBY IS  
APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2017

**BUDGET COMMITTEE MEMBERS**

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CHAIRMAN

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COMMISSIONER

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Resolution # \_\_\_\_\_

**KLAMATH COUNTY  
BUDGET TRANSFER/RESOLUTION**

JE# \_\_\_\_\_

POSTED BY: \_\_\_\_\_ Date: \_\_\_\_\_

**DATE:** 4/20/2017  
**DEPARTMENT:** Public Health

**SIGNATURE:** \_\_\_\_\_

<u>BUDGET NUMBER</u>	<u>LINE ITEM NAME</u>	<u>INCREASE</u>	<u>DECREASE</u>
<u>2410-4010-4044-4000-67555</u>	<u>Telephone</u>	<u>\$34.00</u>	<u></u>
<u>2410-4010-4044-4000-69900</u>	<u>Internal Services</u>	<u>\$1,090.00</u>	<u></u>
<u>2410-4010-4044-4000-69940</u>	<u>Risk Management</u>	<u></u>	<u>\$377.00</u>
<u>2410-4010-4044-4000-69950</u>	<u>Insurance Liability</u>	<u></u>	<u>\$747.00</u>
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<b>TOTAL</b>		<b>\$1,124.00</b>	<b>\$1,124.00</b>

**REASON FOR TRANSFER:** To adjust line items to reflect full need / full general fund request.

THEREFORE, BE IT RESOLVED THAT THE FORGOING HEREBY IS APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2017

**BUDGET COMMITTEE MEMBERS**

\_\_\_\_\_  
CHAIRMAN

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COMMISSIONER

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COMMISSIONER

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**KLAMATH COUNTY  
BUDGET TRANSFER/RESOLUTION**

Resolution # \_\_\_\_\_

JE# \_\_\_\_\_

POSTED BY: \_\_\_\_\_ Date: \_\_\_\_\_

**DATE:** 4/20/2017  
**DEPARTMENT:** Public Health

**SIGNATURE:** \_\_\_\_\_

<u>BUDGET NUMBER</u>	<u>LINE ITEM NAME</u>	<u>INCREASE</u>	<u>DECREASE</u>
<u>2410-4010-4048-4000-43000</u>	<u>Charge For Service</u>	<u>\$5,000.00</u>	<u>_____</u>
<u>2410-4010-4048-4000-50000</u>	<u>Salaries and Wages</u>	<u>_____</u>	<u>\$702.00</u>
<u>2410-4010-4048-4000-51100</u>	<u>FICA</u>	<u>_____</u>	<u>\$53.00</u>
<u>2410-4010-4048-4000-51300</u>	<u>Medical Insurance</u>	<u>_____</u>	<u>\$134.00</u>
<u>2410-4010-4048-4000-51330</u>	<u>Life Insurance</u>	<u>_____</u>	<u>\$1.00</u>
<u>2410-4010-4048-4000-51340</u>	<u>Short Term Disability</u>	<u>_____</u>	<u>\$2.00</u>
<u>2410-4010-4048-4000-51400</u>	<u>Retirement - General</u>	<u>_____</u>	<u>\$119.00</u>
<u>2410-4010-4048-4000-51560</u>	<u>Unemployment Compensation</u>	<u>_____</u>	<u>\$4.00</u>
<u>2410-4010-4048-4000-51570</u>	<u>Workmans Compensation</u>	<u>_____</u>	<u>\$12.00</u>
<u>2410-4010-4048-4000-63335</u>	<u>Vehicle Fuel</u>	<u>\$397.00</u>	<u>_____</u>
<u>2410-4010-4048-4000-66010</u>	<u>Supplies - Other</u>	<u>\$250.00</u>	<u>_____</u>
<u>2410-4010-4048-4000-66020</u>	<u>Copier Maint &amp; Supply</u>	<u>\$250.00</u>	<u>_____</u>
<u>2410-4010-4048-4000-66045</u>	<u>Medical Supplies</u>	<u>\$500.00</u>	<u>_____</u>
<u>2410-4010-4048-4000-67000</u>	<u>Travel &amp; Training</u>	<u>\$250.00</u>	<u>_____</u>
<b><u>TOTAL</u></b>	<u>_____</u>	<u>\$6,647.00</u>	<u>\$1,027.00</u>

**REASON FOR TRANSFER:** To adjust line items to reflect full need / full general fund request.

THEREFORE, BE IT RESOLVED THAT THE FORGOING HEREBY IS  
APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2017

**BUDGET COMMITTEE MEMBERS**

\_\_\_\_\_  
CHAIRMAN

\_\_\_\_\_  
COMMISSIONER

\_\_\_\_\_  
COMMISSIONER

\_\_\_\_\_  
LAY MEMBER

\_\_\_\_\_  
LAY MEMBER

\_\_\_\_\_  
LAY MEMBER

Resolution # \_\_\_\_\_

**KLAMATH COUNTY  
BUDGET TRANSFER/RESOLUTION**

JE# \_\_\_\_\_

POSTED BY: \_\_\_\_\_ Date: \_\_\_\_\_

**DATE:** 4/20/2017  
**DEPARTMENT:** Public Health

**SIGNATURE:** \_\_\_\_\_

<u>BUDGET NUMBER</u>	<u>LINE ITEM NAME</u>	<u>INCREASE</u>	<u>DECREASE</u>
<u>2410-4010-4048-4000-69900</u>	<u>Internal Services</u>	_____	<u>\$6,349.00</u>
<u>2410-4010-4048-4000-69940</u>	<u>Risk Management</u>	<u>\$244.00</u>	_____
<u>2410-4010-4048-4000-69950</u>	<u>Insurance Liability</u>	<u>\$485.00</u>	_____
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<b>TOTAL</b>	_____	<u>\$729.00</u>	<u>\$6,349.00</u>

**REASON FOR TRANSFER:** To adjust line items to reflect full need / full general fund request.

THEREFORE, BE IT RESOLVED THAT THE FORGOING HEREBY IS  
APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2017

**BUDGET COMMITTEE MEMBERS**

_____ CHAIRMAN	_____ COMMISSIONER	_____ COMMISSIONER
_____ LAY MEMBER	_____ LAY MEMBER	_____ LAY MEMBER

**KLAMATH COUNTY  
BUDGET TRANSFER/RESOLUTION**

Resolution # \_\_\_\_\_

JE# \_\_\_\_\_

POSTED BY: \_\_\_\_\_ Date: \_\_\_\_\_

**DATE:** 4/20/2017  
**DEPARTMENT:** Public Health

**SIGNATURE:** \_\_\_\_\_

<u>BUDGET NUMBER</u>	<u>LINE ITEM NAME</u>	<u>INCREASE</u>	<u>DECREASE</u>
<u>2410-4010-4049-4000-46000</u>	<u>Grants - Federal</u>	<u>\$42,000.00</u>	<u>_____</u>
<u>2410-4010-4049-4000-49000</u>	<u>Trans - General Non Dept</u>	<u>\$100,000.00</u>	<u>_____</u>
<u>2410-4010-4049-4000-50000</u>	<u>Salaries and Wages</u>	<u>\$71,434.00</u>	<u>_____</u>
<u>2410-4010-4049-4000-51100</u>	<u>FICA</u>	<u>\$5,464.00</u>	<u>_____</u>
<u>2410-4010-4049-4000-51200</u>	<u>Workmans Compensation Tax</u>	<u>\$51.00</u>	<u>_____</u>
<u>2410-4010-4049-4000-51300</u>	<u>Medical Insurance</u>	<u>\$20,338.00</u>	<u>_____</u>
<u>2410-4010-4049-4000-51330</u>	<u>Life Insurance</u>	<u>\$23.00</u>	<u>_____</u>
<u>2410-4010-4049-4000-51340</u>	<u>Short Term Disability</u>	<u>\$201.00</u>	<u>_____</u>
<u>2410-4010-4049-4000-51400</u>	<u>Retirement - General</u>	<u>\$12,144.00</u>	<u>_____</u>
<u>2410-4010-4049-4000-51560</u>	<u>Unemployment Compensation</u>	<u>\$357.00</u>	<u>_____</u>
<u>2410-4010-4049-4000-51570</u>	<u>Workmans Compensation</u>	<u>\$1,249.00</u>	<u>_____</u>
<u>2410-4010-4049-4000-60010</u>	<u>Advertising</u>	<u>\$3,000.00</u>	<u>_____</u>
<u>2410-4010-4049-4000-65300</u>	<u>Rent</u>	<u>\$1,500.00</u>	<u>_____</u>
<u>2410-4010-4049-4000-66000</u>	<u>Supplies - Office</u>	<u>_____</u>	<u>\$603.00</u>
<b><u>TOTAL</u></b>	<u>_____</u>	<u>\$257,761.00</u>	<u>\$603.00</u>

**REASON FOR TRANSFER:** To adjust line items to reflect full need / full general fund request.

THEREFORE, BE IT RESOLVED THAT THE FORGOING HEREBY IS  
APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2017

**BUDGET COMMITTEE MEMBERS**

\_\_\_\_\_  
CHAIRMAN

\_\_\_\_\_  
COMMISSIONER

\_\_\_\_\_  
COMMISSIONER

\_\_\_\_\_  
LAY MEMBER

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LAY MEMBER

**KLAMATH COUNTY  
BUDGET TRANSFER/RESOLUTION**

Resolution # \_\_\_\_\_

JE# \_\_\_\_\_

POSTED BY: \_\_\_\_\_ Date: \_\_\_\_\_

**DATE:** 4/20/2017  
**DEPARTMENT:** Public Health

**SIGNATURE:** \_\_\_\_\_

<u>BUDGET NUMBER</u>	<u>LINE ITEM NAME</u>	<u>INCREASE</u>	<u>DECREASE</u>
<u>2410-4010-4049-4000-66010</u>	<u>Supplies - Other</u>	<u>\$4,079.00</u>	<u>_____</u>
<u>2410-4010-4049-4000-67000</u>	<u>Travel &amp; Training</u>	<u>\$4,253.00</u>	<u>_____</u>
<u>2410-4010-4049-4000-67555</u>	<u>Telephone</u>	<u>\$438.00</u>	<u>_____</u>
<u>2410-4010-4049-4000-69900</u>	<u>Internal Service Costs</u>	<u>\$9,382.00</u>	<u>_____</u>
<u>2410-4010-4049-4000-69910</u>	<u>Facility Services</u>	<u>\$2,572.00</u>	<u>_____</u>
<u>2410-4010-4049-4000-69920</u>	<u>Tech Maint - Hardware Chg</u>	<u>\$750.00</u>	<u>_____</u>
<u>2410-4010-4049-4000-69930</u>	<u>Tech Maint - User Chg</u>	<u>\$1,162.00</u>	<u>_____</u>
<u>2410-4010-4049-4000-69940</u>	<u>Risk Management</u>	<u>\$99.00</u>	<u>_____</u>
<u>2410-4010-4049-4000-69950</u>	<u>Insurance Liability</u>	<u>\$196.00</u>	<u>_____</u>
<u>2410-4010-4049-4000-69983</u>	<u>Vehicle Fuel - Internal</u>	<u>\$400.00</u>	<u>_____</u>
<u>2410-4010-4049-4000-69991</u>	<u>Office Supplies - Internal</u>	<u>\$1,011.00</u>	<u>_____</u>
<u>2410-4010-4049-4000-98000</u>	<u>Operating Contingency</u>	<u>\$2,500.00</u>	<u>_____</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
<b>TOTAL</b>		<b>\$26,842.00</b>	<b>\$0.00</b>

**REASON FOR TRANSFER:** To adjust line items to reflect full need / full general fund request.

THEREFORE, BE IT RESOLVED THAT THE FORGOING HEREBY IS APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2017

**BUDGET COMMITTEE MEMBERS**

\_\_\_\_\_  
CHAIRMAN

\_\_\_\_\_  
COMMISSIONER

\_\_\_\_\_  
COMMISSIONER

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LAY MEMBER

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