



# City of Grand Forks Staff Report



Committee of the Whole – September 11, 2017  
City Council – September 18, 2017

**Agenda Item:** Budget Amendment, Health Department – State Aid Grant

**Submitted by:** Debbie Swanson, Director

**Staff Recommended Action:** Approve Budget Amendment

**Committee Recommended Action:** Refer to City Council with Recommendation to Approve.

**Council Action:**

**BACKGROUND:** The Grand Forks Public Health Department received an increase in the state aid allocation from the North Dakota Department of Health beginning on July 1, 2017 of \$35,332.50 per year or \$70,665 per biennium.

**ANALYSIS AND FINDINGS OF FACT:** For purposes of the City budget expenditures, we need to increase our allocations in the local health services grant (1100.045.4570) and the attached budget amendment represents this.

**SUPPORT MATERIALS:** Attached budget amendment.

**CITY OF GRAND FORKS, NORTH DAKOTA**

**BUDGET AMENDMENT REQUEST**      **REQUEST NO.**      **DATE: August 25, 2017**      **PAGE: 1/3**

**TO: FINANCE AND ADMINISTRATIVE OFFICE**      **FROM: Health Department - Local State Aid**

Request amendment to budget as indicated

8/25/17      Nebo J Swain  
DATE      DEPARTMENT HEAD

Increase Revenue				Increase Expenditure Account							
FUND CODE	DEPT CODE	SUB DEPT CODE	BUDGET CODE	DESCRIPTION	AMOUNT	FUND CODE	DEPT CODE	SUB DEPT CODE	BUDGET CODE	DESCRIPTION	AMOUNT
1100	000		322.0030	Local State Aid	\$35,332.00	1100	045	4570	400.0010	Wages & Salary Perm.	\$17,000.00
									400.0020	Wages & Salary Temp.	\$7,700.00
									400.0030	Wages & Salary OT	\$100.00
									401.0010	FICA OASDI	\$1,025.00
									401.0015	FICA Medicare	\$95.00
									402.0005	Post Employment Hlth	\$293.00
									402.0020	Life Insurance	\$35.00
									402.0030	Disability Insurance	\$45.00
									402.0042	Contract Empl. Def. Comp.	\$300.00
				<b>TOTAL</b>	<b>\$35,332.00</b>					<b>TOTAL</b>	<b>\$26,593.00</b>

**REASON: Increase in state aid allocation received from ND Department of Health**

**FINANCE DIRECTOR'S COMMENT:**

**AUDITORS COMMENT:**

**CERTIFY AVAILABILITY OF FUNDS**

**Moved BY:**

**DATE**

**DATE PROCESSED**

**SECONDED BY:**

**CITY AUDITOR/DEPUTY**

**ENTERED BY**

**CITY OF GRAND FORKS, NORTH DAKOTA**

**REQUEST NO.** \_\_\_\_\_ **DATE:** August 25, 2017 **PAGE:** 2/3

**FROM:** Health Department - Local State Aid

8/25/17 *Debra Swanson*  
**DATE** **DEPARTMENT HEAD**

**Increase Revenue**

FUND CODE	DEPT CODE	SUB DEPT CODE	BUDGET CODE	DESCRIPTION	AMOUNT
1100	000		322.0030	Local State Aid	\$35,332.00
				<b>TOTAL</b>	<b>\$35,332.00</b>

**Increase Expenditure Account**

FUND CODE	DEPT CODE	SUB DEPT CODE	BUDGET CODE	DESCRIPTION	AMOUNT
1100	045	4570		Subtotal from Page 1	\$26,593.00
			402.0043	Pension - NDPERS	\$1,050.00
			410.0100	Clothing	\$1,500.00
			450.0620	IS - WAN Charges	\$600.00
			450.0630	IS - Mfice of Software	\$600.00
			460.0015	Cell Phone Charges	\$300.00
			460.0020	Telephone	\$20.00
			460.0050	Education & Training	\$3,600.00
			460.0060	Travel	\$600.00
				<b>TOTAL</b>	<b>\$34,863.00</b>

**REASON:** \_\_\_\_\_

**FINANCE DIRECTOR'S COMMENT:** \_\_\_\_\_

**AUDITORS COMMENT:** \_\_\_\_\_

**CERTIFY AVAILABILITY OF FUNDS**

**MOVED BY:** \_\_\_\_\_ **DATE PROCESSED** \_\_\_\_\_

**SECONDED BY:** \_\_\_\_\_ **CITY AUDITOR/DEPUTY** \_\_\_\_\_ **ENTERED BY** \_\_\_\_\_

**CITY OF GRAND FORKS, NORTH DAKOTA**

<b>BUDGET AMENDMENT REQUEST</b>				<b>REQUEST NO.</b>		<b>DATE: August 25, 2017</b>		<b>PAGE: 3/3</b>			
<b>TO: FINANCE AND ADMINISTRATIVE OFFICE</b>				<b>FROM: Health Department - Local State Aid</b>							
Request amendment to budget as indicated				8/25/17		Debbie Swanson DEPARTMENT HEAD					
<b>Increase Revenue</b>				<b>Increase Expenditure Account</b>							
FUND CODE	DEPT CODE	SUB DEPT CODE	BUDGET CODE	DESCRIPTION	AMOUNT	FUND CODE	DEPT CODE	SUB DEPT CODE	BUDGET CODE	DESCRIPTION	AMOUNT
1100	000		322.0030	Local State Aid	\$35,332.00	1100	045	4570		Subtotal from Page 2	\$34,863.00
									460.0090	Dues	\$69.00
									700.0030	Communication & Elec.	\$400.00
				<b>TOTAL</b>	<b>\$35,332.00</b>					<b>TOTAL</b>	<b>\$35,332.00</b>
<b>REASON:</b>											
<b>FINANCE DIRECTOR'S COMMENT:</b>											
<b>AUDITORS COMMENT:</b>											
<b>MOVED BY:</b>						<b>DATE PROCESSED</b>					
<b>SECONDED BY:</b>						<b>CITY AUDITOR/DEPUTY</b>					
						<b>ENTERED BY</b>					

CERTIFY AVAILABILITY OF FUNDS