

## Multnomah County Agenda Placement Request Budget Modification

	Board Clerk Use Only
	Meeting Date:
	Agenda Item #:
	Est. Start Time:
Agenda Title:	
Requested Date:	Time Needed:
Department:	Requester Name & Email:
Division:	
Please list all presenters, with their titles, organiza heir role is to answer questions:	ation or department, in order of speaker, or note if
neil fole is to answer questions.	
Will your group join virtually or in-person? (check	( <u>one</u> )
Presenters will be in the Multnomah Building I	Boardroom.
☐ Presenters will be virtual/online	
List emails of all virtual presenters: Note: Virtual presenters must log in 15 mins prior	to the start of the meeting to test video & mic.
Budget Modification	
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1. Please provide a summary of the action you are requesting from the Board.

2.	Provide a brief overview of the current program, and explain what is changing in the budget modification. Include both policy and operational changes, and provide details if this program provides services to specific communities. Please note which Program Offers this action affects.
3.	How will the changes from this budget modification be measured?
4.	Explain the fiscal impact (current year and ongoing), including the following:
5.	Explain any legal and/or policy issues involved.
6.	Explain any community and/or other government participation.
7.	What revenue is being changed and why? If the revenue is from a federal source, please list the Assistance Listing Number (ALN).
For Grants Only	
8.	What period does the grant cover? What programmatic needs are anticipated after the grant expires, and how do you anticipate funding them?
9.	What stipulations are required by the grant (E.g. cash match, in kind match, reporting requirements, etc.)?
10	. What has significantly changed from when the Notice of Intent (NOI) was approved to apply for the grant?
11	. Is 100% of the central and department indirect recovered? If not, please explain why.
For C	Contingency Requests Only