

# **IMPERIAL COUNTY PROPOSED BUDGET HEARING DOCUMENTATION**



**FISCAL YEAR 2020-2021**

# Imperial County

County Executive Office  
GSA-Budget Fiscal

## FISCAL YEAR 2020-2021 PROPOSED BUDGET HEARINGS

Submitted to the Imperial County Board of Supervisors on  
August 25, 2020

**Luis A. Plancarte**  
Supervisor, Second District  
2020 Chairman of the Board

**Jesus E. Escobar**  
Supervisor, First District

**Michael W. Kelley**  
Supervisor, Third District

**Ryan E. Kelley**  
Supervisor, Fourth District

**Raymond R. Castillo**  
Supervisor, Fifth District

By

**Tony Rouhotas Jr.**  
County Executive Officer

Compiled by

**Mayra Widmann**  
Deputy CEO/GSA-Budget Fiscal

COUNTY EXECUTIVE OFFICE

**Tony Rouhotas, Jr.**  
County Executive Officer  
[tonyrouhotas@co.imperial.ca.us](mailto:tonyrouhotas@co.imperial.ca.us)  
[www.co.imperial.ca.us](http://www.co.imperial.ca.us)



County Administration Center  
940 Main Street, Suite 208  
El Centro, CA 92243  
Tel: 442-265-1001  
Fax: 442-265-1010

August 25, 2020

Board of Supervisors  
County of Imperial  
940 Main St.  
El Centro, CA 92243

Honorable Board Members:

**Background:**

The County Budget Act requires California counties to have in place a balanced recommended budget on or before June 30 and to adopt an annual budget no later than October 2<sup>nd</sup>. The recommended budget was presented and approved on June 23, 2020.

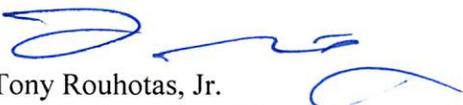
Consistent with past practice, all departments requesting to increase their respective budget have the opportunity to submit a Budget Augmentation Request accompanied with detailed explanation. In total, the County Executive Office received 27 General Fund Augmentation Requests and 37 Non-General Fund Augmentation Requests. A total of 7 General Fund augmentations with no fiscal impact to the General Fund with a total cost of \$73,846 are being recommended for approval. Additionally, approximately \$931,000 in augmentations from other funding sources are being recommended for approval. Out of this total, an increase of \$349,965 to the Fire Protection's budget is being recommended to account for extra-help minimum wage increases. There were additional augmentations submitted as adjustment/corrections and recommended for approval.

**Requested Action:**

1. Close Budget Hearings and provide direction to Executive Office on adjustments to FY 2020-21 Recommended Budget.
2. Schedule a meeting date for adoption of County of Imperial FY 2020-21 budget as revised.

Proposed Date: September 15<sup>th</sup>, 2020

Respectfully submitted,

  
Tony Rouhotas, Jr.  
County Executive Officer



# **PROPOSAL TO BALANCE**

**County of Imperial**  
**Proposed Budget Hearings - Proposal to Balance**  
**Fiscal Year 2020-2021**

	Recommended Additions	G.F. Net Cost
<b>GENERAL FUND:</b>		
<b>BUDGET FISCAL YEAR 2020-2021</b>		
Estimated Ending Fund Balance June 30, 2020		<b>\$6,129,089</b>
Proposed Revenue Fiscal Year 2020-2021		203,664,668
<b>Total Available Financing</b>		<b>209,793,757</b>
Proposed Expenditures		227,104,612
<b>Surplus (Deficit)</b>		<b>(17,310,855)</b>
<b>ADJUSTMENTS:</b>		
Transfer of Off Highway Fees (reimbursement for Sheriff and Fire Protection costs of off highway response)		650,000
Contribution to Child Support		(323,150)
<b>Surplus (Deficit) Net Adjustments</b>		<b>(16,984,005)</b>
<b>GENERAL FUND AUGMENTATIONS FOR FUNDING CONSIDERATION : CEO RECOMMENDED</b>		
<b>NO GENERAL FUND IMPACT</b>		
1-1 <b>Agricultural Commissioner</b> - Promote eight (8) Ag Biologists under-hires who meet the requirements of the next level in their respective series upon meeting the qualifications through state licensing exams to advance from to Ag Biologist II's to level III in FY2020-21.	16,086	
2-1 <b>Assessor</b> - Promote one (1) Appraiser I under-hire to Appraiser II upon meeting requirements.	2,599	
2-2 <b>Assessor</b> - Promote one (1) Appraiser I under-hire to Appraiser II upon meeting requirements.	5,818	
2-3 <b>Assessor</b> - Promote one (1) Appraiser II under-hire to Appraiser III upon meeting requirements.	4,121	
2-4 <b>Assessor Geographic</b> - Adjust FY2020-21 Proposed Budget to reflect expenditures in proper object code.	26,967	
13-1 <b>Facilities Management</b> - Purchase one (1) Auto-CAD Architecture Commercial 3-yr subscription .	4,565	
13-2 <b>Architecture &amp; Design</b> - Purchase three (3) Auto-CAD Architecture Commercial 3-yr subscription .	13,690	
<b>TOTAL- NO GENERAL FUND IMPACT</b>	<b>\$ 73,846</b>	
<b>TRANSFERS: CEO RECOMMENDED</b>		
Transfer from Realignment - Public Health to Social Services	898,922	
Transfer from Realignment - Behavioral Health to Social Services	566,629	
Transfer from Welfare Advance Trust	96,792	
Transfer from DSS 1991 Realignment	5,174,863	
Transfer from PARS	1,358,111	
Medical Plan Loss Reserve Reimbursement to Departments	3,768,571	
Reduce 50% Out of County Travel, Extra Help, Special Dept. Expense	1,293,692	
Freeze Vacant Positions- (Vacancy Control)	3,826,425	
<b>TOTAL CEO RECOMMENDED TRANSFERS</b>	<b>\$ 16,984,005</b>	
<b>VARIANCE</b>		<b>\$ 0</b>



## TABLE OF CONTENTS

<b><u>Budget Augmentation Requests</u></b>	<b>Tab No.</b>
Agricultural Commissioner .....	1
Assessor .....	2
Auditor-Controller .....	3
Cooperative Extension .....	4
County Counsel .....	5
District Attorney.....	6
Fire Department .....	7
Human Resources & Risk Management .....	8
Information & Technical Services (CEO) .....	9
Planning & Development Services .....	10
Probation & Corrections.....	11
Public Administration .....	12
Public Works Department .....	13
Sheriff-Coroner.....	14
IC Workforce & Economic Dev. ....	15

### **Position Requests**

### **Capital Purchase Requests**

### **Immediate Amendments**

### **Authorized Allocation & Vacancies Report**



# AUGMENTATION REQUESTS

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUESTS  
FISCAL YEAR 2020-2021**

TAB NO.	BGT. PG.	BUDGET UNIT	ORG KEY	OBJECT CODE	AUGMENTATION REQUEST	DR/CR	DEPARTMENT		INCR(DECR) G.F.NET COST	NON-GNL FND SOURCE	CEO RECOMM.	
							AMOUNT	TOTAL			Gen. Fd.	Non-Gen.
<b>AGRICULTURAL COMMISSIONER</b>												
1-1	139	Agricultural Commissioner	1031001	501000	Permanent Salaires	DR	12,137					YES
				501150	Social Security-Medicare	DR	176					
				502000	County Contrib. Retirement	Dr	2,135					
				502040	Retirement-Pension Bond	DR	627					
				502045	Retirement-Health Plan	DR	1,011					
				440000	State Aid PUE	CR	(8,000)					
				440005	State Aid Agriculture	CR	(8,086)	0	0	0		
					Request approval to <b>promote</b> eight (8) Ag Biologists under-hires who meet the requirements of the next level in their respective series upon meeting the qualifications through state licensing exams to advance to Ag Biologist II or III levels in FY2020-21.							
1-2	139	Agricultural Commissioner	1031001	501000	Permanent Salaries	DR	32,034					NO
				501150	Social Security-Medicare	DR	465					
				502000	County Contrib. Retirement	DR	5,635					
				502015	Group Insurance	DR	6,357					
				502040	Retirement-Pension Bond	DR	1,656					
				502045	Retirement-Health Plan	DR	2,668					
				440005	State Aid Agriculture	CR	(48,815)	0	0	0		
					Request approval to fund one (1) <b>vacant unfunded</b> Agricultural Biologist/Standards Specialist III-LT (UH) position that is necessary in order to meet the requirements and mandated duties designed in the newly added programs.							
								0	0	0		
<b>ASSESSOR</b>												
2-1	153	Assessor	1008001	501000	Permanent Salaires	DR	1,892					YES
				501150	Social Security-Medicare	DR	27					
				502000	County Contrib. Retirement	DR	424					
				502040	Retirement-Pension Bond	DR	98					
				502045	Retirement-Health Plan	DR	158					
				501115	Extra Help	CR	(2,599)	0	0	0		
					Request approval to <b>promote</b> one (1) Appraiser I under-hire to Appraiser II who has met the requirements of the next level.							
					Retaining and promoting staff has proven to be a successful alternative for retention due to shortage of experienced appraisers.							
					Requesting to offset increase of promotion by reducing extra help.							
2-2	153	Assessor	1008001	501000	Permanent Salaires	DR	4,389					YES
				501150	Social Security-Medicare	DR	63					
				502000	County Contrib. Retirement	DR	773					
				502040	Retirement-Pension Bond	DR	227					
				502045	Retirement-Health Plan	DR	366					
				501115	Extra Help	CR	(5,818)	0	0	0		
					Request approval to <b>promote</b> one (1) Appraiser I under-hire to Appraiser II who has met the requirements of the next level.							
					Retaining and promoting staff has proven to be a successful alternative for retention due to shortage of experienced appraisers.							
					Requesting to offset increase of promotion by reducing extra help.							

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUESTS  
FISCAL YEAR 2020-2021**

TAB NO.	BGT. PG.	BUDGET UNIT	ORG KEY	OBJECT CODE	AUGMENTATION REQUEST	DR/CR	DEPARTMENT		INCR(DECR) G.F.NET COST	NON-GNL FND SOURCE	CEO RECOMM.		
							AMOUNT	TOTAL			Gen. Fd.	Non-Gen.	
2-3	153	Assessor	1008001	501000	Permanent Salaires	DR	3,000					YES	
				501150	Social Security-Medicare	DR	43						
				502000	County Contrib. Retirement	DR	672						
				502040	Retirement-Pension Bond	DR	155						
				502045	Retirement-Health Plan	DR	251						
				501115	Extra Help	CR	(4,121)	0	0	0			
					Request approval to <b>promote</b> one (1) Appraiser II under-hire to Appraiser III who has met the requirements of the next level.								
					Retaining and promoting staff has proven to be a successful alternative for retention due to shortage of experienced appraisers.								
					Requesting to offset increase of promotion by reducing extra help.								
2-4	153	Assessor Geographic	1008002	525010	Professional & Special Services	DR	26,967					YES	
				531040	Travel Out of Cnty Misc	CR	(26,967)	0	0	0			
					Request approval to adjust FY2020-2021 Proposed Budget to reflect expenditures in proper budget object code.								
								0	0	0			
<b>AUDITOR-CONTROLLER</b>													
3-1	156	Auditor-Controller	1006001	514015	Communications-Cell Phones	DR	2,000					NO	
				522000	Memberships	DR	50						
				525010	Professional & Special Service	DR	37,165						
				530000	Special Dept. Expense-Training	DR	13,250						
				531040	Travel Out of Cnty Miscellaneous	DR	6,500	58,965	58,965	0			
					Request approval to increase appropriations in operating expenses for Cell Phones, Memberships, Professional Servcies, Training and Out of County Travel. This is due to telecommuting by office managers and no longer allowed to use personal cell phones, increase to memberships and contracts with vendors and inrease to training and out of county travel in order to receive vital training and keep up with legislative and systems upgrades. Increase to be offset by Cost Plan distributed to all budget units.								
3-2	156	Auditor-Controller	1006001	501000	Permanent Salaries	DR	77,733					NO	
				501150	Social Security-Medicare	DR	1,127						
				502000	County Contrib. Retirement	DR	13,673						
				502015	Group Insurance	DR	12,588						
				502040	Retirement-Pension Bond	DR	4,019						
				502045	Retirement-Health Plan	DR	6,475	115,615	115,615	0			
					Request approval to fund two (2) vancant <b>unfunded</b> Senior Accountant Auditor allocations necessary in order to meet strategic goals and protect the funds of the county. Increase to be offset by Cost Plan distributed to all budget units.								
3-3	156	Auditor-Controller	1006001	501115	Extra Help		17,346					NO	
				501150	Social Security-Medicare		252	17,598	17,598	0			
					Request approval to increase appropriations to Extra Help in order to have enough funds to cover the current extra help Student Assistant and Account Clerk I at 1,096 allowable hours.								



**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUESTS  
FISCAL YEAR 2020-2021**

TAB NO.	BGT. PG.	BUDGET	ORG KEY	OBJECT CODE	AUGMENTATION REQUEST	DR/CR	DEPARTMENT		INCR(DEC) G.F.NET COST	NON-GNL FND SOURCE	CEO RECOMM.	
		UNIT					AMOUNT	TOTAL			Gen. Fd.	Non-Gen.
<b>DISTRICT ATTORNEY</b>												
6-1	242	District Attorney	1020001	501140	Stipened	DR	7,500					<b>NO</b>
				501141	Bonus	DR	5,000	12,500	12,500	0		
					Request approval to increase appropriations for stipends and retention bonuses as approved by the board through an agreement with the Imperial County Deputy District Attorneys Association.							
6-2	242	District Attorney	1020001	501000	Permanent Salaries	DR	129,271					<b>NO</b>
				501150	Social Security-Medicare	DR	1,874					
				502000	County Contrib. Retirement	DR	22,739					
				502015	Group Insurance	DR	31,628					
				502040	Retirement-Pension Bond	DR	6,683					
				502045	Retirement-Health Plan	DR	10,768	202,963	202,963	0		
					Request approval to fund one (1) <b>vacant unfunded</b> Deputy District Attorney IV allocation and one (1) <b>vacant unfunded</b> Legal Office Assistant II allocation in order to achieve parity between legal departments.							
6-3	242	District Attorney	1020001	501000	Permanent Salaries	DR	26,826					<b>NO</b>
				501150	Social Security-Medicare	DR	390					
				502000	County Contrib. Retirement	DR	4,718					
				502040	Retirement-Pension Bond	DR	1,388					
				502045	Retirement-Health Plan	DR	2,234	35,556	35,556	0		
					Request approval to <b>promote</b> two (2) under-hire Deputy District Attorneys I's to level II, one (1) under-hire Deputy District Attorney II to level III, and two (2) under-hire Deputy District Attorneys III to level IV upon meeting the requirements of the next level. The District Attorney has increasingly experienced a loss of qualified attorneys.							
6-4	242	District Attorney	1020001	501000	Permanent Salaries	DR	6,818					<b>NO</b>
				501150	Social Security-Medicare	DR	99					
				502000	County Contrib. Retirement	DR	1,199					
				502040	Retirement-Pension Bond	DR	352					
				502045	Retirement-Health Plan	DR	568	9,036	9,036	0		
					Request approval to <b>promote</b> two (2) existing Deputy District Attorney IV allocations to Deputy District Attorney V and allow the District Attorney to promote qualifying attorneys through the under-hire promotion request process in FY2020-2021. The District Attorney continues to experience a loss of qualified attorneys.							
6-5	242	District Attorney	1020001	501000	Permanent Salaries	DR	4,041					<b>NO</b>
				501150	Social Security-Medicare	DR	59					
				502000	County Contrib. Retirement	DR	1,287					
				502040	Retirement-Pension Bond	DR	168					
				502045	Retirement-Health Plan	DR	336	5,891	5,891	0		
					Request approval to <b>promote</b> two (2) under-hire District Attorney Investigator I's to the next level upon meeting the requirements of the next level in their respective series.							

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUESTS  
FISCAL YEAR 2020-2021**

TAB NO.	BGT. PG.	BUDGET UNIT	ORG KEY	OBJECT CODE	AUGMENTATION REQUEST	DR/CR	DEPARTMENT		INCR(DECR) G.F.NET COST	NON-GNL FND SOURCE	CEO RECOMM.	
							AMOUNT	TOTAL			Gen. Fd.	Non-Gen.
6-6	245	Human Exploitation	1069001	501140	Stipened	DR	500					NO
				501141	Bonus	DR	5,000	5,500	5,500	0		
					Request approval to increase appropriations for stipends and retention bonuses as approved by the board through an agreement with the Imperial County Deputy District Attorneys Association.							
6-7	244	HIDTA	1524001	501140	Stipened	DR	1,000	1,000	0	1,000		NO
					Request approval to increase appropriations for stipends as approved by the board through an agreement with the Imperial County Deputy District Attorneys Association.							
6-8	244	HIDTA	1524001	501000	Permanent Salaries	DR	4,762					NO
				501150	Social Security-Medicare	DR	69					
				502000	County Contrib. Retirement	DR	838					
				502040	Retirement-Pension Bond	DR	246					
				502045	Retirement-Health Plan	DR	397	6,312	0	6,312		
					Request approval to <b>convert</b> one (1) existing Deputy District Attorney IV to Deputy District Attorney V and allow the District Attorney to promote qualifying attorneys through the under-hire promotion request process in FY2020-2021. The District Attorney continues to experience a loss of qualified attorneys.							
6-9	246	Dist Atty State Asset Forfeiture	1655001	552085	Transfers-Out	DR	20,000					YES
				552075	Budgetary Transfer	CR	(20,000)	0	0	0		
					Request approval to adjust FY2020-2021 Proposed Budget to increase appropriations for transfers-out not included during the budget process. This increase wil allow the reimbursement to other budget units for overtime expenses.							
6-10	247	IVSIT	1710001	501000	Permanent Salaries	DR	290					NO
				501150	Social Security-Medicare	DR	4					
				502000	County Contrib. Retirement	DR	92					
				502040	Retirement-Pension Bond	DR	12					
				502045	Retirement-Health Plan	DR	24	422	0	422		
					Request approval to <b>promote</b> one (1) under-hire District Attorney Investigator I to the next level upon meeting the requirements of the next level in its respective series.							
								<b>279,180</b>	<b>271,446</b>	<b>7,734</b>		
<b>FIRE PROTECTION</b>												
7-1	257	Fire Protection Operations	1501001	501115	Extra Help	DR	344,667					YES
				501150	Social Security-Medicare	DR	4,998	349,665	0	349,665		
					Request approval to increase appropriations to extra help in order to sustain the minimal on duty reserve staffing (36) A,B,C shifts; at Stations 1, 2, 3, 4, 5, 6, 7, 8 and SCSD.							
7-2	257	Fire Protection Operations	1501001	519000	Maintenance-Equipment	DR	70,000	70,000	0	70,000		NO
					Request approval to increase appropriations for maintenance of equipment to cover the costs of all expenses associated with fire apparatus, vehicles, and all other expenses associated with emergency equipment, i.e. generators, pumps, tools, etc.							

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUESTS  
FISCAL YEAR 2020-2021**

TAB NO.	BGT. PG.	BUDGET UNIT	ORG KEY	OBJECT CODE	AUGMENTATION REQUEST	DR/CR	DEPARTMENT		INCR(DECR) G.F.NET COST	NON-GNL FND SOURCE	CEO RECOMM.	
							AMOUNT	TOTAL			Gen. Fd.	Non-Gen.
7-3	257	Fire Protection Operations	1501001	533005	Emergency Clothing Request approval to increase appropriations for emergency clothing due to the rising costs of mandated equipment i.e. turn/out jackets/pants, wild land gear, safety boots, helmets, hoods, gloves, etc.	DR	18,480	18,480	0	18,480		NO
7-4	257	Fire Protection Operations	1501001	530095	Special Dept Exp - Medical Supplies Request approval to increase appropriations for medical supplies due to increase in costs for oxygen supplies, defibrillators and pads, blood pressure cuffs, stethoscopes and other diagnostic tools, bandages, splints, latex gloves, etc. The acquisition of the response of Niland, Winterhaven and Salton Community Service District has fiscally impacted the department.	DR	6,000	6,000	0	6,000		NO
7-5	257	Fire Protection Operations	1501001	549005	Equipment-Vehicles Request approval to create a fire engine replacement program for I.C. Fire Department in order to improve the quality of service and avoid the risk of any catastrophic mechanical or pumping failures during critical operations. Purchase and Replacement of ERA's have been provided for the purchase of 1 per year, 2 per year or 3 per year; with the purchase of 3 ERA's per year being the most optimal and safest option.	DR	2,100,000	2,100,000	0	2,100,000		NO
								<b>2,544,145</b>	<b>0</b>	<b>2,544,145</b>		
<b>HUMAN RESOURCES</b>												
8-1	271	Human Resources	1012001	501000	Permanent Salaires	DR	3,417					NO
				501150	Social Security-Medicare	DR	50					
				502000	County Contrib. Retirement	Dr	601					
				502040	Retirement-Pension Bond	DR	177					
				502045	Retirement-Health Plan	DR	284					
				493000	Reimbursement for Services Provided	CR	(4,529)	0	0	0		
					Request approval to <b>promote</b> one (1) Risk Management Analyst II under-hire to Risk Management Analyst III upon meeting the qualifications of the next level. This Level III position serves as a lead and has oversight of program which includes to be responsible for completing highly complex assignments relating to reviewing and analyzing actuarial studies, contracts and leases, liability claims, etc. Projected cost of increase to be funded by the Loss Reserve Accounts.							
8-2	271	Human Resources	1012001	501000	Permanent Salaires	DR	9,063					NO
				501150	Social Security-Medicare	DR	131					
				502000	County Contrib. Retirement	Dr	1,892					
				502040	Retirement-Pension Bond	DR	469					
				502045	Retirement-Health Plan	DR	755					
				552225	Intrafund Human Resources	CR	(4,165)					
				493000	Reimbursement for Services Provided	CR	(8,145)	0	0	0		
					Request approval to <b>convert</b> three (3) Human Resources Analyst I's to Human Resources Analyst II's and promote staff upon meeting the requirements of the next level due to increased demands with various issues related to discipline and sensitive personnel matters. Projected increase cost to be offset by Social Services and Loss Reserve Accounts.							
								<b>0</b>	<b>0</b>	<b>0</b>		

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUESTS  
FISCAL YEAR 2020-2021**

TAB NO.	BGT. PG.	BUDGET UNIT	ORG KEY	OBJECT CODE	AUGMENTATION REQUEST	DR/CR	DEPARTMENT		INCR(DECR) G.F.NET COST	NON-GNL FND SOURCE	CEO RECOMM.	
							AMOUNT	TOTAL			Gen. Fd.	Non-Gen.
<b>INFORMATION &amp; TECHNICAL SERVICES/CEO</b>												
9-1	470	Information & Technical Services	5213001	501135	Overtime	DR	10,000					YES
				552075	Budgetary Transfer	CR	(10,000)	0	0	0		
					Request approval to increase appropriations to overtime not included in the FY2020-2021 Proposed Budget. Increase to be offset through fund balance.							
								0	0	0		
<b>PLANNING &amp; DEVELOPMENT SERVICES</b>												
10-1	309	Planning & Development	1041001	525030	Prof & Spec Svs Other	DR	(625,238)	(625,238)	(625,238)	0	YES	
					Request approval to adjust FY2020-2021 Proposed Budget to reduce expense already included in the proposed budget through an encumbrance covering the payment to Tyler Technologies, Inc.							
								(625,238)	(625,238)	0		
<b>PROBATION &amp; CORRECTIONS</b>												
11-1	318	Probation	1028001	501000	Permanent Salaires	DR	23,609					NO
				501150	Social Security-Medicare	DR	342					
				502000	County Contrib. Retirement	DR	6,532					
				502040	Retirement-Pension Bond	DR	1,221					
				502045	Retirement-Health Plan	DR	1,967	33,671	33,671	0		
					Request approval to <b>promote</b> five (5) under-hire Deputy Probation Officer I's to Deputy Probation Officer II's who have met the requirements of the next level. Department will offset increase within budget.							
11-2	335	Wraparound Program	1866001	501000	Permanent Salaires	DR	5,440					NO
				501150	Social Security-Medicare	DR	79					
				502000	County Contrib. Retirement	DR	1,505					
				502040	Retirement-Pension Bond	DR	1,221					
				502045	Retirement-Health Plan	DR	1,967					
				525010	Professional & Special Service	DR	37,400	47,612	0	47,612		
					Request approval to <b>promote</b> two (2) under-hire Deputy Probation Officer I's to Deputy Probation Officer II's who have met the requirements of the next level and increase to professional services as there has been an increase in WRAP cases with services being provided by the Evening Learning Center for youth participating in the program. Increase to be absorbed within budget as transfers-in exceeds expenses.							
								81,283	33,671	47,612		



**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUESTS  
FISCAL YEAR 2020-2021**

TAB NO.	BGT. PG.	BUDGET UNIT	ORG KEY	OBJECT CODE	AUGMENTATION REQUEST	DR/CR	DEPARTMENT		INCR(DECR) G.F.NET COST	NON-GNL FND SOURCE	CEO RECOMM.	
							AMOUNT	TOTAL			Gen. Fd.	Non-Gen.
13-6	458	Gateway CSA Water Treatment	1519004	530005	Special Dept Expense	DR	2,700					YES
				484025	User Fees	CR	(2,700)	0	0	0		
					Request approval to increase appropriations to cover the increase of annual permit fees required under California Water Section Codes 13260 and 13269. Increase to be offset by user fees collected.							
13-7	458	Gateway CSA Water Treatment	1519004	532000	Utilities	DR	300					YES
				484025	User Fees	CR	(300)	0	0	0		
					Request approval to increase appooprations for utilities to cover the cost of internet connection for an automated online monitoring system. A cellular ISP is required, due to that a hard-wired internet service provider is not available at this time in this area. Increase in cost for internet connection will be offset by user fees collected.							
13-8	458	Gateway CSA Waste-Water Treatment	1519005	530005	Special Dept Expense	DR	31,500					YES
				484025	User Fees	CR	(31,500)	0	0	0		
					Request approval to increase appropriations to cover the increase of annual permit fees required under California Water Section Codes 13260 and 13269. Increase to be offset by user fees collected.							
13-9	458	Gateway CSA Waste-Water Treatment	1519005	532000	Utilities	DR	1,000					YES
				282025	User Fees	CR	(1,000)	0	0	0		
					Request approval to increase appooprations for utilities to cover the cost of internet connection for an automated online monitoring system. Due to that a hard-wired internet service provider is not available at this time in this area, a cellular ISP is required for three (3) separate monitoring stations already in operation at the WWTP facility. Increase for internet connection will be offset by user fees collected.							
13-10	364	PW Roads Construction	1542001	524000	Office Expense	DR	31,264					YES
				434000	State-Highway Users Tax	CR	(31,264)	0	0	0		
					Request approval to increase appropriations to purchase five (5) Civil 3D Commerical 3-yr subscriptions for PW Engineering personnel assigned to the software. Increase will be offset through State-Highway User Taxes.							
13-11	364	PW Roads Construction	1542001	530005	Special Dept Expense	DR	103,283					YES
				434000	State-Highway Users Tax	CR	(103,283)	0	0	0		
					Request approval to increase appropriations to cover reimbursement for services provided by the Sheriffi's correctional staff to supervise the inmate crew per MOU between Public Works and Sheriff's Office approved by the Board on September 19, 2019 and not included in the FY2020-2021 Proposed Budget. The program will have a cost of \$103,283 per fiscal year.							
13-12	364	PW Roads Construction	1542001	530005	Special Dept Expense	DR	56,690					YES
				434000	State-Highway Users Tax	CR	(56,690)	0	0	0		
					Request approval to increase appropriations to cover the repayment plan made with the Department of Transportation (DOT) per agreement to repay DOT over a course of ten (10) years.							

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUESTS  
FISCAL YEAR 2020-2021**

TAB NO.	BGT. PG.	BUDGET UNIT	ORG KEY	OBJECT CODE	AUGMENTATION REQUEST	DR/CR	DEPARTMENT		INCR(DEC)R G.F.NET COST	NON-GNL FND SOURCE	CEO RECOMM.	
							AMOUNT	TOTAL			Gen. Fd.	Non-Gen.
13-13	364	PW Roads Construction	1542001	530005	Special Dept Expense	DR	14,065					YES
				434000	State-Highway Users Tax	CR	(14,065)	0	0	0		
					Request approval to increase appropriations to cover the annual costs of the CA Department of Toxic Substances Control (DTSC) CUPA fees due for each of the road yards in Public Works.							
13-14	364	PW Roads Construction	1542001	501115	Extra Help	DR	142,383					YES
				501145	Overtime	DR	34,020					
				501150	Social Security-Medicare	DR	2,558					
				520060	Road Rehab	DR	1,140,000					
				525010	Professional & Special Services	DR	250,000					
				552000	Intrafund Transfer	DR	(1,060,000)					
				434000	State-Highway Users Tax	CR	(2,186,786)					
				491045	Other Refunds & Reimbursements	DR	92,000					
				493000	Reimb for Services Provided	DR	10,000	(1,575,825)	0	(1,575,825)		
					Request approval to adjust FY2020-2021 Proposed Budget to increase revenue and expenditures omitted during the budget process.							
13-15	370	Solid Waste Division	1580001	502010	Ins. Unemployment	DR	(415,406)	(415,406)	0	(415,406)		YES
					Request approval to adjust FY2020-2021 Proposed Budget to reflect actual expenditures for Loss Reserves Unemployment Insurance.							
13-16	370	Solid Waste Division	1580001	531040	Travel-Out of County Miscellaneous	DR	7,500	7,500	0	7,500		NO
					Request approval to increase appropriations for travel costs due to the Director of Public Works being tasked to attend the Rural Counties' Environmental Services Joint Powers Authority conferences, which are held five times a year in Sacramento, CA.							
13-17	370	Solid Waste Division	1580001	549005	Equipment-Vehicles	DR	70,000	70,000	0	70,000		NO
					Request approval to purchase one (1) Mechanic's Truck to replace a 26 year old 1994 model used to service and repair heavy equipment at the various solid waste sites throughout the county, which cannot be easily transported to the road yard for service and repair.							
13-18	370	Solid Waste Division	1580001	549005	Equipmet-Vehicles	DR	300,000	300,000	0	300,000		NO
					Request approval to purchase one (1) Bulldozer to replace a 1983 model that is non-compliant with 2020 Air Resources Air Resources Board (ARB) and Air Pollution Control District (APCD) Particulate Matter (PM-10) requirements							
13-19	370	Solid Waste Division	1580001	549005	Equipmet-Vehicles	DR	80,000	80,000	0	80,000		NO
					Request approval to purchase one (1) Water Truck to replace a 1991 Peterbilt model that is non-compliant with 2020 Air Resources Air Resources Board (ARB) and Air Pollution Control District (APCD) Particulate Matter (PM-10) requirements							
13-20	370	Solid Waste Division	1580001	549000	Equipment	DR	80,000	80,000	0	80,000		NO
					Request approval to purchase one (1) Scraper to replace a 1981 model that is non-compliant with 2020 Air Resources Air Resources Board (ARB) and Air Pollution Control District (APCD) Particulate Matter (PM-10) requirements							
13-21	370	Solid Waste Division	1580001	549005	Equipmet-Vehicles	DR	70,000	70,000	0	70,000		NO
					Request approval to purchase two (2) 3/4 Ton 4x2 Regular Pickup Trucks to replace a 1994 and 1996 model year pickup Trucks which are used throughout the county for staff to provide services at various solid waste sites.							

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUESTS  
FISCAL YEAR 2020-2021**

TAB NO.	BGT. PG.	BUDGET UNIT	ORG KEY	OBJECT CODE	AUGMENTATION REQUEST	DR/CR	DEPARTMENT		INCR(DECR) G.F.NET COST	NON-GNL FND SOURCE	CEO RECOMM.	
							AMOUNT	TOTAL			Gen. Fd.	Non-Gen.
13-22	363	Measure D LTA Road Funds	1824001	474005	Local Transportation Authority	CR	(2,250,000)	(2,250,000)	0	(2,250,000)		YES
					Request approval to adjust FY2020-2021 Proposed Budget to increase revenue omitted during the budget process.							
13-23	463	Niland County Sanitation District	5527001	514000	Phone Charges	DR	1,050					YES
				461005	C.Y. Special Assessments	CR	(1,050)	0	0	0		
					Request approval to increase appropriations for AT&T phone charges not included in 2020-21 Proposed Budget. Increase to be offset by Special Tax Assessments.							
13-24	463	Niland County Sanitation District	5527001	520025	Other Ops-Structures & Improvements	DR	960					YES
				461005	C.Y. Special Assessments	CR	(960)	0	0	0		
					Request approval to increase appropriations for an interactive cellular communication in order to monitor and ensure the facility and avoid burglary. This covers the monthly cost of \$79.97 fee for two (2) system Interactive Cellular Communication remote access capability and OWS Cloud Management. Increase to be offset by Special Tax Assessments.							
								(3,633,731)	0	(3,633,731)		
<b>SHERIFF-CORONER</b>												
14-1	378	Sheriff-Coroner	1024001	530080	Special Dept. Expense - Other	DR	400,000	400,000	400,000	0		NO
					Request approval of the Sheriff's Computer Replacement Program to purchase 210 desktop computers, 40 laptops, monitors and software. This would replace computers that have exceed their functional lifespan and are obsolete.							
14-2	381	HIDTA-LECC	1563004	514010	Internet Conections	DR	2,889					YES
				527000	Rents & Leases Equipment	DR	1,048					
				456040	Federal Aid	CR	(3,937)	0	0	0		
					Request approval to increase appropriations to cover increase to internet and rents and leases of equipment. Increase to be offset by grant funding through federal aid.							
14-3	408	Holtville Law Enforcement	1813001	514010	Uniform Allowance	DR	7,200					YES
				531005	Travel In Cnty County Car	DR	5,000					
				530080	Special Dept Expense - Other	CR	(12,200)	0	0	0		
					Request approval to increase appropriations for uniform allowance and travel-in-cnty county car. Increase to be offset within budget by reducing special department expenses.							

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUESTS  
FISCAL YEAR 2020-2021**

TAB NO.	BGT. PG.	BUDGET UNIT	ORG KEY	OBJECT CODE	AUGMENTATION REQUEST	DR/CR	DEPARTMENT		INCR(DECR) G.F.NET COST	NON-GNL FND SOURCE	CEO RECOMM.	
							AMOUNT	TOTAL			Gen. Fd.	Non-Gen.
14-4	427	Imperial Dispatch	1929001	501000	Permanent Salaries	DR	127,438					YES
				501135	Overtime	DR	12,744					
				501150	Social Security-Medicare	DR	2,032					
				502000	County Contrib. Retirement	DR	21,244					
				502015	Group Insurance	DR	46,833					
				502020	Ins. Dental/Vision	DR	3,560					
				502040	Retirement-Pension Bond	DR	7,035					
				502045	Retirement-Health Plan	DR	9,813					
				525070	Overhead Charges	DR	10,642					
				484065	Dispatch Services	CR	(241,341)	0	0	0		
					Request approval to establish a budget for Org Key 1929 not included in the FY2020-2021 Proposed Budget during the budget process.							
					Expenses are covered through dispatch services provided.							
								400,000	400,000	0		
<b>WORKFORCE &amp; ECONOMIC DEVELOPMENT</b>												
15-1	300	El Centro Ambulatory Care Center	1917001	530005	Special Dept Expense	DR	(315,554)	(315,554)	0	(315,554)		YES
					Request approval to adjust FY2020-2021 Proposed Budget to reduce special department expense and reflect actual expenditures.							
								(315,554)	0	(315,554)		
<b>TOTALS:</b>												
TOTAL AUGMENTATIONS -- ALL FUNDS								(1,023,192)				
TOTAL AUGMENTATIONS -- GENERAL FUND NET COST INCREASE (DECREASE)									326,602			
TOTAL AUGMENTATIONS -- NON-GENERAL FUND NET COST INCREASE (DECREASE)										(1,349,794)		
<b>CEO RECOMMENDED AUGMENTATIONS:</b>												
TOTAL RECOMMENDED AUGMENTATIONS								(4,832,358)				
TOTAL RECOMMENDED AUGMENTATIONS -- GENERAL FUND NET COST INCREASE (DECREASE)									(625,238)			
TOTAL RECOMMENDED AUGMENTATIONS -- NON-GENERAL FUND NET COST INCREASE (DECREASE)										(4,207,120)		

## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

# 1-1

### SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION

Budget Unit Name: Ag Commissioner Budget Unit Org Key: 1031001  
 Department Name: Ag Commissioner  
 Contact Name: Carlos Ortiz Phone No. (442) 265-1500

Name of Augmentation Request: Advancement of Underhire Eight (8) Agricultural Biologist/Standard Specialists.  
See Attached Details and Calculations)

Budget Unit Priority Ranking: 1

### SECTION 2: JUSTIFICATION

Justification Reason: (Mark One)

- Program Expansion  
 New Program  
 Improve Service Quality  
 Reorganization  
 Other

Completions of contracted/fee based work.

### SECTION 3: JUSTIFICATION NARRATIVE

Ag. Commissioner has 18 funded Ag Biologist III and 2 Limited Term Ag Biologist I. Of those, 8 are currently under-hires.

There are 8 Biologists who may qualify through state licensing exams to advance to Ag Biologist II or III levels in FY2020-21. Advancing will allow them to work more independently, perform higher-level duties, make enforcement decisions, and sign official documents. Per County Ordinance, underhire advancements are not promotions. Rather employees are underhired as trainees only if they are not already qualified to be hired as an Ag Biologist III, and when they have the qualifications, they are advanced to the appropriate level.

### SECTION 4: REQUEST DETAIL

<b>Cost by Category</b>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000	\$ 12,137	
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	\$ 176	
County Contrib. Retirement	502000	\$ 2,135	
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040	\$ 627	
Retirement-Health Plan	502045	\$ 1,011	
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		<b>\$ 16,086</b>	

## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

### SECTION 4: REQUEST DETAIL

<b>Cost by Category</b>			Ongoing Expense
Supplies & Services: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Equipment: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Other: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

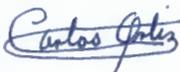
<b>Revenue</b>			Ongoing Revenue	
Sources:(List)	Object Code Description	Object Code	Amount for FY 2020-2021	Yes "X"
State Aid PUE		440000	8,000	
State Aid Ag		440005	8,086	
	<b>Total</b>		<b>\$ 16,086</b>	
	<b>Net County Cost</b>		<b>\$ 0</b>	

Additional Comments or Explanations

--

### SECTION 5: DEPARTMENT HEAD CERTIFICATION

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.



Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**1-2**

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: Agricultural Commissioner Budget Unit Org Key: 1031001  
 Department Name: Agricultural Commissioner  
 Contact Name: Carlos Ortiz Phone No. (442) 265-1500

Name of Augmentation Request: Fund one (1) Agricultural Biologist/Standards Specialist III - LT

Budget Unit Priority Ranking: 1

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

Program Expansion  
 New Program  
 Improve Service Quality  
 Reorganization  
 Other

**SECTION 3: JUSTIFICATION NARRATIVE**

New programs and agreements have been added to the Agricultural Commissioner's Office annual workload.  
 Adding and funding 1 additional Agricultural Biologist/Standards Specialist III-UH is necessary to meet the requirements and mandated duties designed in the new and added programs.

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			<b>Ongoing Expense</b>
<b>Salaries &amp; Benefits:</b>	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
Permanent Salaries	501000	\$ 32,034	
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	\$ 465	
County Contrib. Retirement	502000	\$ 5,635	
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015	\$ 6,357	
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040	\$ 1,656	
Retirement-Health Plan	502045	\$ 2,668	
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		<b>\$ 48,815</b>	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
<b>Supplies &amp; Services: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Equipment: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Other: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Revenue</b>			Ongoing Revenue	
<b>Sources:(List)</b>	Object Code Description	Object Code	Amount for FY 2020-2021	Yes "X"
State Aid Agriculture		440005	48,815	X
<b>Total</b>			<b>\$ 48,815</b>	
<b>Net County Cost</b>			<b>\$ 0</b>	

**Additional Comments or Explanations**

The added programs will be renewed annually and paid through California Department of Food and Agriculture agreements.

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

*Carlos J. Torres*

Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input type="checkbox"/> Recommended <input checked="" type="checkbox"/> Not Recommended	<i>Aguiar</i>
<i>Department will be taking this item to the board at a later time.</i>		



Office of the  
**Agricultural Commissioner**  
**Sealer of Weights & Measures**

Carlos Ortiz  
Agricultural Commissioner  
Sealer of Weights & Measures

Jolene Dessert  
Asst. Agricultural Commissioner  
Asst. Sealer of Weights & Measures

## MEMO

July 29, 2020

To: Tony Rouhotas Jr., Executive Officer

From: Carlos Ortiz, Agricultural Commissioner

Re: Justification for FY 20-21 Appendix K – Fund one (1) Agricultural Biologist/Standards Specialist III – UH

This fiscal year we have two new agreements with the California Department of Food and Agriculture (CDFA). One is a Weed Agreement for \$40,000.00 and the other is a Standardization Agreement for \$10,984.00. By accepting the agreements, our workload has increased for current staff thereby reducing necessary staff for other programs.

Funding one (1) of our unfunded Agricultural Biologist/Standards Specialist III – UH positions will allow us to meet our Agreements, collect revenues, and meet our Maintenance of Effort with CDFA to receive our annual Unclaimed Gas Tax which totals more than \$600,000 each FY.

Please consider funding this position as a permanent or limited term option.

Thank you.

## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

### SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION

Budget Unit Name: ASSESSOR Budget Unit Org Key: 1008001  
 Department Name: ASSESSOR  
 Contact Name: JACK DUNNAM/ROSELLA SALGADO Phone No. (442) 265-1331

Name of Augmentation Request: EMPLOYEE NUMBER: 182036  
PROMOTION FROM APPRAISER I TO APPRAISER II

Budget Unit Priority Ranking: \_\_\_\_\_

### SECTION 2: JUSTIFICATION

Justification Reason: (Mark One)

- Program Expansion
- New Program
- Improve Service Quality
- Reorganization
- Other Promotion

### SECTION 3: JUSTIFICATION NARRATIVE

Request for funding for a promotion of one appraiser from Appraiser I, (Trainee) to Appraiser II for the 2020-2021 FY. This incumbent will have the one full year of service required for eligibility for promotion in the Appraiser job series. Hiring and retaining experienced appraisers is a challenge for our office. By developing staff from within the Assessor's Office it has proven to be a successful alternative to hiring from the private sector, especially concerning appraiser retention. Just as important an Appraiser II, can because of training, experience and higher a job classification, be assigned more complex properties. We have a shortage of experienced appraisers who have the qualifications to appraise those properties.

### SECTION 4: REQUEST DETAIL

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000	\$ 1,892	X
Shift Differential	501105		
Extra Help	501115	(\$ 2,599)	
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	\$ 27	X
County Contrib. Retirement	502000	\$ 424	X
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040	\$ 98	X
Retirement-Health Plan	502045	\$ 158	X
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		<b>\$ 0</b>	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
Supplies & Services: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Equipment: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Other: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

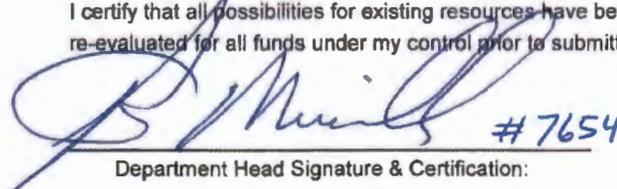
<b>Revenue</b>			Ongoing Revenue
Sources:(List)	Object Code Description	Object Code	Amount for FY 2020-2021
<b>Total</b>		<b>\$ 0</b>	
<b>Net County Cost</b>		<b>\$ 0</b>	

**Additional Comments or Explanations**

Transferring funds from Extra Help will offset any cost to the general fund, this is budget neutral request.  
Requested amount of \$2,599

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

 #7654  
Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: ASSESSOR Budget Unit Org Key: 1008001  
 Department Name: ASSESSOR  
 Contact Name: JACK DUNNAM/ROSELLA SALGADO Phone No. (442) 265-1331

Name of Augmentation Request: EMPLOYEE NUMBER: 199991  
PROMOTION FROM APPRAISER I TO APPRAISER II

Budget Unit Priority Ranking: \_\_\_\_\_

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

- Program Expansion  
 New Program  
 Improve Service Quality  
 Reorganization  
 Other

Promotions

**SECTION 3: JUSTIFICATION NARRATIVE**

Request for funding for a promotion of one appraiser from Appraiser I, (Trainee) to Appraiser II for the 2020-2021 FY. This incumbent will have the one full year of service required for eligibility for promotion in the Appraiser job series. Hiring and retaining experienced appraisers is a challenge for our office. By developing staff from within the Assessor's Office it has proven to be a successful alternative to hiring from the private sector, especially concerning appraiser retention. Just as important an Appraiser II, can because of training, experience and higher a job classification, be assigned more complex properties. We have a shortage of experienced appraisers who have the qualifications to appraise those properties.

**SECTION 4: REQUEST DETAIL**

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000	\$ 4,389	X
Shift Differential	501105		
Extra Help	501115	(\$ 5,818)	X
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	\$ 63	X
County Contrib. Retirement	502000	\$ 773	X
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		X
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040	\$ 227	X
Retirement-Health Plan	502045	\$ 366	X
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		<b>\$ 0</b>	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			<b>Ongoing Expense</b>
<b>Supplies &amp; Services: (List)</b>	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
<b>Total</b>		<b>\$ 0</b>	

<b>Equipment: (List)</b>	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
<b>Total</b>		<b>\$ 0</b>	

<b>Other: (List)</b>	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
<b>Total</b>		<b>\$ 0</b>	

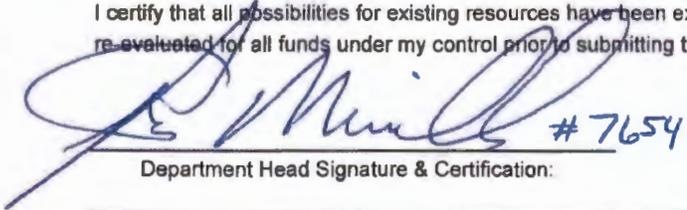
<b>Revenue</b>			<b>Ongoing Revenue</b>	
<b>Sources:(List)</b>	<b>Object Code Description</b>	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
<b>Total</b>			<b>\$ 0</b>	
<b>Net County Cost</b>			<b>\$ 0</b>	

**Additional Comments or Explanations**

Transferring funds from Extra Help will offset any cost to the general fund, this is budget neutral request.  
Requested amount of \$5,818.

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

 # 7654  
Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input checked="" type="checkbox"/> Recommended	
	<input type="checkbox"/> Not Recommended	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: ASSESSOR Budget Unit Org Key: 1008001  
 Department Name: ASSESSOR  
 Contact Name: JACK DUNNAM/ROSELLA SALGADO Phone No. (442) 265-1331

Name of Augmentation Request: EMPLOYEE NUMBER: 163678  
PROMOTION FROM APPRAISER II TO APPRAISER III

Budget Unit Priority Ranking: \_\_\_\_\_

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

Program Expansion  
 New Program  
 Improve Service Quality  
 Reorganization  
 Other Promotion

**SECTION 3: JUSTIFICATION NARRATIVE**

Request funding for a promotion of an appraiser from Appraiser II to Appraiser III for the 2020-2021 FY. This incumbent will have the service time, education and experience to be eligible for promotion within the Appraiser job series. Hiring and retaining experienced appraisers has been a challenge for the our office. Developing staff from within the Assessor's Office has proven to be a successful alternative to hiring from the private sector, especially concerning appraiser retention. Just as improtant an Appraiser III becasure of a higher job descripton be assigned the more complex and difficult properties. We have a shortage of experienced appraisers who have the qualifications to appraise those properties.

**SECTION 4: REQUEST DETAIL**

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000	\$ 3,000	X
Shift Differential	501105		
Extra Help	501115	(\$ 4,121)	
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	\$ 43	X
County Contrib. Retirement	502000	\$ 672	X
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		X
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040	\$ 155	X
Retirement-Health Plan	502045	\$ 251	X
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		<b>\$ 0</b>	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
Supplies & Services: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Equipment: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

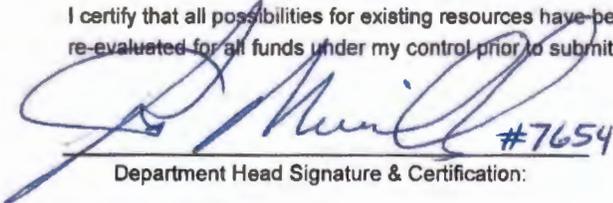
Other: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Revenue</b>			Ongoing Revenue	
Sources:(List)	Object Code Description	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>			<b>\$ 0</b>	
<b>Net County Cost</b>			<b>\$ 0</b>	

**Additional Comments or Explanations**  
 Transferring funds from Extra Help will offset any cost to the general fund, this a budget neutral request.  
 Requested amount of \$4,121.

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

 #7654  
 Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input checked="" type="checkbox"/>	Recommended	
	<input type="checkbox"/>	Not Recommended	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**2-4**

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: Assessor Geographic Budget Unit Org Key: 1008002  
 Department Name: Assessor  
 Contact Name: Jack Dunnam/Rosella Salgado Phone No. (442) 265-1331  
 Name of Augmentation Request: Adjust Proposed Buduget FY2020-2021

Budget Unit Priority Ranking: \_\_\_\_\_

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)  Program Expansion  
 New Program  
 Improve Service Quality  
 Reorganization  
 Other

**SECTION 3: JUSTIFICATION NARRATIVE**

Request approval to adjust FY2020-2021 Proposed Budget to reflect expenditures in proper object code.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
	Object Code	Amount for FY 2020-2021	Yes "X"
Salaries & Benefits:			
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150		
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		<b>\$ 0</b>	



## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

### SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION

Budget Unit Name: Auditor-Controller Budget Unit Org Key: 1006001  
 Department Name: Auditor-Controller  
 Contact Name: Josue Mercado Phone No. (442) 265-1277

Name of Augmentation Request: Professional & Special Services, Travel, Cell Phone, Training, Membership

Budget Unit Priority Ranking: 1

### SECTION 2: JUSTIFICATION

Justification Reason: (Mark One)

- Program Expansion
- New Program
- Improve Service Quality
- Reorganization
- Other

### SECTION 3: JUSTIFICATION NARRATIVE

Due to increases in contracts with vendors we are needing to increase our Professional & Specialized services. We also need to increase our training and travel expense line items in order to receive vital training to keep up with legislative and systems upgrades.

We are requesting the Cell Phone increase due to telecommuting for our managers, they were no longer allowed to get their emails on their personal phones.

### SECTION 4: REQUEST DETAIL

<b>Cost by Category</b>			<b>Ongoing Expense</b>
<b>Salaries &amp; Benefits:</b>	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150		
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>			<b>\$ 0</b>

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
Supplies & Services: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
Communications Cell Phones	514015	2,000	x
Memberships	522000	50	x
Professional & Special Service	525010	37,165	x
Spec Dept Exp - Training	530000	13,250	x
Travel Out of Cnty Misc	531040	6,500	x
<b>Total</b>		<b>\$ 58,965</b>	

Equipment: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Other: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

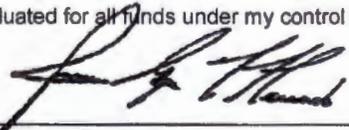
<b>Revenue</b>			Ongoing Revenue
Sources:(List)	Object Code Description	Object Code	Amount for FY 2020-2021
	<b>Total</b>		<b>\$ 0</b>
	<b>Net County Cost</b>		<b>\$ 58,965</b>

**Additional Comments or Explanations**

These expenses will be offset by the Cost Plan all Auditor-Controller expenses are distributed to all org keys. The majority will be funded by non-general fund departments.

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

  
 \_\_\_\_\_  
 Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input type="checkbox"/> Recommended <input checked="" type="checkbox"/> Not Recommended	

## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

### SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION

Budget Unit Name: Auditor-Controller Budget Unit Org Key: 1006001  
 Department Name: Auditor-Controller  
 Contact Name: Josue Mercado Phone No. (442) 285-1277

Name of Augmentation Request: Fund two (2) current unfunded Senior Accountant Auditor positions

Budget Unit Priority Ranking: 1

### SECTION 2: JUSTIFICATION

Justification Reason: (Mark One)

- Program Expansion
- New Program
- Improve Service Quality
- Reorganization
- Other

### SECTION 3: JUSTIFICATION NARRATIVE

In order to enhance departmental oversight we are requesting to fund the two unfunded Sr. Accountant Auditor positions. These positions are necessary in order to meet our strategic goals and to protect the funds of the County.

### SECTION 4: REQUEST DETAIL

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000	\$ 77,733	x
Shift Differential	501105		
Extra Help	501115		x
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	\$ 1,127	x
County Contrib. Retirement	502000	\$ 13,673	x
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015	\$ 12,588	x
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040	\$ 4,019	x
Retirement-Health Plan	502045	\$ 6,475	x
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		<b>\$ 115,615</b>	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
Supplies & Services: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	x

Equipment: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

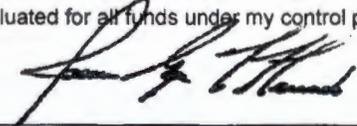
Other: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Revenue</b>				Ongoing Revenue	
Sources:(List)	Object Code	Description	Object Code	Amount for FY 2020-2021	Yes "X"
		<b>Total</b>		<b>\$ 0</b>	
<b>Net County Cost</b>				<b>\$ 115,615</b>	

**Additional Comments or Explanations**  
 These expenses will be offset by the Cost Plan all Auditor-Controller expenses are distributed to all org keys. The majority will be funded by non-general fund departments.

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

  
 \_\_\_\_\_  
 Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input type="checkbox"/> Recommended	
	<input checked="" type="checkbox"/> Not Recommended	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**3-3**

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: Auditor-Controller Budget Unit Org Key: 1006001  
 Department Name: Auditor-Controller  
 Contact Name: Josue Mercado Phone No. (442) 265-1277

Name of Augmentation Request: Increase Extra Help

Budget Unit Priority Ranking: 1

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

Program Expansion  
 New Program  
 Improve Service Quality  
 Reorganization  
 Other

**SECTION 3: JUSTIFICATION NARRATIVE**

We are also asking to increase our Extra-Help budget in order to have enough staff to meet the Counties needs.  
 This is to fund our current extra help Student Assistant and Account Clerk I at 1096 hours.

**SECTION 4: REQUEST DETAIL**

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115	\$ 17,346	x
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	\$ 252	x
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		<b>\$ 17,598</b>	



## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

### SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION

Budget Unit Name: Social Services Auditor's Dept Budget Unit Org Key: 1048001  
 Department Name: Auditor-Controller  
 Contact Name: Josue Mercado Phone No. (442) 265-1277

Name of Augmentation Request: Fund Account Clerk III position at 100%

Budget Unit Priority Ranking: 1

### SECTION 2: JUSTIFICATION

Justification Reason: (Mark One)

- Program Expansion
- New Program
- Improve Service Quality
- Reorganization
- Other Position funded at 75%

### SECTION 3: JUSTIFICATION NARRATIVE

We are requesting that the Account Clerk III position be funded 100% at step B. The position has been filled by an inter department transfer and the employee is already working in the position.

### SECTION 4: REQUEST DETAIL

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000	\$ 8,631	x
Shift Differential	501105		
Extra Help	501115		x
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	\$ 125	x
County Contrib. Retirement	502000	\$ 2,756	x
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040	\$ 446	x
Retirement-Health Plan	502045	\$ 719	x
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		<b>\$ 12,677</b>	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
Supplies & Services: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Equipment: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

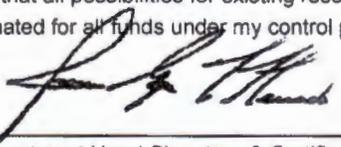
Other: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Revenue</b>			Ongoing Revenue	
Sources:(List)	Object Code Description	Object Code	Amount for FY 2020-2021	Yes "X"
Social Services		552000	12,677	x
<b>Total</b>			<b>\$ 12,677</b>	
<b>Net County Cost</b>			<b>\$ 0</b>	

Additional Comments or Explanations  
 These expenses are covered by Social Services

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.



Department Head Signature & Certification:

<p><b>CEO Recommended Action:</b></p> <p> <input type="checkbox"/> Recommended  <input checked="" type="checkbox"/> Not Recommended         </p> <p align="right"><i>[Signature]</i></p>

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**4-1**

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: Cooperative Extension Budget Unit Org Key: 1055001  
 Department Name: Cooperative Extension  
 Contact Name: Oli Bachie or Trish Burich-McNeece Phone No. (442) 265-7700  
 Name of Augmentation Request: Increase in allocations for in county car travel.

Budget Unit Priority Ranking: 1

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)  Program Expansion  
 New Program  
 Improve Service Quality  
 Reorganization  
 Other More outreach & research activities

**SECTION 3: JUSTIFICATION NARRATIVE**

Once the COVID-19 restrictions are lifted and staff returns to doing business as usual, the CalFresh and 4-H staff will be doing more outreach with different segments of our communities. Research is also being conducted at the far ends of the County, from Westmorland to Palo Verde so there is more driving going on,  
 \*\*\*With basically two months left in the 2019-2020 FY, it appears that we will exceed this year's allocation of \$17,600.

**SECTION 4: REQUEST DETAIL**

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150		
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>			<b>\$ 0</b>

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
<b>Supplies &amp; Services: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
Travel-In Cnty County Car	531005	7,400	
<b>Total</b>		<b>\$ 7,400</b>	

<b>Equipment: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Other: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Revenue</b>			Ongoing Revenue	
<b>Sources:(List)</b>	Object Code Description	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>			<b>\$ 0</b>	
<b>Net County Cost</b>			<b>\$ 7,400</b>	

Additional Comments or Explanations

--

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

**Oli Bachie**      Digitally signed by Oli Bachie  
 Date: 2020.04.16 09:10:40  
 -07'00'

Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input type="checkbox"/> Recommended <input checked="" type="checkbox"/> Not Recommended	

## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

### SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION

Budget Unit Name: County Counsel Budget Unit Org Key: 1011001  
 Department Name: County Counsel  
 Contact Name: Adam G. Crook Phone No. \_\_\_\_\_

Name of Augmentation Request: Create Legal Office Supervisor III-Confidential classification and appoint employee #171115 upon approval by the Board of Supervisors

Budget Unit Priority Ranking: High

### SECTION 2: JUSTIFICATION

Justification Reason: (Mark One)

- Program Expansion
- New Program
- Improve Service Quality
- Reorganization
- Other \_\_\_\_\_

### SECTION 3: JUSTIFICATION NARRATIVE

The office of County Counsel assumed responsibility for the Indigent Defense Program from the Imperial County Superior Court in 2012. The Legal Office Supervisor II-Confidential position has the added duties of managing and overseeing this \$1,000,000 budget. This includes coordination with all Level II and Level II attorneys in the community, billing of state prison cases and approval of ancillary services requests. In addition, this position prepares the budget for County Counsel. Additionally, this position monitors multiple trust accounts for CEQA litigation. I am requesting to create the Legal Office Supervisor III-Confidential position and appoint the current Legal Office Supervisor II-Confidential to the new position.

### SECTION 4: REQUEST DETAIL

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000	\$ 4,848	
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	\$ 70	
County Contrib. Retirement	502000	\$ 1,085	
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040	\$ 251	
Retirement-Health Plan	502045	\$ 404	
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		<b>\$ 6,658</b>	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
Supplies & Services: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Equipment: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Other: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Revenue</b>			Ongoing Revenue
Sources:(List)	Object Code Description	Object Code	Amount for FY 2020-2021
Other Refunds & Reimbursements		491045	\$ 6,658
<b>Total</b>			<b>\$ 6,658</b>
<b>Net County Cost</b>			<b>\$ 0</b>

Additional Comments or Explanations

--

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.



Digitally signed by Adam G. Crook  
Date: 2020.07.31 13:58:35 -07'00'

Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input type="checkbox"/> Recommended <input checked="" type="checkbox"/> Not Recommended	

## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

### SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION

Budget Unit Name: COUNTY COUNSEL Budget Unit Org Key: 1011001  
 Department Name: COUNTY COUNSEL  
 Contact Name: ADAM G. CROOK Phone No. \_\_\_\_\_

Name of Augmentation Request: Promote two (2) underhired Deputy County Counselors to the next level in the series as they meet the qualifications.

Budget Unit Priority Ranking: HIGH

### SECTION 2: JUSTIFICATION

Justification Reason: (Mark One)

- Program Expansion
- New Program
- Improve Service Quality
- Reorganization
- Other \_\_\_\_\_

### SECTION 3: JUSTIFICATION NARRATIVE

The Office of County Counsel has struggled to retain qualified Deputy County Counsel attorneys in the past due to other Counties offering higher salaries and better benefit packages. It is in the best interest of Imperial County to approve this budget augmentation request to promote the underhired attorneys. This augmentation request would greatly assist this department in retaining experienced attorneys who have excelled in performing their assigned duties. This office has historically promoted underhired attorneys as they achieve the qualifications of the next step in the Deputy County Counsel series.

### SECTION 4: REQUEST DETAIL

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000	\$ 34,962	x
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	\$ 508	x
County Contrib. Retirement	502000	\$ 6,150	x
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040	\$ 1,808	x
Retirement-Health Plan	502045	\$ 2,912	x
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		<b>\$ 46,340</b>	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
Supplies & Services: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Equipment: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Other: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Revenue</b>			Ongoing Revenue
Sources:(List) Object Code Description	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	
<b>Net County Cost</b>		<b>\$ 46,340</b>	

Additional Comments or Explanations

--

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.



Digitally signed by Adam G. Crook  
Date: 2020.07.31 08:38:31 -07'00'

Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input type="checkbox"/> Recommended <input checked="" type="checkbox"/> Not Recommended	 Pending discussion with Board of Supervisors.

## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

# 6-1

### SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION

Budget Unit Name: DISTRICT ATTORNEY GENERAL Budget Unit Org Key: 1020001  
 Department Name: DISTRICT ATTORNEY  
 Contact Name: JOSE M. FLORES Phone No. (442) 265-1225

Name of Augmentation Request: Request to increase Stipend Line Item #501140 and Bonus Line Item #501141

Budget Unit Priority Ranking: 1

### SECTION 2: JUSTIFICATION

Justification Reason: (Mark One)

- Program Expansion  
 New Program  
 Improve Service Quality  
 Reorganization  
 Other

### SECTION 3: JUSTIFICATION NARRATIVE

See attached justification

### SECTION 4: REQUEST DETAIL

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150		
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
Stipend	501140	\$ 7,500	
Bonus	501141	\$ 5,000	
<b>Total</b>		<b>\$ 12,500</b>	



**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**6-2**

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: DISTRICT ATTORNEY GENERAL Budget Unit Org Key: 1020001  
 Department Name: DISTRICT ATTORNEY  
 Contact Name: JOSE M. FLORES Phone No. (442) 265-1225

Name of Augmentation Request: Request to fund existing Deputy District Attorney IV allocation.  
Request to fund existing Legal Office Assistant II allocation.

Budget Unit Priority Ranking: 1

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

- Program Expansion
- New Program
- Improve Service Quality
- Reorganization
- Other

**SECTION 3: JUSTIFICATION NARRATIVE**

Please see attached justification.

---



---



---



---



---

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000	\$ 129,271	
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	\$ 1,874	
County Contrib. Retirement	502000	\$ 22,739	
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015	\$ 31,628	
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040	\$ 6,683	
Retirement-Health Plan	502045	\$ 10,768	
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		<b>\$ 202,963</b>	



**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**6-3**

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: DISTRICT ATTORNEY GENERAL Budget Unit Org Key: 1020001  
 Department Name: DISTRICT ATTORNEY  
 Contact Name: JOSE M. FLORES Phone No. (442) 265-1225

Name of Augmentation Request: Requesting funding to provide range increases for five (5) Under Hire Deputy District Attorneys.

Budget Unit Priority Ranking: 1

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

- Program Expansion
- New Program
- Improve Service Quality
- Reorganization
- Other

**SECTION 3: JUSTIFICATION NARRATIVE**

Please see attached justification.

---



---



---



---

**SECTION 4: REQUEST DETAIL**

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000	\$ 26,826	
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	\$ 390	
County Contrib. Retirement	502000	\$ 4,718	
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040	\$ 1,388	
Retirement-Health Plan	502045	\$ 2,234	
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		<b>\$ 35,556</b>	

## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

### SECTION 4: REQUEST DETAIL

<b>Cost by Category</b>			Ongoing Expense
Supplies & Services: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Equipment: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Other: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Revenue</b>			Ongoing Revenue
Sources:(List) Object Code Description	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	
<b>Net County Cost</b>		<b>\$ 35,556</b>	

Additional Comments or Explanations

--

### SECTION 5: DEPARTMENT HEAD CERTIFICATION

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

  
 \_\_\_\_\_  
 Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input type="checkbox"/> Recommended <input checked="" type="checkbox"/> Not Recommended	 Pending discussion with Board of Supervisors.

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**6-4**

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: DISTRICT ATTORNEY GENERAL Budget Unit Org Key: 1020001  
 Department Name: DISTRICT ATTORNEY  
 Contact Name: JOSE M. FLORES Phone No. (442) 265-1225

Name of Augmentation Request: Requesting funding to provide range increases for two (2) Under Hire Deputy District Attorney IV to Deputy District Attorneys V.

Budget Unit Priority Ranking: 1

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

- Program Expansion
- New Program
- Improve Service Quality
- Reorganization
- Other

**SECTION 3: JUSTIFICATION NARRATIVE**

Please see attached justification.

**SECTION 4: REQUEST DETAIL**

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000	\$ 6,818	
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	\$ 99	
County Contrib. Retirement	502000	\$ 1,199	
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040	\$ 352	
Retirement-Health Plan	502045	\$ 568	
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		<b>\$ 9,036</b>	

## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

### SECTION 4: REQUEST DETAIL

<b>Cost by Category</b>			Ongoing Expense
<b>Supplies &amp; Services: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Equipment: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Other: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Revenue</b>			Ongoing Revenue	
<b>Sources:(List)</b>	Object Code Description	Object Code	Amount for FY 2020-2021	Yes "X"
	<b>Total</b>		<b>\$ 0</b>	
	<b>Net County Cost</b>		<b>\$ 9,036</b>	

Additional Comments or Explanations

--

### SECTION 5: DEPARTMENT HEAD CERTIFICATION

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

  
 Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input type="checkbox"/> Recommended <input checked="" type="checkbox"/> Not Recommended
<i>Pending discussion with Board of Supervisors.</i>	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

# 6-5

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: DISTRICT ATTORNEY GENERAL Budget Unit Org Key: 1020001  
 Department Name: DISTRICT ATTORNEY  
 Contact Name: JOSE M. FLORES Phone No. EXT: 1225

Name of Augmentation Request: Requesting funding to provide range increases for two (2) Under Hire District Attorneys Investigators.

Budget Unit Priority Ranking: 1

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

Program Expansion  
 New Program  
 Improve Service Quality  
 Reorganization  
 Other

**SECTION 3: JUSTIFICATION NARRATIVE**

On June 28, 2016, the Board of Supervisors approved the establishment of a District Attorney Investigator I and a District Attorney Investigator II classification to replace the current single level District Attorney Investigator classification. Therefore, the District Attorney is requesting approval of the Budget Augmentation to grant the range increase. This action would assist the District Attorney to maintain experienced investigators who have demonstrated the ability to perform their duties effectively.

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
	Object Code	Amount for FY 2020-2021	Yes "X"
Salaries & Benefits:			
Permanent Salaries	501000	\$ 4,041	
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	\$ 59	
County Contrib. Retirement	502000	\$ 1,287	
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040	\$ 168	
Retirement-Health Plan	502045	\$ 336	
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		<b>\$ 5,891</b>	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
Supplies & Services: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Equipment: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Other: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Revenue</b>			Ongoing Revenue
Sources:(List) Object Code Description	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	
<b>Net County Cost</b>		<b>\$ 5,891</b>	

Additional Comments or Explanations

--

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

  
 \_\_\_\_\_  
 Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input type="checkbox"/> Recommended <input checked="" type="checkbox"/> Not Recommended
<p align="center"><i>Pending discussion with Board of Supervisors.</i></p>	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**6-6**

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: HUMAN EXPLOITATION Budget Unit Org Key: 1069001  
 Department Name: DISTRICT ATTORNEY  
 Contact Name: JOSE M. FLORES Phone No. (442) 265-1225

Name of Augmentation Request: Request to increase Stipend Line Item #501140 & Bonus Line Item #501141

Budget Unit Priority Ranking: 1

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

- Program Expansion
- New Program
- Improve Service Quality
- Reorganization
- Other

**SECTION 3: JUSTIFICATION NARRATIVE**

See attached justification

**SECTION 4: REQUEST DETAIL**

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150		
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
Stipend	501140	⌘ 500	
Bonus	501141	\$ 5,000	
<b>Total</b>		<b>\$ 5,500</b>	

## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

### SECTION 4: REQUEST DETAIL

<b>Cost by Category</b>			Ongoing Expense
Supplies & Services: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Equipment: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Other: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
1069001	501140	500	
1069001	501141	5,000	
<b>Total</b>		<b>\$ 5,500</b>	

<b>Revenue</b>			Ongoing Revenue	
Sources:(List)	Object Code Description	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>			<b>\$ 0</b>	
<b>Net County Cost</b>			<b>\$ 5,500</b>	

Additional Comments or Explanations

--

### SECTION 5: DEPARTMENT HEAD CERTIFICATION

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

  
 \_\_\_\_\_  
 Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input type="checkbox"/> Recommended <input checked="" type="checkbox"/> Not Recommended	 <i>Expenses will be paid out of existing budget.</i>

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**6-7**

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: HIDTA Budget Unit Org Key: 1524001  
 Department Name: DISTRICT ATTORNEY  
 Contact Name: JOSE M. FLORES Phone No. (442) 265-1225  
 Name of Augmentation Request: Request to increase Stipend Line Item #501140  
 Budget Unit Priority Ranking: 1

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

- Program Expansion
- New Program
- Improve Service Quality
- Reorganization
- Other

**SECTION 3: JUSTIFICATION NARRATIVE**

See attached justification

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150		
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
Stipend	501140	\$ 1,000	
<b>Total</b>		<b>\$ 1,000</b>	

COUNTY OF IMPERIAL
BUDGET AUGMENTATION REQUEST

SECTION 4: REQUEST DETAIL

Table with 4 columns: Cost by Category, Object Code, Amount for FY 2020-2021, Ongoing Expense. Row 1: Supplies & Services: (List), Object Code, Amount for FY 2020-2021, Yes "X". Total: \$ 0.

Table with 4 columns: Equipment: (List), Object Code, Amount for FY 2020-2021, Ongoing Expense. Total: \$ 0.

Table with 4 columns: Other: (List), Object Code, Amount for FY 2020-2021, Ongoing Expense. Row 1: 1020001, 501140, 1,000, Yes "X". Total: \$ 1,000.

Table with 4 columns: Revenue, Object Code, Amount for FY 2020-2021, Ongoing Revenue. Total: \$ 0. Net County Cost: \$ 1,000.

Additional Comments or Explanations

SECTION 5: DEPARTMENT HEAD CERTIFICATION

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

Department Head Signature & Certification: [Handwritten Signature]

CEO Recommended Action: [Checked] Recommended [ ] Not Recommended. Expenses will be paid out of existing budget. [Handwritten Signature]

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**6-8**

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: HIDTA Budget Unit Org Key: 1524001  
 Department Name: DISTRICT ATTORNEY  
 Contact Name: JOSE M. FLORES Phone No. (442) 265-1225

Name of Augmentation Request: Requesting to convert an existing Deputy District Attorney IV allocation to Deputy District Attorney V.

Budget Unit Priority Ranking: 1

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

Program Expansion  
 New Program  
 Improve Service Quality  
 Reorganization  
 Other

**SECTION 3: JUSTIFICATION NARRATIVE**

Please see attached justification.

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			<b>Ongoing Expense</b>
<b>Salaries &amp; Benefits:</b>	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
Permanent Salaries	501000	\$ 4,762	
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	\$ 69	
County Contrib. Retirement	502000	\$ 838	
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040	\$ 246	
Retirement-Health Plan	502045	\$ 397	
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		<b>\$ 6,312</b>	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
Supplies & Services: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Equipment: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Other: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Revenue</b>			Ongoing Revenue
Sources:(List)	Object Code Description	Object Code	Amount for FY 2020-2021
1524001		456040	6,312
<b>Total</b>			<b>\$ 6,312</b>
<b>Net County Cost</b>			<b>\$ 6,312</b>

Additional Comments or Explanations

--

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

  
 \_\_\_\_\_  
 Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input type="checkbox"/> Recommended <input checked="" type="checkbox"/> Not Recommended
Pending discussion with Board of Supervisors.	

## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

### SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION

Budget Unit Name: Dist Atty State Asset Forfeiture Budget Unit Org Key: 1655001  
 Department Name: District Attorney  
 Contact Name: Ivonne Peraza Phone No. (442) 265-1226

Name of Augmentation Request: Adjust Proposed Budget FY2020-2021

Budget Unit Priority Ranking: \_\_\_\_\_

### SECTION 2: JUSTIFICATION

Justification Reason: (Mark One)

- Program Expansion
- New Program
- Improve Service Quality
- Reorganization
- Other

### SECTION 3: JUSTIFICATION NARRATIVE

Request approval to adjust FY2020-2021 Proposed Budget to increase appropriations for transfers-out not included during the budget process. This increase will allow the reimbursement to other budget units for overtime expenses.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SECTION 4: REQUEST DETAIL

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150		
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>			<b>\$ 0</b>

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<i>Cost by Category</i>			Ongoing Expense
Supplies & Services: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Equipment: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

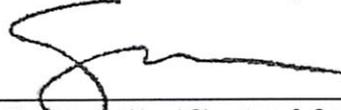
Other: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
Transfers-Out	552085	20,000	
<b>Total</b>		<b>\$ 20,000</b>	

<b>Revenue</b>			Ongoing Revenue
Sources:(List) Object Code Description	Object Code	Amount for FY 2020-2021	Yes "X"
Budgetary Transfers	552075	20,000	
<b>Total</b>		<b>\$ 20,000</b>	
<b>Net County Cost</b>		<b>\$ 0</b>	

Additional Comments or Explanations  
 Adjust FY2020-2021 Proposed Budget

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

  
 Department Head Signature & Certification:

<p><b>CEO Recommended Action:</b></p> <p><input checked="" type="checkbox"/> Recommended  <input type="checkbox"/> Not Recommended</p> <p align="right"></p>

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**6-10**

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: IVSIT Budget Unit Org Key: 1710001  
 Department Name: DISTRICT ATTORNEY  
 Contact Name: JOSE M. FLORES Phone No. EXT: 1225

Name of Augmentation Request: Requesting funding to provide range a increase for an Under Hire District Attorney Investigator.

Budget Unit Priority Ranking: 1

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

Program Expansion  
 New Program  
 Improve Service Quality  
 Reorganization  
 Other

**SECTION 3: JUSTIFICATION NARRATIVE**

On June 28, 2016, the Board of Supervisors approved the establishment of a District Attorney Investigator I and a District Attorney Investigator II classification to replace the current single level District Attorney Investigator classification. Therefore, the District Attorney is requesting approval of the Budget Augmentation to grant the range increase. This action would assist the District Attorney to maintain experienced investigators who have demonstrated the ability to perform their duties effectively.

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			<b>Ongoing Expense</b>
<b>Salaries &amp; Benefits:</b>	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
Permanent Salaries	501000	\$ 290	
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	\$ 4	
County Contrib. Retirement	502000	\$ 92	
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040	\$ 12	
Retirement-Health Plan	502045	\$ 24	
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		<b>\$ 422</b>	

COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST

SECTION 4: REQUEST DETAIL

<b>Cost by Category</b>			Ongoing Expense
Supplies & Services: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Equipment: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Other: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Revenue</b>			Ongoing Revenue
Sources:(List) Object Code Description	Object Code	Amount for FY 2020-2021	Yes "X"
1710001	456040	422	
<b>Total</b>		<b>\$ 422</b>	
<b>Net County Cost</b>		<b>\$ 422</b>	

Additional Comments or Explanations

--

SECTION 5: DEPARTMENT HEAD CERTIFICATION

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

  
 Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input type="checkbox"/> Recommended <input checked="" type="checkbox"/> Not Recommended	 Pending discussion with Board of Supervisors.

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**7-1**

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: County Fire Protection Operations Budget Unit Org Key: 1501001  
 Department Name: Fire Department  
 Contact Name: \_\_\_\_\_ Phone No. (442) 265-6010

Name of Augmentation Request: Increase appropriations for Extra-Help

Budget Unit Priority Ranking: 2

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

Program Expansion  
 New Program  
 Improve Service Quality  
 Reorganization  
 Other

**SECTION 3: JUSTIFICATION NARRATIVE**

The current 19-20 adopted budget is \$802,774.00. The amount needed to sustain the minimal on-duty reserve staffing (36) A,B,C shifts, Stations 1,2,3,4,5,6,7,8 & SCCSD is \$1,309,950.00 minus the City of Imperial contribution of salary allotted amount = \$344,667.00. There is a total of 9 assigned to the City. The true cost of 9 personnel is \$603,000. The needed difference between the adopted budget \$802,000.00 and the minimal on-duty reserve yearly Staffing (36) needed = \$1,309,950 - \$802,774.00 adopted - \$102,000.00 (City of Imperial) = \$1,207,950.00 (See attachment)

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			<b>Ongoing Expense</b>
<b>Salaries &amp; Benefits:</b>	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115	\$ 344,667	
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	\$ 4,998	
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		<b>\$ 349,665</b>	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
Supplies & Services: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Equipment: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Other: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Revenue</b>			Ongoing Revenue	
Sources:(List)	Object Code Description	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>			<b>\$ 0</b>	
<b>Net County Cost</b>			<b>\$ 349,665</b>	

Additional Comments or Explanations

--

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	

**ADMINISTRATION / TRAINING**

1078 Dogwood Road  
Heber, CA 92249

**Administration**

Phone: (442) 265-6000  
Fax: (760) 482-2427

**Training**

Phone: (442) 265-6011



**OPERATIONS/PREVENTION**

2514 La Brucherie Road  
Imperial, CA 92251

**Operations**

Phone: (442) 265-3000  
Fax: (760) 355-1482

**Prevention**

Phone: (442) 265-3020

Date: 04/24/2020

**Extra-help**

The current 19-20 adopted budget is \$802,774.00. The amount needed to sustain the minimal on-duty reserve staffing (36) A, B, C shifts, Station 1, 2, 3, 4, 5, 6, 7, 8, and SCSD is \$1,281,300.00

Of this \$1,281,300.00, this figure already includes has the additional \$204,000.00 for 6 personnel in Ocotillo (previous personnel of 9 were transitioned to SCSD). In the future, SCSD District monies will contribute to bring down the added cost of \$204,000.00 (This includes SCSD future contribution of \$110,000.00 plus Red Earth money [currently at \$14,000.00] which is pending renegotiation between ICFD/CEO's and Red Earth Casino. Even without acquiring SCSD the current Extra-help budget which pays only for 30 has a short fall of \$218,000.00. This added cost is due to the overtime and benefits paid on Extra-help which go over the minimal yearly allotted amount. They are all needed for minimal staffing. The total of 6 Reserve Engineers and 24 Reserve Firefighters = 30.

6 Reserve Engineers/Year = \$261,300.00  
24 Reserve Firefighters= \$576,000.00  
Total = \$837,300.00

Added Cost of SCSD is reflected in Ocotillo Station total of 6 personnel: \$204,000.00  
Additional Overtime Cost for Extra Help: \$198,000.00 over the adopted \$802,774.00  
The City of Imperial's contribution for 3 Reserves firefighters is \$102,000.00

Total \$802,774.00 The total augmentation requested is \$1,179,300.00. This augmentation reflects a \$376,526.00.

**Total 802,774.00 Requesting 20-21 Total= \$376,526.00**

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**7-2**

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: County Fire Protection Operations Budget Unit Org Key: 1501001  
 Department Name: Fire Department  
 Contact Name: Alfredo Estrada Phone No. (442)265-6010

Name of Augmentation Request: Maintenance- Equipment

Budget Unit Priority Ranking: 3

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

Program Expansion  
 New Program  
 Improve Service Quality  
 Reorganization  
 Other

**SECTION 3: JUSTIFICATION NARRATIVE**

Request approval to increase appropriations for Maintenance of Equipment  
 (Please refer to attached Maintenance and Equipment Justification)

---



---



---



---

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150		
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>			<b>\$ 0</b>

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
Supplies & Services: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
Maintenance- Equipment	519000	70,000	X
<b>Total</b>		<b>\$ 70,000</b>	

Equipment: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Other: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Revenue</b>				Ongoing Revenue
Sources:(List)	Object Code Description	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>			<b>\$ 0</b>	X
<b>Net County Cost</b>			<b>\$ 70,000</b>	X

Additional Comments or Explanations


**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

**AEstrada**

Digitally signed by AEstrada  
Date: 2020.04.29 14:14:31  
-07'00'

Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input type="checkbox"/> Recommended <input checked="" type="checkbox"/> Not Recommended	

**ADMINISTRATION / TRAINING**

1078 Dogwood Road  
Heber, CA 92249

**Administration**

Phone: (442) 265-6000  
Fax: (760) 482-2427

**Training**

Phone: (442) 265-6011

**OPERATIONS/PREVENTION**

2514 La Brucherie Road  
Imperial, CA 92251

**Operations**

Phone: (442) 265-3000  
Fax: (760) 355-1482

**Prevention**

Phone: (442) 265-3020

April 24, 2020

**RE: MAINTENANCE AND EQUIPMENT #519000**

This account is where the funding for the Imperial County Fire Department shop operates from. The account is used to fund all of the expenses associated with the fire apparatus, vehicles, and all other associated emergency equipment (ex. generators, aux. pumps, tools) The I.C.F.D. fleet of apparatus has grown and the costs associated with maintenance have been increasing over the years.

There are various computer based tools and software, specific to our apparatus that need to be purchased in the near future to help diagnose mechanical issues. New tools will also need to be purchased to adapt to the new construction of the apparatus.

This account also services the apparatus assigned to the agencies that contract with the County of Imperial. There is an increase of this year's request to offset the cost in items such as tires, lubricants and parts. It is being requested that we maintain the amount below.

The contributing factors for the proposed increase includes the following:

- 1) Overall yearly increase repairs/rarity of part to old fire engines has increased by almost 30%.
- 2) The acquisition of new response areas Niland (2012), Winterhaven (2015), and SCSD (2019) has fiscally impacted repairs and response to those repairs. In 20122, the maintenance and equipment budget was \$117,000.00. Since then, the budge has only increased to \$130,000.00 (aprox. 11%). The true amount needed is a total of \$200,000.00 which is an approximate 54% increase.

**Total = \$130,000.00 Requesting 20-21**  
**Total= \$200,000.00**

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER



**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
Supplies & Services: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
Emergency Clothing	533005	18,480	X
<b>Total</b>		<b>\$ 18,480</b>	X

Equipment: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Other: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Revenue</b>			Ongoing Revenue	
Sources:(List)	Object Code Description	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>			<b>\$ 0</b>	X
<b>Net County Cost</b>			<b>\$ 18,480</b>	X

Additional Comments or Explanations

--

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

**AEstrada**      Digitally signed by AEstrada  
 Date: 2020.04.29 14:17:32  
 -07'00'

Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input type="checkbox"/> Recommended <input checked="" type="checkbox"/> Not Recommended	

**ADMINISTRATION / TRAINING**

1078 Dogwood Road  
Heber, CA 92249

**Administration**

Phone: (442) 265-6000  
Fax: (760) 482-2427

**Training**

Phone: (442) 265-6011

**OPERATIONS/PREVENTION**

2514 La Brucherie Road  
Imperial, CA 92251

**Operations**

Phone: (442) 265-3000  
Fax: (760) 355-1482

**Prevention**

Phone: (442) 265-3020

April 24, 2020

**RE: EMERGENCY CLOTHING ACCOUNT # 533005**

The increase for the emergency clothing account is due to the rising cost of the mandated equipment. We have shopped and continue shopping for the best price while still accommodating the best provision of safety for our employees. Attached you will find the following.

- Turn Out jacket/pants
- Wild land Gear
- Safety boots (steel toe)
- Helmets
- Hoods
- Gloves

Last year's budget was in the amount of \$44,000. With the cost of equipment rising, this budgeted amount is no longer sufficient. Multiple grants will be submitted to help offset these rising costs. Please see the attached memo explaining the need.

The contributing factors for the proposed increase are the following:

- 1) There is a 5% industry increase per material each year. From 2011-2016 fiscal year the budget for this account was \$38,000.00. From 2011-2020, the department added 3 new operational areas. The added personnel included; (12) Winterhaven, (9) Niland, (6) Ocotillo; off -setting for SCSO transition. Our total first responder personnel (full-time reserves) is 87.
  - A) Structure gear/full ensemble (10 year max shelf life) = 87 (personnel) x \$5,026 (total cost full ensemble)= \$437, 262/10 years= \$43, 726.00
  - B) Brush/ Full Ensemble (10 year max shelf life) = 87 (personnel) x \$1,100.00 (total cost full ensemble \$95,700/10 years=\$9,570.00
  - C) Station Boots (2-3 years or as needed) = 87 x \$300.00= \$26,100.00/average 3 years= \$8,700.00

The department is seeking a 42% increase to provide and stay within the mandated 10-year life span of the PPE. At the moment, the current budget only covers "A" but not "B" and "C".

This increase equals \$18, 480.00, taking the adopted 19-20 budget from \$44,000.00 to \$62,480.00.

**Total \$44,000 Requesting 20-21 Total=\$62,480.00**

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**7-4**

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: County Fire Protection Operations Budget Unit Org Key: 1501001  
 Department Name: Fire Department  
 Contact Name: Alfredo Estrada Phone No. (442)265-6010  
 Name of Augmentation Request: Special Dept. Exp- Medical Supplies

Budget Unit Priority Ranking: 4

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

- Program Expansion
- New Program
- Improve Service Quality
- Reorganization
- Other

**SECTION 3: JUSTIFICATION NARRATIVE**

(see attachment) Overall, in the last 4 years inflation of medical equipment and drugs is 41%. The acquisition of response areas Niland(2012) Winterhaven (2015), & Salton Community Service District (2019) has fiscally impacted the department. In 2016, the budget was \$14,000. From 2017-2019 fiscal year, this budget has remained status quo. We are asking an increase of approximately 41% WHICH EQUALS \$6000.00. This will bring the current adopted budget of \$14,000 to \$20,000.

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150		
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		<b>\$ 0</b>	



**ADMINISTRATION / TRAINING**

1078 Dogwood Road  
Heber, CA 92249

**Administration**

Phone: (442) 265-6000  
Fax: (760) 482-2427

**Training**

Phone: (442) 265-6011

**OPERATIONS/PREVENTION**

2514 La Brucherie Road  
Imperial, CA 92251

**Operations**

Phone: (442) 265-3000  
Fax: (760) 355-1482

**Prevention**

Phone: (442) 265-3020

Date: 04/24/2020

**Special Dept. Exp.-Medical Supplies Account # 530095**

The Special Dept. Exp.-Medical Supplies Account # 530095 is used to supply the responding apparatus with Medical supplies to perform proper emergency medical care. The supplies that are purchased with this account include items such as following. \*

**This agency has also increased the level of service being provided. This will increase our purchases to medications and other Advanced Life Support equipment.**

- Oxygen supplies
- Emergency Medications, IV Solutions, catheters, etc.
- Defibrillators and Pads
- Backboards and C-Collars
- Blood Pressure cuff, Stethoscope other diagnostic tools
- Bandages and splints
- Latex Gloves and other pertinent personal protective equipment

This agency will continue to explore grant options to assist in the purchase of supplies and replacement of equipment to assist in prevention of financial impacts. The mentioned contributing factors for the proposed increase is in this account is the following:

- 1) Overall in the last 3-4 years inflation of medical equipment and drugs has increase by 41%.
- 2) The acquisition of the response areas Niland (2012), Winterhaven (2015) and Salton Community Service District (2019) has fiscally impacted the department. In 2016, the budget was at \$14,000.00. From 2017-2019 fiscal year, this budget has remained status quo. We are asking an increase of approximately 41% in the amount of \$6,000.00. This will bring the 2019-2020 adopted budget of \$14,000.00 to \$20,000.00.

**Total = \$14,000.00 Requesting 20-21 Total =\$20,000.00**



**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
Supplies & Services: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
			X
<b>Total</b>		<b>\$ 0</b>	

Equipment: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Other: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
Equipment-Vehicles	549005	2,100,000	
<b>Total</b>		<b>\$ 2,100,000</b>	

<b>Revenue</b>			Ongoing Revenue	
Sources:(List)	Object Code Description	Object Code	Amount for FY 2020-2021	Yes "X"
	<b>Total</b>		<b>\$ 0</b>	X
	<b>Net County Cost</b>		<b>\$ 2,100,000</b>	X

Additional Comments or Explanations


**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

**AEstrada**      Digitally signed by AEstrada  
 Date: 2020.04.29 14:12:26  
 -07'00'

Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input type="checkbox"/> Recommended <input checked="" type="checkbox"/> Not Recommended	

**ADMINISTRATION / TRAINING**

1078 Dogwood Road  
Heber, CA 92249

**Administration**

Phone: (442) 265-6000  
Fax: (760) 482-2427

**Training**

Phone: (442) 265-6011

**OPERATIONS/PREVENTION**

2514 La Brucherie Road  
Imperial, CA 92251

**Operations**

Phone: (442) 265-3000  
Fax: (760) 355-1482

**Prevention**

Phone: (442) 265-3020

### Fire Engine Replacement Program

Purpose: The purpose of this request is to create a fire engine replacement program for Imperial County Fire Department. At the moment, there is no fire engine replacement program in place.

**Definition: ERA=Emergency Response Apparatus (not including utility vehicles & bomb unit)**

The Imperial County Fire Department is in the process of replacing 2 fire engines. These new fire engines will replace two fire engines that are 17 years old are past industry standard and National Fire Protection Agency (NFPA) recommendations. Unfortunately, these engines will not be purchased and must be leased because the department does not have a Fire Engine replacement program. According to industry standards, the maximum shelf life of each emergency apparatus is at the end of 10 years. At the moment, the department has a total vehicle fleet of 37. Of these 37 vehicles, 27 of them are ERA's consisting of the following:

- 17 total Fire Engines, that are used and dispersed between all of the 12 stations which includes the contracting agencies (Imperial, Holtville, Salton Community Service District, Brawley, & Calipatria). Of the 17 Fire Engines, 15 of them (88%) are over 10 years old.
- 10 remaining ERA's: 1 Hazmat Unit, 3 Water Tenders, 3 Brush Trucks, 2 Ladder Trucks, and 1 Crash Truck (Airport Unit). Of these 11 ERA's, 3 ERA's (27%) are over 10 years old.

Additionally, the department has 9 Utility Vehicles and 1 Bomb Unit. Both the utility and bomb unit are emergency response vehicles that can range anywhere between \$25,000.00-\$120,000. The average cost of an emergency response apparatus (ERA) can range anywhere between \$450,000 to more than \$850,000.00. Reaching an optimal ERA replacement goal in the near future of replacing the entire 27 ERA at the end of every 10 year cycle, is something the County should strive for. To give some perspective on this replacement goal consideration, the following replacement plans are used as examples:

- The current trend of Fire Engine replacement demonstrates that the department is averaging a purchase of 1 Fire Engine every 2.5 years. This has caused the

**ADMINISTRATION / TRAINING**

1078 Dogwood Road  
Heber, CA 92249

**Administration**

Phone: (442) 265-6000  
Fax: (760) 482-2427

**Training**

Phone: (442) 265-6011

**OPERATIONS/PREVENTION**

2514 La Brucherie Road  
Imperial, CA 92251

**Operations**

Phone: (442) 265-3000  
Fax: (760) 355-1482

**Prevention**

Phone: (442) 265-3020

department to maintain an inadequate linear approach towards accomplishing the goal. (Blue line, graph 1.1).

- Purchasing 1 ERA per year would mean that it would take 27 years to replace all the current ERA. However, this will not accomplish the goal of reaching industry and manufacturer standards or NFPA recommendations for retirement of ERA. The 2nd ERA would be in 11 years and so on.
- By purchasing 2 ERA per year, it would take a total 14 years to replace all ERA in the fleet. However, this will also not accomplish the goal of reaching industry and manufacturer standards or NFPA recommendations for retirement of ERA. This is due to the first two ERA needing to be replaced after the end of 10 years. Inadvertently, this will cause the replacement progress to plateau and never reach the goal of replacing all the ERA at the end of 10 years.
- By replacing 3 ERA per year it would take approximately 9 years to replace all the ERA in the fleet. Allowing the department reach the proposed goal and maintain industry and manufacturer standards along with NFPA recommendations for retirement of ERA. The minimal budget needed for replacing 3 engines each year is 2.1 million and ensuring this dollar amount goes up 3% every year with the cost of steel. The pricing on each engine is \$600,000.00, plus the cost of equipment for each engine at the price of \$100,000.00.

In effect, replacing 3 ERA per year, is the optimal and safest option in order to operate in compliance with industry and manufacturer standards, based on a total of 27 ERA's. Operating an ERA above the 10-year mark, places the County at risk of experiencing catastrophic mechanical or pumping failure during critical operations. This failure could potentially compromise the life and safety of the public and firefighters. , given the:

- (1) Upfront costly dollar amounts of fire engines
- (2) Absent allocation of Fire Engine budget
- (3) Yearly 3% increase of the cost of steel

## ADMINISTRATION / TRAINING

1078 Dogwood Road  
Heber, CA 92249

### Administration

Phone: (442) 265-6000  
Fax: (760) 482-2427

### Training

Phone: (442) 265-6011



## OPERATIONS/PREVENTION

2514 La Brucherie Road  
Imperial, CA 92251

### Operations

Phone: (442) 265-3000  
Fax: (760) 355-1482

### Prevention

Phone: (442) 265-3020

In 2019-2020, the department had to go with a 10-year lease-to-buy option for 2019. The lease option served two purposes. First, it will give the department a lower yearly payment that is more manageable, \$121,528.54, versus a 5-year option of \$217,611.31, per year (a difference of \$96,082.77 of higher). Ideally, paying the engines upfront and not paying interest will always be the preferred option. Secondly, it is the overall goal to pay the fire engines before the 10 years. The total cost of both Fire Engines is \$972, 588.84 (utilizing pre-payment option; see South Coast 100% Pre-Payment page for a detailed breakdown.

With regards to repairing and refurbishing engines, this is a common practice, specifically, repairing engines. Repairs are inherent to the vehicles shelf-life and routine maintenance, however, it does not change the age of the engine. When the vehicle has already reached its retirement age (either in terms of meeting functionality or required testing outputs), costly repairs serve more like a band aid until funds are available to replace the apparatus. Once again, at the end of 10 years, and ERA, will not meet industry or manufacturer standards or the time requirements of NFPA 1911 *Standard for the Inspection, Maintenance, Testing, and Retirement of In-Service Emergency Vehicles* and NFPA 1912 *Standard for Apparatus Refurbishing*. Even with two highly competent mechanics on hand, many ERA repairs are in the thousands of dollars and need to go out of County to be worked on. These repairs are both costly and timely, sometimes taking up to a few months for repairs to be completed. In effect, after conducting much research and given the urgency of replacing fire engines, this department has decided that leasing engines would be the most realistic and attainable solution. Mainly, because it gives the department a more manageable yearly payment option with the flexibility to pay the engines off sooner.

For future purchases of ERA's, what needs to be strategized and prioritized is the creation of a viable, safer, and sustainable ERA replacement program that is appropriated into the ICFD budget. Conversely, this does not mean ICFD will discontinue to pursue grant opportunities and fire mitigation opportunities with ongoing and future developments. On the contrary, ICFD will continue to operate within a realistic framework and allotted budget, to work relentlessly as it has always done and proactively pursue and explore every fiscal opportunity available.

### Example of Fiscal Impact for leasing 2 Engines:

There is no impact to the General Fund. The yearly funding will be from the Fire Protection Account 1501001-Reimbursement of Services for Renewable Energy for the duration of the lease (10 years). The desired expectation will always remain to pay the fire engines off sooner. Additionally, the department gave down payment of \$170,637.00. Once the lease has come to terms, the department will have the option to buy the engines for \$1.00 each. The yearly payment amount will be \$121,611.31. The total cost of the 10-year lease-to-buy is \$1,215, 285.42. The first payment installment by ICFD to PNC will sometime in May 2020.

**ADMINISTRATION / TRAINING**

1078 Dogwood Road  
Heber, CA 92249

**Administration**

Phone: (442) 265-6000  
Fax: (760) 482-2427

**Training**

Phone: (442) 265-6011

**OPERATIONS / PREVENTION**

2514 La Brucherie Road  
Imperial, CA 92251

**Operations**

Phone: (442) 265-3000  
Fax: (760) 355-1482

**Prevention**

Phone: (442) 265-3020

Total: *2 Saber Triple Combination Interface Engines*

100% Prepayment Discount	\$939,998.00
Multiple Vehicle Discount	\$
Apparatus Cost	\$899,998.00
Sales Tax @ 7.750 %	\$7.50%
Performance Bond	\$2,820.00
California Tire Fee	\$21.00
Total Prepay Purchase Price	\$ 972,588.84

## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

### SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION

Budget Unit Name: Human Resources & Risk Management Budget Unit Org Key: 1012001  
 Department Name: Human Resources & Risk Management  
 Contact Name: Rodolfo Aguayo-Director of HR & RM Phone No. (442) 265-1148

Name of Augmentation Request: Request approval to promote one (1) underhire Risk Management Analyst II to Risk Management Analyst III upon meeting the requirements of the next level.

Budget Unit Priority Ranking: 1

### SECTION 2: JUSTIFICATION

Justification Reason: (Mark One)

- Program Expansion
- New Program
- Improve Service Quality
- Reorganization
- Other \_\_\_\_\_

### SECTION 3: JUSTIFICATION NARRATIVE

A basic function of the Risk Management Analyst series has been to assist in the development, implementation and administration of a program of comprehensive risk management for the County that includes workers' compensation, safety and loss prevention in compliance with Cal/OSHA, liability claims management, insurance, financial management, and ADA. The Risk Management Analyst III which serves as a lead has oversight of these programs which includes to be responsible for completing highly complex assignments related to reviewing and analyzing actuarial studies, contracts and leases, liability claims, etc. The approval of an augmentation to promote the Risk Management Analyst II to RM Analyst III is requested.

### SECTION 4: REQUEST DETAIL

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000	\$ 3,417	
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	\$ 50	
County Contrib. Retirement	502000	\$ 601	
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040	\$ 177	
Retirement-Health Plan	502045	\$ 285	
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		<b>\$ 4,529</b>	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			<b>Ongoing Expense</b>
<b>Supplies &amp; Services: (List)</b>	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
<b>Total</b>		<b>\$ 0</b>	

<b>Equipment: (List)</b>	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
<b>Total</b>		<b>\$ 0</b>	

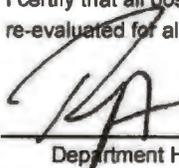
<b>Other: (List)</b>	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
<b>Total</b>		<b>\$ 0</b>	

<b>Revenue</b>			<b>Ongoing Revenue</b>
<b>Sources: (List)</b>	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
Reimbursement for Services Provided	493000	4,529	
<b>Total</b>		<b>\$ 4,529</b>	
<b>Net County Cost</b>		<b>\$ 0</b>	

**Additional Comments or Explanations**  
 There is no impact to the General Fund. The projected cost for the increase is projected to be funded by the Loss Reserve Accounts.

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

  
 Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input type="checkbox"/> Recommended <input checked="" type="checkbox"/> Not Recommended	

## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

### SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION

Budget Unit Name: Human Resources & Risk Managemen Budget Unit Org Key: 1012001  
 Department Name: Human Resources & Risk Managemen  
 Contact Name: Rodolfo Aguayo-Director of HR & RM Phone No. (442) 265-1148

Name of Augmentation Request: Request to convert 3 Human Resources Analyst I allocations to 3 Human Resources Analyst II and promote staff upon meeting requirements of the next level.

Budget Unit Priority Ranking: 1

### SECTION 2: JUSTIFICATION

Justification Reason: (Mark One)

- Program Expansion
- New Program
- Improve Service Quality
- Reorganization
- Other \_\_\_\_\_

### SECTION 3: JUSTIFICATION NARRATIVE

\_\_\_\_\_  
 Please see attached justifications.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### SECTION 4: REQUEST DETAIL

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000	\$ 9,063	
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	\$ 131	
County Contrib. Retirement	502000	\$ 1,892	
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040	\$ 469	
Retirement-Health Plan	502045	\$ 755	
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		<b>\$ 12,309</b>	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
<b>Supplies &amp; Services: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Equipment: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Other: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
Intrafund Human Services	552225	(4,165)	
<b>Total</b>		<b>(\$ 4,165)</b>	

<b>Revenue</b>			Ongoing Revenue	
<b>Sources:(List)</b>	Object Code Description	Object Code	Amount for FY 2020-2021	Yes "X"
Reimbursement for Services Provided		493000	8,144	
<b>Total</b>			<b>\$ 8,144</b>	
<b>Net County Cost</b>			<b>\$ 0</b>	

**Additional Comments or Explanations**  
 There is no impact to the General Fund. The projected cost for the increase is projected to be funded by the Intrafund Human Resources and Loss Reserve Accounts.

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

  
 \_\_\_\_\_  
 Department Head Signature & Certification:

<p><b>CEO Recommended Action:</b></p> <p align="center"> <input type="checkbox"/> Recommended  <input checked="" type="checkbox"/> Not Recommended                 </p> <p align="right">  </p>

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**9-1**

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: Information & Technical Services Budget Unit Org Key: 5213001  
 Department Name: Information & Technical Services  
 Contact Name: Henry Felix Phone No. (442) 265-1050

Name of Augmentation Request: Adjust Proposed Buduget FY2020-2021

Budget Unit Priority Ranking: \_\_\_\_\_

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

- Program Expansion
- New Program
- Improve Service Quality
- Reorganization
- Other

**SECTION 3: JUSTIFICATION NARRATIVE**

Request approval to increase appropriations for overtime not included in the FY 2020-2021 Proposed Budget.

---



---



---



---



---

**SECTION 4: REQUEST DETAIL**

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135	\$ 10,000	
Redemption of Benefits	501145		
Social Security-Medicare	501150		
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		<b>\$ 10,000</b>	



**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

# 10-1

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: Planning & Development Budget Unit Org Key: 1041001  
 Department Name: Planning & Development Services  
 Contact Name: Jim Minnick Phone No. (442) 265-1736

Name of Augmentation Request: Adjust FY2020-2021 Proposed Budget

Budget Unit Priority Ranking: \_\_\_\_\_

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

Program Expansion  
 New Program  
 Improve Service Quality  
 Reorganization  
 Other

**SECTION 3: JUSTIFICATION NARRATIVE**

Request approval to adjust FY2020-2021 Proposed Budget to reflect actual expenditures as funds to cover Tyler Technologies, Inc. have been encumbered.

---



---



---



---

**SECTION 4: REQUEST DETAIL**

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150		
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>			<b>\$ 0</b>

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

# 10-1

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
Supplies & Services: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
Prof & Spec Svs Other	525030	(625,238)	
<b>Total</b>		<b>(\$ 625,238)</b>	

Equipment: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Other: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Revenue</b>			Ongoing Revenue	
Sources:(List)	Object Code Description	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>			<b>\$ 0</b>	
<b>Net County Cost</b>			<b>(\$ 625,238)</b>	

Additional Comments or Explanations

--

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

**Mayra Widmann** Digitally signed by Mayra Widmann  
Date: 2020.07.09 12:26:48 -07'00'

Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	

## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

### SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION

Budget Unit Name: Probation Budget Unit Org Key: 1028001  
 Department Name: Probation  
 Contact Name: Dan Prince Phone No. (442) 265-2401

Name of Augmentation Request: 5-Underhire Promotions from Deputy Probation Officer I to Deputy Probation Officer II

Budget Unit Priority Ranking: 1

### SECTION 2: JUSTIFICATION

Justification Reason: (Mark One)

- Program Expansion
- New Program
- Improve Service Quality
- Reorganization
- Other \_\_\_\_\_

### SECTION 3: JUSTIFICATION NARRATIVE

Employee will have met all the requirements of Deputy Probation Officer (UH I) and are eligible for the position of Deputy Probation Officer II

### SECTION 4: REQUEST DETAIL

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000	\$ 23,609	X
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	\$ 342	x
County Contrib. Retirement	502000	\$ 6,532	x
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040	\$ 1,221	x
Retirement-Health Plan	502045	\$ 1,967	x
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		<b>\$ 33,671</b>	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
Supplies & Services: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Equipment: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Other: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

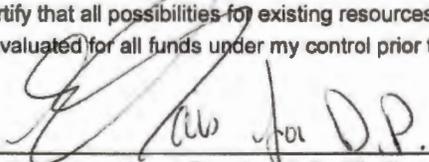
<b>Revenue</b>			Ongoing Revenue
Sources:(List)	Object Code Description	Object Code	Amount for FY 2020-2021
<b>Total</b>		<del>\$ 0</del>	
<b>Net County Cost</b>		<b>33,671</b>	<b>\$ 0</b>

Additional Comments or Explanations

Cost will be absorbed within org key.

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

  
 Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input type="checkbox"/> Recommended <input checked="" type="checkbox"/> Not Recommended	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

# 11-2

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: Probation Budget Unit Org Key: 1866001  
 Department Name: Wrap  
 Contact Name: Dan Prince Phone No. (442) 265-2401

Name of Augmentation Request: 2-Underhire Promotions from Deputy Probation Officer I to Deputy Probation Officer II

Budget Unit Priority Ranking: 1

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

Program Expansion  
 New Program  
 Improve Service Quality  
 Reorganization  
 Other

**SECTION 3: JUSTIFICATION NARRATIVE**

Employee will have met all the requirements of Deputy Probation Officer (UH I) and are eligible for the position of Deputy Probation Officer II. As well as increase in WRAP cases with services being provided by the Evening Learning Center for youth participating in the program.

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			<b>Ongoing Expense</b>
<b>Salaries &amp; Benefits:</b>	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
Permanent Salaries	501000	\$ 5,440	X
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	\$ 79	x
County Contrib. Retirement	502000	\$ 1,505	x
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040	\$ 1,221	x
Retirement-Health Plan	502045	\$ 1,967	x
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		<b>\$ 10,212</b>	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
Supplies & Services: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
Professional & Special Services	525010	37,400	X
<b>Total</b>		<b>\$ 37,400</b>	

Equipment: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Other: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Revenue</b>			Ongoing Revenue	
Sources:(List)	Object Code Description	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>			<b>\$ 0</b>	
<b>Net County Cost</b>			<b>\$ 37,400</b>	

Additional Comments or Explanations  
 Cost will be absorded within org key, transfers in exceed expenses.

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

*[Handwritten Signature]*  
 Department Head/Signature & Certification:

<p><b>CEO Recommended Action:</b></p> <p align="center"> <input type="checkbox"/> Recommended  <input checked="" type="checkbox"/> Not Recommended                 </p> <p align="center"><i>[Handwritten Signature]</i></p> <p align="center"><i>Request does not include funding source.</i></p>

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

# 12-1

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: 1039 Budget Unit Org Key: 1039001  
 Department Name: Public Administrator  
 Contact Name: Rosalina Blankenship Phone No. (442) 265-7000  
 Name of Augmentation Request: Position Request for Account Clerk II  
 Budget Unit Priority Ranking: 1

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

- Program Expansion
- New Program
- Improve Service Quality
- Reorganization
- Other

**SECTION 3: JUSTIFICATION NARRATIVE**

Please see attached justification.

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			<b>Ongoing Expense</b>	
<b>Salaries &amp; Benefits:</b>	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>		<b>Yes "X"</b>
Permanent Salaries	501000	17,729	<del>\$47,021</del>	X
Shift Differential	501105			
Extra Help	501115			
Stand-By	501120			
Location Differential	501125			
Bilingual Pay	501130			
Overtime	501135			
Redemption of Benefits	501145			
Social Security-Medicare	501150	257	<del>\$247</del>	X
County Contrib. Retirement	502000	3,119	<del>\$5,002</del>	X
Ins-Workers Comp	502005			
Ins.-Unemployment	502010			
Group Insurance	502015		\$ 6,358	X
Ins. Dental/Vision	502020			
Retirement-Pension Bond	502040	917		
Retirement-Health Plan	502045	1,477		
Ins-Voluntary Life	502050			
Other: (List)				
<b>Total</b>		29,857	<del>\$29,528</del>	X

## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

### SECTION 4: REQUEST DETAIL

<i>Cost by Category</i>			Ongoing Expense
Supplies & Services: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Equipment: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Other: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Revenue</b>			Ongoing Revenue	
Sources:(List)	Object Code Description	Object Code	Amount for FY 2020-2021	Yes "X"
General Fund		491055	29,857	x
			<del>29,528</del>	
	<b>Total</b>		29,857	x
	<b>Net County Cost</b>		29,857	x
			<del>\$ 29,528</del>	
			<del>\$ 29,528</del>	

Additional Comments or Explanations

--

### SECTION 5: DEPARTMENT HEAD CERTIFICATION

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.



Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input type="checkbox"/> Recommended <input checked="" type="checkbox"/> Not Recommended	

**Budget Augmentation Justification  
Full-Time Account Clerk II for  
Public Administrator**

**REQUEST**

General Fund a FTE – Account Clerk II in the PA Office for FY 20-21. The position is recognized as 0050(10)(6)(H), Range 153.

**JUSTIFICATION**

The position of the Account Clerk II became vacant in April of 2019 when an employee resigned. This position was then classified as an unfunded position due to the County of Imperial's budget cuts and hiring freeze. The Public Administrator's office is in a critical state of needing this position funded and filled due to an increase in case/investigation referrals. The Account Clerk II duties include but are not limited to: Processing ACH deposits daily, preparing daily deposits, paying utilities and medical bills for representative payee and conservatorship clients, processing payment request for representative payee and conservatorship clients, updating batches for automatic monthly payments for representative payee and conservatorship weekly personal incidental checks, rent checks, and facility payments, maintaining ledgers for daily reconciliation, posting and process SSI and SAA benefits monthly, covering the reception desk every Friday and upon request, maintain a key inventory for the Department, daily client filing, and archiving closed files.

The Department's current caseload of 873 is managed by only three (3) Deputies and one (1) PAPG Assistant. Additionally, the department has lost one (1) Account Clerk II position due to layoffs since 2004 and a second Account Clerk II was reclassified to a PA-PG Assistant in FY 2015-2016 and now handles all indigent cases (100+ cases). This left only one Full-time Account Clerk II, a Full-time Account Clerk III and the Accounting Supervisor. However, now with the hiring freeze the Department is now left with only an Account Clerk III and Accounting Supervisor and little to no clerical support from the Account Clerk II-Extra Help because of the limited work hours, time spent responding to client concerns over the phone and walk-ins, opening the large amount of mail received on a daily basis, answering a multiple line telephone, assisting walk-in clients, and clerical support duties. Because of the high demands of our vulnerable clientele and aging population, services were expanded during FY 2018-2019 in the following areas: The Molina Closet Program, I.V. Food Bank and Imperial Valley Transit Fare Tickets. As well as the recent roll out of the Homeless Emergency Aid Program (HEAP), which includes targeted case management to those that are homeless or at imminent risk of becoming homeless. The volume of cases continues to grow with the aging population.

When compared with other counties throughout the state, Deputies are known to manage anywhere from 40 to 60 cases. In our situation, a Deputy is managing over 291 cases each with the assistance of the Account Clerk II-Extra Help, responding to routine questions, providing information and direction to callers and visitors, averaging 130 daily, thus not allowing for assistance to the Accounting Supervisor during the Account Clerk III's maternity leave.

### Total Caseload

Year	Decedent	Payee	Probate	TOTAL
2013	268	285	18	571
2014	289	305	25	619
2015	311	329	28	668
2016	370	390	32	792
2017	383	414	37	834
2018	440	295	31	766
2019	534	293	46	873

The Department continues to operate under a sink or swim role. We continue to experience an increase in referrals for services (i.e., large and small estate administration, and indigent burials). Services for targeted case management (TCM) had to be eliminated in FY 2016-2017 because of the increased caseload in all areas. However, TCM is provided on a case by case basis because of the significant need of this defenseless population. With only three (3) Deputies, an Estate Property Coordinator, a PA-PG Assistant and two (2) Accounting staff, we operate to meet immediate/emergency needs rather than future planning of the over 870 cases that are case managed, which ultimately places us at risk of negligence in our Probate cases, which we are court appointed.

If an Account Clerk II position is not filled, the Public Administrator's office will need to cut services to clients. The services to be discontinued would be the Representative Payee program. The Representative Payee program currently serves approximately 293 clients from Imperial County by managing their Social Security Benefits, Retirement Benefits, or other monetary benefits to ensure they have housing, food, clothing and medical care. Clientele currently being served by the Representative Payee program include those that are homeless or at risk of being homeless. With the County's growing homeless population it would be a great injustice to our county residents to have this program discontinued. Additionally, this program currently brings in approximately \$80,000.00 in annual revenue.

A full-time Account Clerk II position is an essential and critical position needed to meet immediate needs of our clientele and overall client services provided to residents of the County of Imperial. During the COVID-19 period, we were fortunate to get the assistance from two Account Clerk III's from Public Works and Behavioral Health. This much needed help was appreciated.

# 13-1

## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

### SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION

Budget Unit Name: Facilities Management Budget Unit Org Key: 1015001  
 Department Name: Imperial County Public Works  
 Contact Name: Eddie Cedeño, Dep. Director - PWF/CF Phone No. (442) 265-1818

Name of Augmentation Request: AutocCAD 3-Year Term License renewals

Budget Unit Priority Ranking: 2

### SECTION 2: JUSTIFICATION

Justification Reason: (Mark One)

<input type="checkbox"/>	Program Expansion	
<input type="checkbox"/>	New Program	
<input type="checkbox"/>	Improve Service Quality	
<input type="checkbox"/>	Reorganization	
<input checked="" type="checkbox"/>	Other	<u>Software updates/upgrades</u>

### SECTION 3: JUSTIFICATION NARRATIVE

In order to continue using the AutoCAD engineering and design software, Facilities Management will have to purchase a 3-year term license renewal for its one (1) desktops assigned to CFM personnel with access to the software program.

### SECTION 4: REQUEST DETAIL

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	-	
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		-	

## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

### SECTION 4: REQUEST DETAIL

<i>Cost by Category</i>			Ongoing Expense
<b>Supplies &amp; Services: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
Office Expense	524000	4,565	
<b>Total</b>		<b>4,565</b>	

<b>Equipment: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		-	

<b>Other: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		-	

<b>Revenue</b>			Ongoing Revenue
<b>Sources: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
Reimb For Services Provided	493000	4,565	X
<b>Total</b>		<b>4,565</b>	
<b>Net County Cost</b>		-	

Additional Comments or Explanations:

There will be no impact to the General Fund as this expenditure will be funded through monies received in the Reimbursement for Services Provided revenue line item.
--

### SECTION 5: DEPARTMENT HEAD CERTIFICATION

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

John Gay \_\_\_\_\_ 5/1/2020 \_\_\_\_\_  
 Department Head Signature & Certification: Date

<b>CEO Recommended Action:</b>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Priority Number _____
<b>CEO Comments:</b>		

## Sergio Perez

---

**From:** Norma Lillegard  
**Sent:** Monday, March 9, 2020 9:28 AM  
**To:** Veronica Atondo; Eddie Cedeno; John Gay  
**Cc:** Sergio Perez  
**Subject:** Autodesk Renewal Subscriptions  
**Attachments:** County of Imperial-Updated Renewal Quote.pdf; Important: Upcoming Autodesk Licensing Changes

**Importance:** High

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Good morning,

As a reminder and as part of the upcoming 20/21 fiscal budget, please allocate funding for the Civil 3D and Autocad subscriptions for a 3-year term.

Attached for your use is a preliminary cost proposal from Kelar.

Note: The below costs are split per Division and are subject to increase since these costs are only effective for a limited time.

### Sale Price for this year

Single-user 3-Year Subscription Renewal	Division Account #	Quantity	Sale Price per Unit (This is the existing reduced price)	Total Price
AutoCAD Architecture Commercial	1017	3	\$4,080.00	\$12,240.00
AutoCAD Architecture Commercial	1015	1	\$4,080.00	\$4,080.00
Civil 3D Commercial	1542	5	\$5,635.00	\$28,175.00
Total				\$44,495.00

### Budget Allocation for Fiscal Year 20/21

Single-user 3-Year Subscription Renewal	Division Account #	Quantity	Price per Unit	Total Price	*Includes Projected 5% Increase
AutoCAD Architecture Commercial	1017	3	\$4,345.00	\$13,035.00	\$13,687.00
AutoCAD Architecture Commercial	1015	1	\$4,345.00	\$4,345.00	\$4,563.00
Civil 3D Commercial	1542	5	\$5,955.00	\$29,775.00	\$31,264.00
					\$49,514.00

\*Autodesk announced a 5% price increase (see attached for details).

It is recommended that you allocate funding in the amount of \$49,514.00 for the 3-year subscription period.

Should you need any further information or if you have any questions, please do not hesitate to contact me.

**NORMA LILLEGARD**  
Capital Improvement Program Project Coordinator

Imperial County Department of Public Works  
155 South 11th Street  
El Centro, CA 92243

Main Office: 442.265.1818 | Direct: 442.265.1813 | F: 442.265.1858  
Email: [NormaLillegard@co.imperial.ca.us](mailto:NormaLillegard@co.imperial.ca.us)

The preceding e-mail message (including any attachments) contains information that may be confidential, be protected by the attorney-client or other applicable privileges, or constitute non-public information. It is intended to be conveyed only to the designated recipient(s). If you are not an intended recipient of this message, please notify the sender by replying to this message and then delete it from your system. Use, dissemination, distribution, or reproduction of this message by unintended recipients is not authorized and may be unlawful.  
\*\*\*\*\*

Created Date 1/16/2020  
 Expiration Date 4/10/2020  
 Quote Number 00012994

Prepared By Matt Leiva  
 Email matt.leiva@kelarpacific.com

Contact Name Norma Lillegard  
 Email normalillegard@co.imperial.ca.us  
 Phone (442) 265-1813

Bill To Name County of Imperial  
 Bill To 1125 Main Street  
 Suite 108  
 El Centro, CA 92243-2811  
 United States

Quantity	Product Code	Product	Line Item Description	List Price	Sales Price	Total Price
4.00	18511-007670-T662	AutoCAD Architecture Commercial Single-user 3-Year Subscription Renewal	Contract # 110001621291; Renewal # A-10704492; Expires on 4/10/2020; Renews to 4/10/2023	\$4,345.00	\$4,080.00	\$16,320.00
5.00	23711-007670-T662	Civil 3D Commercial Single-user 3-Year Subscription Renewal	Contract # 110001621291; Renewal # A-10704492; Expires on 4/10/2020; Renews to 4/10/2023	\$5,955.00	\$5,635.00	\$28,175.00

Download media only Autodesk will provide download media at no additional cost. You can choose to have media shipped to you but there will be an additional charge and a longer wait time to receive your order.

Subtotal \$44,495.00  
 Grand Total \$44,495.00

**Note:** The prices on this quote do NOT include California sales tax if applicable. This is not an invoice.

Method of Payment Credit Card

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

# 13-2

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: Architecture & Design Budget Unit Org Key: 1017001  
 Department Name: Imperial County Public Works  
 Contact Name: Eddie Cedeño, Dep. Director - PWF/CF Phone No. (442) 265-1818

Name of Augmentation Request: AutocCAD 3-Year Term License renewals

Budget Unit Priority Ranking: 1

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

<input type="checkbox"/>	Program Expansion	
<input type="checkbox"/>	New Program	
<input type="checkbox"/>	Improve Service Quality	
<input type="checkbox"/>	Reorganization	
<input checked="" type="checkbox"/>	Other	<u>Software updates/upgrades</u>

**SECTION 3: JUSTIFICATION NARRATIVE**

In order to continue using the AutoCAD engineering and design software, the Architecture & Design Division will have to purchase a 3-year term license renewal for each of the three (3) desktops assigned to PW A&D personnel with access to the software program.

**SECTION 4: REQUEST DETAIL**

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	-	
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		-	



## Sergio Perez

---

**From:** Norma Lillegard  
**Sent:** Monday, March 9, 2020 9:28 AM  
**To:** Veronica Atondo; Eddie Ceden; John Gay  
**Cc:** Sergio Perez  
**Subject:** Autodesk Renewal Subscriptions  
**Attachments:** County of Imperial-Updated Renewal Quote.pdf; Important: Upcoming Autodesk Licensing Changes

**Importance:** High

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Good morning,

As a reminder and as part of the upcoming 20/21 fiscal budget, please allocate funding for the Civil 3D and Autocad subscriptions for a 3-year term.

Attached for your use is a preliminary cost proposal from Kelar.

Note: The below costs are split per Division and are subject to increase since these costs are only effective for a limited time.

### Sale Price for this year

Single-user 3-Year Subscription Renewal	Division Account #	Quantity	Sale Price per Unit (This is the existing reduced price)	Total Price
AutoCAD Architecture Commercial	1017	3	\$4,080.00	\$12,240.00
AutoCAD Architecture Commercial	1015	1	\$4,080.00	\$4,080.00
Civil 3D Commercial	1542	5	\$5,635.00	\$28,175.00
Total				\$44,495.00

### Budget Allocation for Fiscal Year 20/21

Single-user 3-Year Subscription Renewal	Division Account #	Quantity	Price per Unit	Total Price	*Includes Projected 5% Increase
AutoCAD Architecture Commercial	1017	3	\$4,345.00	\$13,035.00	\$13,687.00
AutoCAD Architecture Commercial	1015	1	\$4,345.00	\$4,345.00	\$4,563.00
Civil 3D Commercial	1542	5	\$5,955.00	\$29,775.00	\$31,264.00
					\$49,514.00

\*Autodesk announced a 5% price increase (see attached for details).

**It is recommended that you allocate funding in the amount of \$49,514.00 for the 3-year subscription period.**

Should you need any further information or if you have any questions, please do not hesitate to contact me.

**NORMA LILLEGARD**  
Capital Improvement Program Project Coordinator

Imperial County Department of Public Works  
155 South 11th Street  
El Centro, CA 92243

Main Office: 442.265.1818 | Direct: 442.265.1813 | F: 442.265.1858  
Email: [NormaLillegard@co.imperial.ca.us](mailto:NormaLillegard@co.imperial.ca.us)

The preceding e-mail message (including any attachments) contains information that may be confidential, be protected by the attorney-client or other applicable privileges, or constitute non-public information. It is intended to be conveyed only to the designated recipient(s). If you are not an intended recipient of this message, please notify the sender by replying to this message and then delete it from your system. Use, dissemination, distribution, or reproduction of this message by unintended recipients is not authorized and may be unlawful.  
\*\*\*\*\*

Created Date 1/16/2020  
 Expiration Date 4/10/2020  
 Quote Number 00012994

Prepared By Matt Leiva  
 Email matt.leiva@kelarpacific.com

Contact Name Norma Lillegard  
 Email normalillegard@co.imperial.ca.us  
 Phone (442) 265-1813

Bill To Name County of Imperial  
 Bill To 1125 Main Street  
 Suite 108  
 El Centro, CA 92243-2811  
 United States

Quantity	Product Code	Product	Line Item Description	List Price	Sales Price	Total Price
4.00	18511-007670-T662	AutoCAD Architecture Commercial Single-user 3-Year Subscription Renewal	Contract # 110001621291; Renewal # A-10704492; Expires on 4/10/2020; Renews to 4/10/2023	\$4,345.00	\$4,080.00	\$16,320.00
5.00	23711-007670-T662	Civil 3D Commercial Single-user 3-Year Subscription Renewal	Contract # 110001621291; Renewal # A-10704492; Expires on 4/10/2020; Renews to 4/10/2023	\$5,955.00	\$5,635.00	\$28,175.00

Download media only Autodesk will provide download media at no additional cost. You can choose to have media shipped to you but there will be an additional charge and a longer wait time to receive your order.

Subtotal \$44,495.00  
 Grand Total \$44,495.00

**Note:** The prices on this quote do NOT include California sales tax if applicable. This is not an invoice.

Method of Payment Credit Card







# INVOICE

## Annual Permit Fees Required by Sections 13260 & 13269 of the California Water Code

FACILITY ID (WDID): 7A131006001  
FACILITY NAME: POE COLONIA (CADY SUBDIVISION)  
BRAWLEY, CA 92227

INVOICE NO: WD-0165080  
BILLING PERIOD: 07/01/19 - 06/30/20  
INVOICE DATE: 11/6/2019  
INDEX NO: 388617

IMPERIAL CNTY DEPT OF PUBLIC W  
WILLIAM BRUNET  
155 SOUTH 11TH STREET  
EL CENTRO, CA 92243



Total Amount Due by  
Friday, December 6, 2019

\$ 2,954.00

RECEIVED

NOV 12 2019

IMPERIAL COUNTY  
PUBLIC WORKS

Invoice details are shown on the back

### STATE WATER RESOURCES CONTROL BOARD Annual Permit Fee

Facility ID: 7A131006001

Billing Period: 07/01/19 - 06/30/20

Invoice No: WD-0165080

Amount Due:

\$ 2,954.00

Due By: Friday, December 6, 2019

PLEASE REMIT YOUR PAYMENT ON OR BEFORE THE DUE DATE SHOWN ABOVE. LATE PAYMENT COULD RESULT IN PENALTIES UNDER PROVISIONS OF THE WATER CODE SECTION 13261. THESE ACTIONS COULD INCLUDE DAILY PENALTIES IN ADDITION TO YOUR FEE OR OTHER ACTIONS DEEMED APPROPRIATE BY THE REGIONAL BOARD.

Make your check payable to State Water Resources Control Board

If you have any questions about this invoice, please call the Water Board at 760-776-8941.

*Handwritten signature and date: 11/14/2019*



Retain this portion for your records

Please detach and return this portion with your payment

CHECK HERE FOR ADDRESS CORRECTION ON THE BACK

INVOICE NO: WD-0165080

INDEX NO: 388617

(Please print the above number on check or money order)

IMPERIAL CNTY DEPT OF PUBLIC W  
WILLIAM BRUNET  
155 SOUTH 11TH STREET  
EL CENTRO, CA 92243  
(760) 337-7814

SWRCB  
PO BOX 1888  
SACRAMENTO, CA 95812-1888

AMOUNT DUE: \$2,954.00  
BILLING PERIOD: 07/01/19 - 06/30/20  
DUE BY: 12/6/19  
FACILITY ID (WDID): 7A131006001  
FACILITY NAME: POE COLONIA (CADY SUBDIVISION)  
BRAWLEY, CA 92227

# 13-4

## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

### SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION

Budget Unit Name: Gateway CSA Administration Budget Unit Org Key: 1519001  
 Department Name: Imperial County Public Works  
 Contact Name: Ed Delgado, Deputy Director-Admin Phone No. (442) 265-1818

Name of Augmentation Request: Monthly mailroom charges-Office Expenses

Budget Unit Priority Ranking: 1

### SECTION 2: JUSTIFICATION

Justification Reason: (Mark One)

<input type="checkbox"/>	Program Expansion	
<input type="checkbox"/>	New Program	
<input type="checkbox"/>	Improve Service Quality	
<input type="checkbox"/>	Reorganization	
<input checked="" type="checkbox"/>	Other	<u>Mailroom Charges</u>

### SECTION 3: JUSTIFICATION NARRATIVE

Budget augmentation to office expense for monthly mail room charges from Purchasing. Monthly billings for water usage and waste-water treatment are now mailed out directly to service users and mailing costs are journaled directly to office expense.

### SECTION 4: REQUEST DETAIL

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	-	
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		-	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
Supplies & Services: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
Office Expense	524000	300	X
<b>Total</b>		<b>300</b>	

Equipment: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
		-	
<b>Total</b>		-	

Other: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		-	

<b>Revenue</b>			Ongoing Revenue
Sources: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
C.Y. Special Assessments	461005	300	X
<b>Total</b>		<b>300</b>	
<b>Net County Cost</b>		-	

Additional Comments or Explanations:  

--

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

John Gay \_\_\_\_\_ 5/1/2020 \_\_\_\_\_  
 Department Head Signature & Certification: Date

<b>CEO Recommended Action:</b>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Priority Number _____	
<b>CEO Comments:</b>			

# 13-5

## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

### SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION

Budget Unit Name: Gateway CSA Water Treatment Budget Unit Org Key: 1519004  
 Department Name: Imperial County Public Works  
 Contact Name: Ed Delgado, Deputy Director-Admin Phone No. (442) 265-1818

Name of Augmentation Request: Rental of temporary back-up water pump

Budget Unit Priority Ranking: 3

### SECTION 2: JUSTIFICATION

Justification Reason: (Mark One)

<input type="checkbox"/>	Program Expansion	
<input type="checkbox"/>	New Program	
<input type="checkbox"/>	Improve Service Quality	
<input type="checkbox"/>	Reorganization	
<input checked="" type="checkbox"/>	Other	<u>Temporary back-up water pump replacement</u>

### SECTION 3: JUSTIFICATION NARRATIVE

Budget augmentation for the rental costs of a back-up water pump to temporarily replace the water pump that has burned-out and which the department is currently working on obtaining a permanent replacement. (\$3,987 p/month; 12 months)

### SECTION 4: REQUEST DETAIL

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	-	
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		-	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
<b>Supplies &amp; Services: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
Rents and Leases - Equipment	527000	47,845	X
<b>Total</b>		<b>47,845</b>	

<b>Equipment: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
		-	
<b>Total</b>		-	

<b>Other: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		-	

<b>Revenue</b>			Ongoing Revenue
<b>Sources: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
User Fees	484025	47,845	X
<b>Total</b>		<b>47,845</b>	
<b>Net County Cost</b>		-	

Additional Comments or Explanations:  

--

--

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.


  
 Department Head Signature & Certification: Date

<b>CEO Recommended Action:</b>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Priority Number _____	
<b>CEO Comments:</b>			

V0049.3  
PR131039

K-C WELDING & RENTALS, INC.  
1549 Dogwood Rd.  
El Centro, CA 92243

PAGE NO 1

PHONE: (760) 352-3832

25% RESTOCKING FEE ON ALL RETURNS!  
NO RETURNS ON SPECIAL ITEMS\*

Cust No	Job No	Publication Order	Reference	Terms	Clerk	Date	Time
1295		A2000026/302	CNO: 20491 INVNO: 27656	NET 30 DAYS	MO	1/24/20	9:47

Sold To:  
IMPERIAL COUNTY PUBLIC WORKS/R  
155 S 11TH ST  
EL CENTRO CA 92243  
(760) 482-4594

Ship To:

DUE DATE: 2/23/20  
TERMS: 551  
DOC# 123908  
\*\*DUPLICATE\*\*  
\* INVOICE \*  
\*\*\*\*\*  
SLSPR: 02 MO  
TAX : CA CA SALES TAX

LINE	SHIPPED	ORDERED	LN	SKU	DESCRIPTION	SUGG	UNITS	PRICE/PER	EXTENSION
1	1		EA	RENTAL SURCHA	RENTAL SURCHARGE		1	90.00 /EA	90.00 M
2	1		EA	RENTAL	RENTAL CHARGE		1	3600.00 /EA	3,600.00
3					Date/Time Out: 01/02/2020 6:52				
4					Date/Time Due: 01/30/2020 7:00				
5					GENERATOR 150KVA 4206				
6					Rate/Amount: 4MK 3600.00				
7					Days: 28				
8					Units: 1				
9					Total Amount: 3600.00				
10					Rental Clerk: MO				

MOST ORIGINAL

TT ORIGINAL

\*\* AMOUNT CHARGED TO STORE ACCOUNT \*\* 3,987.00  
TAXABLE 3600.00  
NON-TAXABLE 90.00  
SUBTOTAL 3690.00  
(GATE WAY OF AMERI)  
TAX AMOUNT 297.00  
TOTAL AMOUNT 3987.00

xPhone Transaction  
Received By

*[Handwritten Signature]*  
3/21/2020

# 13-6

## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

### SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION

Budget Unit Name: Gateway CSA Water Treatment Budget Unit Org Key: 1519004  
 Department Name: Imperial County Public Works  
 Contact Name: Ed Delgado, Deputy Director-Admin Phone No. (442) 265-1818

Name of Augmentation Request: Annual Permit Fee - State Water Resources Control Board

Budget Unit Priority Ranking: 2

### SECTION 2: JUSTIFICATION

Justification Reason: (Mark One)

<input type="checkbox"/>	Program Expansion
<input type="checkbox"/>	New Program
<input type="checkbox"/>	Improve Service Quality
<input type="checkbox"/>	Reorganization
<input checked="" type="checkbox"/>	Other

Annual Permit Fee

### SECTION 3: JUSTIFICATION NARRATIVE

Budget augmentation for the costs of the Annual Permit Fees required by Sections 13260 & 13269 of the California Water Code to be paid out of the Special Department Expense line item.

### SECTION 4: REQUEST DETAIL

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	-	
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		-	





# INVOICE

## Annual Permit Fees Required by Sections 13260 & 13269 of the California Water Code

FACILITY ID (WDID): 7SSO10526  
FACILITY NAME: GATEWAY OF THE AMERICAS 99-042  
940 MAIN  
EL CENTRO, CA 92243

INVOICE NO: WD-0164735  
BILLING PERIOD: 07/01/19 - 06/30/20  
INVOICE DATE: 11/6/2019  
INDEX NO: 388272

Total Amount Due by  
Friday, December 6, 2019

\$ 2,625.00

IMPERIAL COUNTY GATEWAY CSA  
WILLIAM BRUNET  
155 SOUTH 11TH ST.  
EL CENTRO, CA 92243

RECEIVED

NOV 12 2019

IMPERIAL COUNTY  
PUBLIC WORKS

Invoice details are shown on the back

### STATE WATER RESOURCES CONTROL BOARD Annual Permit Fee

Facility ID: 7SSO10526

Billing Period: 07/01/19 - 06/30/20

Invoice No: WD-0164735

Amount Due:

\$ 2,625.00

Due By: Friday, December 6, 2019

PLEASE REMIT YOUR PAYMENT ON OR BEFORE THE DUE DATE SHOWN ABOVE. LATE PAYMENT COULD RESULT IN PENALTIES UNDER PROVISIONS OF THE WATER CODE SECTION 13261. THESE ACTIONS COULD INCLUDE DAILY PENALTIES IN ADDITION TO YOUR FEE OR OTHER ACTIONS DEEMED APPROPRIATE BY THE REGIONAL BOARD.

Make your check payable to State Water Resources Control Board

If you have any questions about this invoice, please call the Water Board at 760-776-8941.

*Handwritten:* 11/14/2019  
Gateway  
State  
Water



Retain this portion for your records

Please detach and return this portion with your payment

CHECK HERE FOR ADDRESS CORRECTION ON THE BACK

INVOICE NO: WD-0164735

INDEX NO: 388272

(Please print the above number on check or money order)

IMPERIAL COUNTY GATEWAY CSA  
WILLIAM BRUNET  
155 SOUTH 11TH ST.  
EL CENTRO, CA 92243  
(760) 482-4462

SWRCB  
PO BOX 1888  
SACRAMENTO, CA 95812-1888

AMOUNT DUE: \$2,625.00  
BILLING PERIOD: 07/01/19 - 06/30/20  
DUE BY: 12/6/19  
FACILITY ID (WDID): 7SSO10526  
FACILITY NAME: GATEWAY OF THE AMERICAS 99-042  
940 MAIN  
EL CENTRO, CA 92243

# 13-7

## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

### SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION

Budget Unit Name: Gateway CSA Water Treatment Budget Unit Org Key: 1519004  
 Department Name: Imperial County Public Works  
 Contact Name: Ed Delgado, Deputy Director-Admin Phone No. (442) 265-1818

Name of Augmentation Request: Ethernet Service

Budget Unit Priority Ranking: 1

### SECTION 2: JUSTIFICATION

Justification Reason: (Mark One)

<input type="checkbox"/>	Program Expansion	
<input checked="" type="checkbox"/>	New Program	
<input type="checkbox"/>	Improve Service Quality	
<input type="checkbox"/>	Reorganization	
<input type="checkbox"/>	Other	<u>Ethernet Service</u>

### SECTION 3: JUSTIFICATION NARRATIVE

This request is for the cost of an internet connection for an automated online monitoring system. A hard-wired Internet Service Provider is not available at this time to this area. Therefore, a cellular ISP is required. This augmentation is for the annual cost of Premium Cellular Ethernet to provide the cellular ISP required for one monitoring station that is already in operation.

### SECTION 4: REQUEST DETAIL

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	-	
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		-	



**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

# 13-8

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: Gateway CSA Waste-Water Treatment Budget Unit Org Key: 1519005  
 Department Name: Imperial County Public Works  
 Contact Name: Ed Delgado, Deputy Director-Admin Phone No. (442) 265-1818

Name of Augmentation Request: Annual Permit Fee - State Water Resources Control Board

Budget Unit Priority Ranking: 2

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)  Program Expansion  
 New Program  
 Improve Service Quality  
 Reorganization  
 Other Annual Permit Fee

**SECTION 3: JUSTIFICATION NARRATIVE**

Budget augmentation for the costs of the Annual Permit Fees required by Sections 13260 & 13269 of the California Water Code to be paid out of the Special Department Expense line item.

**SECTION 4: REQUEST DETAIL**

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	-	
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		-	



**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

# 13-9

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: Gateway CSA Waste-Water Treatment Budget Unit Org Key: 1519005  
 Department Name: Imperial County Public Works  
 Contact Name: Ed Delgado, Deputy Director-Admin Phone No. (442) 265-1818

Name of Augmentation Request: Ethernet Service/online monitoring

Budget Unit Priority Ranking: 1

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

<input type="checkbox"/>	Program Expansion	
<input checked="" type="checkbox"/>	New Program	
<input type="checkbox"/>	Improve Service Quality	
<input type="checkbox"/>	Reorganization	
<input type="checkbox"/>	Other	<u>Ethernet Service/online monitoring</u>

**SECTION 3: JUSTIFICATION NARRATIVE**

This request is for the cost of an internet connection for an automated online monitoring system. A hard-wired Internet Service Provider is not available at this time to this area. Therefore, a cellular ISP is required. This augmentation is for the annual cost of Premium Cellular Ethernet to provide the cellular ISP required for three (3) separate monitoring stations that are already in operation at the WWTP facility.

**SECTION 4: REQUEST DETAIL**

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	-	
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		-	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
<b>Supplies &amp; Services: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
Utilities	532000	1,000	X
<b>Total</b>		<b>1,000</b>	

<b>Equipment: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
		-	
<b>Total</b>		-	

<b>Other: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		-	

<b>Revenue</b>			Ongoing Revenue
<b>Sources: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
User Fees	484025	1,000	X
<b>Total</b>		<b>1,000</b>	
<b>Net County Cost</b>		-	

Additional Comments or Explanations:  


**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

John Gay  
 Department Head Signature & Certification:

5/1/2020  
 Date

<b>CEO Recommended Action:</b>		<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Priority Number _____
<b>CEO Comments:</b>			

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

# 13-10

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: Road Division Budget Unit Org Key: 1542001  
 Department Name: Imperial County Public Works  
 Contact Name: Ed Delgado, Deputy Director-Admin Phone No. (442) 265-1818

Name of Augmentation Request: AutocAD 3-Year Term License renewals

Budget Unit Priority Ranking: 4

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

<input type="checkbox"/>	Program Expansion	
<input type="checkbox"/>	New Program	
<input type="checkbox"/>	Improve Service Quality	
<input type="checkbox"/>	Reorganization	
<input checked="" type="checkbox"/>	Other	<u>Software updates/upgrades</u>

**SECTION 3: JUSTIFICATION NARRATIVE**

In order to continue using the AutoCAD engineering and design software, the Engineering Division will have to purchase a 3-year term license renewal for each of the five (5) desktops assigned to PW Engineering personnel with access to the software program.

**SECTION 4: REQUEST DETAIL**

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	-	
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		-	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
<b>Supplies &amp; Services: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
Office Expense	524000	31,265	
<b>Total</b>		<b>31,265</b>	

<b>Equipment: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		-	

<b>Other: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		-	

<b>Revenue</b>			Ongoing Revenue
<b>Sources: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
State-Highway Users Tax	434000	31,265	X
<b>Total</b>		<b>31,265</b>	
<b>Net County Cost</b>		-	

Additional Comments or Explanations:  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

John Gay \_\_\_\_\_ 5/1/2020 \_\_\_\_\_  
 Department Head Signature & Certification: Date

<b>CEO Recommended Action:</b>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Priority Number _____	
<b>CEO Comments:</b>			

## Sergio Perez

---

**From:** Norma Lillegard  
**Sent:** Monday, March 9, 2020 9:28 AM  
**To:** Veronica Atondo; Eddie Ceden; John Gay  
**Cc:** Sergio Perez  
**Subject:** Autodesk Renewal Subscriptions  
**Attachments:** County of Imperial-Updated Renewal Quote.pdf; Important: Upcoming Autodesk Licensing Changes

**Importance:** High

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Good morning,

As a reminder and as part of the upcoming 20/21 fiscal budget, please allocate funding for the Civil 3D and Autocad subscriptions for a 3-year term.

Attached for your use is a preliminary cost proposal from Kelar.

Note: The below costs are split per Division and are subject to increase since these costs are only effective for a limited time.

Sale Price for this year

Single-user 3-Year Subscription Renewal	Division Account #	Quantity	Sale Price per Unit (This is the existing reduced price)	Total Price
AutoCAD Architecture Commercial	1017	3	\$4,080.00	\$12,240.00
AutoCAD Architecture Commercial	1015	1	\$4,080.00	\$4,080.00
Civil 3D Commercial	1542	5	\$5,635.00	\$28,175.00
Total				\$44,495.00

Budget Allocation for Fiscal Year 20/21

Single-user 3-Year Subscription Renewal	Division Account #	Quantity	Price per Unit	Total Price	*Includes Projected 5% Increase
AutoCAD Architecture Commercial	1017	3	\$4,345.00	\$13,035.00	\$13,687.00
AutoCAD Architecture Commercial	1015	1	\$4,345.00	\$4,345.00	\$4,563.00
Civil 3D Commercial	1542	5	\$5,955.00	\$29,775.00	\$31,264.00
				\$49,514.00	\$49,514.00

\* Autodesk announced a 5% price increase (see attached for details).

**It is recommended that you allocate funding in the amount of \$49,514.00 for the 3-year subscription period.**

Should you need any further information or if you have any questions, please do not hesitate to contact me.

**NORMA LILLEGARD**  
Capital Improvement Program Project Coordinator

Imperial County Department of Public Works  
155 South 11th Street  
El Centro, CA 92243

Main Office: 442.265.1818 | Direct: 442.265.1813 | F: 442.265.1858  
Email: [NormaLillegard@co.imperial.ca.us](mailto:NormaLillegard@co.imperial.ca.us)

The preceding e-mail message (including any attachments) contains information that may be confidential, be protected by the attorney-client or other applicable privileges, or constitute non-public information. It is intended to be conveyed only to the designated recipient(s). If you are not an intended recipient of this message, please notify the sender by replying to this message and then delete it from your system. Use, dissemination, distribution, or reproduction of this message by unintended recipients is not authorized and may be unlawful.  
\*\*\*\*\*



Created Date 1/16/2020  
 Expiration Date 4/10/2020  
 Quote Number 00012994

Prepared By Matt Leiva  
 Email matt.leiva@kelarpacific.com

Contact Name Norma Lillegard  
 Email normalillegard@co.imperial.ca.us  
 Phone (442) 265-1813

Bill To Name County of Imperial  
 Bill To 1125 Main Street  
 Suite 108  
 El Centro, CA 92243-2811  
 United States

Quantity	Product Code	Product	Line Item Description	List Price	Sales Price	Total Price
4.00	185I1-007670-T662	AutoCAD Architecture Commercial Single-user 3-Year Subscription Renewal	Contract # 110001621291; Renewal # A-10704492; Expires on 4/10/2020; Renews to 4/10/2023	\$4,345.00	\$4,080.00	\$16,320.00
5.00	237I1-007670-T662	Civil 3D Commercial Single-user 3-Year Subscription Renewal	Contract # 110001621291; Renewal # A-10704492; Expires on 4/10/2020; Renews to 4/10/2023	\$5,955.00	\$5,635.00	\$28,175.00

Download media only Autodesk will provide download media at no additional cost. You can choose to have media shipped to you but there will be an additional charge and a longer wait time to receive your order.

Subtotal \$44,495.00  
 Grand Total \$44,495.00

**Note:** The prices on this quote do NOT include California sales tax if applicable. This is not an invoice.

Method of Payment Credit Card

Company Address 6020 Cornerstone Court West, Suite 105  
 San Diego, CA 92121  
 US

Phone (800) 578-2457  
 Fax (858) 597-4157

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

# 13-11

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: PW Road Construction Op. Fund Budget Unit Org Key: 1542001  
 Department Name: Imperial County Public Works  
 Contact Name: Ed Delgado, Deputy Director-Admin Phone No. (442) 265-1818

Name of Augmentation Request: ICSO Inmate Crew Supervision MOU with ICDPW

Budget Unit Priority Ranking: 2

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

<input type="checkbox"/>	Program Expansion	
<input type="checkbox"/>	New Program	
<input type="checkbox"/>	Improve Service Quality	
<input type="checkbox"/>	Reorganization	
<input checked="" type="checkbox"/>	Other	<u>ICSO inmate labor crew</u>

**SECTION 3: JUSTIFICATION NARRATIVE**

In September 2019, the Sheriff's Dept. and the Dept. of Public Works revised their MOU regarding the use of ICSO inmate labor on Public Works' road patching crew to reflect an increase in the annual cost of the salaries and benefits of a correctional officer to supervise the inmate crew. The revised program will now have an annual cost of \$103,282.40 per year. This budget augmentation request is for the full annual cost of that program in 530005-Special Dept. Expense to cover the amount requested on the attached Expenditure Transfer signed and agreed to by both departments

**SECTION 4: REQUEST DETAIL**

<i>Cost by Category</i>	Object Code	Amount for FY 2020-2021	Ongoing Expense
			Yes "X"
<b>Salaries &amp; Benefits:</b>			
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	-	
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins -Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		-	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
<b>Supplies &amp; Services: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
Special Dept. Expense	530005	103,283	X
<b>Total</b>		<b>103,283</b>	

<b>Equipment: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
		-	
<b>Total</b>		-	

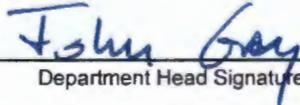
<b>Other: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		-	

<b>Revenue</b>			Ongoing Revenue
<b>Sources: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
State-Highway User Tax	434000	103,283	X
<b>Total</b>		<b>103,283</b>	
<b>Net County Cost</b>		-	

Additional Comments or Explanations:


**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.


5/1/2020  
 Department Head Signature & Certification: Date

<b>CEO Recommended Action:</b>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Priority Number _____
<b>CEO Comments:</b>		

## Schmidt, Scott

---

**From:** Jenell Guerrero <JenellGuerrero@co.imperial.ca.us>  
**Sent:** Thursday, May 02, 2019 5:12 PM  
**To:** Schmidt, Scott  
**Cc:** Ed Delgado; Sergio Perez; Clayton, Jamie  
**Subject:** MOU between ICDPW and ICSO for Inmate Labor  
**Attachments:** FY 18-19 Salary plus Fringe (PW Cost).pdf; FBAR 3 Sheriff's Positions.pdf  
  
**Importance:** High

Good Afternoon Scott:

The Public Works Department (ICDPW) and Sheriff's Department (ICSO) have an MOU regarding the use of ICSO inmate labor. The current MOU was approved September 29, 2016 for a term of three (3) years which is now set to expire September 29, 2019. Fiscal provisions of the current MOU state the following:

- *"ICDPW will transfer funds to ICSO for the operation of this program. The not to exceed amount for this program is eighty three thousand eight hundred forty-eight dollars and sixty-eight cents (\$83,848.68)"*

Upon calculating the yearly cost for the program, for the new MOU, it was found that the fiscal provisions would require revision. There is an increase of \$19,433.72 to the yearly cost.

- The revised program cost would be \$103,282.40 per year.

Cost was determined by utilizing the FY 2018-19 hourly rates + fringe benefits rate for the three (3) needed Sheriff's employee positions: Corrections Officer, Account Clerk III and Correctional Serv. Asst.

Attached for your use and reference is ICDPW breakdown/explanation of costs and aforementioned employee FBAR sheet.

At this time we kindly request you review the documents and revised program cost. Should Sheriff's office agree to the revised cost we will proceed with submitting the MOU to County Counsel for revision and extension. Please note, the terms and conditions of the MOU will not change with the exception of the fiscal provision.

Should you have any questions please do not hesitate to let me know. Thank you in advance for your time and prompt attention to this matter.

Respectfully,

**Jenell Guerrero, MPA** | Administrative Analyst II  
Imperial County Department of Public Works  
155 S. 11th St., El Centro, CA 92243  
Cell: (760) 604-2162  
Direct: (442) 265-1815  
Fax: (442) 265-1858  
[www.co.imperial.ca.us](http://www.co.imperial.ca.us)

 Please consider the environment before printing this e-mail

**Public Works Contract**

9 inmates

5 days per week, Monday-Friday

8 hours per day

Supervision provided by ICSO Corrections Services Assistant

Equipment & Safety gear provided by Imperial County Public Works Department

Workers Compensation coverage provided by County of Imperial

<b>Daily Work</b>		<b>Total Daily Cost</b>	<b>FY 2018-19 Numbers (Hourly Rate and Fringe Benefit)</b>
In/Out Processing	\$ 56.62 (Per day)	\$56.62	1 hr. @ Correctional Officer (\$31.63/hr + \$24.99 FB = \$56.62)
Clerical Processing	\$ 9.07 (Per day / Per inmate)	\$81.63	15 min. @ Account Clerk III (\$23.41/hr + \$12.88 FB = \$36.29)
Inmate Clothing	\$ 0.07 (Per day / Per inmate)	\$0.63	
Inmate Worker Pay	\$ 1.00 (Per day / Per inmate)	\$9.00	
CSA Salary	\$ 249.36 (Per day)	\$249.36	8 hrs. @ Corrections Serv. Asst. (\$20.64/hr + \$10.53 FB = \$31.17)
		<b><u>\$397.24</u></b>	

<b>Projected Cost:</b>	<b>Daily</b>	<b>Weekly</b>	<b>Monthly</b>	<b>Yearly</b>
(9 inmates)	\$397.24 \$	1,986.20	\$ 8,606.87	\$ 103,282.40

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

# 13-12

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: PW Road Construction Op. Fund Budget Unit Org Key: 1542001  
 Department Name: Imperial County Public Works  
 Contact Name: Ed Delgado, Deputy Director-Admin Phone No. (442) 265-1818

Name of Augmentation Request: Dept. of Transportation - Repayment Plan

Budget Unit Priority Ranking: 1

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)  Program Expansion  
 New Program  
 Improve Service Quality  
 Reorganization  
 Other Repayment Plan

**SECTION 3: JUSTIFICATION NARRATIVE**

On August 1, 2018, the CA Dept. of Transportation (DOT) and the Imperial County Dept. of Public Works came into agreement regarding the repayment of expended Federal funds originally allocated to the Imperial County. A repayment plan was agreed upon by both parties in which \$566,892.62 would be returned to the DOT over the course of ten (10) years. Attached is a schedule showing that \$56,690 will be due on every 1st of September, starting in 2018. This budget augmentation is to allocate the funds required to make this fiscal year's payment into the Special Dept. Expense object code.

**SECTION 4: REQUEST DETAIL**

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	-	
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		-	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

**Cost by Category**

<b>Cost by Category</b>			Ongoing Expense
Supplies & Services: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
Special Dept. Expense	530005	56,690	X
<b>Total</b>		<b>56,690</b>	

Equipment: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
		-	
<b>Total</b>		-	

Other: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		-	

**Revenue**

<b>Revenue</b>			Ongoing Revenue
Sources: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
State-Highway User Tax	434000	56,690	X
<b>Total</b>		<b>56,690</b>	
<b>Net County Cost</b>		-	

Additional Comments or Explanations:

--

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

John Gay \_\_\_\_\_ 5/1/2020 \_\_\_\_\_  
 Department Head Signature & Certification: Date

<b>CEO Recommended Action:</b>		<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Priority Number _____
<b>CEO Comments:</b>			



**DEPARTMENT OF TRANSPORTATION**  
 DIVISION OF ACCOUNTING  
 P. O. BOX 168043  
 SACRAMENTO, CA 95816-8043  
 PHONE (800) 404-7787  
 FAX (916) 227-4245  
 TTY 711



*Make Conservation  
 a California Way of Life!*

## INSTALLMENT PAYMENT AGREEMENT

1. This Agreement is entered August 1, 2018, between the California Department of Transportation (Department) and Imperial County (Debtor) collectively referred to as the "parties."
2. As a result of repayment of expended federal funds allocation to Imperial County, Debtor owes the Department the following: invoice amount: \$566,892.62 (hereinafter, "Debt") which is to be paid by Debtor on a ten year installment agreement plan. (Caltrans Project ID 1100000684, Federal Project #BRLS 5958(053), County Project #58C-0105)
3. Caltrans has agreed to the use of toll credits and bridge investment credits to help offset the project repayment as follows:

Toll credits in the Construction phase of the below HSIP project, \$215,000 of local match will be replaced with federal HSIP funds.

**HSIP Unique Project ID:** H8-11-008

**Federal Project Number:** 5958(107)

**Project Location:** SR-86 at Heber Curve.

**Description of Work:** Eliminate curve; install 4-way stop; install southbound left turn lane and dedicated westbound right turn lane; and add intersection lighting.

**Project Delivery Timeline:** the PE phase was authorized on 10/19/2017. It is expected this project will have CON authorization near the end of 2019 and the construction will be completed by May, 2021.

Three Highway Bridge Program projects with eligible Local Match may be utilized to offset the repayment in accordance with the Bridge Investment Credit (BIC) in Chapter 6 of the Local Assistance Program Guidelines (LAPG).

Federal Project Number	Bridge Number	Project Description	Federal Fiscal Year-Phase	Available \$\$
Not assigned	58C0051	Evan Hewes Hwy	18/19-PE	\$103,125
			Beyond-CON	\$779,763
5958(094)	58C0014	Forrester Road	18/19-PE	\$500,000
			Beyond/CON	\$4,621,155
Not assigned	58C0007	Lack Road Bridge	19/20-PE	\$525,000

*"Provide a safe, sustainable, integrated and efficient transportation system  
 to enhance California's economy and livability"*

**Installment Payment Agreement**

July 12, 2018

John Gay, Imperial County

Anza Bridge Project

Page 3 of 3

**4. Debtor shall make installment payments to the Department in the following manner:**

First Payment:	\$56,690.00 due 09/01/2018
Second Payment:	\$56,690.00 due 09/01/2019
Third Payment:	\$56,690.00 due 09/01/2020
Fourth Payment:	\$56,690.00 due 09/01/2021
Fifth Payment:	\$56,690.00 due 09/01/2022
Sixth Payment:	\$56,690.00 due 09/01/2023
Seventh Payment:	\$56,690.00 due 09/01/2024
Eighth Payment:	\$56,690.00 due 09/01/2025
Ninth Payment:	\$56,690.00 due 09/01/2026
Final Payment:	\$56,682.62 (Balance) due 09/01/2027

**5. Debtor shall remit payment by check, cashier's check, or EFT by the dates set in this agreement. Payment shall be remitted to the following address.**

California Department of Transportation  
Cashiering Office, MS-58  
P.O. Box 168019  
Sacramento, CA 95816-8019

The first payment shall be remitted to the Department no later than September 01, 2018.

- 6. Should Debtor default, the entire payment shall become immediately due and payable. "Default" is defined as: (a) failure to make one or more installment payment of the amount set forth in 3, above, (b) failure to redeem a check returned by the bank due to insufficient funds, or (c) failure to sign and return this Agreement to the Department within 5 days of mailing to the Debtor as determined by the postmark date.**
- 7. Under no circumstances shall the Department release Debtor from its liability arising out of repayment of expended federal funds allocated to Imperial County until all installments have been paid to the Department.**
- 8. This Agreement shall become effective upon the date signed by the parties and approved by the Department. The Agreement shall expire on September 1, 2027, or when the Debt is paid in full, unless extended by mutual agreement of the parties.**

Installment Payment Agreement  
July 12, 2018  
John Gay, Imperial County  
Anza Bridge Project  
Page 3 of 3

Signed Oct 25 of 2018 in El Centro, California:  
(Date) (City)

John A. Gay  
John A. Gay, Director of Public Works, Imperial County, Debtor

Signed \_\_\_\_\_ of 2018 in Sacramento, California:  
(Date) (City)

\_\_\_\_\_  
Gina Schumacher, Chief  
Accounts Receivable Branch, Section C

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

# 13-13

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: PW Road Construction Op. Fund Budget Unit Org Key: 1542001  
 Department Name: Imperial County Public Works  
 Contact Name: Ed Delgado, Deputy Director-Admin Phone No. (442) 265-1818

Name of Augmentation Request: DTSC CUPA fees for Road Yards

Budget Unit Priority Ranking: 3

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)  Program Expansion  
 New Program  
 Improve Service Quality  
 Reorganization  
 Other DTSC CUPA fees

**SECTION 3: JUSTIFICATION NARRATIVE**

Annual costs of the Department of Toxic Substances Control's (DTSC) CUPA fees for each road year under the Department of Public Works. Fees for the four regular road yards are \$2,551 each. The smaller satellite road yards have smaller fees of \$1,670 for Bard and \$1,095 each for Salton City and Palo Verde. This is a Budget Augmentation request for the total annual fees charged by DTSC of \$14,065.

**SECTION 4: REQUEST DETAIL**

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	-	
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		-	





DTSC IMPERIAL CUPA  
 627 WAKE AVENUE  
 EL CENTRO, CA 92243  
 Phone: (760)352-0381

Invoice No.: IM0012581  
 FY: 19 / 20  
 Invoice Date: February 14, 2020  
**DUE DATE: March 15, 2020**  
 Delinquent Date: March 16, 2020  
 Facility ID: FA0000098  
 CERS ID No: 10122277  
 EPA ID No: CAL000351578

**Business Mailing Address:**  
 IMPERIAL COUNTY PUBLIC WORKS  
 940 MAIN ST. STE 101  
 EL CENTRO, CA 92243

**Business Name and Site Address**  
 COUNTY OF IMPERIAL (ROAD DIST 1)  
 1098 HEFFERNAN RD  
 HEBER, CA 92249

PROGRAM ELEMENT	PERMIT DESCRIPTION	ELEMENT CODE	FEE
HMRRP	HAZARDOUS MATERIALS BUSINESS PLAN	4250	\$605.00
HAZ WASTE	HAZ WASTE GENERATOR < 1 TON	4452	\$661.00
ADMIN	ALL BUSINESSES FLAT FEE	ADMN	\$441.00
ADMIN	APSA SURCHARGE	APSA	\$26.00
HAZMAT	CUPA OVERSIGHT SURCHARGE	5015	\$49.00
ADMIN	(AST) >10,000 to <100,000 GALLONS	4056	\$769.00
<b>DTSC IMPERIAL CUPA:</b>			<b>\$ 2,551.00</b>

\* A penalty of 10% shall be assessed if not postmarked by the due date, and interest will accrue on unpaid Fee balances.

Please visit <https://www.thepayplace.com/dtsc/statecupa/statecupa/billpreview.aspx> if paying by credit card. If paying by electronic fund transfer (EFT), call (916) 327-1189 or [accounting@dtsc.ca.gov](mailto:accounting@dtsc.ca.gov) for bank information and instructions. Information on how to appeal and/or dispute this Invoice is provided on the back of this Invoice.

**RECEIVED**  
 FEB 18 2020  
 PUBLIC WORKS  
 ACCOUNTING

*Handwritten signature and date:*  
 2/19/2020



DTSC IMPERIAL CUPA  
 627 WAKE AVENUE  
 EL CENTRO, CA 92243  
 Phone: (760)352-0381

Invoice No.: IM0012920  
 FY: 19 / 20  
 Invoice Date: February 14, 2020  
**DUE DATE: March 15, 2020**  
 Delinquent Date: March 16, 2020  
 Facility ID: FA0000645  
 CERS ID No: 10122331  
 EPA ID No: CAL000091535

**Business Mailing Address:**  
 COUNTY OF IMPERIAL  
 940 MAIN STREET SUITE 101  
 EL CENTRO, CA 92243

**Business Name and Site Address**  
 COUNTY OF IMPERIAL - ROAD DISTRICT  
 #4  
 4736 HIGHWAY 111  
 BRAWLEY, CA 92227

PROGRAM ELEMENT	PERMIT DESCRIPTION	ELEMENT CODE	FEE
HAZ WASTE	HAZ WASTE GENERATOR < 1 TON	4452	\$661.00
HMRRP	HAZARDOUS MATERIALS BUSINESS PLAN	4250	\$605.00
ADMIN	ALL BUSINESSES FLAT FEE	ADMN	\$441.00
ADMIN	(AST) >10,000 to <100,000 GALLONS	4056	\$769.00
HAZMAT	CUPA OVERSIGHT SURCHARGE	5015	\$49.00
ADMIN	APSA SURCHARGE	APSA	\$26.00
<b>DTSC IMPERIAL CUPA:</b>			<b>\$ 2,551.00</b>

\* A penalty of 10% shall be assessed if not postmarked by the due date, and interest will accrue on unpaid Fee balances.

Please visit <https://www.thepayplace.com/dtsc/statecupa/statecupa/billpreview.aspx> if paying by credit card. If paying by electronic fund transfer (EFT), call (916) 327-1189 or [accounting@dtsc.ca.gov](mailto:accounting@dtsc.ca.gov) for bank information and instructions. Information on how to appeal and/or dispute this Invoice is provided on the back of this Invoice.

**RECEIVED**  
 FEB 18 2020  
 PUBLIC WORKS  
 ACCOUNTING  
*AKG*  
*2/19/2020*



DTSC IMPERIAL CUPA  
 627 WAKE AVENUE  
 EL CENTRO, CA 92243  
 Phone: (760)352-0381

Invoice No.: IM0012544  
 FY: 19 / 20  
 Invoice Date: February 14, 2020  
**DUE DATE: March 15, 2020**  
 Delinquent Date: March 16, 2020  
 Facility ID: FA0000044  
 CERS ID No: 10124680  
 EPA ID No: CAL000091536

**Business Mailing Address:**

COUNTY OF IMPERIAL  
 940 MAIN ST STE 101  
 EL CENTRO, CA 92243

**Business Name and Site Address**

COUNTY OF IMPERIAL - ROAD DISTRICT  
 #5  
 1744 E UNDERWOOD  
 HOLTVILLE, CA 92250

PROGRAM ELEMENT	PERMIT DESCRIPTION	ELEMENT CODE	FEE
HAZMAT	CUPA OVERSIGHT SURCHARGE	5015	\$49.00
ADMIN	(AST) >10,000 to <100,000 GALLONS	4056	\$769.00
HAZ WASTE	HAZ WASTE GENERATOR < 1 TON	4452	\$661.00
HMRRP	HAZARDOUS MATERIALS BUSINESS PLAN	4250	\$605.00
ADMIN	ALL BUSINESSES FLAT FEE	ADMN	\$441.00
ADMIN	APSA SURCHARGE	APSA	\$26.00
<b>DTSC IMPERIAL CUPA:</b>			<b>\$ 2,551.00</b>

\* A penalty of 10% shall be assessed if not postmarked by the due date, and interest will accrue on unpaid Fee balances.

Please visit <https://www.thepayplace.com/dtsc/statecupa/statecupa/billpreview.aspx> if paying by credit card. If paying by electronic fund transfer (EFT), call (916) 327-1189 or [accounting@dtsc.ca.gov](mailto:accounting@dtsc.ca.gov) for bank information and instructions. Information on how to appeal and/or dispute this Invoice is provided on the back of this Invoice.

**RECEIVED**  
 FEB 18 2020  
 PUBLIC WORKS  
 ACCOUNTING

*Handwritten signature and date: 2/19/2020*



DTSC IMPERIAL CUPA  
 627 WAKE AVENUE  
 EL CENTRO, CA 92243  
 Phone: (760)352-0381

Invoice No.: IM0012558  
 FY: 19 / 20  
 Invoice Date: February 14, 2020  
**DUE DATE: March 15, 2020**  
 Delinquent Date: March 16, 2020  
 Facility ID: FA0000064  
 CERS ID No: 10122283  
 EPA ID No: CAL000091538

**Business Mailing Address:**

COUNTY OF IMPERIAL-ROAD DISTRICT #1  
 940 MAIN STREET SUITE 101  
 EL CENTRO, CA 92243

**Business Name and Site Address**

COUNTY OF IMPERIAL (ROAD DISTRICT 3)  
 304 E 4TH ST  
 IMPERIAL, CA 92251

PROGRAM ELEMENT	PERMIT DESCRIPTION	ELEMENT CODE	FEE
HAZMAT	CUPA OVERSIGHT SURCHARGE	5015	\$49.00
ADMIN	(AST) >10,000 to <100,000 GALLONS	4056	\$769.00
HAZ WASTE	HAZ WASTE GENERATOR < 1 TON	4452	\$661.00
HMRRP	HAZARDOUS MATERIALS BUSINESS PLAN	4250	\$605.00
ADMIN	ALL BUSINESSES FLAT FEE	ADMN	\$441.00
ADMIN	APSA SURCHARGE	APSA	\$26.00
<b>DTSC IMPERIAL CUPA:</b>			<b>\$ 2,551.00</b>

\* A penalty of 10% shall be assessed if not postmarked by the due date, and interest will accrue on unpaid Fee balances.

Please visit <https://www.thepayplace.com/dtsc/statecupa/statecupa/billpreview.aspx> if paying by credit card. If paying by electronic fund transfer (EFT), call (916) 327-1189 or [accounting@dtsc.ca.gov](mailto:accounting@dtsc.ca.gov) for bank information and instructions. Information on how to appeal and/or dispute this Invoice is provided on the back of this Invoice.

**RECEIVED**  
 FEB 18 2020  
 PUBLIC WORKS  
 ACCOUNTING

*Handwritten signature and date:*  
 2/19/2020



DTSC IMPERIAL CUPA  
 627 WAKE AVENUE  
 EL CENTRO, CA 92243  
 Phone: (760)352-0381

Invoice No.: IM0012610  
 FY: 19 / 20  
 Invoice Date: February 14, 2020  
**DUE DATE: March 15, 2020**  
 Delinquent Date: March 16, 2020  
 Facility ID: FA0000133  
 CERS ID No: 10122349  
 EPA ID No: CAL000091537

**Business Mailing Address:**  
 COUNTY OF IMPERIAL  
 940 MAIN STREET SUITE 101  
 EL CENTRO, CA 92243

**Business Name and Site Address**  
 COUNTY OF IMPERIAL - ROAD DISTRICT  
 #B1  
 1477 ROSS RD  
 WINTERHAVEN, CA 92283

PROGRAM ELEMENT	PERMIT DESCRIPTION	ELEMENT CODE	FEE
HAZMAT	CUPA OVERSIGHT SURCHARGE	5015	\$49.00
ADMIN	AST <=10,000 GALLONS	4057	\$549.00
HMRRP	HAZARDOUS MATERIALS BUSINESS PLAN	4250	\$605.00
ADMIN	ALL BUSINESSES FLAT FEE	ADMN	\$441.00
ADMIN	APSA SURCHARGE	APSA	\$26.00
<b>DTSC IMPERIAL CUPA:</b>			<b>\$ 1,670.00</b>

\* A penalty of 10% shall be assessed if not postmarked by the due date, and interest will accrue on unpaid Fee balances.

Please visit <https://www.thepayplace.com/dtsc/statecupa/statecupa/billpreview.aspx> if paying by credit card. If paying by electronic fund transfer (EFT), call (916) 327-1189 or [accounting@dtsc.ca.gov](mailto:accounting@dtsc.ca.gov) for bank information and instructions. Information on how to appeal and/or dispute this Invoice is provided on the back of this Invoice.

**RECEIVED**  
 FEB 18 2020  
 PUBLIC WORKS  
 ACCOUNTING

*AKO*  
*2/19/2020*



DTSC IMPERIAL CUPA  
 627 WAKE AVENUE  
 EL CENTRO, CA 92243  
 Phone: (760)352-0381

Invoice No.: IM0012724  
 FY: 19 / 20  
 Invoice Date: February 14, 2020  
**DUE DATE: March 15, 2020**  
 Delinquent Date: March 16, 2020  
 Facility ID: FA0000781  
 CERS ID No: 10122307  
 EPA ID No:

**Business Mailing Address:**

COUNTY OF IMPERIAL  
 COUNTY OF IMPERIAL ROAD DIST PV5  
 940 MAIN STREET  
 SUITE 101  
 EL CENTRO, CA 92243

**Business Name and Site Address**

COUNTY OF IMPERIAL (ROAD DIST PV5)  
 520 HWY 78  
 PALO VERDE, CA 92266

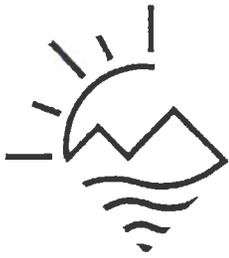
PROGRAM ELEMENT	PERMIT DESCRIPTION	ELEMENT CODE	FEE
HMRRP	HAZARDOUS MATERIALS BUSINESS PLAN	4250	\$605.00
ADMIN	ALL BUSINESSES FLAT FEE	ADMN	\$441.00
HAZMAT	CUPA OVERSIGHT SURCHARGE	5015	\$49.00
<b>DTSC IMPERIAL CUPA:</b>			<b>\$ 1,095.00</b>

\* A penalty of 10% shall be assessed if not postmarked by the due date, and interest will accrue on unpaid Fee balances.

Please visit <https://www.thepayplace.com/dtsc/statecupa/statecupa/billpreview.aspx> if paying by credit card. If paying by electronic fund transfer (EFT), call (916) 327-1189 or [accounting@dtsc.ca.gov](mailto:accounting@dtsc.ca.gov) for bank information and instructions. Information on how to appeal and/or dispute this Invoice is provided on the back of this Invoice.

**RECEIVED**  
 FEB 18 2020  
 PUBLIC WORKS  
 ACCOUNTING

*Handwritten signature and date:*  
 2/19/2020



DTSC IMPERIAL CUPA  
 627 WAKE AVENUE  
 EL CENTRO, CA 92243  
 Phone: (760)352-0381

Invoice No.: IM0012725  
 FY: 19 / 20  
 Invoice Date: February 14, 2020  
**DUE DATE: March 15, 2020**  
 Delinquent Date: March 16, 2020  
 Facility ID: FA0000782  
 CERS ID No: 10122301  
 EPA ID No: CAL000354797

**Business Mailing Address:**  
 COUNTY OF IMPERIAL  
 940 MAIN STREET SUITE 101  
 EL CENTRO, CA 92243

**Business Name and Site Address**  
 COUNTY OF IMPERIAL - ROAD DISTRICT  
 #SC3  
 2256 CLEVELAND RD  
 SALTON CITY, CA 92275

PROGRAM ELEMENT	PERMIT DESCRIPTION	ELEMENT CODE	FEE
HAZMAT	CUPA OVERSIGHT SURCHARGE	5015	\$49.00
HMRRP	HAZARDOUS MATERIALS BUSINESS PLAN	4250	\$605.00
ADMIN	ALL BUSINESSES FLAT FEE	ADMN	\$441.00
<b>DTSC IMPERIAL CUPA:</b>			<b>\$ 1,095.00</b>

\* A penalty of 10% shall be assessed if not postmarked by the due date, and interest will accrue on unpaid Fee balances.

Please visit <https://www.thepayplace.com/dtsc/statecupa/statecupa/billpreview.aspx> if paying by credit card. If paying by electronic fund transfer (EFT), call (916) 327-1189 or [accounting@dtsc.ca.gov](mailto:accounting@dtsc.ca.gov) for bank information and instructions. Information on how to appeal and/or dispute this Invoice is provided on the back of this Invoice.

**RECEIVED**  
 FEB 18 2020  
 PUBLIC WORKS  
 ACCOUNTING

*Handwritten signature and date:*  
 2/19/2020

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

# 13-14

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: P.W. Roads Construction Op. Fund Budget Unit Org Key: 1542001  
 Department Name: Public Works Department  
 Contact Name: John Gay, Director-Public Works Phone No. (442) 265-1818

Name of Augmentation Request: Adjust FY2020-2021 Proposed Budget

Budget Unit Priority Ranking: \_\_\_\_\_

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

- Program Expansion
- New Program
- Improve Service Quality
- Reorganization
- Other

**SECTION 3: JUSTIFICATION NARRATIVE**

Request approval to adjust FY2020-2021 Proposed Budget to increase appropriations not included during the budget process. This will reflect actual revenues and expenditures in FY2020-2021.

**SECTION 4: REQUEST DETAIL**

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115	\$ 142,383	
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135	\$ 34,020	
Redemption of Benefits	501145		
Social Security-Medicare	501150	\$ 2,558	
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		<b>\$ 178,961</b>	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
<b>Supplies &amp; Services: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
Road Rehab	520060	1,140,000	
Professional & Special Services	525010	250,000	
<b>Total</b>		<b>\$ 1,390,000</b>	

<b>Equipment: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

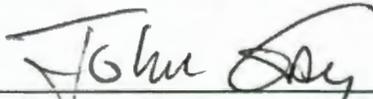
<b>Other: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
Intrafund Transfer	552000	(1,060,000)	
<b>Total</b>		<b>(\$ 1,060,000)</b>	

<b>Revenue</b>			Ongoing Revenue
<b>Sources:(List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
State-Highway Users Tax	434000	2,186,786	
Other Refunds & Reimbursements	491045	(92,000)	
Reimb for Services Provided	493000	(10,000)	
<b>Total</b>		<b>\$ 2,084,786</b>	
<b>Net County Cost</b>		<b>(\$ 1,575,825)</b>	

Additional Comments or Explanations  
 Reflects actual revenues and expenditures omitted during the budget process.

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

  
 Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input checked="" type="checkbox"/> Recommended	
	<input type="checkbox"/> Not Recommended	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

# 13-15

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: Solid Waste Division Budget Unit Org Key: 1580001  
 Department Name: Imperial County Public Works  
 Contact Name: John Gay Phone No. \_\_\_\_\_

Name of Augmentation Request: Adjust FY2020-2021 Proposed Budget

Budget Unit Priority Ranking: \_\_\_\_\_

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

- Program Expansion  
 New Program  
 Improve Service Quality  
 Reorganization  
 Other

**SECTION 3: JUSTIFICATION NARRATIVE**

Request approval to adjust FY2020-2021 Proposed Budget to reflect actual expenditures for Loss Reserves

Unemployment Insurance.

**SECTION 4: REQUEST DETAIL**

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150		
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
Ins. Unemployment	502010	(\$ 415,406)	
<b>Total</b>		<b>(\$ 415,406)</b>	

## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

### SECTION 4: REQUEST DETAIL

<b>Cost by Category</b>			Ongoing Expense
Supplies & Services: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Equipment: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Other: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Revenue</b>			Ongoing Revenue
Sources:(List) Object Code Description	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	
<b>Net County Cost</b>		<b>(\$ 415,406)</b>	

Additional Comments or Explanations  
 Adjust budget to reflect actual expenses for Loss Reserves Unemployment Insurance in FY2020-2021.

### SECTION 5: DEPARTMENT HEAD CERTIFICATION

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

**Mayra Widmann** Digitally signed by Mayra Widmann  
Date: 2020.07.08 11:30:42 -07'00'

Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	

# 13-16

## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

### SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION

Budget Unit Name: Solid Waste Division Budget Unit Org Key: 1580001  
 Department Name: Imperial County Public Works  
 Contact Name: Ed Delgado, Deputy Director-Admin Phone No. (442) 265-1818

Name of Augmentation Request: ESJPA Out of County Travel

Budget Unit Priority Ranking: 6

### SECTION 2: JUSTIFICATION

Justification Reason: (Mark One)

<input type="checkbox"/>	Program Expansion	
<input type="checkbox"/>	New Program	
<input type="checkbox"/>	Improve Service Quality	
<input type="checkbox"/>	Reorganization	
<input checked="" type="checkbox"/>	Other	<u>Attending Conferences</u>

### SECTION 3: JUSTIFICATION NARRATIVE

The Director of Public Works has been tasked by the Board of Supervisors to attend the Rural Counties' Environmental Services Joint Powers Authority conferences which are held five times a year in Sacramento. Out of county travel will be required.

### SECTION 4: REQUEST DETAIL

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	-	
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		-	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			<b>Ongoing Expense</b>
<b>Supplies &amp; Services: (List)</b>	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
Travel Out of County Misc	531040	7,500	X
<b>Total</b>		<b>7,500</b>	

<b>Equipment: (List)</b>	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
<b>Total</b>		-	

<b>Other: (List)</b>	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
<b>Total</b>		-	

<b>Revenue</b>			<b>Ongoing Revenue</b>
<b>Sources: (List)</b>	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
<b>Total</b>			
<b>Net County Cost</b>		<b>7,500</b>	

**Additional Comments or Explanations**

---



---

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

John Gay  
Department Head Signature & Certification:

5/1/2020  
Date

<b>CEO Recommended Action:</b>		<input type="checkbox"/> Approved	Priority Number _____
	<input checked="" type="checkbox"/> Denied		
<b>CEO Comments:</b>			
<i>[Signature]</i>			

# 13-17

## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

### SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION

Budget Unit Name: Solid Waste Division Budget Unit Org Key: 1580001  
 Department Name: Imperial County Public Works  
 Contact Name: Ed Delgado, Deputy Director-Admin Phone No. (442) 265-1818

Name of Augmentation Request: (1) Mechanic's Truck

Budget Unit Priority Ranking: 4

### SECTION 2: JUSTIFICATION

Justification Reason: (Mark One)

<input type="checkbox"/>	Program Expansion	
<input type="checkbox"/>	New Program	
<input type="checkbox"/>	Improve Service Quality	
<input type="checkbox"/>	Reorganization	
<input checked="" type="checkbox"/>	Other	<u>Replace obsolete equipment</u>

### SECTION 3: JUSTIFICATION NARRATIVE

This mechanic's truck will replace a 25 year old 1994 year model which is used to provide service and repairs to heavy equipment at the various solid waste sites throughout the County that cannot be easily transported to a Road yard for service and repair.

### SECTION 4: REQUEST DETAIL

Cost by Category			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	-	
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		-	







# 13-19

## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

### SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION

Budget Unit Name: Solid Waste Division Budget Unit Org Key: 1580001  
 Department Name: Imperial County Public Works  
 Contact Name: Ed Delgado, Deputy Director-Admin Phone No. (442) 265-1818

Name of Augmentation Request: (1) Water Truck

Budget Unit Priority Ranking: 5

### SECTION 2: JUSTIFICATION

Justification Reason: (Mark One)

<input type="checkbox"/>	Program Expansion	
<input type="checkbox"/>	New Program	
<input type="checkbox"/>	Improve Service Quality	
<input type="checkbox"/>	Reorganization	
<input checked="" type="checkbox"/>	Other	<u>Replace obsolete equipment</u>

### SECTION 3: JUSTIFICATION NARRATIVE

This water truck will replace a 29 year old 1991 year Peterbilt model that is no longer cost effective to maintain and repair and that is currently noncompliant with pending 2020 Air Resources Board (ARB) and Air Pollution Control District (APCD) particulate matter (PM-10) requirements.

### SECTION 4: REQUEST DETAIL

Cost by Category			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	-	
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		-	



# 13-20

## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

### SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION

Budget Unit Name: Solid Waste Division Budget Unit Org Key: 1580001  
 Department Name: Imperial County Public Works  
 Contact Name: Ed Delgado, Deputy Director-Admin Phone No. (442) 265-1818

Name of Augmentation Request: (1) Scraper

Budget Unit Priority Ranking: 2

### SECTION 2: JUSTIFICATION

Justification Reason: (Mark One)

<input type="checkbox"/>	Program Expansion	
<input type="checkbox"/>	New Program	
<input type="checkbox"/>	Improve Service Quality	
<input type="checkbox"/>	Reorganization	
<input checked="" type="checkbox"/>	Other	<u>Replace obsolete equipment</u>

### SECTION 3: JUSTIFICATION NARRATIVE

This scraper will replace a 1981 model scraper which will be noncompliant with pending 2020 Air Resources Board (ARB) and Air Pollution Control District (APCD) particulate matter (PM-10) requirements.

### SECTION 4: REQUEST DETAIL

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	-	
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		-	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			<b>Ongoing Expense</b>
<b>Supplies &amp; Services: (List)</b>	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
<b>Total</b>		-	

<b>Equipment: (List)</b>	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
(1) Scraper	549000	250,000	
<b>Total</b>		<b>250,000</b>	

<b>Other: (List)</b>	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
<b>Total</b>		-	

<b>Revenue</b>			<b>Ongoing Revenue</b>
<b>Sources: (List)</b>	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
<b>Total</b>			
<b>Net County Cost</b>		<b>250,000</b>	

**Additional Comments or Explanations**

--

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

John Gay \_\_\_\_\_ 5/1/2020 \_\_\_\_\_  
 Department Head Signature & Certification: Date

<b>CEO Recommended Action:</b>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Priority Number _____	
<b>CEO Comments:</b>	[Signature]		

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

# 13-21

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: Solid Waste Division Budget Unit Org Key: 1580001  
 Department Name: Imperial County Public Works  
 Contact Name: Ed Delgado, Deputy Director-Admin Phone No. (442) 265-1818

Name of Augmentation Request: (2) 3/4 ton 4x2 Regular Cab Pickups

Budget Unit Priority Ranking: 3

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

<input type="checkbox"/>	Program Expansion	
<input type="checkbox"/>	New Program	
<input type="checkbox"/>	Improve Service Quality	
<input type="checkbox"/>	Reorganization	
<input checked="" type="checkbox"/>	Other	<u>Replace obsolete equipment</u>

**SECTION 3: JUSTIFICATION NARRATIVE**

These two pickup trucks will replace a 26 year old 1994 and 24 year old 1996 model year pickups which are used throughout the County for staff to provide services at various solid waste sites.

**SECTION 4: REQUEST DETAIL**

<i>Cost by Category</i>			Ongoing Expense
<b>Salaries &amp; Benefits:</b>	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	-	
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		-	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			<b>Ongoing Expense</b>
<b>Supplies &amp; Services: (List)</b>	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
<b>Total</b>		-	

<b>Equipment: (List)</b>	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
(2) 3/4 ton 4x2 Regular Cab Pickups	549000	70,000	
<b>Total</b>		<b>70,000</b>	

<b>Other: (List)</b>	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
<b>Total</b>		-	

<b>Revenue</b>			<b>Ongoing Revenue</b>
<b>Sources: (List)</b>	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
<b>Total</b>			
<b>Net County Cost</b>		<b>70,000</b>	

**Additional Comments or Explanations**

--

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

*John Gay*
5/1/2020  
 Department Head Signature & Certification: Date

<b>CEO Recommended Action:</b>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Priority Number _____ <i>John Gay</i>	
<b>CEO Comments:</b>			



**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<i>Cost by Category</i>			Ongoing Expense
<b>Supplies &amp; Services: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Equipment: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Other: (List)</b>	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Revenue</b>			Ongoing Revenue	
<b>Sources:(List)</b>	Object Code Description	Object Code	Amount for FY 2020-2021	Yes "X"
Local Transportation Authority		474005	2,250,000	
<b>Total</b>			<b>\$ 2,250,000</b>	
<b>Net County Cost</b>			<b>(\$ 2,250,000)</b>	

Additional Comments or Explanations  
 Adjusting revenue erroneously reduced during the budget process.

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

  
 Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input checked="" type="checkbox"/> Recommended	
	<input type="checkbox"/> Not Recommended	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**13-23**

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: Niland County Sanitation District Budget Unit Org Key: 5527001  
 Department Name: Imperial County Public Works  
 Contact Name: Ed Delgado, Deputy Director-Admin Phone No. (442) 265-1818

Name of Augmentation Request: AT&T phone charges from 514000 Communications - Phone Charges

Budget Unit Priority Ranking: 2

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)  Program Expansion  
 New Program  
 Improve Service Quality  
 Reorganization  
 Other Phone Charges

**SECTION 3: JUSTIFICATION NARRATIVE**

Budget augmentation for phone charges from AT&T to be paid out of 514000 Communications - Phone Charges instead of Utilities as was done by the old Niland Sanitary District.

**SECTION 4: REQUEST DETAIL**

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	-	
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		-	



**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

# 13-24

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: Niland County Sanitation District Budget Unit Org Key: 5527001  
 Department Name: Imperial County Public Works  
 Contact Name: Ed Delgado, Deputy Director-Admin Phone No. (442) 265-1818

Name of Augmentation Request: Monthly Monitoring - Interactive Cellular Communication

Budget Unit Priority Ranking: 1

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

<input type="checkbox"/>	Program Expansion	
<input checked="" type="checkbox"/>	New Program	
<input type="checkbox"/>	Improve Service Quality	
<input type="checkbox"/>	Reorganization	
<input type="checkbox"/>	Other	<u>Security System monitoring</u>

**SECTION 3: JUSTIFICATION NARRATIVE**

On April 5, 2020, there was a break-in at the Niland County Sanitation District facility. Several pieces of equipment required to maintain the facility were stolen and required replacing. Therefore, PW has found it necessary to install a security system to remotely monitor and ensure the facility is not burglarized again at a future date. This budget augmentation is for the cost of the monthly \$79.97 fee for the two (2) system Interactive Cellular Communication remote-access capability and OWS Cloud Management, as per the attached estimate from Jade Security Systems .

**SECTION 4: REQUEST DETAIL**

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150	-	
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		-	









**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**14-2**

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: HIDTA-LECC Budget Unit Org Key: 1563004  
 Department Name: SHERIFF'S OFFICE  
 Contact Name: SCOTT SCHMIDT Phone No. (442) 265-2040

Name of Augmentation Request: GRANT FUNDED INTERNET& RENT/LEASE EQ

Budget Unit Priority Ranking: ONE

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

Program Expansion  
 New Program  
 Improve Service Quality  
 Reorganization  
 Other

**SECTION 3: JUSTIFICATION NARRATIVE**

THE COST INCREASE IS OFF SET BY GRANT FUNDING

NO COST TO THE GENERAL FUND

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			<b>Ongoing Expense</b>
	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
Salaries & Benefits:			
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150		
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		<b>\$ 0</b>	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
Supplies & Services: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
INTERNET CONNECTIONS	514010	2,889	X
RENTS & LEASES EQ	527000	1,048	X
<b>Total</b>		<b>\$ 3,937</b>	

Equipment: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Other: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Revenue</b>			Ongoing Revenue	
Sources:(List)	Object Code Description	Object Code	Amount for FY 2020-2021	Yes "X"
FEDERAL AID		456040	3,937	
<b>Total</b>			<b>\$ 3,937</b>	
<b>Net County Cost</b>			<b>\$ 0</b>	

Additional Comments or Explanations

--

**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

**Scott R. Schmidt** Digitally signed by Scott R. Schmidt  
Date: 2020.06.21 06:37:43 -07'00'

Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**14-3**

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: HOLTVILLE LAW ENFORCEMENT Budget Unit Org Key: 1813001  
 Department Name: SHERIFF'S OFFICE  
 Contact Name: SCOTT SCHMIDT Phone No. (442) 265-2040  
 Name of Augmentation Request: SPECIAL REVENUE BUDGET CORRECTION

Budget Unit Priority Ranking: ONE

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

- Program Expansion
- New Program
- Improve Service Quality
- Reorganization
- Other CORRECTION OF BUDGET SUBMITTED

**SECTION 3: JUSTIFICATION NARRATIVE**

ADDING UNIFORM ALLOWANCE BUDGET WHICH WAS OMITTED AND INCREASING TRAVEL IN COUNTY-COUNTY CAR TO REFLECT THE ACTUAL EXPENSE TO THE ACCOUNT & REDUCING SPECIAL DEPART EXP-OTHER.

NO COST TO GENERAL FUND

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			<b>Ongoing Expense</b>
<b>Salaries &amp; Benefits:</b>	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150		
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>			<b>\$ 0</b>

## COUNTY OF IMPERIAL BUDGET AUGMENTATION REQUEST

### SECTION 4: REQUEST DETAIL

<b>Cost by Category</b>			Ongoing Expense
Supplies & Services: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
UNIFORM ALLOWANCE	514010	7,200	
SPECIAL DEPART EXP-OTHER	530080	(12,200)	
TRAVEL IN CNTY-CNTY CAR	531005	5,000	
<b>Total</b>		<b>\$ 0</b>	

Equipment: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Other: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Revenue</b>				Ongoing Revenue
Sources:(List)	Object Code Description	Object Code	Amount for FY 2020-2021	Yes "X"
	<b>Total</b>		<b>\$ 0</b>	
	<b>Net County Cost</b>		<b>\$ 0</b>	

**Additional Comments or Explanations**

SPECIAL DEPARTMENT EXPENSE IS USED TO "BALANCE EXPENSE TO REVENUE" THEREFOR NO AUGMENTATION WAS SUBMITTED TO INCREASE 1813001-530080

### SECTION 5: DEPARTMENT HEAD CERTIFICATION

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

**Scott R. Schmidt** Digitally signed by Scott R. Schmidt  
Date: 2020.06.21 06:44:54 -07'00'

Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input checked="checked" type="checkbox"/>	Recommended	
	<input type="checkbox"/>	Not Recommended	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**14-4**

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: IMPERIAL DISPATCH Budget Unit Org Key: 1929001  
 Department Name: SHERIFF'S OFFICE  
 Contact Name: SCOTT SCHMIDT Phone No. (442) 265-2040

Name of Augmentation Request: ESTABLISH IMPERIAL DISPATCH, 1029001, BUDGET

Budget Unit Priority Ranking: ONE

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

Program Expansion  
 New Program  
 Improve Service Quality  
 Reorganization  
 Other

ESTABLISH OMITTED BUDGET

**SECTION 3: JUSTIFICATION NARRATIVE**

ESTABLISH BUDGET OMITTED DURING BUDGET PROCESS

---



---



---

THERE IS NO COST TO THE GENERAL FUND, ALL EXPENSES COVERED BY SPECIAL REVENUE

**SECTION 4: REQUEST DETAIL**

<i>Cost by Category</i>			Ongoing Expense
Salaries & Benefits:	Object Code	Amount for FY 2020-2021	Yes "X"
Permanent Salaries	501000	\$ 127,438	X
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135	\$ 12,744	X
Redemption of Benefits	501145		
Social Security-Medicare	501150	\$ 2,032	X
County Contrib. Retirement	502000	\$ 21,244	X
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015	\$ 46,833	X
Ins. Dental/Vision	502020	\$ 3,560	X
Retirement-Pension Bond	502040	\$ 7,035	X
Retirement-Health Plan	502045	\$ 9,813	X
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>		<b>\$ 230,699</b>	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			Ongoing Expense
Supplies & Services: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
OVERHEAD REIMBURSEMENT	525070	10,642	X
<b>Total</b>		<b>\$ 10,642</b>	

Equipment: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

Other: (List)	Object Code	Amount for FY 2020-2021	Yes "X"
<b>Total</b>		<b>\$ 0</b>	

<b>Revenue</b>			Ongoing Revenue	
Sources:(List)	Object Code Description	Object Code	Amount for FY 2020-2021	Yes "X"
DISPATCH SERVICES		484065	241,341	x
<b>Total</b>			<b>\$ 241,341</b>	
<b>Net County Cost</b>			<b>\$ 0</b>	

Additional Comments or Explanations


**SECTION 5: DEPARTMENT HEAD CERTIFICATION**

I certify that all possibilities for existing resources have been exhausted and that all program priorities have been re-evaluated for all funds under my control prior to submitting this request.

**Scott R. Schmidt** Digitally signed by Scott R. Schmidt  
Date: 2020.06.22 12:39:17 -07'00'

Department Head Signature & Certification:

<b>CEO Recommended Action:</b>	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	

**COUNTY OF IMPERIAL  
BUDGET AUGMENTATION REQUEST**

# 15-1

**SECTION 1: BUDGET UNIT/DEPARTMENT INFORMATION**

Budget Unit Name: El Centro Ambulatory Care Center Budget Unit Org Key: 1917001  
 Department Name: IC Workforce & Economic Dev  
 Contact Name: Priscilla Lopez Phone No. (442) 265-4999

Name of Augmentation Request: Adjust Proposed Buduget FY2020-2021

Budget Unit Priority Ranking: \_\_\_\_\_

**SECTION 2: JUSTIFICATION**

Justification Reason: (Mark One)

Program Expansion  
 New Program  
 Improve Service Quality  
 Reorganization  
 Other

**SECTION 3: JUSTIFICATION NARRATIVE**

Request approval to adjust FY2020-2021 Proposed Budget to reflect actual expenditures.

**SECTION 4: REQUEST DETAIL**

<b>Cost by Category</b>			<b>Ongoing Expense</b>
	<b>Object Code</b>	<b>Amount for FY 2020-2021</b>	<b>Yes "X"</b>
Salaries & Benefits:			
Permanent Salaries	501000		
Shift Differential	501105		
Extra Help	501115		
Stand-By	501120		
Location Differential	501125		
Bilingual Pay	501130		
Overtime	501135		
Redemption of Benefits	501145		
Social Security-Medicare	501150		
County Contrib. Retirement	502000		
Ins-Workers Comp	502005		
Ins.-Unemployment	502010		
Group Insurance	502015		
Ins. Dental/Vision	502020		
Retirement-Pension Bond	502040		
Retirement-Health Plan	502045		
Ins-Voluntary Life	502050		
Other: (List)			
<b>Total</b>			<b>\$ 0</b>





# **POSITION REQUESTS**

**POSITION REQUEST SUMMARY**

**FY 2020-2021**

Position Request Per Appendix G								Proposed Action to Be Taken					CEO Recom
TAB NO.	Department	Org Key	Classification Requested By Department	Add Allocation	Fund Vacant Allocation	Transfer or Convert Allocations	Proposed Duties / Program:	Classification	HR Recommendation	Add Allocation	Fund Vacant Allocation	Transfer or Convert Allocations	
1	Agricultural Commissioner	1031001	Agricultural Biologist/Standards Specialist III - Limited Term	1			Inspections and investigations.	Agricultural Biologist/Standards Specialist III - Limited Term	TBD by CEO	1			<b>No</b>
2	Auditor-Controller	1006001	Senior Accountant Auditor		2		Conduct Audits, work on tax rates, financial, and grants management programs.	Senior Accountant Auditor	TBD by CEO		2		<b>No</b>
3	County Counsel	1011001	Legal Office Supervisor II - Confidential			1	Create Legal Office Supervisor III - Confidential and convert to this level.	Legal Office Supervisor II - Confidential	Class Title and JD does not exist in County Counsel			1	<b>No</b>
4	District Attorney	1020001	Deputy District Attorney IV		1		Prosecute complex criminal cases in the municipal and superior courts.	Deputy District Attorney IV	TBD by CEO		1		<b>No</b>
5	District Attorney	1020001	Legal Office Assistant II		1		Manage time sensitive legl documents, research and distribution of legal motions from defense attorneys.	Legal Office Assistant II	TBD by CEO		1		<b>No</b>
6	District Attorney - HIDTA	1524001	Deputy District Attorney IV			1	Convert to Deputy District Attorney V	Deputy District Attotney IV	TBD by CEO			1	<b>No</b>
7	Human Resources & Risk Management	1012001	Human Resources Analyst I - Confidential			3	Convert to Human Resources Analyst II - Confidential	Human Resources Analyst I - Confidential	Yes			3	<b>No</b>
8	Public Administrator	1039001	Account Clerk II		1		Process daily ACH deposits (client benefits), prepare daily deposits, pay utilities and medical bills for representative payee and conservatorship clients.	Account Clerk II	TBD by CEO		1		<b>No</b>
<b>TOTAL:</b>				<b>1</b>	<b>5</b>	<b>5</b>			<b>TOTAL:</b>	<b>1</b>	<b>5</b>	<b>5</b>	

**COUNTY OF IMPERIAL  
POSITION REQUEST**

**PART 1. DEPARTMENT/BUDGET UNIT INFORMATION**

Department/Budget Unit: 1031001 Name: Ag Commissioner Org Key No: 1031001

**ACTION:**

- Fund Existing Unfunded Allocation
- Add and Fund Allocation
- Delete Existing Funded Allocation
- Delete Existing Unfunded Allocation
- Transfer Allocation -  
From Budget Unit: \_\_\_\_\_ To Budget Unit: \_\_\_\_\_
- Other \_\_\_\_\_

**STATUS:**

- Regular Full Time
- Regular Part Time
- Limited Term - Full Time

Hours: 2080

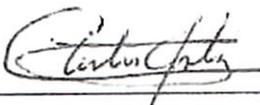
Title Description: Agricultural Biologist/Standards Specialist III - LT

Requested Effective Date: 07/01/2020

Number of Positions Requested:  FTE(s) Requested:

Proposed Duties/Program: Duties will include: inspections and investigations in the enforcement of the California Food and Agriculture Code, Business and Professions Code, California Code of Regulations, and various ordinances, agreements, policies, MOUs and other requirements applicable to the office of the Agricultural Commissioner. New agreements and programs for this office that add mandated duties, require additional staff to meet additional duties and requirements.

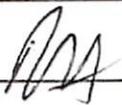
**Justification Must Be Attached**

Department Head Signature:  Date: 04/22/2020

**PART 2. HUMAN RESOURCES DEPARTMENT**

Recommended  Not Recommended  Other (See Comments) Bargaining Unit: PBG

Position Status: Limited Term - FT PCN Number: 103 W062 M

Human Resources Signature:  Date: 8/6/20

Comments: Add and fund one allocation  
To be determined

**PART 3. COUNTY EXECUTIVE OFFICE/BUDGET MANAGEMENT**

Recommended  Not Recommended  Other (See Comments)

CEO/Budget Analyst:  Date: 8-17-20

Number of Positions: \_\_\_\_\_  Regular  Limited Term Effective Date: \_\_\_\_\_

Comments: Dept. to take to the board at a later time.

**PART 4: POSITION(S) FISCAL IMPACT**

Description	General Fund Amount	Federal Aid Amount	State Aid Amount	Other Amount	TOTAL AMOUNT
Total Salaries					0
Total Benefits					0
<b>Total Amount:</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>



Office of the  
**Agricultural Commissioner**  
**Sealer of Weights & Measures**

Carlos Ortiz  
Agricultural Commissioner  
Sealer of Weights & Measures

Jolene Dessert  
Asst. Agricultural Commissioner  
Asst. Sealer of Weights & Measures

---

**MEMO**

July 29, 2020

To: Tony Rouhotas Jr., Executive Officer

From: Carlos Ortiz, Agricultural Commissioner

A handwritten signature in black ink, appearing to read "Carlos Ortiz", with a horizontal line extending to the right.

Re: Justification for FY 20-21 Appendix K – Fund one (1) Agricultural Biologist/Standards Specialist III – UH

This fiscal year we have two new agreements with the California Department of Food and Agriculture (CDFA). One is a Weed Agreement for \$40,000.00 and the other is a Standardization Agreement for \$10,984.00. By accepting the agreements, our workload has increased for current staff thereby reducing necessary staff for other programs.

Funding one (1) of our unfunded Agricultural Biologist/Standards Specialist III – UH positions will allow us to meet our Agreements, collect revenues, and meet our Maintenance of Effort with CDFA to receive our annual Unclaimed Gas Tax which totals more than \$600,000 each FY.

Please consider funding this position as a permanent or limited term option.

Thank you.

## COUNTY OF IMPERIAL POSITION REQUEST

**PART 1. DEPARTMENT/BUDGET UNIT INFORMATION**

Department/Budget Unit: 1006001 Name: Auditor-Controller Org Key No: 1006001

**ACTION:**

- Fund Existing Unfunded Allocation
- Add and Fund Allocation
- Delete Existing Funded Allocation
- Delete Existing Unfunded Allocation
- Transfer Allocation -
- From Budget Unit: \_\_\_\_\_ To Budget Unit: \_\_\_\_\_
- Other \_\_\_\_\_

**STATUS:**

- Regular Full Time
- Regular Part Time
- Limited Term - Full Time

Hours: \_\_\_\_\_

To Budget Fiscal: \_\_\_\_\_ Date \_\_\_\_\_

Title Description: Sr. Accountant Auditor

Requested Effective Date: 7/1/2020

Number of Positions Requested: 2

FTE(s) Requested: 2

Proposed Duties/Program: \_\_\_\_\_

Proposed Duties/Program: These positions will be working in the Tax and Audit divisions. They will be conducting audits working on the tax rates, financials, and grants management program.

Justification Must Be Attached:

Department Head Signature: 

Date: 06/29/20

**PART 2. HUMAN RESOURCES DEPARTMENT**

Recommended  Not Recommended  Other (See Comments) Bargaining Unit: PEG

Position Status: Regular Full Time PCN Number: 109E70RG

Human Resources Signature:  Date: 8/6/20

Comments: Two vacant unfunded positions to be determined.

**PART 3. COUNTY EXECUTIVE OFFICE/BUDGET MANAGEMENT**

Recommended  Not Recommended  Other (See Comments)

CEO/Budget Analyst:  Date: 8-17-20

Number of Positions: \_\_\_\_\_  Regular  Limited Term

Effective Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**PART 4: POSITION(S) FISCAL IMPACT**

Description	General Fund Amount	Federal Aid Amount	State Aid Amount	Other Amount	TOTAL AMOUNT
Total Salaries	\$ 111,717				111,717
Total Benefits	\$ 57,222				57,222
<b>Total Amount:</b>	<b>\$ 168,939</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 168,939</b>

Josue G. Mercado, CPA  
Auditor-Controller  
josuemercado@co.imperial.ca.us



County Administration Center  
940 Main Street, Suite 108  
El Centro, CA 92243  
Telephone: (442) 265-1277  
Fax: (442) 265-1296

## AUDITOR-CONTROLLER

06-26-2020

Tony Rouhotas  
County Executive Officer

The Auditor-Controller's Office is requesting to reclassify our General Accounting Manager from range 311 to range 323 which is the same as the other managers in the Auditor-Controller's Office. This position will be responsible for preparing the Financials for the County of Imperial. She will also be working on workflows to minimize the need for paper as well as supervising the Accounting for the department and assisting all other County departments.

We are also requesting to fund the two unfunded Sr. Accountant Auditor positions to help facilitate our Strategic Plan Goals. These positions are much needed to monitor grants, Contracts, conduct audits, revenue and expenditure analysis and to assist departments in stream lining processes.

The additional Sr. Account Auditors will also provide guidance to the Accountant Auditors and other departments.

Respectfully

A handwritten signature in black ink, appearing to read "J. G. Mercado", is written over a horizontal line.

Josue G Mercado, CPA  
Imperial County Auditor Controller

**COUNTY OF IMPERIAL  
POSITION REQUEST**

**PART 1. DEPARTMENT/BUDGET UNIT INFORMATION**

Department/Budget Unit: \_\_\_\_\_ Name: COUNTY COUNSEL Org Key No: 1011001

**ACTION:**

- Fund Existing Unfunded Allocation
- Add and Fund Allocation
- Delete Existing Funded Allocation
- Delete Existing Unfunded Allocation
- Transfer Allocation -
- From Budget Unit: \_\_\_\_\_ To Budget Unit: \_\_\_\_\_
- Other \_\_\_\_\_

**STATUS:**

- Regular Full Time
- Regular Part Time
- Limited Term - Full Time

Hours: \_\_\_\_\_

Title Description: Legal Office Supervisor III-Confidential

Requested Effective Date: 07/01/2020

Number of Positions Requested:  FTE(s) Requested:

Proposed Duties/Program: SEE ATTACHED JOB DESCRIPTION

**Justification Must Be Attached**

Department Head Signature:  Date: 4-24-2020

**PART 2. HUMAN RESOURCES DEPARTMENT**

Recommended  Not Recommended  Other (See Comments) Bargaining Unit: \_\_\_\_\_

Position Status: \_\_\_\_\_ PCN Number: \_\_\_\_\_

Human Resources Signature:  Date: 8/6/20

Comments: Class title does not exist in County Counsel.

**PART 3. COUNTY EXECUTIVE OFFICE/BUDGET MANAGEMENT**

Recommended  Not Recommended  Other (See Comments)

CEO/Budget Analyst:  Date: 8-17-20

Number of Positions: \_\_\_\_\_  Regular  Limited Term Effective Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**PART 4: POSITION(S) FISCAL IMPACT**

Description	General Fund Amount	Federal Aid Amount	State Aid Amount	Other Amount	TOTAL AMOUNT
Total Salaries					0
Total Benefits					0
<b>Total Amount:</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>

*Adam G. Crook*  
*County Counsel*



*Eric R. Havens*  
*Assistant County Counsel*

**County Counsel**  
*County Administration Center*  
*940 West Main Street, Suite 205*  
*El Centro, CA 92243*  
*Telephone (442) 265-1120*  
*Fax No. (760) 353-9347*  
*countycounsel@co.imperial.ca.us*

April 23, 2020

Department of Human Resources & Risk Management  
940 W. Main Street, Suite 101  
El Centro, CA 92243

Re: Position Request – Legal Office Supervisor III – Confidential

The Office of County Counsel assumed responsibility for the Indigent Defense Program from the Imperial County Superior Court in 2012. The Legal Office Supervisor II-Confidential position has the added duties of managing and overseeing this \$1,000,000 budget, which was not included in the duties of the position. This includes coordination with all Level II and Level III attorneys in the community, billing of state prison cases and approval of ancillary services requests.

In addition, the Legal Office Supervisor II-Confidential prepares the budget for County Counsel while monitoring balances throughout the fiscal year. This position monitors multiple trust accounts for CEQA litigation and communicates with solar developers to obtain payment for legal services provided during ongoing litigation. Due to the additional responsibility, I am requesting to create the Legal Office Supervisor III-Confidential position and appoint the current Legal Office Supervisor II-Confidential to the position.

Sincerely,

A handwritten signature in black ink, appearing to read "Adam G. Crook".

Adam G. Crook  
County Counsel

**COUNTY OF IMPERIAL  
POSITION REQUEST**

**PART 1. DEPARTMENT/BUDGET UNIT INFORMATION**

Department/Budget Unit: 1020001 Name: District Attorney Org Key No: 1020001

**ACTION:**

- Fund Existing Unfunded Allocation
- Add and Fund Allocation
- Delete Existing Funded Allocation
- Delete Existing Unfunded Allocation
- Transfer Allocation -
- From Budget Unit: \_\_\_\_\_ To Budget Unit: \_\_\_\_\_
- Other Fund (1) DDA IV Vacant Unfunded Allocation

**STATUS:**

- Regular Full Time
- Regular Part Time
- Limited Term - Full Time

Hours: \_\_\_\_\_

To HR: \_\_\_\_\_ To Budget Fiscal: \_\_\_\_\_  
Date Date

Title Description: Deputy District Attorney IV

Requested Effective Date: July 1, 2020

Number of Positions Requested: 1 FTE(s) Requested:         

Proposed Duties/Program: Prosecute complex criminal cases in the munipale and superior courts; conduct jury trials representing the District Attorney's Office.

Justification Must Be Attached:  
The District Attorney is requesting to fund a District Attorney IV vacant allocation.

Department Head Signature: [Signature] Date: 7/31/20

**PART 2. HUMAN RESOURCES DEPARTMENT**

Recommended  Not Recommended  Other (See Comments) Bargaining Unit: ICDA Assoc.

Position Status: Regular - FT PCN Number: 136X04RG

Human Resources Signature: [Signature] Date: 8/6/20

Comments: One vacant unfunded position to be determined.

**PART 3. COUNTY EXECUTIVE OFFICE/BUDGET MANAGEMENT**

Recommended  Not Recommended  Other (See Comments)

CEO/Budget Analyst: [Signature] Date: 8-17-20

Number of Positions: \_\_\_\_\_  Regular  Limited Term

Effective Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**PART 4: POSITION(S) FISCAL IMPACT**

Description	General Fund Amount	Federal Aid Amount	State Aid Amount	Other Amount	TOTAL AMOUNT
Total Salaries	\$ 96,386	\$ -	\$ -	\$ -	96,386
Total Benefits	\$ 47,178	\$ -	\$ -	\$ -	47,178
<b>Total Amount:</b>	<b>\$ 143,564</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 143,564</b>

**COUNTY OF IMPERIAL  
POSITION REQUEST**

**PART 1. DEPARTMENT/BUDGET UNIT INFORMATION**

Department/Budget Unit: 1020001 Name: District Attorney Org Key No: 1020001

**ACTION:**

- Fund Existing Unfunded Allocation
- Add and Fund Allocation
- Delete Existing Funded Allocation
- Delete Existing Unfunded Allocation
- Transfer Allocation -  
From Budget Unit: \_\_\_\_\_ To Budget Unit: \_\_\_\_\_
- Other Fund (1) LOA II Vacant Unfunded Allocation

**STATUS:**

- Regular Full Time
- Regular Part Time
- Limited Term - Full Time

Hours: \_\_\_\_\_

To HR: \_\_\_\_\_ To Budget Fiscal: \_\_\_\_\_  
Date Date

Title Description: Deputy District Attorney Legal Office Assistant II

Requested Effective Date: July 1, 2020

Number of Positions Requested:  FTE(s) Requested:

Proposed Duties/Program: Legal Office Assistants are required to communicate with victims, witnesses and law enforcement officials. Duties include managing time sensitive legal documents, research and distribution of legal motions from defense attorneys.

Justification Must Be Attached:  
The District Attorney is requesting to fund a Legal Office Assistant II vacant allocation.

Department Head Signature:  Date: 7/31/20

**PART 2. HUMAN RESOURCES DEPARTMENT**

Recommended  Not Recommended  Other (See Comments) Bargaining Unit: Teachers

Position Status: Regular - FT PCN Number: 136416RG

Human Resources Signature:  Date: 8/6/20

Comments: One vacant unfunded position to be determined.

**PART 3. COUNTY EXECUTIVE OFFICE/BUDGET MANAGEMENT**

Recommended  Not Recommended  Other (See Comments)

CEO/Budget Analyst:  Date: 8-17-20

Number of Positions: \_\_\_\_\_  Regular  Limited Term Effective Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**PART 4: POSITION(S) FISCAL IMPACT**

Description	General Fund Amount	Federal Aid Amount	State Aid Amount	Other Amount	TOTAL AMOUNT
Total Salaries	\$ 32,885	\$ -	\$ -	\$ -	32,885
Total Benefits	\$ 26,515	\$ -	\$ -	\$ -	26,515
<b>Total Amount:</b>	<b>\$ 59,400</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 59,400</b>

**COUNTY OF IMPERIAL  
POSITION REQUEST**

**PART 1. DEPARTMENT/BUDGET UNIT INFORMATION**

Department/Budget Unit: 1524001 Name: HIDTA Org Key No: 1524001

**ACTION:**

- Fund Existing Unfunded Allocation
- Add and Fund Allocation
- Delete Existing Funded Allocation
- Delete Existing Unfunded Allocation
- Transfer Allocation -

**STATUS:**

- Regular Full Time
- Regular Part Time
- Limited Term - Full Time

Hours: \_\_\_\_\_

From Budget Unit: \_\_\_\_\_ To Budget Unit: \_\_\_\_\_  
 Other Convert (1) DDA IV to DDA V

Title Description: Deputy District Attorney

Requested Effective Date: 07/01/2020

Number of Positions Requested:   FTE(s) Requested:

Proposed Duties/Program: Prosecute complex criminal cases in the municipal and superior courts; conduct jury trials representing the District Attorney's Office. The District Attorney is requesting to convert one (1) existing District Attorney IV allocation to Deputy District Attorney V to allow the District Attorney to promote a qualifying attorney during FY 2020-2021.

**Justification Must Be Attached**

Department Head Signature:  Date: 05/18/2020

**PART 2. HUMAN RESOURCES DEPARTMENT**

Recommended  Not Recommended  Other (See Comments) Bargaining Unit: ICNA Assoc.

Position Status: Regular Full Time PCN Number: 148X07RG

Human Resources Signature:  Date: 8/6/20

Comments: No convert one allocation to Range 410  
To SO determined.

**PART 3. COUNTY EXECUTIVE OFFICE/BUDGET MANAGEMENT**

Recommended  Not Recommended  Other (See Comments)

CEO/Budget Analyst:  Date: 8-17-20

Number of Positions: \_\_\_\_\_  Regular  Limited Term Effective Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**PART 4: POSITION(S) FISCAL IMPACT**

Description	General Fund Amount	Federal Aid Amount	State Aid Amount	Other Amount	TOTAL AMOUNT
Total Salaries	4,762				4,762
Total Benefits	1,550				1,550
<b>Total Amount:</b>	<b>\$ 6,312</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 6,312</b>

**COUNTY OF IMPERIAL  
POSITION REQUEST**

**PART 1. DEPARTMENT/BUDGET UNIT INFORMATION**

Department/Budget Unit: 1012001 Name: Human Resources & Risk Management Org Key No: 1012001

**ACTION:**

- Fund Existing Unfunded Allocation
- Add and Fund Allocation
- Delete Existing Funded Allocation
- Delete Existing Unfunded Allocation
- Transfer Allocation -
- From Budget Unit: \_\_\_\_\_ To Budget Unit: \_\_\_\_\_
- Other Convert Allocations

**STATUS:**

- Regular Full Time
- Regular Part Time
- Limited Term - Full Time

Hours: \_\_\_\_\_

Title Description: Human Resources Analyst I-Confidential

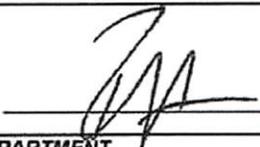
Requested Effective Date: \_\_\_\_\_

Number of Positions Requested:  FTE(s) Requested:

**Proposed Duties/Program:**

These positions provide a variety of Human Resources support to the Department of Human Resources and Risk Management. The conversion of the positions from Human Resources Analyst I-Confidential to Human Resources Analyst II-Confidential is essential, critical, and highly needed to meet the immediate and future needs of the services that are provided to the County of Imperial.

**Justification Must Be Attached**

Department Head Signature:  Date: 04/30/2020

**PART 2. HUMAN RESOURCES DEPARTMENT**

Recommended  Not Recommended  Other (See Comments) Bargaining Unit: Conf - Prof.

Position Status: Regular Full Time PCN Number: 150C10RG

Human Resources Signature:  Date: 04/30/2020

Comments: Convert three (3) funded Human Resources Analyst I-Confidential allocations to Human Resources Analyst II-Confidential and promote staff upon meeting requirements of the next level.

**PART 3. COUNTY EXECUTIVE OFFICE/BUDGET MANAGEMENT**

Recommended  Not Recommended  Other (See Comments)

CEO/Budget Analyst:  Date: 8-17-20

Number of Positions: \_\_\_\_\_  Regular  Limited Term Effective Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**PART 4: POSITION(S) FISCAL IMPACT**

Description	General Fund Amount	Federal Aid Amount	State Aid Amount	Other Amount	TOTAL AMOUNT
Total Salaries				9,063	9,063
Total Benefits				3,247	3,247
<b>Total Amount:</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 12,309</b>	<b>\$ 12,309</b>

**COUNTY OF IMPERIAL  
POSITION REQUEST**

**PART 1. DEPARTMENT/BUDGET UNIT INFORMATION**

Department/Budget Unit: 1039 Name: PUBLIC ADMINISTRATOR Org Key No: 1039001

**ACTION:**

- Fund Existing Unfunded Allocation
- Add and Fund Allocation
- Delete Existing Funded Allocation
- Delete Existing Unfunded Allocation
- Transfer Allocation -  
From Budget Unit: \_\_\_\_\_ To Budget Unit: \_\_\_\_\_
- Other \_\_\_\_\_

**STATUS:**

- Regular Full Time
- Regular Part Time
- Limited Term - Full Time

Hours: \_\_\_\_\_

Title Description: ACCOUNT CLERK II

Requested Effective Date: 07/01/2020

Number of Positions Requested:  FTE(s) Requested:

Proposed Duties/Program: PLEASE SEE ATTACHED

**Justification Must Be Attached**

Department Head Signature: [Signature] Date: 04/23/2020

**PART 2. HUMAN RESOURCES DEPARTMENT**

Recommended  Not Recommended  Other (See Comments) Bargaining Unit: Yeardsters

Position Status: Regular Full Time PCN Number: 166 H02RG

Human Resources Signature: [Signature] Date: 8/6/20

Comments: One vacant unfunded position  
to be determined.

**PART 3. COUNTY EXECUTIVE OFFICE/BUDGET MANAGEMENT**

Recommended  Not Recommended  Other (See Comments)

CEO/Budget Analyst: [Signature] Date: 8-17-20

Number of Positions: \_\_\_\_\_  Regular  Limited Term Effective Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**PART 4: POSITION(S) FISCAL IMPACT**

Description	General Fund Amount	Federal Aid Amount	State Aid Amount	Other Amount	TOTAL AMOUNT
Total Salaries	17,021				17,021
Total Benefits	12507				12,507
<b>Total Amount:</b>	<b>\$ 29,528</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 29,528</b>

**POSITION REQUEST**  
**PROPOSED DUTIES/PROGRAM**  
**ATTACHMENT**

The Account Clerk II duties include but are not limited to: Processing daily ACH deposits (client benefits), preparing daily deposits, paying utilities and medical bills for representative payee and conservatorship clients (330 plus clients), processing payment requests for representative payee and conservatorship clients, updating batches for automatic monthly payments for representative payee and conservatorship weekly personal incidental checks, rent checks, and facility payments, maintaining ledgers for daily reconciliation, posting and processing SSI and SSA monthly benefits, covering the reception desk every Friday and upon request, maintain a key inventory for the Department, daily client filing, and archiving closed files, including assisting in maintaining the inventory of office supplies.



# **CAPITAL PURCHASE REQUESTS**

## COUNTY OF IMPERIAL CAPITAL PURCHASE REQUEST MACHINERY & EQUIPMENT

(Do not include Computers)

1. Department: County Fire Protection Operations		2. Budget Unit: 1501001-549005		3. Department Priority: 1		4. Date: 04/30/2020	
5. Source of Funding 493000 Reimb Svc Pr		General Fund 0%		State 0%		Federal 0%	
						Other * 0%	
* Specify:							
6. Complete description of computer equipment/upgrade (Attach sheet if necessary): See attached Justification Narrative Request approval to create a fire engine replacement program for Imperial County Fire Department by replacing/leasing two (2) Engines.							
7. Quantity Replace 2 Engines (lease)		8. Physical Address of Asset: County Fire (1501)					
9. Estimated Cost of Asset:							
(Include Taxes, Freight & Company Installation)						\$ 2,100,000	
Less Trade-In, if any							
In-house Installation Cost							
Total Cost of Asset						\$ 2,100,000	
10. Addition: <input type="checkbox"/>		Upgrade: <input type="checkbox"/>		Replacement: <input checked="" type="checkbox"/>			
County Property No.				Estimated Present Market Value			
Asset Condition: Good <input type="checkbox"/>		Fair <input type="checkbox"/>		Scrap <input type="checkbox"/>			
Comments:							
11. If New Addition, Provide a Brief Justification:							
Purpose of Acquisition:				Form of Acquisition:			
<input type="checkbox"/> Scheduled Replacement				<input type="checkbox"/> Purchase			
<input type="checkbox"/> Obsolete Equipment Replacement				<input checked="" type="checkbox"/> Lease			
<input type="checkbox"/> Productivity Enhancement				<input type="checkbox"/> Lease-Purchase			
<input type="checkbox"/> Expand Capacity				<input type="checkbox"/> Other (Specify)			
<input type="checkbox"/> New Operation or Service							
<input type="checkbox"/> Safety Enhancement				Recommended Disposition of Replaced Item:			
<input type="checkbox"/> Legal Mandate				<input type="checkbox"/> Transfer to Alternative Use			
<input type="checkbox"/> Cost Savings**				<input type="checkbox"/> Transfer to Other Department			
<input type="checkbox"/> Other				<input type="checkbox"/> Trade-In			
				<input type="checkbox"/> Sell			
				<input type="checkbox"/> Scrap			
<input type="checkbox"/> Quantity Presently in Inventory				<input type="checkbox"/> Other (Specify)			
* Explain:							

12. Asset to be purchased by: County Procurement Services Department <input checked="" type="checkbox"/> Department requesting purchase (*) <input type="checkbox"/> * Authorization is required from County Procurement Services Department	
13. Submitted By:  <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border-top: 1px solid black; width: 40%; text-align: center;">Signature of Department Head</div> <div style="border-top: 1px solid black; width: 20%; text-align: center;">Date</div> </div>	
14. Recommendations: <b>Public Works - Facilities:</b> Approved: <input type="checkbox"/> Denied: <input type="checkbox"/> N/A: <input type="checkbox"/> Comments:  <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border-top: 1px solid black; width: 40%; text-align: center;">Public Works - Facilities</div> <div style="border-top: 1px solid black; width: 20%; text-align: center;">Date</div> </div>	
<b>Data/Communications:</b> Approved: <input type="checkbox"/> Denied: <input type="checkbox"/> N/A: <input type="checkbox"/> Comments:  <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border-top: 1px solid black; width: 40%; text-align: center;">Communications Department</div> <div style="border-top: 1px solid black; width: 20%; text-align: center;">Date</div> </div>	
<b>Information &amp; Technical Services:</b> Approved: <input type="checkbox"/> Denied: <input type="checkbox"/> N/A: <input type="checkbox"/> Comments:  <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border-top: 1px solid black; width: 40%; text-align: center;">Information &amp; Technical Services Dept.</div> <div style="border-top: 1px solid black; width: 20%; text-align: center;">Date</div> </div>	
<b>CEO OFFICE USE ONLY</b>	
15. CEO Recommendation:  Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/>  <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border-top: 1px solid black; width: 40%; text-align: center;">                      Signature of County Executive Office                 </div> <div style="border-top: 1px solid black; width: 20%; text-align: center;">                     8-19-20                      Date                 </div> </div> Comments:	

## COUNTY OF IMPERIAL CAPITAL PURCHASE REQUEST MACHINERY & EQUIPMENT

(Do not include Computers)

1. Department: Public Works - Solid Waste Division		2. Budget Unit: 1580001		3. Department Priority: 5		4. Date: 4/30/2020	
5. Source of Funding		General Fund %		State %		Federal %	
						Other * 100%	
* Specify: Solid Waste revenues							
6. Complete description of computer equipment/upgrade (Attach sheet if necessary):  Mechanic's Truck							
7. Quantity 1		8. Physical Address of Asset: 155 S. 11th Street, El Centro, CA 92243 - Field Operations Division					
9. Estimated Cost of Asset:							
(Include Taxes, Freight & Company Installation)						\$ 70,000.00	
Less Trade-In, if any						\$	
In-house Installation Cost						\$	
Total Cost of Asset						\$ 70,000.00	
10. Addition: <input type="checkbox"/> Upgrade: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/>							
County Property No.		807		Estimated Present Market Value		\$ unknown	
Asset Condition: Good <input type="checkbox"/> Fair <input type="checkbox"/> Scrap <input type="checkbox"/>							
Comments: Will replace a 24 year old 1994 model mechanic's truck that is used to service and make repairs to heavy equipment at the various solid waste sites throughout the County that cannot be easily moved to a Road yard for service.							
11. If New Addition, Provide a Brief Justification:							
Purpose of Acquisition:				Form of Acquisition:			
<input type="checkbox"/> Scheduled Replacement				<input checked="" type="checkbox"/> Purchase			
<input checked="" type="checkbox"/> Obsolete Equipment Replacement				<input type="checkbox"/> Lease			
<input checked="" type="checkbox"/> Productivity Enhancement				<input type="checkbox"/> Lease-Purchase			
<input type="checkbox"/> Expand Capacity				Other (Specify)			
<input type="checkbox"/> New Operation or Service							
<input type="checkbox"/> Safety Enhancement				Recommended Disposition of Replaced Item:			
<input checked="" type="checkbox"/> Legal Mandate				<input type="checkbox"/> Transfer to Alternative Use			
<input type="checkbox"/> Cost Savings**				<input type="checkbox"/> Transfer to Other Department			
<input type="checkbox"/> Other				<input type="checkbox"/> Trade-In			
				<input checked="" type="checkbox"/> Sell			
<input type="checkbox"/> Quantity Presently in Inventory				<input type="checkbox"/> Scrap			
				<input type="checkbox"/> Other (Specify)			
* Explain:							

12. Asset to be purchased by:

County Procurement Services Department   
 Department requesting purchase (\*)   
 \* Authorization is required from County Procurement Services Department

---

13. Submitted By:

John Gay  
Signature of Department Head

5/1/2020  
Date

---

14. Recommendations:

**Public Works - Facilities:** Approved:  Denied:  N/A:

Comments:

\_\_\_\_\_  
Public Works - Facilities

\_\_\_\_\_  
Date

---

**Data/Communications:** Approved:  Denied:  N/A:

Comments:

\_\_\_\_\_  
Communications Department

\_\_\_\_\_  
Date

---

**Information & Technical Services:** Approved:  Denied:  N/A:

Comments:

\_\_\_\_\_  
Information & Technical Services Dept.

\_\_\_\_\_  
Date

---

**CEO OFFICE USE ONLY**

15. CEO Recommendation:

Approved  Denied

[Signature]  
Signature of County Executive Office

8-19-20  
Date

Comments:



12. Asset to be purchased by:

County Procurement Services Department   
 Department requesting purchase (\*)

\* Authorization is required from County Procurement Services Department

13. Submitted By:

John Gay  
 Signature of Department Head

5/1/2020  
 Date

14. Recommendations:

**Public Works - Facilities:**

Approved:  Denied:  N/A:

Comments:

\_\_\_\_\_  
 Public Works - Facilities

\_\_\_\_\_  
 Date

**Data/Communications:**

Approved:  Denied:  N/A:

Comments:

\_\_\_\_\_  
 Communications Department

\_\_\_\_\_  
 Date

**Information & Technical Services:**

Approved:  Denied:  N/A:

Comments:

\_\_\_\_\_  
 Information & Technical Services Dept.

\_\_\_\_\_  
 Date

**CEO OFFICE USE ONLY**

15. CEO Recommendation:

Approved  Denied

[Signature]  
 Signature of County Executive Office

8-19-20  
 Date

Comments:

**COUNTY OF IMPERIAL  
CAPITAL PURCHASE REQUEST  
MACHINERY & EQUIPMENT**

(Do not include Computers)

1. Department: Public Works - Solid Waste Division		2. Budget Unit: 1580001		3. Department Priority: 6		4. Date: 4/30/2020	
5. Source of Funding		General Fund %	State %	Federal %	Other * 100%		
* Specify: Solid Waste revenues							
6. Complete description of computer equipment/upgrade (Attach sheet if necessary):  Water Truck							
7. Quantity 1		8. Physical Address of Asset: 155 S. 11th Street, El Centro, CA 92243 - Field Operations Division					
9. Estimated Cost of Asset:							
				(Include Taxes, Freight & Company Installation)	\$	80,000.00	
				Less Trade-In, if any	\$		
				In-house Installation Cost	\$		
				Total Cost of Asset	\$	80,000.00	
10. Addition: <input type="checkbox"/> Upgrade: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/>							
County Property No.		802		Estimated Present Market Value		\$ unknown	
Asset Condition:		Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Scrap <input type="checkbox"/>			
Comments: Will replace a 1991 model Peterbilt water-truck that is no longer cost effective to maintain and repair and that is currently noncompliant with pending 2020 Air Resources Board (ARB) and Air Pollution Control District (APCD) particulate matter (PM-10) requirements.							
11. If New Addition, Provide a Brief Justification:							
Purpose of Acquisition:				Form of Acquisition:			
<input type="checkbox"/> Scheduled Replacement				<input checked="" type="checkbox"/> Purchase			
<input checked="" type="checkbox"/> Obsolete Equipment Replacement				<input type="checkbox"/> Lease			
<input checked="" type="checkbox"/> Productivity Enhancement				<input type="checkbox"/> Lease-Purchase			
<input type="checkbox"/> Expand Capacity				Other (Specify)			
<input type="checkbox"/> New Operation or Service							
<input type="checkbox"/> Safety Enhancement				Recommended Disposition of Replaced Item:			
<input checked="" type="checkbox"/> Legal Mandate				<input type="checkbox"/> Transfer to Alternative Use			
<input type="checkbox"/> Cost Savings**				<input type="checkbox"/> Transfer to Other Department			
<input type="checkbox"/> Other				<input type="checkbox"/> Trade-In			
<input type="checkbox"/> Quantity Presently in Inventory				<input checked="" type="checkbox"/> Sell			
				<input type="checkbox"/> Scrap			
				<input type="checkbox"/> Other (Specify)			
* Explain:							

12. Asset to be purchased by:

County Procurement Services Department   
 Department requesting purchase (\*)

\* Authorization is required from County Procurement Services Department

13. Submitted By:

John Gay  
 Signature of Department Head

5/1/2020  
 Date

14. Recommendations:

**Public Works - Facilities:**

Approved:  Denied:  N/A:

Comments:

\_\_\_\_\_  
 Public Works - Facilities

\_\_\_\_\_  
 Date

**Data/Communications:**

Approved:  Denied:  N/A:

Comments:

\_\_\_\_\_  
 Communications Department

\_\_\_\_\_  
 Date

**Information & Technical Services:**

Approved:  Denied:  N/A:

Comments:

\_\_\_\_\_  
 Information & Technical Services Dept.

\_\_\_\_\_  
 Date

**CEO OFFICE USE ONLY**

15. CEO Recommendation:

Approved  Denied

[Signature]  
 Signature of County Executive Office

8-19-20  
 Date

Comments:

COUNTY OF IMPERIAL  
CAPITAL PURCHASE REQUEST  
MACHINERY & EQUIPMENT

(Do not include Computers)

1. Department: Public Works - Solid Waste Division		2. Budget Unit: 1580001		3. Department Priority: 2		4. Date: 4/30/2020	
5. Source of Funding		General Fund %		State %		Federal %	
						Other * 100%	
* Specify: Solid Waste revenues							
6. Complete description of computer equipment/upgrade (Attach sheet if necessary):  Scraper							
7. Quantity 1		8. Physical Address of Asset: 155 S. 11th Street, El Centro, CA 92243 - Field Operations Division					
9. Estimated Cost of Asset:							
(Include Taxes, Freight & Company Installation)						\$	<u>80,000</u> <del>250,000.00</del>
Less Trade-In, if any						\$	
In-house Installation Cost						\$	
Total Cost of Asset						\$	<u>80,000</u> <del>250,000.00</del>
10. Addition: <input type="checkbox"/> Upgrade: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/>							
County Property No.		823		Estimated Present Market Value		\$ unknown	
Asset Condition: Good <input type="checkbox"/> Fair <input type="checkbox"/> Scrap <input type="checkbox"/>							
Comments: Will replace a 1981 model scraper that is currently noncompliant with pending 2020 Air Resources Board (ARB) and Air Pollution Control District (APCD) particulate matter (PM-10) requirements.							
11. If New Addition, Provide a Brief Justification:							
Purpose of Acquisition:				Form of Acquisition:			
<input type="checkbox"/> Scheduled Replacement				<input checked="" type="checkbox"/> Purchase			
<input checked="" type="checkbox"/> Obsolete Equipment Replacement				<input type="checkbox"/> Lease			
<input checked="" type="checkbox"/> Productivity Enhancement				<input type="checkbox"/> Lease-Purchase			
<input type="checkbox"/> Expand Capacity				Other (Specify)			
<input type="checkbox"/> New Operation or Service							
<input type="checkbox"/> Safety Enhancement				Recommended Disposition of Replaced Item:			
<input checked="" type="checkbox"/> Legal Mandate				<input type="checkbox"/> Transfer to Alternative Use			
<input type="checkbox"/> Cost Savings**				<input type="checkbox"/> Transfer to Other Department			
<input type="checkbox"/> Other				<input type="checkbox"/> Trade-In			
				<input checked="" type="checkbox"/> Sell			
				<input type="checkbox"/> Scrap			
<input type="checkbox"/> Quantity Presently in Inventory				<input type="checkbox"/> Other (Specify)			
* Explain:							



**COUNTY OF IMPERIAL  
CAPITAL PURCHASE REQUEST  
MACHINERY & EQUIPMENT**

**2-5**

(Do not include Computers)

1. Department: Public Works - Solid Waste Division		2. Budget Unit: 1580001		3. Department Priority: 4		4. Date: 4/30/2020	
5. Source of Funding		General Fund %	State %	Federal %	Other * 100%		
* Specify: Solid Waste revenues							
6. Complete description of computer equipment/upgrade (Attach sheet if necessary):  3/4 ton 4x2 Regular Cab Pickup							
7. Quantity 1		8. Physical Address of Asset: 155 S. 11th Street, El Centro, CA 92243 - Field Operations Division					
9. Estimated Cost of Asset:							
				(Include Taxes, Freight & Company Installation)	\$	35,000.00	
				Less Trade-In, if any	\$		
				In-house Installation Cost	\$		
				Total Cost of Asset	\$	35,000.00	
10. Addition: <input type="checkbox"/> Upgrade: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/>							
County Property No.		860		Estimated Present Market Value		\$ unknown	
Asset Condition:		Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Scrap <input type="checkbox"/>			
Comments: Will replace a 24 year old 1994 model 3/4 ton regular cab pickup that is used throughout the county for staff to provide services at the various solid waste sites.							
11. If New Addition, Provide a Brief Justification:							
Purpose of Acquisition:				Form of Acquisition:			
<input type="checkbox"/> Scheduled Replacement				<input checked="" type="checkbox"/> Purchase			
<input checked="" type="checkbox"/> Obsolete Equipment Replacement				<input type="checkbox"/> Lease			
<input checked="" type="checkbox"/> Productivity Enhancement				<input type="checkbox"/> Lease-Purchase			
<input type="checkbox"/> Expand Capacity				Other (Specify)			
<input type="checkbox"/> New Operation or Service							
<input type="checkbox"/> Safety Enhancement				Recommended Disposition of Replaced Item:			
<input checked="" type="checkbox"/> Legal Mandate				<input type="checkbox"/> Transfer to Alternative Use			
<input type="checkbox"/> Cost Savings**				<input type="checkbox"/> Transfer to Other Department			
<input type="checkbox"/> Other				<input type="checkbox"/> Trade-In			
				<input checked="" type="checkbox"/> Sell			
				<input type="checkbox"/> Scrap			
<input type="checkbox"/> Quantity Presently in Inventory				<input type="checkbox"/> Other (Specify)			
* Explain:							

12. Asset to be purchased by:

County Procurement Services Department   
Department requesting purchase (\*)

\* Authorization is required from County Procurement Services Department

13. Submitted By:

John Gray  
Signature of Department Head

5/1/2020  
Date

14. Recommendations:

**Public Works - Facilities:**

Approved:

Denied:

N/A:

Comments:

\_\_\_\_\_  
Public Works - Facilities

\_\_\_\_\_  
Date

**Data/Communications:**

Approved:

Denied:

N/A:

Comments:

\_\_\_\_\_  
Communications Department

\_\_\_\_\_  
Date

**Information & Technical Services:**

Approved:

Denied:

N/A:

Comments:

\_\_\_\_\_  
Information & Technical Services Dept.

\_\_\_\_\_  
Date

**CEO OFFICE USE ONLY**

15. CEO Recommendation:

Approved

Denied

[Signature]  
Signature of County Executive Office

8-19-20  
Date

Comments:

# 2-5

## COUNTY OF IMPERIAL CAPITAL PURCHASE REQUEST MACHINERY & EQUIPMENT

(Do not include Computers)

1. Department: Public Works - Solid Waste Division		2. Budget Unit: 1580001		3. Department Priority: 3		4. Date: 4/30/2020	
5. Source of Funding		General Fund %	State %	Federal %	Other * 100%		
* Specify: Solid Waste revenues							
6. Complete description of computer equipment/upgrade (Attach sheet if necessary):  3/4 ton 4x2 Regular Cab Pickup							
7. Quantity 1		8. Physical Address of Asset: 155 S. 11th Street, El Centro, CA 92243 - Field Operations Division					
9. Estimated Cost of Asset:							
				(Include Taxes, Freight & Company Installation)	\$	35,000.00	
				Less Trade-In, if any	\$		
				In-house Installation Cost	\$		
				Total Cost of Asset	\$	35,000.00	
10. Addition: <input type="checkbox"/> Upgrade: <input type="checkbox"/> Replacement: <input checked="" type="checkbox"/>							
County Property No.		852		Estimated Present Market Value		\$ unknown	
Asset Condition:		Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Scrap <input type="checkbox"/>			
Comments: Will replace a 26 year old 1994 model 3/4 ton regular cab pickup that is used throughout the county for staff to provide services at the various solid waste sites.							
11. If New Addition, Provide a Brief Justification:							
Purpose of Acquisition:				Form of Acquisition:			
<input type="checkbox"/> Scheduled Replacement				<input checked="" type="checkbox"/> Purchase			
<input checked="" type="checkbox"/> Obsolete Equipment Replacement				<input type="checkbox"/> Lease			
<input checked="" type="checkbox"/> Productivity Enhancement				<input type="checkbox"/> Lease-Purchase			
<input type="checkbox"/> Expand Capacity				Other (Specify)			
<input type="checkbox"/> New Operation or Service							
<input type="checkbox"/> Safety Enhancement				Recommended Disposition of Replaced Item:			
<input checked="" type="checkbox"/> Legal Mandate				<input type="checkbox"/> Transfer to Alternative Use			
<input type="checkbox"/> Cost Savings**				<input type="checkbox"/> Transfer to Other Department			
<input type="checkbox"/> Other				<input type="checkbox"/> Trade-In			
				<input checked="" type="checkbox"/> Sell			
<input type="checkbox"/> Quantity Presently in Inventory				<input type="checkbox"/> Scrap			
				<input type="checkbox"/> Other (Specify)			
* Explain:							





# **IMMEDIATE AMENDMENTS**

**COUNTY OF IMPERIAL  
FISCAL YEAR 2020-2021  
APPROVED IMMEDIATE AMENDMENTS TO THE PROPOSED BUDGET**

TAB NO.	BGT. PG.	BUDGET		OBJECT CODE	IMMEDIATE AMENDMENT TO PROPOSED BUDGET	DR/	AMOUNT	DEPARTMENT TOTAL	INCR(DEC)R G.F. NET COST	NON-GNL FND SOURCE
		UNIT	ORG CODE			CR				
<b>DEPARTMENT: AGRICULTURAL COMMISSIONER</b>										
1-1	197	HOST/Public Benefit Fees	1842001	530150	Special Dept. Exp. - Ag Benefit	DR	77,250			
				552075	Budgetary Transfers	CR	(77,250)	0	0	0
					Provide funding for the 2020 Agricultural Benefit Scholarship Program. <b>BOS Approved 7/14/2020; M.O. #13.</b>					
								0	0	0
<b>DEPARTMENT: AIR POLLUTION CONTROL DISTRICT</b>										
2-2	145	PM 10 Operational	1769001	552085	Transfers-Out	DR	4,531			
				530005	Special Dept. Expense	CR	(4,531)			
	148	ACPD Rule 310	1913001	530005	Special Dept. Expense	DR	4,531			
				552080	Transfers-In	CR	(4,531)	0	0	0
					Provide funding for Magnolia Union Elementary School District Project. <b>BOS Approved 08/11/2020; M.O. #21(b).</b>					
								0	0	0
<b>DEPARTMENT: AUDITOR-CONTROLLER</b>										
3-1	158	Social Services-Auditor's	1048001	501000	Permanent Salaries	DR	31,196			
				501150	Social Security-Medicare	DR	452			
				502000	County Cont Retirement	DR	6,982			
				502015	Group Insurance	DR	15,814			
				502040	Pension Bond	DR	1,613			
				502045	Ret Health Plan	DR	2,599			
				552000	Intrafund Transfer	CR	(58,656)			
	434	Social Services	1047001	552000	Intrafund Transfer	DR	58,656			
				533135	Medi-Cal Expense	CR	(8,798)			
				437000	State Public Asst Adm	CR	(18,770)			
				446050	Realignment PA	CR	(3,519)			
				450000	Fed Aid Pub Assis Admin	CR	(21,703)			
				552075	Budgetary Transfers	CR	(5,866)	0	0	0
					Approve to fund one (1) unfunded Account Clerk III Range 175/Step A allocation in Org Key 1048. Position to be funded					
					By Social Services with a 9% cost to the general fund. <b>BOS Approved 08/11/2020; M.O. #15.</b>					
								0	0	0
<b>DEPARTMENT: BEHAVIORAL HEALTH SERVICES</b>										
4-1	164	MHSA Act Prop #63	1748001	525130	Prof. & Spec. Serv. Support Serv.	DR	10,000			
				446720	State Aid MHSA Act Prop #63	CR	(10,000)	0	0	0
					Provide funding for the increase to the first amendment to the Fitness Oasis Health Club and Spa agreement.					
					<b>BOS Approved 07/14/2020; M.O. #25(b).</b>					

**COUNTY OF IMPERIAL  
FISCAL YEAR 2020-2021  
APPROVED IMMEDIATE AMENDMENTS TO THE PROPOSED BUDGET**

TAB NO.	BGT. PG.	BUDGET		OBJECT CODE	IMMEDIATE AMENDMENT TO PROPOSED BUDGET	DR/	AMOUNT	DEPARTMENT TOTAL	INCR(DECR) G.F. NET COST	NON-GNL FND SOURCE
		UNIT	ORG CODE			CR				
4-2	162	Substance Abuse	1570001	525010	Professional & Special Services	DR	5,000			
				446320	State Aid OCJP Grants	CR	(5,000)	0	0	0
					Provide funding to cover the increase of the agreement with McAlister Institute.					
					<b>BOS Approved 08/04/2020; M.O. #29(b).</b>					
4-3	162	Substance Abuse	1570001	525010	Professional & Special Services	DR	76,000			
				452010	Federal Medi-Cal	CR	(76,000)	0	0	0
					Provide funding to cover the increase of the agreement with McAlister Institute.					
					<b>BOS Approved 08/04/2020; M.O. #30(b).</b>					
								0	0	0
<b>DEPARTMENT: COUNTY EXECUTIVE OFFICE</b>										
5-1	197	HOST/Public Benefit Fees	1842001	530145	Spec Dept Exp - Community Benefit	DR	35,000			
				552075	Budgetary Transfers	CR	(35,000)	0	0	0
					Provide Funding for scholarships to graduating high school graduates and students attending IVC and students attending 4-yr university. <b>BOS Approved 08/04/2020; M.O. #14.</b>					
5-2	197	HOST/Public Benefit Fees	1842001	530145	Spec Dept Exp - Community Benefit	DR	100,000			
				552075	Budgetary Transfers	CR	(100,000)	0	0	0
					Provide Funding for expenses to emergency housing, vouchers, debris removal and similar for the township of Niland.					
					<b>BOS Approved 08/04/2020; M.O. #44.</b>					
								0	0	0
<b>DEPARTMENT: LIBRARY</b>										
5-3	304	LSTA Grant 19-20	1931001	501115	Extra Help	DR	15,077			
				501150	Social Security-Medicare	DR	219			
				525010	Professional & Special Services	DR	4,432			
				525020	Prof & Spec Svcs Data Processing	DR	1,440			
				530005	Special Dept. Expense	DR	77,601			
				531000	Travel-In Cnty Private Car	DR	308			
				531005	Travel-In Cnty County Car	DR	2,846			
				446445	State-Other Revenue	CR	(101,923)	0	0	0
					Provide remaining funds from the initial \$245,000 LSTA FY2019-20 Grant Award.					
					<b>BOS Approved 08/11/2020; M.O. #29.</b>					
								0	0	0

**COUNTY OF IMPERIAL  
FISCAL YEAR 2020-2021  
APPROVED IMMEDIATE AMENDMENTS TO THE PROPOSED BUDGET**

TAB NO.	BGT. PG.	BUDGET		OBJECT CODE	IMMEDIATE AMENDMENT TO PROPOSED BUDGET	DR/	AMOUNT	DEPARTMENT TOTAL	INCR(DECN) G.F. NET COST	NON-GNL FND SOURCE
		UNIT	ORG CODE			CR				
<b>DEPARTMENT: PLANNING &amp; DEVELOPMENT SERVICES</b>										
6-1		SB2 - HCD Planning	1947001	525010	Professional & Special Services	DR	160,000			
				446010	State Aid - Other	CR	(160,000)	0	0	0
					Approve California Department of Housing in Community Development related to the 2019 Planning SB2 Grant Program.					
					Establish new budget unit.					
					<b>BOS Approved 08/18/2020; M.O. #25 (c).</b>					
								0	0	0
<b>DEPARTMENT: PUBLIC ADMINISTRATOR/AAA</b>										
6-2	337	Public Administrator	1039001	525325	Prof & Spec Services - HEAP	DR	44,400			
				552280	Transfers In - HEAP	CR	(44,400)	0	0	0
					Approve to receive and allocate Homeless Emergency Aid Program (HEAP) funding.					
					<b>BOS Approved 08/18/2020; M.O. #26.</b>					
6-3	340	Area Agency on Aging - SDSU	1603039	501000	Permanent Salaries	DR	58,460			
				501150	Social Security Medicare	DR	848			
				502000	County Contr Retirement	DR	20,271			
				502005	Ins-Workers Comp	DR	380			
				502010	Ins-Unemployment	DR	96			
				502015	Group Insurance	DR	15,611			
				502040	Retirement-Pension Bond	DR	1,124			
				502045	Retirement-Health Plan	DR	2,071			
				514000	Communications-Phone Charges	DR	1,130			
				514020	Communications-Services	DR	1,500			
				519055	Maint-Info. Tech & Software	DR	1,500			
				524000	Office Expense	DR	3,252			
				525010	Professional & Special Services	DR	2,257			
				531040	Travel Out of Cnty. Miscellaneous	DR	1,500			
				456040	Federal Aid	CR	(110,000)	0	0	0
					Approval to add and fund one (1) Program Coordinator LT position and operating expenses funded by SDSU Research Foundation. <b>BOS Approved: 07/28/2020; M.O. #25.</b>					
6-4	340	Area Agency on Aging - Cares Act	1603047	531145	COVID-19 Expense	DR	423,504			
				494050	COVID-19 Reimbursement	CR	(423,504)	0	0	0
					Funding from the California Dept. of Aging Corona Virus Aid, Relief, and Economic Security (CARES) Act.					
					<b>BOS Approved 08/04/2020; M.O. #47.</b>					
								0	0	0

**COUNTY OF IMPERIAL  
FISCAL YEAR 2020-2021  
APPROVED IMMEDIATE AMENDMENTS TO THE PROPOSED BUDGET**

TAB NO.	BGT. PG.	BUDGET		OBJECT CODE	IMMEDIATE AMENDMENT TO PROPOSED BUDGET	DR/	AMOUNT	DEPARTMENT TOTAL	INCR(DEC) G.F. NET COST	NON-GNL FND SOURCE
		UNIT	ORG CODE			CR				
<b>DEPARTMENT: PUBLIC HEALTH DEPARTMENT</b>										
7-1	348	Public Health	1044001	501000	Permanent Salaries	DR	97,076			
				501150	Social Security-Medicare	DR	1,408			
				502000	County Cont Retirement	DR	21,726			
				502015	Group Insurance	DR	24,017			
				502040	Pension Bond	DR	5,354			
				502045	Ret Health Plan	DR	8,086			
				439070	StateAid-Endowment	CR	(157,667)	0	0	0
					Request approval to add and fund one (1) Epidemiologist I - LT allocation and one (1) Administrative Analyst I - LT allocation to be funded by Infectious Disease Grant and ELC Grant under Org Key 1044 Public Health.					
					<b>BOS Approved 08/18/2020; M.O. #14.</b>					
								0	0	0
<b>DEPARTMENT: PUBLIC WORKS DEPARTMENT</b>										
7-1	368	SB1- Road Maint. & Rehab.	1912001	552085	Transfers Out	DR	38,454			
				552075	Budgetary Transfers	CR	(38,454)			
	364	Public Works Roads Const.	1542001	525010	Professional & Special Services	DR	688,658			
				552080	Transfers In	CR	(38,454)			
				446010	State Aid - Other	CR	(650,204)	0	0	0
					Provide funding to cover costs associated with County Project No. 6278. <b>BOS Approved 07/14/2020; M.O. #32(b).</b>					
7-2	159	Behavioral Health	1046001	550000	Structures & Improvements	DR	50,313			
				552075	Budgetary Transfers	CR	(50,313)	0	0	0
					Provide funding for the purchase of HVAC Unit for the replacement of the unit at the North County Administration Center located at 220 Main Street, Brawley, CA. <b>BOS Approved: 07/14/2020; M.O. #35(b).</b>					
7-3	364	Public Works Roads Const.	1542001	525010	Professional & Special Services	DR	96,426			
				446010	State-Aid Other	CR	(96,426)	0	0	0
					Provide funding for County Project No. 6278 Heber Ave. Improvements. <b>BOS Approved: 08/04/2020; M.O. #51.</b>					
								0	0	0
<b>DEPARTMENT: SHERIFF-CORONER</b>										
8-1	378	Sheriff-Coroner	1024001	530080	Special Dept. Exp. - Other	DR	50,000			
				456040	Federal Aid	CR	(50,000)	0	0	0
					Record funding received from USDA Rural Communities Grant Program. <b>BOS Approved 07/14/2020; M.O. #36(d).</b>					

**COUNTY OF IMPERIAL  
FISCAL YEAR 2020-2021  
APPROVED IMMEDIATE AMENDMENTS TO THE PROPOSED BUDGET**

TAB NO.	BGT. PG.	BUDGET	ORG CODE	OBJECT CODE	IMMEDIATE AMENDMENT TO PROPOSED BUDGET	DR/	AMOUNT	DEPARTMENT TOTAL	INCR(DEC) G.F. NET COST	NON-GNL FND SOURCE
		UNIT				CR				
8-2	378	Sheriff-Coroner	1024001	530080	Special Dept. Exp. - Other	DR	44,000			
				456040	Federal Aid	CR	(44,000)	0	0	0
					Record funding received from USDA Rural Communities Grant Program. <b>BOS Approved 07/14/2020; M.O. #37(d).</b>					
8-3	378	Sheriff-Coroner	1024001	527000	Rents & Leases Equipment	DR	130,000			
				491135	Contribution from Trust	CR	(130,000)	0	0	0
					Provide funding to cover the annual subscription and supplies to utilize the Ande Rapid Solution System.					
					<b>BOS Approved 07/28/2020; M.O. #27.</b>					
								0	0	0
<b>DEPARTMENT: WORKFORCE &amp; ECONOMIC DEVELOPMENT</b>										
9-1	282	Work Force Investment	1531001	501000	Permanent Salaries	DR	30,501			
				501150	Social Security-Medicare	DR	442			
				502000	County Cont Retirement	DR	5,365			
				502015	Group Insurance	DR	7,703			
				502040	Pension Bond	DR	1,577			
				502045	Ret Health Plan	DR	2,541			
				456040	Federal Aid	CR	(48,129)	0	0	0
					Request approval to add and fund one (1) Fellowship Program Participant - Ltallocation in budget unit 1531.					
					<b>BOS Approved 08/18/2020; M.O. #30 (b).</b>					
								0	0	0
<b>TOTALS:</b>										
					Total Immediate Amendment -- <b>ALL FUNDS</b>			0		
					Total Immediate Amendments -- <b>GENERAL FUND</b> Net Cost Increased(Decrease)				0	
					Total Immediate Amendments -- <b>NON GENERAL FUND</b> Net Cost Increased(Decrease)					0



# **AUTHORIZED ALLOCAITON & VACANCIES REPORT**

COUNTY OF IMPERIAL  
 AUTHORIZED ALLOCATIONS & VACANCIES REPORT  
 FISCAL YEAR 2020-2021

Presented BOS Budget Hearings 08/25/20

BUDGET UNIT	FUND	CUR RING	JOB CLASS	TOTAL ALLOCATIONS end of FY 2019-2020	TOTAL VACANCIES	VACANT FUNDED FY 2020-2021	VACANT UNFUNDED FY 2020-2021	Approved new ALLOCATIONS FY 2020-2021	TOTAL Approved ALLOCATIONS FY 2020-2021
<b>DEPARTMENT: AGRICULTURAL COMMISSIONER</b>				<b>45</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>45</b>
AGRICULTURAL COMMISSIONER	1031	445	AG COMMISSIONER/SEALER OF WEIGHTS & MEASURES	1					1
		401	ASSISTANT AG COMM/SEALER W & MEASURES	1					1
		377	DEPUTY AG COMMISSIONER/SEALER	4					4
		344	AG BIOLOGIST/STANDARDS SPECIALIST IV	5					5
		312	AG BIOLOGIST/STANDARDS SPECIALIST III	20	2		2		20
		312	AG BIOLOGIST/STANDARDS SPECIALIST III-Limited Term	2					2
		242	OFFICE SUPERVISOR II	1					1
		201	ACCOUNTING TECHNICIAN	1					1
		189	OFFICE TECHNICIAN	1					1
		175	ACCOUNT CLERK III	1					1
		174	AG ASSISTANT/STANDARDS TECHNICIAN	5					5
		171	OFFICE ASSISTANT III	1					1
		152	OFFICE ASSISTANT II	2	1		1		2
			<b>Total</b>	<b>45</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>45</b>
<b>DEPARTMENT: AIR POLLUTION CONTROL DISTRICT</b>				<b>29</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>29</b>
AIR POLLUTION CONTROL	1596	445	AIR POLLUTION CONTROL OFFICER	1					1
		401	ASSISTANT AIR POLLUTION CONTROL OFFICER	1					1
		362	AIR POLLUTION CONTROL DIVISION MANAGER	3					3
		324	AIR POLLUTION CONTROL DISTRICT PROJECT MANAGER	2					2
		311	AIR POLLUTION CONTROL DISTRICT SENIOR ENGINEER	1					1
		295	ADMINISTRATIVE ANALYST II	1					1
		290	AIR POLLUTION C ENVIRONMENTAL COORDINATOR II	2	1	1			2
		290	AIR POLLUTION CONTROL SPECIAL PROJECTS COORDINATOR	1					1
		290	AIR POLLUTION CONTROL ENGINEER II	3	1	1			3
		269	AIR POLLUTION CONTROL SPECIALIST	1					1
		269	AIR POLLUTION CONTROL SPECIALIST-Limited Term	2	2		2		2
		249	AIR POLLUTION CONTROL MONITORING SPECIALIST	1					1
		243	AIR POLLUTION CONTROL INSPECTOR III	1					1
		242	OFFICE SUPERVISOR II	1					1
		239	AIR POLLUTION CONTROL MONITORING TECHNICIAN	2	1		1		2
		225	AIR POLLUTION CONTROL INSPECTOR II	3					3
		189	OFFICE TECHNICIAN	1					1
		171	OFFICE ASSISTANT III	1					1
		152	OFFICE ASSISTANT II	1					1
			<b>Total</b>	<b>29</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>29</b>
<b>DEPARTMENT: ASSESSOR</b>				<b>32.5</b>	<b>5.5</b>	<b>3.5</b>	<b>2</b>	<b>0</b>	<b>31.5</b>
ASSESSOR	1008	Flat	COUNTY ASSESSOR	1					1
		354	ASSISTANT COUNTY ASSESSOR	1					1
		304	AUDITOR-APPRAISER SUPERVISOR	1					1
		298	APPRAISAL SUPERVISOR	3					3
		296	ASSESSMENT SYSTEM ANALYST	1					1
		253	AUDITOR-APPRAISER II	2					2
		253	APPRAISER III	11.5	3.5	1.5	2		11.5
		239	CADASTRAL MAPPING/GIS TECHNICIAN	1					1
		232	ASSESSMENT SERVICES SUPERVISOR	1	1	1			1
		201	ADMINISTRATIVE SECRETARY	1					1
		201	APPRAISER TECHNICIAN	1					1
		181	SENIOR TITLE EXAMINER	1					1
		175	ASSESSMENT TECHNICIAN III	2					2
		157	TITLE EXAMINER	2					2
		153	ASSESSMENT TECHNICIAN II	2	1	1			2
			<b>Total</b>	<b>32.5</b>	<b>5.5</b>	<b>3.5</b>	<b>2</b>	<b>0</b>	<b>31.5</b>

BUDGET UNIT	FUND	CUR RRG	JOB CLASS	TOTAL ALLOCATIONS end of FY 2019-2020	TOTAL VACANCIES	VACANT FUNDED FY 2020-2021	VACANT UNFUNDED FY 2020-2021	Approved new ALLOCATIONS FY 2020-2021	TOTAL Approved ALLOCATIONS FY 2020-2021
<b>DEPARTMENT: AUDITOR-CONTROLLER</b>				<b>22</b>	<b>6</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>22</b>
AUDITOR-CONTROLLER	1006	Flat	AUDITOR-CONTROLLER	1					1
		377	ASSISTANT AUDITOR-CONTROLLER	1					1
		323	SPECIAL ACCOUNTING MANAGER	1					1
		323	AUDITS & SYSTEMS MANAGER	1	1	1			1
		311	GENERAL ACCOUNTING MANAGER	1					1
		289	SENIOR ACCOUNTANT AUDITOR	2	2		2		2
		268	ACCOUNTANT-AUDITOR	5					5
		256	PAYROLL COORDINATOR	1					1
		201	ACCOUNTING TECHNICIAN	1					1
		201	PAYROLL TECHNICIAN	1					1
		175	ACCOUNT CLERK III	5	1	1			5
			<b>Total</b>	<b>20</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>20</b>
<b>SOCIAL SERVICES AUDITOR DEPT</b>									
	1048	175	ACCOUNT CLERK III	2	2	2			2
			<b>Total</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>DEPARTMENT: BEHAVIORAL HEALTH</b>				<b>568.75</b>	<b>130.75</b>	<b>114.75</b>	<b>16</b>	<b>0</b>	<b>615.75</b>
BEHAVIORAL HEALTH	1046	445	DIRECTOR OF BEHAVIORAL HEALTH SERVICES	1	1	1			1
		641	BEHAVIORAL HEALTH MEDICAL DIRECTOR	1	1		1		1
		621	PSYCHIATRIST	12	10	3	7		12
		621	PSYCHIATRIST (Part-Time Permanent)	1.75	1.75	1.75			1.75
		415	ASSISTANT DIRECTOR OF BEHAVIORAL HEALTH SERVICES	1					1
		401	DEPUTY DIRECTOR OF BEHAVIORAL HEALTH SERVICES	4	1	1			4
		401	DEPUTY DIRECTOR BEHAVIORAL HEALTH ADMINISTRATION	1					1
		390	SUPERVISING CLINICAL PSYCHOLOGIST	2	1	1			2
		362	BEHAVIORAL HEALTH MANAGER	11	1	1			11
		333	PROGRAM SUPERVISOR III	5					5
		329	NURSING SUPERVISOR	1	1	1			1
		317	ADMINISTRATIVE ANALYST III	4	1	1			4
		312	PSYCHIATRIC SOCIAL WORKER III	17	5	5			17
		312	MENTAL HEALTH COUNSELOR III	19	9	9			19
		311	PROGRAM SUPERVISOR II	18	1	1			18
		302	SUPERVISING VOCATIONAL NURSE/PSYCHIATRIC TECHNICIAN	2					2
		298	BEHAVIORAL HEALTH FISCAL SUPERVISOR	1					1
		296	QUALITY IMPROVEMENT COORDINATOR	1	1		1		1
		295	ADMINISTRATIVE ANALYST II	15					15
		282	VOCATIONAL NURSE/PSYCHIATRIC TECHNICIAN III	19					19
		279	PSYCHIATRIC NURSE II	1	1	1			1
		277	MENTAL HEALTH REHABILITATION SPECIALIST-SHIFT LEAD	3	3	3			3
		269	QUALITY IMPROVEMENT SPECIALIST	4	1	1			4
		268	ACCOUNTANT-AUDITOR	5	1	1			5
		262	MENTAL HEALTH REHABILITATION SPECIALIST	7	2	2			7
		256	ADMINISTRATIVE SERVICES SUPERVISOR	2					2
		250	MENTAL HEALTH REHABILITATION TECHNICIAN III	66	7	7			66
		242	OFFICE SUPERVISOR II	7	2	2			7
		218	COMMUNITY SERVICE WORKER II	13	8	8			13
		217	MENTAL HEALTH WORKER SUPERVISOR	6					6
		202	ACCESS & BENEFIT WORKER II	9					9
		201	ADMINISTRATIVE SECRETARY	6	1	1			6
		189	OFFICE TECHNICIAN	21	2	2			21
		186	MENTAL HEALTH WORKER III	23	3	3			23
		185	MEDICAL RECORDS SUPERVISOR	1	1		1		1
		175	ACCOUNT CLERK III	10					10
		171	OFFICE ASSISTANT III	37	8	8			37
		147	MEDICAL RECORDS ASSISTANT	4	3	2	1		4
			<b>Total</b>	<b>331.75</b>	<b>77.75</b>	<b>66.75</b>	<b>11</b>	<b>0</b>	<b>361.75</b>

BUDGET UNIT	FUND	CUR RRG	JOB CLASS	TOTAL ALLOCATIONS end of FY 2019-2020	TOTAL VACANCIES	VACANT FUNDED FY 2020-2021	VACANT UNFUNDED FY 2020-2021	Approved new ALLOCATIONS FY 2020-2021	TOTAL Approved ALLOCATIONS FY 2020-2021
SUBSTANCE ABUSE	1570	401	DEPUTY DIRECTOR OF BEHAVIORAL HEALTH SERVICES	1	1	1			1
		362	BEHAVIORAL HEALTH MANAGER	3					3
		329	NURSING SUPERVISOR	1	1	1			1
		317	ADMINISTRATIVE ANALYST III	1					1
		312	MENTAL HEALTH COUNSELOR III	9	4	4			9
		312	PSYCHIATRIC SOCIAL WORKER III	5	1	1			5
		311	PROGRAM SUPERVISOR II	4					4
		295	ADMINISTRATIVE ANALYST II	9					9
		282	VOCATIONAL NURSE/PSYCHIATRIC TECHNICIAN III	1					1
		269	QUALITY IMPROVEMENT SPECIALIST	5	1	1			5
		260	SUBSTANCE USE DISORDERS COUNSELOR III	16	3		3		16
		242	OFFICE SUPERVISOR II	1					1
		218	COMMUNITY SERVICE WORKER II	4	1	1			4
		202	ACCESS & BENEFIT WORKER II	3					3
		201	ADMINISTRATIVE SECRETARY	2	1	1			2
		189	OFFICE TECHNICIAN	9	1	1			9
		186	MENTAL HEALTH WORKER III	8	1	1			8
175	ACCOUNT CLERK III	1					1		
171	OFFICE ASSISTANT III	12	3	3			12		
			<b>Total</b>	<b>95</b>	<b>18</b>	<b>15</b>	<b>3</b>	<b>0</b>	<b>95</b>
MHSA ACT PROP 63	1748	362	BEHAVIORAL HEALTH MANAGER	3					3
		351	PHYSICIAN ASSISTANT/NURSE PRACTITIONER II	1	1		1		1
		333	PROGRAM SUPERVISOR III	4					4
		330	SUPERVISING THERAPIST	2					2
		312	PSYCHIATRIC SOCIAL WORKER III	5	3	3			5
		312	MENTAL HEALTH COUNSELOR III	17	5	5			17
		311	PROGRAM SUPERVISOR II	4					4
		302	SUPERVISING VOCATIONAL NURSE/PSYCHIATRIC TECHNICIAN	2					2
		295	ADMINISTRATIVE ANALYST II	5					5
		282	VOCATIONAL NURSE/PSYCHIATRIC TECHNICIAN III	9					9
		262	MENTAL HEALTH REHABILITATION SPECIALIST	1					1
		260	SUBSTANCE ABUSE COUNSELOR III	1	1		1		1
		250	MENTAL HEALTH REHABILITATION TECHNICIAN III	36	5	5			36
		218	COMMUNITY SERVICE WORKER II	10	2	2			10
		202	ACCESS & BENEFIT WORKER II	2					2
		186	MENTAL HEALTH WORKER III	13	1	1			13
		189	OFFICE TECHNICIAN	5					5
171	OFFICE ASSISTANT III	17	5	5			17		
			<b>Total</b>	<b>128</b>	<b>23</b>	<b>21</b>	<b>2</b>	<b>0</b>	<b>137</b>
MHSA P.E.I.	1792	312	PSYCHIATRIC SOCIAL WORKER III	5	3	3			5
		312	MENTAL HEALTH COUNSELOR III	3					3
		311	PROGRAM SUPERVISOR II	1					1
		250	MENTAL HEALTH REHABILITATION TECHNICIAN III	3					3
		189	OFFICE TECHNICIAN	1					1
		171	OFFICE ASSISTANT III	1	1	1			1
			<b>Total</b>	<b>14</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>14</b>
MHSA INNOVATION	1793	317	ADMINISTRATIVE ANALYST III	1	1	1			1
		312	PSYCHIATRIC SOCIAL WORKER III	2	2	2			2
		311	PROGRAM SUPERVISOR II	1	1	1			1
		218	COMMUNITY SERVICE WORKER II	3	3	3			3
		171	OFFICE ASSISTANT III	1	1	1			1
			<b>Total</b>	<b>0</b>	<b>8</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>8</b>
<b>DEPARTMENT: BOARD OF SUPERVISORS</b>				<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>
BOARD OF SUPERVISORS	1001	Flat	COUNTY SUPERVISOR	5					5
			<b>Total</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>

BUDGET UNIT	FUND	CUR RRG	JOB CLASS	TOTAL ALLOCATIONS end of FY 2019-2020	TOTAL VACANCIES	VACANT FUNDED FY 2020-2021	VACANT UNFUNDED FY 2020-2021	Approved new ALLOCATIONS FY 2020-2021	TOTAL Approved ALLOCATIONS FY 2020-2021
<b>DEPARTMENT: CEO</b>				<b>86</b>	<b>28</b>	<b>13</b>	<b>15</b>	<b>0</b>	<b>89</b>
COUNTY EXECUTIVE OFFICE	1002	*c	COUNTY EXECUTIVE OFFICER	1					1
		463	ASSISTANT COUNTY EXECUTIVE OFFICER	1	1		1		1
		409	DEPUTY COUNTY EXECUTIVE OFFICER-GSA	1	1		1		1
		383	DEPUTY COUNTY EXECUTIVE OFFICER	2	1	1			2
		383	DEPUTY COUNTY EXECUTIVE OFFICER-Limited Term	1	1		1		1
		383	INTER-GOVERNMENTAL RELATIONS DIRECTOR	1					1
		338	PUBLIC INFORMATION OFFICER-CONFIDENTIAL	1					1
		317	ADMINISTRATIVE ANALYST III-CONFIDENTIAL	4	1		1		4
		297	GIS PROJECT COORDINATOR	1					1
		264	ASSISTANT TO THE COUNTY EXECUTIVE OFFICER	1					1
		196	OFFICE TECHNICIAN-CONFIDENTIAL	1					1
		152	OFFICE ASSISTANT II-CONFIDENTIAL	1	1	1			1
			<b>Total</b>	<b>15</b>	<b>6</b>	<b>2</b>	<b>4</b>	<b>0</b>	<b>16</b>
AIRPORT IMPERIAL	5000	330	AIRPORT MANAGER	1					1
		273	ADMINISTRATIVE ANALYST I	1	1		1		1
		201	ACCOUNTING TECHNICIAN	1					1
		152	OFFICE ASSISTANT II	1	1		1		1
			<b>Total</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>4</b>
EQUAL EMPLOYMENT OPPORTUNITY	1013	317	ADMINISTRATIVE ANALYST III-CONFIDENTIAL	1					1
			<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
CLERK OF THE BOARD	1003	330	CLERK OF THE BOARD OF SUPERVISOR	1					1
		247	ASSISTANT CLERK - BOARD OF SUPERVISOR	1					1
		196	OFFICE TECHNICIAN-CONFIDENTIAL	1	1	1			1
		152	OFFICE ASSISTANT II-CONFIDENTIAL	1	1	1			1
			<b>Total</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>4</b>
REGISTRAR OF VOTERS-ELECTIONS	1014	330	REGISTRAR OF VOTERS/ELECTIONS MANAGER	1					1
		212	ELECTIONS COORDINATOR	1	1		1		1
		189	OFFICE TECHNICIAN	1					1
		171	OFFICE ASSISTANT III	1					1
		152	OFFICE ASSISTANT II	1					1
			<b>Total</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>5</b>
VETERANS SERVICES	1054	235	VETERAN SERVICE COORDINATOR	1					1
		197	VETERANS SERVICES REPRESENTATIVE	2					2
		171	OFFICE ASSISTANT III	1					1
			<b>Total</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>
<b>CEO-GSA</b>									
BUDGET FISCAL	1065	383	DEPUTY COUNTY EXECUTIVE OFFICER-BUDGET & FISCAL	1					1
		317	ADMINISTRATIVE ANALYST III-CONFIDENTIAL	3	1		1		3
		231	ACCOUNTING SUPERVISOR	1	1	1			1
		175	ACCOUNT CLERK III	3	2	1	1		3
		152	OFFICE ASSISTANT II	1					1
			<b>Total</b>	<b>9</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>9</b>
FLEET SERVICES	5200	295	FLEET SERVICES MANAGER	1					1
		255	SUPERVISING VEHICLE & LIGHT EQUIPMENT MECHANIC	1					1
		205	AUTOMOTIVE MECHANIC	4					4
		158	AUTOMOTIVE SERVICE WORKER	3	1	1			3
			<b>Total</b>	<b>9</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>9</b>
INFORMATION & TECHNICAL SERVICES	5213	394	INFORMATION & TECHNICAL SERVICES MANAGER	1					1
		326	SYSTEM SUPPORT SUPERVISOR	4	4	2	2		4
		316	NETWORK ADMINISTRATOR	1					1
		298	CUSTOMER SERVICE SUPERVISOR	1					1
		295	PROGRAMMER ANALYST III	4	2	2			4

BUDGET UNIT	FUND	CUR RNG	JOB CLASS	TOTAL ALLOCATIONS end of FY 2019-2020	TOTAL VACANCIES	VACANT FUNDED FY 2020-2021	VACANT UNFUNDED FY 2020-2021	Approved new ALLOCATIONS FY 2020-2021	TOTAL Approved ALLOCATIONS FY 2020-2021
		290	SYSTEM SUPPORT ANALYST	7	2	1	1		7
		290	TELECOMMUNICATION SYSTEMS SPECIALIST	1					1
		268	PROGRAMMER ANALYST II	1					1
		228	DEPARTMENT SYSTEMS SUPPORT TECHNICIAN I	8	1		1		8
		197	INFORMATION SERVICES ASSISTANT	1	1		1		1
		171	OFFICE ASSISTANT III	2	1	1			2
			<b>Total</b>	<b>29</b>	<b>11</b>	<b>6</b>	<b>5</b>	<b>0</b>	<b>31</b>
PROCUREMENT SERVICES	1010	305	PURCHASING SUPERVISOR	1					1
		253	PURCHASING SYSTEM COORDINATOR II	1	1		1		1
		235	PURCHASING SYSTEM COORDINATOR I	1					1
		189	OFFICE TECHNICIAN	2					2
		152	MAIL CLERK	1					1
			<b>Total</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>6</b>
<b>DEPARTMENT: CHILD SUPPORT SERVICES</b>				<b>74</b>	<b>23</b>	<b>7</b>	<b>16</b>	<b>0</b>	<b>74</b>
CHILD SUPPORT SERVICES	1022	Flat	DIRECTOR CHILD SUPPORT SERVICES	1					1
		438	ASSISTANT DIRECTOR CHILD SUPPORT SERVICES	1	1		1		1
		430	SUPERVISOR CHILD SUPPORT ATTORNEY	1					1
		410	CHILD SUPPORT ATTORNEY V	3	1		1		3
		362	CHILD SUPPORT PROGRAM MANAGER	2	1		1		2
		362	ADMINISTRATIVE SERVICE MANAGER	1					1
		317	STAFF SERVICES ANALYST III	1					1
		295	STAFF SERVICES ANALYST II-FISCAL/STAFF DEV	1	1		1		1
		277	CHILD SUPPORT COMPLIANCE TECH	1	1	1			1
		262	CHILD SUPPORT SUPERVISOR	6	2	1	1		6
		236	CHILD SUPPORT SPEC PRG COORD-OMBUDSMAN	1					1
		236	CHILD SUPPORT SPEC PRG COORD-OUTREACH	1	1		1		1
		236	CHILD SUPPORT SPECIALIST III	6	5		5		6
		218	CHILD SUPPORT SPECIALIST II	30	5	2	3		30
		201	ADMINISTRATIVE SECRETARY	1					1
		189	CHILD SUPPORT ASSISTANT III	2	2		2		2
		185	LEGAL CLERK II	3					3
		183	CHILD SUPPORT PROCESS SERVER	1					1
		171	CHILD SUPPORT ASSISTANT II	11	3	3			11
			<b>Total</b>	<b>74</b>	<b>23</b>	<b>7</b>	<b>16</b>	<b>0</b>	<b>74</b>
<b>DEPARTMENT: COOPERATIVE EXTENSION</b>				<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>
COOPERATIVE EXTENSION	1055	242	OFFICE SUPERVISOR II	1					1
		189	OFFICE TECHNICIAN	2					2
		174	AGRICULTURAL EXTENSION ASSISTANT	1					1
		171	OFFICE ASSISTANT III	1					1
			<b>Total</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>
<b>DEPARTMENT: COUNTY CLERK RECORDER</b>				<b>12</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12</b>
COUNTY CLERK/RECORDER	1038	Flat	COUNTY CLERK/RECORDER	1					1
		298	ASST COUNTY CLERK/RECORDER	1					1
		221	OFFICE SUPERVISOR I	1					1
		189	RECORDER DOCUMENT EXAMINER	2					2
		189	OFFICE TECHNICIAN	1					1
		175	ACCOUNT CLERK III	1					1
		171	IMAGING TECHNICIAN	1					1
		171	OFFICE ASSISTANT III	2					2
		152	OFFICE ASSISTANT II	2					2
			<b>Total</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12</b>

BUDGET UNIT	FUND	CUR RRG	JOB CLASS	TOTAL ALLOCATIONS end of FY 2019-2020	TOTAL VACANCIES	VACANT FUNDED FY 2020-2021	VACANT UNFUNDED FY 2020-2021	Approved new ALLOCATIONS FY 2020-2021	TOTAL Approved ALLOCATIONS FY 2020-2021
<b>DEPARTMENT: COUNTY COUNSEL</b>				<b>17</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>17</b>
COUNTY COUNSEL	1011	Flat	COUNTY COUNSEL	1					1
		448	ASSISTANT COUNTY COUNSEL	1					1
		419	SENIOR DEPUTY COUNTY COUNSEL	2	2		2		2
		410	DEPUTY COUNTY COUNSEL V	7	1	1			7
		242	LEGAL OFFICE SUPERVISOR II-CONFIDENTIAL	1					1
		192	LEGAL OFFICE ASSISTANT II-CONFIDENTIAL	5	1	1			5
			<b>Total</b>	<b>17</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>17</b>
<b>DEPARTMENT: DISTRICT ATTORNEY</b>				<b>90</b>	<b>21</b>	<b>9</b>	<b>12</b>	<b>0</b>	<b>90</b>
DISTRICT ATTORNEY	1020	Flat	DISTRICT ATTORNEY	1					1
		448	ASSISTANT DISTRICT ATTORNEY	1					1
		430	SENIOR DEPUTY DISTRICT ATTORNEY	3					3
		410	DEPUTY DISTRICT ATTORNEY V	1					1
		390	DEPUTY DISTRICT ATTORNEY IV	13	2	1	1		13
		390	DEPUTY DISTRICT ATTORNEY IV-Limited Term	1	1		1		1
		372	CHIEF INVESTIGATOR	1					1
		338	SUPERVISING DISTRICT ATTORNEY INVESTIGATOR	2					2
		318	DISTRICT ATTORNEY INVESTIGATOR II	9	2	1	1		9
		300	VICTIM WITNESS PROGRAM SUPERVISOR-Limited Term	1					1
		317	ADMINISTRATIVE ANALYST III	1					1
		295	ADMINISTRATIVE ANALYST II	1					1
		279	CRIMINAL RESEARCH SPECIALIST II	1					1
		277	LEGAL OFFICE SUPERVISOR III	1					1
		242	LEGAL OFFICE SUPERVISOR II	1					1
		221	VICTIM ADVOCATE SPECIALIST II	1	1	1			1
		217	INVESTIGATIVE ASSISTANT	5					5
		204	VICTIM ADVOCATE SPECIALIST I	1	1		1		1
		204	VICTIM ADVOCATE SPECIALIST I-Limited Term	1					1
		201	ADMINISTRATIVE SECRETARY	1					1
		185	LEGAL OFFICE ASSISTANT II	15	5	4	1		15
			<b>Total</b>	<b>62</b>	<b>12</b>	<b>7</b>	<b>5</b>	<b>0</b>	<b>62</b>
HUMAN EXPLOITATION	1069	410	DEPUTY DISTRICT ATTORNEY V	1	1	1			1
		318	DISTRICT ATTORNEY INVESTIGATOR II	1	1		1		1
			<b>Total</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>
HIDTA - DISTRICT ATTORNEY	1524	410	DEPUTY DISTRICT ATTORNEY V	1					1
		390	DEPUTY DISTRICT ATTORNEY IV	1					1
		279	CRIMINAL RESEARCH SPECIALIST II	3	1	1			3
		279	CRIMINAL RESEARCH SPECIALIST II-Limited Term	2	2		2		2
		217	EVIDENCE TECHNICIAN	1					1
		185	LEGAL OFFICE ASSISTANT II	1					1
			<b>Total</b>	<b>9</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>9</b>
VICTIM/WITNESS ASSIST.	1566	221	VICTIM ADVOCATE SPECIALIST II	2					2
		204	VICTIM ADVOCATE SPECIALIST I-Limited Term	1					1
		189	OFFICE TECHNICIAN-Limited Term	1					1
			<b>Total</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>
SPECIAL PROSECUTION UNIT	1602	390	DEPUTY DISTRICT ATTORNEY IV	1	1		1		1
		298	DISTRICT ATTORNEY INVESTIGATOR	1	1		1		1
			<b>Total</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>
DISTRICT ATTORNEY-IVSIT	1710	318	DISTRICT ATTORNEY INVESTIGATOR II	5					5
			<b>Total</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>
JAG IC LEAD PROGRAM	1881	390	DEPUTY DISTRICT ATTORNEY IV	1	1		1		1
		318	DISTRICT ATTORNEY INVESTIGATOR II	1	1		1		1
			<b>Total</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>

BUDGET UNIT	FUND	CUR RING	JOB CLASS	TOTAL ALLOCATIONS end of FY 2019-2020	TOTAL VACANCIES	VACANT FUNDED FY 2020-2021	VACANT UNFUNDED FY 2020-2021	Approved new ALLOCATIONS FY 2020-2021	TOTAL Approved ALLOCATIONS FY 2020-2021
UNDERSERVED ADVOCACY PROGRAM	1898	204	VICTIM ADVOCATE SPECIALIST I-Limited Term	2					2
			<b>Total</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
REAL ESTATE FRAUD UNIT	1901	318	DISTRICT ATTORNEY INVESTIGATOR II	1					1
			<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
LAW ENFORCEMENT SPECIALIZED UNIT	1911	318	DISTRICT ATTORNEY INVESTIGATOR II-Limited Term	1					1
			<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>DEPARTMENT: FIRE PROTECTION SERVICES</b>				<b>71</b>	<b>13</b>	<b>3</b>	<b>10</b>	<b>0</b>	<b>71</b>
FIRE PROTECTION	1501	419	COUNTY FIRE CHIEF	0.5					0.5
		320	TRAINING OFFICER/DEPUTY CHIEF	1					1
		320	DEPUTY FIRE MARSHAL	1					1
		305	FIRE BATTALION CHIEF	3					3
		297	EMERGENCY COMMUNICATIONS PROJECT COORDINATOR-Limited Term	1					1
		277	FIRE CAPTAIN	19	2	1	1		19
		267	SENIOR FIREFIGHTER (MECHANIC)	1					1
		255	FIRE PREVENTION SPECIALIST	1					1
		236	FIRE ENGINEER	25	3		3		25
		223	FIRE EQUIPMENT MECHANIC	2					2
		215	FIRE CODE INSPECTOR	1					1
		205	FIREFIGHTER I-Limited Term	6	6		6		6
		189	OFFICE TECHNICIAN	0.5					0.5
		171	OFFICE ASSISTANT III	1	1	1			1
			<b>Total</b>	<b>63</b>	<b>12</b>	<b>2</b>	<b>10</b>	<b>0</b>	<b>63</b>
CITY OF IMPERIAL FIRE SERVICE	1560	277	FIRE CAPTAIN	3					3
		236	FIRE ENGINEER	3					3
			<b>Total</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>
OFFICE OF EMERGENCY SERV	1551	419	COUNTY FIRE CHIEF	0.5					0.5
		280	DEPUTY EMERGENCY SERVICE COORDINATOR	1	1	1			1
		189	OFFICE TECHNICIAN	0.5					0.5
			<b>Total</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>DEPARTMENT: HUMAN RESOURCES &amp; RISK MANAGEMENT</b>				<b>27</b>	<b>4</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>27</b>
HUMAN RESOURCES & RISK MANAGEMENT	1012	437	DIRECTOR OF HR & RM	1					1
		366	ASST DIRECTOR HR & RM	1	1		1		1
		362	HUMAN RESOURCES MANAGER	1					1
		317	HR ANALYST III-CONF	2					2
		317	RISK MGT ANALYST III-CONF	1					1
		295	HR ANALYST II-CONFIDENTIAL	1					1
		273	RISK MGT ANALYST I-CONF	1					1
		273	HR ANALYST I-CONF	6	1		1		6
		254	RISK MGT SPECIALIST-CONF	1	1		1		1
		244	HR EMPLOYMENT COORD	1	1		1		1
		230	HR TECHNICIAN-CONF	4					4
		230	RISK MGT TECHNICIAN-CONF	1					1
		242	OFFICE SUPV II-CONF	1					1
		175	OFFICE ASST III-CONF	5					5
			<b>Total</b>	<b>27</b>	<b>4</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>27</b>
<b>DEPARTMENT: COUNTY LIBRARY</b>				<b>7.5</b>	<b>1.5</b>	<b>0</b>	<b>1.5</b>	<b>0</b>	<b>7.5</b>
COUNTY LIBRARY	1500	390	COUNTY LIBRARIAN	1					1
		171	LIBRARY OPERATIONS TECHNICIAN	1					1
		170	FAMILY LITERACY SPECIALIST-Limited Term	1					1
		160	LIBRARY ASSISTANT II	2					2
		148	LIBRARY ASSISTANT I	2.5	1.5		1.5		2.5
			<b>Total</b>	<b>7.5</b>	<b>1.5</b>	<b>0</b>	<b>1.5</b>	<b>0</b>	<b>7.5</b>

BUDGET UNIT	FUND	CUR RRG	JOB CLASS	TOTAL ALLOCATIONS end of FY 2019-2020	TOTAL VACANCIES	VACANT FUNDED FY 2020-2021	VACANT UNFUNDED FY 2020-2021	Approved new ALLOCATIONS FY 2020-2021	TOTAL Approved ALLOCATIONS FY 2020-2021
<b>DEPARTMENT: PLANNING &amp; BUILDING SERVICES</b>				<b>38</b>	<b>9</b>	<b>3</b>	<b>6</b>	<b>0</b>	<b>38</b>
BUILDING INSPECTION	1035	354	BUILDING DIVISION MANAGER	1					1
		292	BUILDING INSPECTOR IV	10	5	1	4		10
		268	PERMIT SPECIALIST	1					1
		241	ACCOUNTANT	1					1
		201	ADMINISTRATIVE SECRETARY	1					1
		175	ACCOUNT CLERK III	1					1
		171	OFFICE ASSISTANT III	3	1		1		3
		153	ACCOUNT CLERK II	1	1	1			1
			<b>Total</b>	<b>19</b>	<b>7</b>	<b>2</b>	<b>5</b>	<b>0</b>	<b>19</b>
PLANNING DEPARTMENT	1041	445	DIRECTOR OF PLANNING & BUILDING SERVICES	1					1
		401	ASST DIRECTOR OF PLANNING & BUILDING SERVICES	1					1
		354	PLANNING DIVISION MANAGER	1	1	1			1
		311	PLANNER IV	6	1		1		6
		293	PLANNER III	1					1
		268	PERMIT SPECIALIST	1					1
		268	ACCOUNTANT-AUDITOR	1					1
		242	OFFICE SUPERVISOR II	1					1
		241	ACCOUNTANT	1					1
		259	AUTO CAED/GIS TECHNICIAN II	1					1
		239	AUTO CAED/GIS TECHNICIAN I	1					1
		171	OFFICE ASSISTANT III	3					3
			<b>Total</b>	<b>19</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>19</b>
<b>DEPARTMENT: PROBATION</b>				<b>121</b>	<b>24</b>	<b>10</b>	<b>14</b>	<b>0</b>	<b>122</b>
JUVENILE HALL	1026	305	BUSINESS MANAGER-PROBATION	1					1
		293	PROBATION CORRECTIONS FACILITY MANAGER	1					1
		244	SHIFT SUPERVISOR-JUVENILE HALL	7	1		1		7
		203	FOOD SERVICES SUPERVISOR-JUVENILE HALL	1					1
		202	JUVENILE OFFICER-JUVENILE HALL	18	8	6	2		18
		189	OFFICE TECHNICIAN	1					1
		175	COOK	4	1		1		4
		175	ACCOUNT CLERK III	1					1
			<b>Total</b>	<b>34</b>	<b>10</b>	<b>6</b>	<b>4</b>	<b>0</b>	<b>34</b>
PROBATION	1028	430	CHIEF PROBATION OFFICER	1					1
		392	ASSISTANT CHIEF PROBATION OFFICER	1					1
		388	DEPUTY COUNTY PROBATION OFFICER	2	2		2		2
		352	PROBATION DIVISION MANAGER	3					3
		322	SUPERVISORY PROBATION OFFICER	5	1		1		5
		302	DEPUTY PROBATION OFFICER III	6	2		2		6
		284	DEPUTY PROBATION OFFICER II	42	2		2		42
		284	DEPUTY PROBATION OFFICER II-Limited Term	1					1
		273	ADMINISTRATIVE ANALYST I	1					1
		242	OFFICE SUPERVISOR II	1					1
		241	ACCOUNTANT	1					1
		194	PROBATION ASSISTANT	6	3	2	1		6
		189	OFFICE TECHNICIAN	1	1	1			1
		175	ACCOUNT CLERK III	1					1
		171	OFFICE ASSISTANT III	1					1
		152	OFFICE ASSISTANT II	5	2	1	1		5
			<b>Total</b>	<b>78</b>	<b>13</b>	<b>4</b>	<b>9</b>	<b>0</b>	<b>78</b>
PROBATION IVSIT	1028-697	284	DEPUTY PROBATION OFFICER II	2					2
			<b>Total</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
AB1913-PROBATION	1674-001	284	DEPUTY PROBATION OFFICER II	1					1
			<b>Total</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
AB1913-PROBATION PEER COURT	1674-002	194	PROBATION ASSISTANT	1	1		1		1

BUDGET UNIT	FUND	CUR RNG	JOB CLASS	TOTAL ALLOCATIONS end of FY 2019-2020	TOTAL VACANCIES	VACANT FUNDED FY 2020-2021	VACANT UNFUNDED FY 2020-2021	Approved new ALLOCATIONS FY 2020-2021	TOTAL Approved ALLOCATIONS FY 2020-2021
			<b>Total</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>
WRAPAROUND PROGRAM-PROBATION	1866	284	DEPUTY PROBATION OFFICER II	1					1
		284	DEPUTY PROBATION OFFICER II-Limited Term	1					1
			<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
YOUTH OFFENDER BLOCK GRANT	7390	284	DEPUTY PROBATION OFFICER II	4					4
			<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>
<b>DEPARTMENT: PUBLIC ADMINISTRATOR</b>				<b>14</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>15</b>
PUBLIC ADMINISTRATOR	1039	364	PUBLIC ADMINISTRATOR/GUARDIAN/CONSERVATOR	1					1
		330	ASSISTANT PUBLIC ADMIN/GUARD/CONSERV	1					1
		259	DEPUTY PUBLIC GUARDIAN-ADMINISTRATOR II	3					3
		231	ACCOUNTING SUPERVISOR	1					1
		199	PUBLIC GUARDIAN ADMINISTRATOR ASSISTANT	1					1
		191	ESTATE PROPERTY COORDINATOR	1					1
		175	ACCOUNT CLERK III	1					1
		153	ACCOUNT CLERK II	1	1		1		1
			<b>Total</b>	<b>10</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>10</b>
AREA AGENCY ON AGING	1603	284	PROGRAM COORDINATOR-AREA AGENCY ON AGING - Limited Term		1	1		1	1
		283	DEPARTMENT FISCAL MANAGER-Limited Term	1					1
		236	OMBUDSMAN COORDINATOR-Limited Term	1					1
		218	INFORMATION AND ASSISTANCE COORDINATOR-Limited Term	1					1
		175	ACCOUNT CLERK III-Limited Term	1	1		1		1
			<b>Total</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>5</b>
<b>DEPARTMENT: PUBLIC DEFENDER</b>				<b>28</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>28</b>
PUBLIC DEFENDER	1021	Flat	PUBLIC DEFENDER	1					1
		448	ASSISTANT PUBLIC DEFENDER	1					1
		430	SENIOR DEPUTY PUBLIC DEFENDER	3					3
		410	DEPUTY PUBLIC DEFENDER V	8					8
		390	DEPUTY PUBLIC DEFENDER IV	2	1	1			2
		390	DEPUTY PUBLIC DEFENDER IV-Limited Term	3	1	1			3
		278	PUBLIC DEFENDER INVESTIGATOR	3					3
		277	LEGAL OFFICE SUPERVISOR III	1					1
		221	LEGAL OFFICE SUPERVISOR I	1					1
		185	LEGAL OFFICE ASSISTANT II	5					5
			<b>Total</b>	<b>28</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>28</b>
<b>DEPARTMENT: PUBLIC HEALTH</b>				<b>197</b>	<b>91</b>	<b>20</b>	<b>71</b>	<b>2</b>	<b>204</b>
ANIMAL CONTROL	1034	267	ANIMAL CONTROL SUPERVISOR	1					1
		232	ANIMAL SHELTER SUPERVISOR	1					1
		227	SENIOR ANIMAL CONTROL OFFICER	1					1
		207	ANIMAL CONTROL OFFICER	3					3
		187	ANIMAL SHELTER ATTENDANT-Limited Term	1	1		1		1
		172	ANIMAL CONTROL ASSISTANT	2	2		2		2
			<b>Total</b>	<b>9</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>9</b>
PUBLIC HEALTH	1044	463	PUBLIC HEALTH OFFICER*c	1	1		1		1
		452	MEDICAL DIRECTOR*c	1	1		1		1
		445	DIRECTOR PUBLIC HEALTH	1					1
		401	DEPUTY DIRECTOR-HEALTH & SUPPORT SERVICES	1					1
		401	DEPUTY DIRECTOR-COMMUNITY HEALTH	1					1
		367	EPIDEMIOLOGY MANAGER	1					1
		362	PUBLIC HEALTH NURSING MANAGER	1					1
		362	MATERNAL CHILD & ADOLESCENT HEALTH MGR	1					1
		362	EMS/BIO-TERRORISM PREPAREDNESS MANAGER	1					1
		362	HEALTH PROMOTION MANAGER	1					1
		362	HEALTH PROMOTION MANAGER-Limited Term	2					2
		362	PUBLIC HEALTH LABORATORY MANAGER	1	1		1		1
		351	PHYS ASST/PH NURSE PRACTITIONER II	1					1

BUDGET UNIT	FUND	CUR RRG	JOB CLASS	TOTAL ALLOCATIONS end of FY 2019-2020	TOTAL VACANCIES	VACANT FUNDED FY 2020-2021	VACANT UNFUNDED FY 2020-2021	Approved new ALLOCATIONS FY 2020-2021	TOTAL Approved ALLOCATIONS FY 2020-2021
		349	PUBLIC HLTH PRG PLANNING & EVAL SPEC	1					1
		344	SPECIAL PROJECTS COORDINATOR-PUBLIC HEALTH	2					2
		343	PHYS ASST/PH NURSE PRACTITIONER I	1	1		1		1
		337	PUBLIC HLTH LABORATORY TECH SUPRV	1	1		1		1
		318	PUBLIC HEALTH INFORMATION OFFICER	1					1
		314	PUBLIC HEALTH MICROBIOLOGIST	1					1
		311	EPIDEMIOLOGIST I	1					1
		311	EPIDEMIOLOGIST I-Limited Term	1	1	1		1	2
		311	PROGRAM SUPERVISOR II-PH	7	4		4		7
		311	PROGRAM SUPERVISOR II-PH -Limited Term	1					1
		299	HEALTH EDUCATION SPECIALIST II-Limited Term	1	1		1		1
		295	STAFF SERVICES ANALYST II-PUBLIC HEALTH	1					1
		295	STAFF SERVICES ANALYST II-PH -Limited Term	1	1	1			1
		295	ADMINISTRATIVE ANALYST II	1					1
		295	ADMINISTRATIVE ANALYST II-Limited Term	1	1		1		1
		295	EMERGENCY MEDICAL SERVICES COORDINATOR	1	1	1			1
		294	PROGRAM SUPERVISOR I- PUBLIC HEALTH	1	1		1		1
		294	PROGRAM SUPERVISOR I- PH -Limited Term	4	1	1			4
		290	PUBLIC HEALTH NUTRITIONIST	1	1	1			1
		290	PUBLIC HEALTH NUTRITIONIST-Limited Term	2	2		2		2
		283	DEPARTMENT FISCAL MANAGER	1	1	1			1
		282	PUBLIC HEALTH NURSE II	11	9	1	8		11
		282	PUBLIC HEALTH NURSE II-Limited Term	1					1
		278	HEALTH PROGRAMS COORDINATOR-Limited Term	6	1	1			6
		273	STAFF SERVICES ANALYST I-PUBLIC HEALTH	1	1		1		1
		273	ADMINISTRATIVE ANALYST I	1	1		1		1
		273	ADMINISTRATIVE ANALYST I-Limited Term	2	1	1		1	3
		270	COMMUNITY HEALTH NURSE II	8	3		3		8
		270	COMMUNITY HEALTH NURSE II-Limited Term	1	1		1		1
		250	PUBLIC HEALTH REHABILITATION TECHNICIAN-Limited Term	4	2	2			4
		248	HEALTH EDUCATION SPECIALIST I	2	1		1		2
		248	HEALTH EDUCATION SPECIALIST I-Limited Term	5	3	2	1		5
		241	ACCOUNTANT	1	1		1		1
		237	SOCIAL WORKER II	1	1		1		1
		237	SOCIAL WORKER II-Limited Term	1	1		1		1
		235	LICENSED VOCATIONAL NURSE-PH	2					2
		221	PUBLIC HEALTH LABORATORY TECHNICIAN	1					1
		218	COMMUNITY SERVICE WORKER II-Limited Term	4	2		2		4
		218	CASE MANAGEMENT TECHNICIAN II-Limited Term	5					5
		214	COMMUNITY DISEASES SPECIALIST	1					1
		214	COMMUNITY DISEASES SPECIALIST-Limited Term	1	1	1			1
		206	REGISTERED DENTAL ASSISTANT	1	1		1		1
		201	ADMINISTRATIVE SECRETARY	1	1		1		1
		197	CASE MANAGEMENT TECHNICIAN I-Limited Term	1					1
		189	OFFICE TECHNICIAN	6	2		2		6
		189	OFFICE TECHNICIAN-Limited Term	1	1	1			1
		177	LABORATORY ASSISTANT	1					1
		175	ACCOUNT CLERK III	2					2
		171	OFFICE ASSISTANT III	2					2
		166	COMMUNITY SERVICE WORKER I	1	1	1			1
		166	COMMUNITY SERVICE WORKER I-Limited Term	4	4		4		4
		153	ACCOUNT CLERK II	2	1		1		2
		152	OFFICE ASSISTANT II	2	1		1		2
		152	OFFICE ASSISTANT II-Limited Term	1	1		1		1
		148	HEALTH SERVICES ASSISTANT	12	8	1	7		12
			<b>Total</b>	<b>137</b>	<b>70</b>	<b>17</b>	<b>53</b>	<b>2</b>	<b>144</b>
CALIF CHILDREN SERVICES	1053	357	MEDICAL THERAPY UNIT SUPERVISOR	1	1		1		1
		343	OCCUPATIONAL THERAPIST	1	1		1		1
		311	PROGRAM SUPERVISOR II-PUBLIC HEALTH	1					1
		282	PUBLIC HEALTH NURSE II	1					1

BUDGET UNIT	FUND	CUR RRG	JOB CLASS	TOTAL ALLOCATIONS end of FY 2019-2020	TOTAL VACANCIES	VACANT FUNDED FY 2020-2021	VACANT UNFUNDED FY 2020-2021	Approved new ALLOCATIONS FY 2020-2021	TOTAL Approved ALLOCATIONS FY 2020-2021
		270	COMMUNITY HEALTH NURSE II	3	2		2		3
		201	ACCOUNTING TECHNICIAN	1					1
		171	OFFICE ASSISTANT III	3	1		1		3
		149	THERAPY AID	2					2
			<b>Total</b>	<b>13</b>	<b>5</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>13</b>
ENVIRONMENTAL HEALTH SERV.	1510	401	DEPUTY DIRECTOR ENVIRONMENTAL HEALTH	1					1
		362	ENVIRONMENTAL HEALTH SERVICE MANAGER	1					1
		362	ENVIRONMENTAL CONSUMER PROTECTION MANAGER	1					1
		316	ENVIRONMENTAL HEALTH SPECIALIST REGISTERED	4					4
		309	ENVIRONMENTAL HEALTH COMPLIANCE SPECIALIST III	1					1
		309	ENV HEALTH COMP SPECIALIST III (SALTON SEA & IMP. CO. WATER WAY SPEC.)	1					1
		291	ENVIRONMENTAL HEALTH COMPLIANCE SPECIALIST II	4	2	1	1		4
		291	ENVIRONMENTAL HEALTH COMPLIANCE SPECIALIST II-Limited Term	1	1		1		1
		253	ENVIRONMENTAL COMPLIANCE TECHNICIAN-Limited Term	1					1
		248	HEALTH EDUCATION SPECIALIST I	1	1		1		1
		189	OFFICE TECHNICIAN	1					1
			<b>Total</b>	<b>17</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>17</b>
VECTOR CONTROL	1607	312	VECTOR BIOLOGIST/ENTOMOLOGIST	1					1
		306	VECTOR CONTROL SUPERVISOR	1					1
		221	VECTOR CONTROL TECHNICIAN	6	2	1	1		6
		171	OFFICE ASSISTANT III	1					1
			<b>Total</b>	<b>9</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>9</b>
TOBACCO EDUCATION	1604	294	PROGRAM SUPERVISOR I-PH -Limited Term	1	1		1		1
		278	HEALTH PROGRAM COORDINATOR-Limited Term	1					1
		248	HEALTH EDUCATION SPECIALIST I-Limited Term	1					1
		218	COMMUNITY SERVICE WORKER II-Limited Term	1					1
		166	COMMUNITY SERVICE WORKER I	1	1		1		1
		124	HEALTH WORKER	4	4		4		4
			<b>Total</b>	<b>9</b>	<b>6</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>9</b>
LOCAL HEALTH AUTHORITY	1899	362	LOCAL HEALTH AUTHORITY (LHA) COMMISSION MANAGER - Limited Term	1	1	1			1
		278	HEALTH PROGRAMS COORDINATOR - Limited Term	1					1
		273	ADMINISTRATIVE ANALYST I - Limited Term	1					1
			<b>Total</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>3</b>
<b>DEPARTMENT: PUBLIC WORKS</b>				<b>189</b>	<b>53</b>	<b>16</b>	<b>37</b>	<b>0</b>	<b>189</b>
ROAD CONSTRUCTION	1542	445	DIRECTOR OF PUBLIC WORKS	1					1
		402	DEPUTY DIRECTOR PUBLIC WORKS-ENGINEERING	1					1
		362	DEPUTY DIRECTOR PUBLIC WORKS-FIELD OPERATIONS	1					1
		362	ASSISTANT COUNTY ENGINEER	1	1	1			1
		362	SENIOR ENGINEER-PUBLIC WORKS	3	2	1	1		3
		362	COUNTY SURVEYOR	1					1
		360	DEPUTY DIRECTOR PUBLIC WORKS-ADMINISTRATION	1					1
		320	CIVIL ENGINEER	1					1
		317	ADMINISTRATIVE ANALYST III	2					2
		311	CIVIL ENGINEER ASSISTANT II	2	1		1		2
		295	ADMINISTRATIVE ANALYST II	2	1		1		2
		284	CONSTRUCTION ENGINEERING COORDINATOR	1					1
		283	DEPARTMENT FISCAL MANAGER	1					1
		278	REGIONAL ROAD SUPERINTENDENT	4	2		2		4
		273	ADMINISTRATIVE ANALYST I	1					1
		269	CIVIL ENGINEER ASSISTANT I	1					1
		268	PERMIT SPECIALIST	1					1
		248	ASSISTANT DISTRICT ROAD SUPERINTENDENT	4					4
		244	CREW LEADER	1	1		1		1
		242	OFFICE SUPERVISOR II	1					1
		241	ACCOUNTANT	1					1
		239	CIVIL ENGINEER TECHNICIAN	5	3		3		5

BUDGET UNIT	FUND	CUR RRG	JOB CLASS	TOTAL ALLOCATIONS end of FY 2019-2020	TOTAL VACANCIES	VACANT FUNDED FY 2020-2021	VACANT UNFUNDED FY 2020-2021	Approved new ALLOCATIONS FY 2020-2021	TOTAL Approved ALLOCATIONS FY 2020-2021
		237	STRIPPING AND SIGN SUPERVISOR	1	1	1			1
		235	RIGHT-OF-WAY TECHNICIAN	1					1
		232	FIELD OPERATIONS CREW LEADER	3					3
		223	HEAVY EQUIPMENT MECHANIC	4					4
		211	EQUIPMENT OPERATOR III	3					3
		206	STRIPING & SIGN ASSISTANT II	1					1
		206	EQUIPMENT OPERATOR II	26	7		7		26
		203	SURVEY ASSISTANT II	2	2		2		2
		191	STRIPING & SIGN ASSISTANT I	3					3
		191	EQUIPMENT OPERATOR I	19	9	5	4		19
		175	ACCOUNT CLERK III	5	1		1		5
		171	OFFICE ASSISTANT III	2					2
			<b>Total</b>	<b>107</b>	<b>31</b>	<b>8</b>	<b>23</b>	<b>0</b>	<b>107</b>
SOLID WASTE DISPOSAL	1580	257	SOLID WASTE SUPERINTENDENT	1	1	1			1
		223	MECHANIC/EQUIPMENT OPERATOR	2	1		1		2
		206	EQUIPMENT OPERATOR II	10	7		7		10
		136	SOLID WASTE SITE ATTEND	7	4	1	3		7
			<b>Total</b>	<b>20</b>	<b>13</b>	<b>2</b>	<b>11</b>	<b>0</b>	<b>20</b>
FACILITIES SERVICES - CAPITAL FACILITIES	1015	362	DEPUTY DIRECTOR PUBLIC WORKS FACILITIES SERVICES & CAPITAL FACILITIES	1					1
		279	MAINTENANCE SUPERVISOR II	2					2
		257	PARKS AND FACILITIES SUPERVISOR	1					1
		239	CONSTRUCTION TECHNICIAN	1					1
		237	MAINTENANCE SUPERVISOR I	1					1
		236	ELECTRICIAN II	1					1
		224	ELECTRICIAN I	2	1	1			2
		223	HVAC MECHANIC II	1					1
		208	HVAC MECHANIC I	3					3
		206	PLUMBER	3					3
		206	CARPENTER	2					2
		203	PAINTER	2					2
		203	LOCKSMITH	1					1
		189	BUILDING MAINTENANCE WORKER II-STRUCTURAL	4					4
		189	BUILDING MAINT WORKER II-STRUCTURAL -Limited Term	1					1
		189	BUILDING MAINTENANCE WORKER II-MECHANICAL	5					5
		187	BUILDING SERVICES SUPERVISOR	1					1
		189	OFFICE TECHNICIAN	1					1
		162	GROUPS MAINTENANCE WORKER II	2					2
		158	BUILDING MAINTENANCE WORKER I	4	3	2	1		4
		158	BUILDING MAINTENANCE WORKER I-Limited Term	0					0
		149	GROUND MAINTENANCE WORKER I	5					5
		139	BUILDING SERVICES WORKER II	3					3
		132	BUILDING SERVICES WORKER I	5	2	2			5
		132	BUILDING SERVICES WORKER I-Limited Term	1	1		1		1
			<b>Total</b>	<b>53</b>	<b>7</b>	<b>5</b>	<b>2</b>	<b>0</b>	<b>53</b>
P.W. ARCHITECTURE & DESIGN	1017	320	CAPITAL IMPROVEMENT PROG PROJECT COORDINATOR	1					1
		278	SENIOR CAPITAL IMPROV PROG PROJECT TECHNICIAN	1					1
		239	BUILDING PROJECTS TECHNICIAN	1	1	1			1
			<b>Total</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>3</b>
PARKS & RECREATIONS	1063	285	PARKS MANAGER	1	1		1		1
		175	PARK RANGER	5					5
			<b>Total</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>6</b>
<b>DEPARTMENT: RETIREMENT</b>				<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>
EMPLOYEE RETIREMENT	5516	436	RETIREMENT ADMINISTRATOR	1					1
		337	ASSISTANT RETIREMENT ADMINISTRATOR	1					1
		293	RETIREMENT FINANCIAL OFFICER	1					1
		249	RETIREMENT SPECIALIST II	1					1

BUDGET UNIT	FUND	CUR RRG	JOB CLASS	TOTAL ALLOCATIONS end of FY 2019-2020	TOTAL VACANCIES	VACANT FUNDED FY 2020-2021	VACANT UNFUNDED FY 2020-2021	Approved new ALLOCATIONS FY 2020-2021	TOTAL Approved ALLOCATIONS FY 2020-2021
		229	RETIREMENT SPECIALIST I	3					3
		201	ACCOUNTING TECHNICIAN	1					1
		201	RETIREMENT ADMINISTRATIVE ASSISTANT	1					1
			<b>Total</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>
<b>DEPARTMENT: SHERIFF CORONER</b>				<b>338</b>	<b>74</b>	<b>35</b>	<b>39</b>	<b>0</b>	<b>343</b>
SHERIFF-CORONER	1024	Flat	SHERIFF-CORONER	1					1
		372	CHIEF DEPUTY	3	1		1		3
		352	SHERIFF LIEUTENANT	3					3
		325	ADMINISTRATIVE MANAGER-SHERIFF'S OFFICE	1					1
		332	SHERIFF SERGEANT	18	2		2		18
		299	SENIOR DEPUTY SHERIFF	23	2		2		23
		282	DEPUTY SHERIFF	51	18	4	14		51
		273	ADMINISTRATIVE ANALYST I	2					2
		277	PUBLIC SAFETY DISPATCH SUPERVISOR	1					1
		274	SHERIFF'S TRAINING COORDINATOR	1					1
		268	CRIME PREVENTION SERVICES SUPERVISOR	1					1
		255	FIREARMS INSTRUCTOR	1					1
		241	IDENTIFICATION TECHNICIAN	4	1	1			4
		237	PUBLIC SAFETY DISPATCHER	10	1	1			10
		232	CIVIL DIVISION SUPERVISOR	1					1
		232	RECORDS DIVISION SUPERVISOR	1					1
		228	CRIME PREVENTION COORDINATOR II	1					1
		207	SHERIFF'S SERVICE OFFICER	3	1		1		3
		191	CRIME PREVENTION COORDINATOR I	2	1	1			2
		189	OFFICE TECHNICIAN	5	1		1		5
		183	CIVIL PROCESS SERVER	2					2
		175	ACCOUNT CLERK III	2					2
		171	OFFICE ASSISTANT III	3					3
		153	ACCOUNT CLERK II	1					1
		152	OFFICE ASSISTANT II	8	3	3			8
			<b>Total</b>	<b>149</b>	<b>31</b>	<b>10</b>	<b>21</b>	<b>0</b>	<b>149</b>
SHERIFF-BOAT & WATERWAY	1024002	282	DEPUTY SHERIFF	1					1
			<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
SHERIFF CORRECTIONS DIVISION	1025	394	UNDERSHERIFF	1					1
		372	CHIEF DEPUTY	1					1
		362	CORRECTIONAL CAPTAIN	0					0
		302	CORRECTIONAL LIEUTENANT	2					2
		282	CORRECTIONAL SERGEANT	12					12
		253	CORRECTIONAL CORPORAL	11					11
		239	BUILDING PROJECTS TECHNICIAN	1	1		1		1
		245	CORRECTIONAL OFFICER	69	13	11	2		69
		226	FOOD SERVICE SUPERVISOR-JAIL	1					1
		218	PRE TRIAL SERVICES SPECIALIST	2					2
		200	PRINT SHOP OPERATOR	1					1
		195	LAUNDRY OFFICER	1					1
		195	CORRECTIONAL SERVICE ASSISTANT	3	2	2			3
		189	OFFICE TECHNICIAN	2					2
		183	FOOD SERVICE LEAD-JAIL	8	1		1		8
		175	ACCOUNT CLERK III	3					3
		170	STOREKEEPER	1					1
		158	CORRECTIONS CLERK	20	6	3	3		20
		155	COMMISSARY CLERK	2	1	1			2
		152	OFFICE ASSISTANT II	3	2	1	1		3
			<b>Total</b>	<b>144</b>	<b>26</b>	<b>18</b>	<b>8</b>	<b>0</b>	<b>144</b>
SHERIFF-OFDF	1070	302	CORRECTIONAL LIEUTENANT	1					1
		245	CORRECTIONAL OFFICER	4					4
			<b>Total</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>

BUDGET UNIT	FUND	CUR RRG	JOB CLASS	TOTAL ALLOCATIONS end of FY 2019-2020	TOTAL VACANCIES	VACANT FUNDED FY 2020-2021	VACANT UNFUNDED FY 2020-2021	Approved new ALLOCATIONS FY 2020-2021	TOTAL Approved ALLOCATIONS FY 2020-2021
GLAMIS DUNES	1539	332	SHERIFF SERGEANT	1					1
		282	DEPUTY SHERIFF	1					1
			<b>Total</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
HIDTA GRANT - COALITION	1563-001	299	SENIOR DEPUTY SHERIFF	2	1		1		2
		282	DEPUTY SHERIFF	3	3		3		3
			<b>Total</b>	<b>5</b>	<b>4</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>5</b>
HIDTA-LECC	1563-004	282	DEPUTY SHERIFF	1					1
		201	ADMINISTRATIVE SECRETARY	1	1		1		1
			<b>Total</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>
HIDTA-MMT	1563-006	332	SHERIFF SERGEANT	1					1
		299	SENIOR DEPUTY SHERIFF	1					1
			<b>Total</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
RECREATION SAFETY ENFOR DIV.	1741	282	DEPUTY SHERIFF-Limited Term	2	2		2		2
		171	OFFICE ASSISTANT III-Limited Term	1	1		1		1
			<b>Total</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>3</b>
CAL-MNET	1761-003	189	OFFICE TECHNICIAN-Limited Term	1	1		1		1
			<b>Total</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>
HOLTVILLE LAW ENFORCEMENT	1813	332	SHERIFF SERGEANT	1					1
		299	SENIOR DEPUTY SHERIFF	2	1	1			2
		282	DEPUTY SHERIFF	3	1	1			3
		237	PUBLIC SAFETY DISPATCHER	1					1
			<b>Total</b>	<b>7</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>7</b>
COURT SECURITY	1814	332	SHERIFF SERGEANT	1					1
		299	SENIOR DEPUTY SHERIFF	4					4
		282	DEPUTY SHERIFF	8					8
			<b>Total</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>13</b>
FIREARMS TRAFFICKING TASK FRC	1815	282	DEPUTY SHERIFF	1	1		1		1
			<b>Total</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>
CORRECTIONAL WORK CREW	1878	195	CORRECTIONAL SERVICE ASSISTANT-Limited Term	1					1
			<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
IVC LAW ENFORCEMENT	1902	282	DEPUTY SHERIFF-LIMITED TERM	2	2	2			2
			<b>Total</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>
STONEGARDEN 2017	1915	207	SHERIFF'S SERVICE OFFICER-Limited Term	2					2
			<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
IMPERIAL DISPATCH SERVICES	1929	237	PUBLIC SAFETY DISPATCHER-Limited Term	3	3	3			3
			<b>Total</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>3</b>
<b>DEPARTMENT: SOCIAL SERVICES</b>				<b>536</b>	<b>72</b>	<b>43</b>	<b>29</b>	<b>0</b>	<b>536</b>
SOCIAL SERVICES	1047	445	DIRECTOR SOCIAL SERVICES	1					1
		415	ASSISTANT DIRECTOR OF SOCIAL SERVICES	1					1
		401	DEPUTY DIRECTOR OF SOCIAL SERVICES-ADMINISTRATION	1	1	1			1
		401	DEPUTY DIRECTOR OF SOCIAL SERVICES	5					5
		362	PROGRAM MANAGER I	12					12
		362	ADMINISTRATIVE SERVICES MANAGER	2					2
		321	SOCIAL WORKER SUPERVISOR II	11	1		1		11
		317	STAFF SERVICE ANALYST III	3	2	2			3
		317	STAFF SERVICE ANALYST III - FISCAL	1					1
		317	SENIOR SYSTEM SUPPORT ANALYST-SOCIAL SERVICES	1					1

BUDGET UNIT	FUND	CUR RRG	JOB CLASS	TOTAL ALLOCATIONS end of FY 2019-2020	TOTAL VACANCIES	VACANT FUNDED FY 2020-2021	VACANT UNFUNDED FY 2020-2021	Approved new ALLOCATIONS FY 2020-2021	TOTAL Approved ALLOCATIONS FY 2020-2021
		299	SOCIAL WORKER SUPERVISOR I	7					7
		295	STAFF SERVICE ANALYST II	19	1	1			19
		278	ELIGIBILITY TECHNICIAN SUPERVISOR	17	2	2			17
		278	EMPLOYMENT & TRAINING WORKER SUPERVISOR	3					3
		273	SOCIAL WORKER IV	74	18	15	3		74
		268	ACCOUNTANT-AUDITOR	2					2
		263	SYSTEM SUPPORT ANALYST-SOCIAL SERVICES	6	2		2		6
		255	SOCIAL WORKER III	4					4
		241	ACCOUNTANT	1					1
		237	SOCIAL WORKER II	22					22
		236	ELIGIBILITY TECHNICIAN III	29	2	1	1		29
		231	ACCOUNTING SUPERVISOR	3	1	1			3
		222	OFFICE ASSISTANT SUPERVISOR I	9	1		1		9
		218	ELIGIBILITY TECHNICIAN II	107	5	5			107
		218	EMPLOYMENT & TRAINING WORKER II	12					12
		205	SOCIAL SERVICES ASSISTANT	26	1	1			26
		201	ADMINISTRATIVE SECRETARY	1					1
		201	ACCOUNTING TECHNICIAN	5					5
		192	SERVICES SUPPORT ASSISTANT III	1					1
		189	OFFICE TECHNICIAN	5	2		2		5
		175	ACCOUNT CLERK III	5					5
		172	SERVICES SUPPORT ASSISTANT II	7					7
		171	OFFICE ASSISTANT III	31	3	2	1		31
		167	SCREENER	5	2		2		5
		153	ACCOUNT CLERK II	18	5	2	3		18
		152	OFFICE ASSISTANT II	45	16	6	10		45
			<b>Total</b>	<b>502</b>	<b>65</b>	<b>39</b>	<b>26</b>	<b>0</b>	<b>502</b>
BETTY JO MCNEECE REC HOME	1027	362	PROGRAM MANAGER I	1					1
		321	SOCIAL WORKER SUPERVISOR II	1					1
		273	SOCIAL WORKER IV	1					1
		237	SOCIAL WORKER II-BJMRH	5					5
		205	SOCIAL SERVICE ASSISTANT-BJMRH	15	2	1	1		15
		189	OFFICE TECHNICIAN	1					1
			<b>Total</b>	<b>24</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>24</b>
IHSS PUBLIC AUTHORITY	1728	362	PROGRAM MANAGER - IHSS PUBLIC AUTHORITY	1					1
		273	ADMINISTRATIVE ANALYST I	1					1
		189	OFFICE TECHNICIAN	1					1
		171	OFFICE ASSISTANT III	1					1
		152	OFFICE ASSISTANT II	1	1		1		1
		167	SCREENER	1	1		1		1
			<b>TOTAL</b>	<b>6</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>6</b>
ELDER ABUSE PROGRAM	1905	237	SOCIAL WORKER II-Limited Term	2	2	2			2
			<b>TOTAL</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>
VICTIM SERVICES (XC) PROGRAM	1908	237	SOCIAL WORKER II-Limited Term	1	1	1			1
		205	SOCIAL SERVICES ASSISTANT-Limited Term	1					1
			<b>TOTAL</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>DEPARTMENT: TREASURER-TAX COLLECTOR</b>				<b>18</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18</b>
TREASURER	1007-001	Flat	TREASURE TAX COLLECTOR	1					1
		354	ASSISTANT TREASURER TAX COLLECTOR	1					1
		231	ACCOUNTING SUPERVISOR	2					2
		201	ACCOUNTING TECHNICIAN	5					5
		189	OFFICE TECHNICIAN	1					1
		175	ACCOUNT CLERK III	4					4
			<b>Total</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14</b>

BUDGET UNIT	FUND	CUR RNG	JOB CLASS	TOTAL ALLOCATIONS end of FY 2019-2020	TOTAL VACANCIES	VACANT FUNDED FY 2020-2021	VACANT UNFUNDED FY 2020-2021	Approved new ALLOCATIONS FY 2020-2021	TOTAL Approved ALLOCATIONS FY 2020-2021
TAX COLLECTOR	1007-002	241	ACCOUNTANT	1					1
		231	ACCOUNTING SUPERVISOR	1					1
		201	ACCOUNTING TECHNICIAN	1					1
		197	TAX COLLECTIONS TECHNICIAN	1					1
			<b>Total</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>
<b>DEPARTMENT: WORKFORCE AND ECONOMIC DEVELOPMENT</b>				<b>67</b>	<b>32</b>	<b>7</b>	<b>25</b>	<b>1</b>	<b>68</b>
WORKFORCE DEVELOPMENT OFFICE	1531	419	DIRECTOR OF WORKFORCE AND ECONOMIC DEVELOPMENT	1					1
		354	ASSISTANT DIRECTOR WORKFORCE DEVELOPMENT OFFICE	1	1		1		1
		304	WORKFORCE DEVELOPMENT OFFICE ADMINISTRATIVE MANAGER	1	1		1		1
		304	WORKFORCE DEVELOPMENT OFFICE PROGRAM AND COMPLIANCE MANAGER	1					1
		295	ADMINISTRATIVE ANALYST II	3					3
		283	DEPARTMENT FISCAL MANAGER	1					1
		273	ADMINISTRATIVE ANALYST I	2	1	1			2
		268	ACCOUNTANT-AUDITOR	3	1		1		3
		256	BUSINESS SERVICES SUPERVISOR	1					1
		256	ONE STOP SITE SUPERVISOR	3					3
		241	ACCOUNTANT	1	1		1		1
		217	PROGRAM COMPLIANCE COORDINATOR	4	1	1			4
		217	PROGRAM COMPLIANCE COORDINATOR-Limited Term	1	1		1		1
		217	EMPLOYMENT COORDINATOR	2	1		1		2
		217	CLIENT SERVICES SPECIALIST	7	4		4		7
		Flat	FELLOWSHIP PROGRAM PARTICIPANT-Limited Term		1	1		1	1
		201	ADMINISTRATIVE SECRETARY	1					1
		189	OFFICE TECHNICIAN	1					1
		185	ASSESSMENT TECHNICIAN (WORKFORCE DEV OFFICE)	3	2		2		3
		185	EMPLOYMENT DEVELOPER	3					3
		185	CLIENT SERVICES TECHNICIAN	7	1		1		7
		171	CLIENT SERVICES ASSISTANT	4	4	2	2		4
		171	CLIENT SERVICES ASSISTANT-Limited Term	3	3		3		3
		171	ACCOUNT CLERK III-Limited Term						
			<b>Total</b>	<b>54</b>	<b>23</b>	<b>5</b>	<b>18</b>	<b>1</b>	<b>55</b>
I.C. COMMUNITY ECONOMIC DEV.	1004	304	COMMUNITY & ECONOMIC DEVELOPMENT PROGRAM MANAGER	2	1		1		2
		292	COMMUNITY & ECONOMIC DEVELOPMENT COORDINATOR III	3	1	1			3
		292	COMMUNITY & ECONOMIC DEVELOPMENT COORDINATOR III-Limited Term	3	3		3		3
		241	ACCOUNTANT	1					1
		202	PROJECT INSPECTOR	1	1		1		1
		189	OFFICE TECHNICIAN	1	1		1		1
		171	OFFICE ASSISTANT III	1	1	1			1
		153	ACCOUNT CLERK II	1	1		1		1
			<b>Total</b>	<b>13</b>	<b>9</b>	<b>2</b>	<b>7</b>	<b>0</b>	<b>13</b>
*c - Contract									
<b>County Totals</b>				<b>2,646.75</b>	<b>604.75</b>	<b>295.25</b>	<b>309.50</b>	<b>4.00</b>	<b>2,710.75</b>