

OPERATING BUDGET

FISCAL YEAR

2018

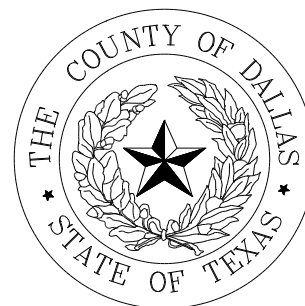
**CAPITAL IMPROVEMENT
PLAN**

**PREPARATION
MANUAL**



**DALLAS COUNTY
Office of Budget and
Evaluation**

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I. INTRODUCTION

This document contains guidance to departments in the preparation of their requests for resources for the fiscal year which begins on October 1, 2017 (“FY2018”). The document is organized around the required and optional forms that should be submitted to the Office of Budget and Evaluation by **Friday, March 17, 2017**. Section II contains the entire schedule for the FY2018 budget, culminating in budget and tax rate adoption on **September 19, 2017**.

Assistance - the Office of Budget and Evaluation is available to assist any department with the preparation of budget requests. A listing of Budget Analysts, their respective departments and their contact information can be found in Appendix D to this document.

II. FY2018 BUDGET SCHEDULE

March 17, 2017	Budget Forms Due To Office of Budget and Evaluation
March	Departmental Request Reports Issued by Office of Budget & Evaluation
April	Revised Requests Submitted to Office of Budget & Evaluation as Needed
May - June - July	Analysis of Requests by Office of Budget and Evaluation and other Staff Departments
July 14, 2017	Baseline Budget Published and Distributed to Commissioners Court
July 25, 2017	Certified Tax Roll Received
August 1, 2017	Maximum tax rates and public hearings set. Budget hearings during Commissioners Court, if needed.
August 22 – September 5	Public Hearing on Tax Rate
September 19, 2017	Tax Rate Set; Public Hearing on Budget/Budget Adoption; Tax Rate Adoption
October 1, 2017	Fiscal Year 2018 Begins

III. PREPARATION INSTRUCTIONS

Which departments should submit forms?

The included forms are optional for all County Departments and should be submitted only if overtime, extra help, replacement equipment, or new program resources are requested. As approved by Commissioners Court, Dallas County's FY2018 Goals are to 1) continue to increase Dallas County Compensation per the Hay Study; and 2) potentially lower the County Tax Rate for FY2018. Therefore, only staff requests that are self-liquidating or of a critical need should be submitted. If a department needs to request a new position, please contact Budget Officer Ryan Brown at 214-653-6384 for a new position form.

Departments are *not* required to submit any attached forms if there are no requests. If a department chooses not to submit, please notify the assigned budget analyst as soon as possible.

When should the forms be submitted?

Budget materials should be submitted to the Office of Budget and Evaluation by **Friday, March 17, 2017.**

How should the forms be submitted?

- Information should be typed into the forms included in this document and emailed to the Department's assigned Budget Analyst.
- Forms are available from the Office of Budget and Evaluation website and at <http://www.dallascounty.org/department/budget/media/BudgetManual.pdf>. **Departments are encouraged to submit forms electronically as an e-mail attachment.**

Form A - Request for Overtime/Compensatory Time Budget

Purpose

To provide detailed information justifying overtime and compensatory time funding requested for FY2018.

Instructions

- *Overtime/Compensatory time should only be requested for nonexempt positions (positions eligible for overtime).*
 - *Utilizing compensatory time off is preferred in lieu of overtime pay.*
 - *Requests must include a listing of each position expected to be assigned overtime and a detailed justification on why the overtime/compensatory time is needed.*
-
- **Description of Function** - departmental function/section for which overtime/compensatory time is requested. Submit one Form A for each separate overtime/compensatory time function.
 - **Position Title and Grade** - information related to the full-time position that will be required to work overtime or accrue compensatory time.
 - **Hours** - the number of hours for which overtime/compensatory time funding is requested.
 - **Rate** - the current hourly overtime (time and a half) rate of the position for which overtime funding is requested.
 - **Total** - the calculation of the number of hours multiplied by the hourly rate.
 - **Comments and Justification** - detailed justification for requesting overtime/compensatory time. The justification should address how the request for overtime/compensatory time implements the visions listed in the County's Strategic Plan. This narrative should also include what the employee will be doing, when will they be doing it and why overtime is needed rather than extra help, comp-time or normal work hours. As an example, the Sheriff's Department requests overtime for Texas/OU weekend (a predictable event) for additional personnel to manage and process inmates in mass arrest situations for Friday and Saturday (quantified time). A plan for controlling compensatory time accrual should also be addressed in this section.

REQUEST FOR OVERTIME/COMPENSATORY TIME BUDGET

Department _____		Budget No. _____		
Description of Function				
Position Title and Grade	Overtime			Comments and Justification
	Hours	Rate	Total	
Total				
Staff Review and Comment				

Form B - Request for Extra Help Budget

Purpose

To identify programs in the department where part-time positions are utilized and calculate the estimated cost.

Instructions

- **Description of Function** - narrative of the function for which extra help is requested. This description should identify what division/program (Administration, Passports, and Admissions/Release) is requesting extra help funding and give a brief job description. Submit a separate Form B for each function.
- **Position Title, Grade, and Number** - the functional title of the part-time positions (Clerk, Secretary, and Admissions Coordinator), the grade of the positions, and the currently authorized position numbers (filled and vacant) performing the functions described.
- **Hours** - the anticipated annual number of hours needed. The number of hours for each position number should be estimated. Several positions expected to be utilized for the same number of hours can be combined.
- **Rate** - the current hourly rate for the requested position. This should be submitted as the minimum hourly rate for the grade in which the position is performing. Salaries are located in Appendix A-1.
- **Total** - the calculation of the number of hours multiplied by the hourly rate.
- **Retirement Benefits** - designation of the position as participating in the Texas County and District Retirement System or the Public Agency Retirement System (PARS). All permanent full time and part time employees should be designated as TCDRS participants. All temporary full time and part time employees should be designated as PARS participants. Temporary employees are those employed for a limited time generally not to exceed six months.
- **Comments and Justification** - reasons for requesting extra help. The justification should address how the request for Extra help implements the visions listed in the County's Strategic Plan. Justification should also include workload indicators that are addressed by the part-time positions. An example would be the District Clerk's use of part-time positions used during the peak months of January through August to process passports at the North Dallas office.

REQUEST FOR EXTRA HELP BUDGET

Department _____ **Budget No.** _____

Description of Function

Position Title, Grade and Number	Annual Hours	Hourly Rate	Total	Retirement Benefits	Comments and Justification
Total					

Staff Review and Comment

Form C - Request for Professional Services Budget

Purpose

The purposes of this form are (a) to describe uses of professional service expenditure (expense code 05590-Other Professional Fees), and (b) to request additional funding for process improvement studies.

Instructions

- **Description of Services** - briefly describe the service the County receives from the provider/contractor. Examples include: microfilming of court records, off-site record storage, and private laboratory testing.
- **FY2017 Budget and FY2018 Request** - list amount of funding for the service approved in the FY2017 budget and the anticipated amount needed to continue current operations in FY2018.
- **Process Improvement Consulting Request** - if you are requesting funding for expert consultation with respect to process improvement or revenue maximization, describe the detailed nature of the request, the expected benefits, and estimated cost.
- **Strategic Plan** - explain how the request implements the visions listed in the County's Strategic Plan.

REQUEST FOR PROFESSIONAL SERVICES

Department _____

Budget No. _____

Pay To	Description of Services	FY2017 Budget	FY2018 Amount Requested

Process Improvement Consulting Request

FORM C

FY2018

Form D - Request for Replacement Equipment

Purpose

To request replacement of current property items for FY2018. This form should not be used for major upgrade of equipment or for replacement of computer equipment.

Request for replacement should be submitted to the Office of Budget and Evaluation. The Office of Budget and Evaluation will send the request to the reviewing department

Recommendation will be provided by the departments shown below:

TYPE	REVIEWING DEPARTMENT
File cabinets and other storage devices	Central Services - Records Management
Office and FAX machines	Central Services - Records Management
Copiers	Purchasing
Vehicles	Central Services - ASC
Other	Office of Budget and Evaluation

Instructions

- **Priority** - list items in general priority order.
- **Item** - brief description.
- **Age** - the age of the item to be replaced.
- **Property Number** - the serial number or County property number.
- **Estimated Cost of Replacement** - the estimated cost of the replacement item. Use the Price List tables in Appendix A of this manual to determine the cost of replacement items, where applicable.
- **Comments/Justification** - a justification for replacement, e.g., "item is broken and more costly to repair".

REPLACEMENT EQUIPMENT REQUEST

Department _____			Budget No. _____		
Priority	Item to be Replaced	Age (years)	Property Number	Estimated Cost of Replacement	Comments/Justification
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Form D

Form E - Program Improvement Request –

Reclassification

Purpose

To request consideration for reclassification of staff within your department if certain conditions apply (see below).

Reclassification - (or “job study”) results whenever a job being performed no longer matches the job description which was used to originally classify the job. Furthermore, such mismatch between *actual work* and *job description* must be the result of external factors and not a result of internal reorganization. That is, reassigning tasks within a department (unless approved in advance by Commissioners Court) does NOT constitute grounds for reclassification.

Instructions

- Submit one Form F for each position category for which a job study is requested.
- Attach a current approved job description.
- Attach a completed Position Description Reclassification Request Form located in Appendix C page 49.
- Attach an organizational chart outlining the reporting relationship of the position(s) up to the director/elected official level (see example on Appendix C).
- Contact the Human Resources/Civil Service Department (ext. 6067) for assistance, if needed, on the above.
- **Description of Changes in Work Being Performed** - detail the specific job duties the position is performing as compared to the position’s actual job description.
- **Reason/Authority for Change** - a reclassification is typically related to mandated changes in complexity, rather than change in volume. For example, a supervisor whose staff has increased in size would not normally qualify for a reclassification solely as a result of the change in the number of individuals supervised.

To complete the PIR-Reclassification, in addition to a description of the changes, the department must carefully describe the reason that a job description has changed.

PROGRAM IMPROVEMENT REQUEST RECLASSIFICATION

Department _____	Budget No. _____
Position Title _____	Position No. _____
Current Grade _____	Job Code _____
	Department Priority _____

Description of Changes in Work Being Performed

Reason/Authority for Change (see Budget Manual)

Departmental Cost Worksheet	
Current Grade	Proposed Grade
Salary	Salary
FICA (7.65%)	FICA (7.65%)
Retirement (13.19%)	Retirement (13.19%)
Total	Total
	Total Annual Impact

Staff Review and Comment

Form F - Program Improvement Request - Capital, Equipment, Renovation, Miscellaneous

Purpose

To request any new (rather than replacement) resources other than full-time staff additions or computer hardware/software.

NOTE: Do not use this form for computers, hardware, or software. For these purposes, use Form G, “PIR - Computer Hardware/Software”. Use Form D “Replacement Equipment Request” when requesting replacement equipment.

Instructions

- **Estimated Cost** - approximate cost of equipment, service, or renovation. Equipment prices are provided in Appendix A. The Purchasing Department will provide estimates for those items not listed. Facilities Management will assist departments in estimating the costs associated with facility modifications.
- **Brief Summary of Request** - short description of resources being requested. Below are some *examples*:
 - Ultra-low Temperature Freezer for Laboratory,
 - Reconfiguration of office space,
 - Requests for copiers, pagers, furniture, etc.
- **Discussion of Need, etc.** - describe in detail the need and justification of the requested items with cost information described as accurately as possible. Please make sure to address how this request implements the County’s Strategic Plan. Attach any backup material that you think may be helpful in evaluating the cost/benefit value of the new item. If any annual costs will result from the requested item (e.g., staff to operate it, insurance, repair costs, etc.), provide an estimate of this cost.

PROGRAM IMPROVEMENT REQUEST CAPITAL, EQUIPMENT, RENOVATION, MISCELLANEOUS

Department _____	Budget No _____
Brief Title of PIR _____	
Estimated Cost _____	Department Priority _____
Brief Summary of Request	
Discussion of Need	
Staff Review and Comment	

Form G - Program Improvement Request - Computer Hardware/Software

Purpose

To provide IT Services with sufficient information on computer-related requests to make a determination concerning replacement or new computer hardware/software.

Instructions

- **Request Type** - for the FY2018 budget submission process, there are three types of requests: (1) new hardware, (2) replacement hardware, and (3) P.C. packaged software products. Please note all of the types that apply to your request.
 - H Request for new mainframe and P.C. hardware
 - R Request for replacement mainframe and P.C. hardware
 - S Request for P.C. packaged software products (spreadsheets, data base, word processing, etc.)
- **PIR Number** - a tracking number to be assigned by IT Services.
- **Possible Funding Source** - provide alternative funding, if any, for this request.
- **Description of Need and Justification** - describe the hardware and software you are requesting along with its intended purpose. Please be sure to use sufficient detail and indicate how this request implements the County's Strategic Plan.
- **Expected Benefits** - the benefits you expect to realize from your requested hardware/software must be clearly documented. The expected benefits should include cost savings, increased productivity, increased public service, mandates, etc.
- **Department Head Signature, etc.** - each request should be signed and prioritized by the department head. Include a contact name and telephone number in case additional information is needed.
- **Scoring** - this section will be used by IT Services in evaluating the request.

PROGRAM IMPROVEMENT REQUEST COMPUTER HARDWARE AND SOFTWARE

Department _____	Budget No. _____
Title of PIR _____	Request Type _____
PIR # _____	(assigned by Data Services) Possible Funding Source _____

Description of Need and Justification (Include to whom the equipment will be assigned to and their respective Division, if applicable)

Expected Benefits

Department Head Signature _____	Priority _____
Department Contact Person _____	Phone _____
Received by Office of Budget and Evaluation _____	Rec'd by Data Services _____

Scoring

Cost Savings _____	Improved Management Controls _____
Cost Avoidance _____	Multi-Use Systems _____
Legal Requirements _____	Cost Recapture _____
Service to the Public _____	Critical System Upgrade _____

Form H **FY2018**

Form H - Long Term Capital Needs Preview

Purpose

The purpose of this form is to provide a format for discussing capital needs for years that follow FY2018.

Instructions

Generally a five year planning horizon should be considered. Provide as much detail as possible on potential needs in FY2018 through FY2022. Cost estimates, if available, should be provided, along with requests for architectural studies or related planning expenses that will be required.

The estimated impact on operating expenses should be carefully considered. For example, if a new facility will require additional staff, an estimate of this cost should be included. Also address how these needs implement the County's Strategic Plan.

Where possible, planning staff from the Assistant Court Administrator for Operations should be consulted in the preparation of this form.

Examples

- Office space expansion/renovation.
- Additional sub-courthouses or clinics.
- Large laboratory equipment replacement.
- Additional jail space.

LONG TERM CAPITAL NEEDS PREVIEW

Department	_____	Budget No.	_____
Brief Title	_____		
Estimated Cost	_____		

Discussion of Need and Time Constraint

Estimated Impact on Future Operating Budgets

