

DATE: _____ RECOMMENDED: _____ NOT RECOMMENDED: _____
 DIVISION CHIEF: _____
 DEPARTMENT HEAD: 04/25/2023 C Moore _____
 HR CHIEF: 4/25/23 _____
 BUDGET OFFICE: 5-3-23 _____ J:u

DEPARTMENT: Neighborhoods Department / Housing & Community Development TO BE EFFECTIVE: 10/1/2023

ACTION	No.	ACTIVITY NO/ DESCRIPTION	TITLE	OCC CODE	PAY GRADE	PAY RANGE
Delete	1	ERCD1N5 / PDC010-23 HOME Admin	Housing Services Manager	04345 ✓	29.14	61,779.90 - 104,017.27
Delete	1	ERCD1N5 / PDC010-23 HOME Admin	Housing Services Specialist	04026 ✓	29.11	51,871.48 - 87,334.92
Delete	1	ERCD1N5 / PDC010-23 HOME Administration	Finance Manager - Housing and Community Development	04175 ✓	29.15	65,486.71 - 110,258.32
Delete	1	ERCD1N5 / PDC010-23 HOME Administration	Housing Rehabilitation Specialist	P0147 ✓	15.15	42,915.16 - 82,594.32
Delete	1	ERCD1N5 / PDC010-23 HOME Administration	Affordable Housing Development Assistant Administrator	04358 ✓	29.15	65,486.71 - 110,258.32
Add	1	ERCD1N5 / PDC010-24 HOME Administration	Housing Services Manager	04345 ✓	29.14	61,779.90 - 104,017.27
Add	1	ERCD1N5 / PDC010-24 HOME Admin	Housing Services Specialist	04026 ✓	29.11	51,871.48 - 87,334.92
Add	1	ERCD1N5 / PDC010-24 HOME Administration	Finance Manager - Housing and Community Development	04175 ✓	29.15	65,486.71 - 110,258.32
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Add	1	ERCD1N5 / PDC010-24 HOME Administration	Affordable Housing Development Assistant Administrator	04358 ✓	29.15	65,486.71 - 110,258.32

FUNDING: Indicate funding for this change:
 Funds are available within current appropriations for this change: Yes No

If NO, funds will be provided by:
 Funds are contained within companion BT. (~~two positions added to HOME~~) J:u
11603-174104-010734-0-0

JUSTIFICATION:
 To reauthorize grant-positions to new year grant funding.
 The changes in positions within the grant are based upon anticipated time and effort. No positions are being added or deleted within the Division as a whole.

Reference TD/BT BT 24-002 Council approval required? Yes No Date action required: 10/1/2023

ACTION TAKEN BY MBRC: _____ SIGNATURES: _____
 Chief Administrative Officer _____
 MAYOR _____

AMENDMENTS: _____ Comments: _____