

City of Biddeford, Maine

FY2017

Budget: Health & Welfare Expense

Account Number: 21125

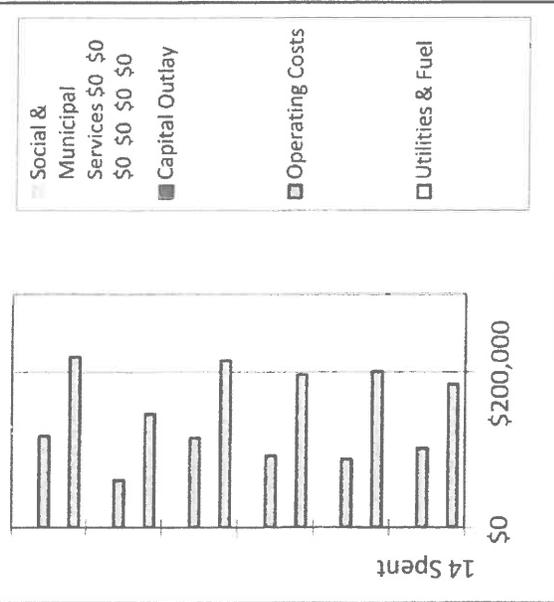
	FY14	FY15	FY16	FY17	FY16	FY17
	Spent	Budget	Spent	Yr to Date Spent thru 3/14/2016	Budget	Manager's Rec
Personal Services:	\$184,235	\$200,162	\$196,450	\$146,053	\$214,333	\$219,272
Purchased Services	\$0	\$0	\$0	\$0	\$0	\$0
Utilities & Fuel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Costs	\$101,598	\$88,075	\$92,142	\$61,112	\$114,824	\$117,690
Capital Outlay	\$0	\$0	\$0	\$0	\$0	\$0
Social & Municipal Services	\$0	\$0	\$0	\$0	\$0	\$0
TOTALS:	\$285,832	\$288,237	\$288,592	\$207,165	\$329,157	\$336,962
						\$237,796



FRINGE BENEFIT IMPACT (Estimated):

FICA	\$7,259
Workers Comp	\$0
Health Insurance	\$13,083
Retirement	\$9,015
Unemployment	\$0
Other Insurance	\$1,722
# of Full Time Employees	0.00
Total Fringe Benefit Impact	\$31,079

Graphic Representation



	FY16 Budget	FY17 Manager's Rec	Dollar Change	Percentage Change
Personal Services:	\$214,333	\$127,746	(\$86,587)	-40.40%
Purchased Services	\$0	\$0	\$0	N/A
Utilities & Fuel	\$0	\$0	\$0	N/A
Operating Costs	\$114,824	\$110,050	(\$4,774)	-4.16%
Capital Outlay	\$0	\$0	\$0	N/A
Social & Municipal Services	\$0	\$0	\$0	N/A
TOTALS:	\$329,157	\$237,796	(\$91,361)	-27.76%

FY2017 Personnel Services

Account Number	Description	FY14		FY15		FY16		FY16		FY2017	
		Spent	Budget	Spent	Budget	Budget	Yr to Date Spent	Dept Head	Mgr's Rec		
60101	Dept Head Salary	\$72,774	\$73,971	\$73,980	\$75,740	\$52,630	\$76,206	\$0	\$0		
60102	Mid Mgt Hrly Employee Wage	\$27,751	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
60105	F-T Employee Wage	\$46,114	\$82,497	\$82,919	\$85,816	\$59,544	\$87,538	\$91,647	\$91,647		
60129	Insurance Buyout	\$1,125	\$1,500	\$1,500	\$1,500	\$750	\$1,500	\$1,500	\$1,500		
60201	FICA/Medicare Employer Share	\$10,922	\$12,085	\$11,508	\$12,474	\$8,198	\$12,641	\$7,259	\$7,259		
60202	MPERS-Employer Share	\$9,438	\$12,322	\$12,291	\$14,512	\$9,984	\$15,698	\$9,015	\$9,015		
60210	HPHC Ins Employer Share	\$13,785	\$14,286	\$11,595	\$20,660	\$14,065	\$20,082	\$13,083	\$13,083		
60212	S-T Disability ER Share	\$164	\$191	\$185	\$245	\$142	\$252	\$162	\$162		
60213	L-T Disability ER Share	\$178	\$240	\$182	\$241	\$143	\$275	\$0	\$0		
60217	RHSA Plan ER Share	\$0	\$0	\$0	\$0	\$0	\$1,560	\$1,560	\$1,560		
60251	Conference/Training	\$610	\$700	\$605	\$700	\$110	\$900	\$900	\$900		
60252	Travel/Mileage	\$938	\$2,000	\$1,240	\$2,000	\$487	\$2,000	\$2,000	\$2,000		
60253	Food/Lodging	\$315	\$250	\$356	\$325	\$0	\$500	\$500	\$500		
60256	Dues/Membership	\$120	\$120	\$90	\$120	\$0	\$120	\$120	\$120		
Totals		\$184,235	\$200,162	\$196,450	\$214,333	\$146,053	\$219,272	\$127,746	\$127,746		

FY2017 Other Operating Costs

Account Number	Description	FY14		FY15		FY16		FY2017	
		Spent	Budget	Spent	Budget	Yr to Date Spent	Dept Head	Mgr's Rec	
60500	Admin/Office Supplies	\$3,192	\$2,000	\$2,196	\$2,000	\$885	\$2,000	\$1,850	
60501	Operating Supplies	\$16,463	\$2,000	\$1,450	\$3,200	\$1,305	\$2,500	\$1,500	
60502	Printing & Copying	\$0	\$125	\$108	\$125	\$0	\$390	\$150	
60730	GA Electricity	\$3,628	\$3,750	\$3,274	\$5,390	\$1,228	\$2,750	\$2,250	
60731	GA Rent	\$68,526	\$72,000	\$77,989	\$88,754	\$52,282	\$95,000	\$90,000	
60732	GA Food	\$2,956	\$3,000	\$1,490	\$4,500	\$1,063	\$3,200	\$3,000	
60734	GA Burials	\$2,594	\$1,500	\$5,250	\$4,500	\$3,948	\$6,900	\$6,900	
60736	GA Conveyance	\$131	\$200	\$68	\$200	\$45	\$200	\$150	
60737	GA Telephone	\$0	\$100	\$0	\$100	\$0	\$100	\$100	
60738	GA Sewer User Fee	\$0	\$0	\$0	\$75	\$0	\$75	\$75	
60739	GA Heating	\$1,181	\$2,000	\$0	\$1,500	\$138	\$1,500	\$1,000	
60740	GA Bottle Gas	\$0	\$0	\$0	\$200	\$0	\$200	\$200	
60741	GA Misc	\$225	\$400	\$46	\$205	\$61	\$800	\$800	
60742	GA Water	\$0	\$0	\$0	\$75	\$0	\$75	\$75	
60743	GA Medical	\$2,701	\$1,000	\$271	\$4,000	\$160	\$2,000	\$2,000	
Totals		\$101,598	\$88,075	\$92,142	\$114,824	\$61,112	\$117,690	\$110,050	



Fiscal Year 2017 Budget Request

April 1, 2016

Department: Health & Welfare Expense

Account Title: Mid Mgmt Hrly Employee Wage Ex

Department Number: 21125

Account Number: 60102

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$27,750.68	\$0.00	\$0.00	\$ -	\$0.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$0.00	\$0.00		\$0.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

DEPARTMENT PERSONAL SERVICES BUDGET WORKSHEET

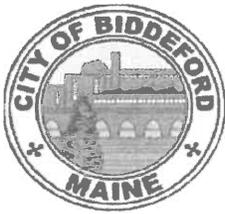
Fiscal Year 2017 BUDGET

DEPARTMENT:
Health & Welfare

CLASSIFICATION	RANGE	POSITION	YEAREND		CITY MANAGER RECOMMEND.	COUNCIL APPROP.	NAME	
			ANNUALIZED TOTAL	REQUESTED				
Director/Health Officer		1	76,206	0			Ederly, Vicky L.	
Deputy Director/Caseworker		1	46,506	52,356			Barth, Kristen	
Office Manager/Caseworker		1	41,033	39,291			Duross, Katie	
TOTAL BUDGETED POSITIONS							0	
							3	163,745
							0	91,647
							0	0

CURT, ARE YOU SURE THESE WAGE FIGURES ARE CORRECT???

*Adjustment of \$100 extra per week for Deputy until 9.23; another \$50 per week after that date
EOY wage will be \$53,669*



Fiscal Year 2017 Budget Request

April 1, 2016

Department: Health & Welfare Expense

Account Title: F-T Employee Wage Exp

Department Number: 21125

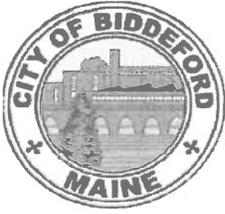
Account Number: 60105

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$46,114.26	\$82,497.00	\$82,919.09	\$ 85,816.00	\$85,816.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$87,538.00	\$91,647.00		\$5,831.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

Based on 1% increase as directed



Fiscal Year 2017 Budget Request

April 1, 2016

Department: Health & Welfare Expense

Account Title: Insurance Buyout Pay

Department Number: 21125

Account Number: 60129

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$1,125.00	\$1,500.00	\$1,500.00	\$ 1,500.00	\$1,500.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$1,500.00	\$1,500.00		\$0.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.



Fiscal Year 2017 Budget Request

April 1, 2016

Department: Health & Welfare Expense

Account Title: FICA/Medicare-ER Share Exp

Department Number: 21125

Account Number: 60201

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$10,922.09	\$12,085.00	\$11,507.68	\$ 12,474.00	\$11,493.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$12,641.00	\$7,259.00		(\$5,215.00)

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

Benefit based on wages



Fiscal Year 2017 Budget Request

April 1, 2016

Department: Health & Welfare Expense

Account Title: MPERS-Employer Share Exp

Department Number: 21125

Account Number: 60202

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$9,438.44	\$12,322.00	\$12,290.74	\$ 14,512.00	\$13,989.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$15,698.00	\$9,015.00		(\$5,497.00)

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

Benefit based on wages



Fiscal Year 2017 Budget Request

April 1, 2016

Department: Health & Welfare Expense

Account Title: HPHC Ins Employer Share Exp

Department Number: 21125

Account Number: 60210

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$13,784.72	\$14,286.00	\$11,595.21	\$ 20,660.00	\$20,093.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$20,082.00	\$13,083.00		(\$7,577.00)

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.



**Fiscal Year 2017
Budget Request**

April 1, 2016

Department: Health & Welfare Expense

Account Title: S-T Disability ER Share Exp

Department Number: 21125

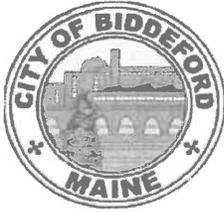
Account Number: 60212

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$163.56	\$191.00	\$185.29	\$ 245.00	\$253.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$252.00	\$162.00		(\$83.00)

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

--



Fiscal Year 2017 Budget Request

April 1, 2016

Department: Health & Welfare Expense

Account Title: L-T Disability ER Share Exp

Department Number: 21125

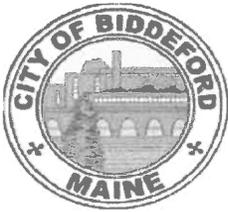
Account Number: 60213

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$178.17	\$240.00	\$181.66	\$ 241.00	\$256.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$275.00	\$0.00		(\$241.00)

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

current cost x 52 weeks as instructed



Fiscal Year 2017 Budget Request

April 1, 2016

Department: Health & Welfare Expense

Account Title: Delta Dental ER Share Exp

Department Number: 21125

Account Number: 60216

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$0.00	\$0.00	\$0.00	\$ -	\$0.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$0.00	\$0.00		\$0.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.



Fiscal Year 2017 Budget Request

April 1, 2016

Department: Health & Welfare Expense

Account Title: RHSA Plan ER Share Exp

Department Number: 21125

Account Number: 60217

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$0.00	\$0.00	\$0.00	\$ -	\$0.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$1,560.00	\$1,560.00		\$1,560.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

2 employees @ \$780.



**Fiscal Year 2017
Budget Request**

April 1, 2016

Department: Health & Welfare Expense

Account Title: Conferences/Training Expense

Department Number: 21125

Account Number: 60251

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$610.00	\$700.00	\$605.00	\$ 700.00	\$700.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$900.00	\$900.00		\$200.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

--

MWDA Spring Seminar -3 attending
MMA Convention - 2 attending
GA training required for certification
Health and EMA trainings



Fiscal Year 2017 Budget Request

April 1, 2016

Department: Health & Welfare Expense

Account Title: Travel/Mileage Expense

Department Number: 21125

Account Number: 60252

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$938.34	\$2,000.00	\$1,239.57	\$ 2,000.00	\$1,250.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$2,000.00	\$2,000.00		\$0.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

I have been able to keep the travel/mileage expense down because I am a member of the MWDA Board of Directors. MWDA has been covering the travel expenses for board members. Also I ride share whenever possible. This may change depending on the MWDA election results that take place in June.



**Fiscal Year 2017
Budget Request**

April 1, 2016

Department: Health & Welfare Expense

Account Title: Food/Lodging Expense

Department Number: 21125

Account Number: 60253

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$315.40	\$250.00	\$356.00	\$ 325.00	\$325.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$500.00	\$500.00		\$175.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

This will cover the lodging expense for the MWDA Spring Seminar as well as the cost of meals. MWDA has been paying for my meals when the activities are MWDA related; staff has been paying their own.



Fiscal Year 2017 Budget Request

April 1, 2016

Department: Health & Welfare Expense

Account Title: Dues/Memberships Expense

Department Number: 21125

Account Number: 60256

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$120.00	\$120.00	\$90.00	\$ 120.00	\$120.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$120.00	\$120.00		\$0.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.



Fiscal Year 2017 Budget Request

April 1, 2016

Department: Health & Welfare Expense

Account Title: Admin/Office Supp/Eqt Non-Cap

Department Number: 21125

Account Number: 60500

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$3,191.95	\$2,000.00	\$2,196.44	\$ 2,000.00	\$1,700.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$2,000.00	\$1,850.00		(\$150.00)

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

Office supplies



Fiscal Year 2017 Budget Request

April 1, 2016

Department: Health & Welfare Expense

Account Title: Operating Supp/Eq Non-Cap

Department Number: 21125

Account Number: 60501

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$16,463.44	\$2,000.00	\$1,449.70	\$ 3,200.00	\$2,200.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$2,500.00	\$1,500.00		(\$1,700.00)

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

This category includes a \$1200.00 annual contract fee for the Welpac Program used to record General Assistance records. It also includes funds to replace equipment such as calculators, headsets, computers, etc.



Fiscal Year 2017 Budget Request

April 1, 2016

Department: Health & Welfare Expense

Account Title: Printing & Copying Expense

Department Number: 21125

Account Number: 60502

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$0.00	\$125.00	\$108.00	\$ 125.00	\$75.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$390.00	\$150.00		\$25.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

This account covers the expense of printing General Assistance Applications, re-applications, business and appointment cards.



Fiscal Year 2017 Budget Request

April 1, 2016

Department: Health & Welfare Expense

Account Title: G.A. Electricity Expense

Department Number: 21125

Account Number: 60730

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$3,628.46	\$3,750.00	\$3,273.84	\$ 5,390.00	\$2,500.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$2,750.00	\$2,250.00		(\$3,140.00)

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

This is a guess based on the current spending.



**Fiscal Year 2017
Budget Request**

April 1, 2016

Department: Health & Welfare Expense

Account Title: G.A. Client Rent Expense

Department Number: 21125

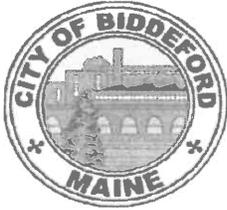
Account Number: 60731

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$68,526.48	\$72,000.00	\$77,989.35	\$ 88,754.00	\$90,845.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$95,000.00	\$90,000.00		\$1,246.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

Rent prices have been increasing and more applicants requiring larger apartments have been applying.



Fiscal Year 2017 Budget Request

April 1, 2016

Department: Health & Welfare Expense

Account Title: G.A. Food/Grocery Expense

Department Number: 21125

Account Number: 60732

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$2,955.68	\$3,000.00	\$1,490.23	\$ 4,500.00	\$1,693.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$3,200.00	\$3,000.00		(\$1,500.00)

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

Applicants tend to seek their full benefit towards rent. Those who are seeking food assistance seem to have larger families and are requesting increased benefits.



Fiscal Year 2017 Budget Request

April 1, 2016

Department: Health & Welfare Expense

Account Title: G.A. Burials Expense

Department Number: 21125

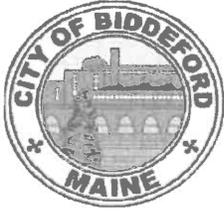
Account Number: 60734

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$2,594.00	\$1,500.00	\$5,249.92	\$ 4,500.00	\$6,820.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$6,900.00	\$6,900.00		\$2,400.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

Requested amount is based on what I anticipate spending this year.



**Fiscal Year 2017
Budget Request**

April 1, 2016

Department: Health & Welfare Expense

Account Title: G.A. Conveyance

Department Number: 21125

Account Number: 60736

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$130.50	\$200.00	\$68.00	\$ 200.00	\$200.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$200.00	\$150.00		(\$50.00)

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

--

This account is used to purchase bus passes for working people, bus fare for relocation if needed, and taxi service.



**Fiscal Year 2017
Budget Request**

April 1, 2016

Department: Health & Welfare Expense

Account Title: G.A. Telephone Expense

Department Number: 21125

Account Number: 60737

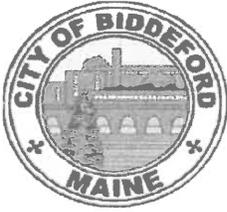
FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$0.00	\$100.00	\$0.00	\$ 100.00	\$100.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$100.00	\$100.00		\$0.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

--

General Assistance will pay telephone expenses if the phone is required for medical purposes.



Fiscal Year 2017 Budget Request

April 1, 2016

Department: Health & Welfare Expense

Account Title: G.A. Sewer User Fee Expense

Department Number: 21125

Account Number: 60738

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$0.00	\$0.00	\$0.00	\$ 75.00	\$75.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$75.00	\$75.00		\$0.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.



Fiscal Year 2017 Budget Request

April 1, 2016

Department: Health & Welfare Expense

Account Title: G.A. Heating Fuel Expense

Department Number: 21125

Account Number: 60739

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$1,181.15	\$2,000.00	\$0.00	\$ 1,500.00	\$1,500.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$1,500.00	\$1,000.00		(\$500.00)

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

Most applicants who seek assistance with fuel are over income for General Assistance. They are often assisted through a special fuel account that has been established. However, should they qualify for GA, there needs to be funds allocated.



Fiscal Year 2017 Budget Request

April 1, 2016

Department: Health & Welfare Expense

Account Title: G.A. Bottled Gas Expense

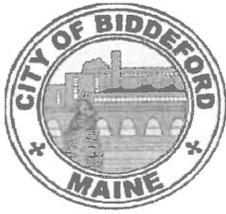
Department Number: 21125

Account Number: 60740

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$0.00	\$0.00	\$0.00	\$ 200.00	\$200.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$200.00	\$200.00		\$0.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.



Fiscal Year 2017 Budget Request

April 1, 2016

Department: Health & Welfare Expense

Account Title: G.A. Miscellaneous Expense

Department Number: 21125

Account Number: 60741

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$225.00	\$400.00	\$45.52	\$ 205.00	\$205.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$800.00	\$800.00		\$595.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

This account is used to purchase clothing and other items that cannot be secured through other means. It is also used to pay interpreter fees which cost \$50 hourly. DHHS does not reimburse the City for interpreter fees.



Fiscal Year 2017 Budget Request

April 1, 2016

Department: Health & Welfare Expense

Account Title: G.A. Water Expense

Department Number: 21125

Account Number: 60742

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$0.00	\$0.00	\$0.00	\$ 75.00	\$75.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$75.00	\$75.00		\$0.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.



Fiscal Year 2017 Budget Request

April 1, 2016

Department: Health & Welfare Expense

Account Title: G.A. Medical Expense

Department Number: 21125

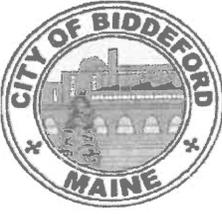
Account Number: 60743

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$2,700.88	\$1,000.00	\$270.66	\$ 4,000.00	\$2,000.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$2,000.00	\$2,000.00		(\$2,000.00)

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

This calculation is based on current spending including outstanding vouchers.



Fiscal Year 2017 Budget Request

April 1, 2016

Department: Health & Welfare Expense

Account Title: Dept Manager Salary Exp

Department Number: 21125

Account Number: 60101

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$72,774.26	\$73,971.00	\$73,979.99	\$ 75,740.00	\$75,740.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$76,206.00	\$0.00		(\$75,740.00)

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

Based on 1% increase as directed.