

City of Biddeford, Maine

FY2017

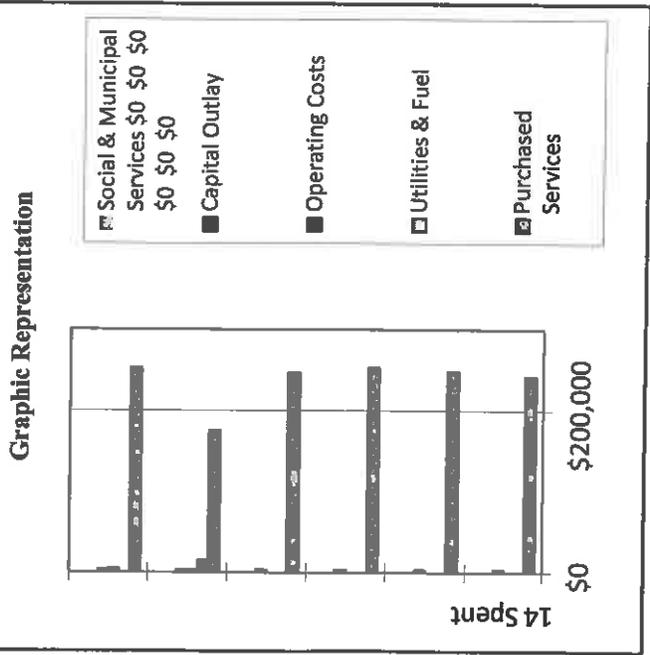
Budget: City Manager

Account Number: 21102

	FY14	FY15	FY15	FY16	FY16	FY2017		
	Spent	Budget	Spent	Budget	Yr to Date Spent thru 3/14/2016	Dept Head	Manager's Rec	City Council Rec
Personal Services:	\$241,708	\$247,931	\$252,644	\$246,085	\$174,475	\$251,972	\$251,972	
Purchased Services	\$0	\$0	\$0	\$0	\$14,085	\$0	\$0	
Utilities & Fuel	\$0	\$0	\$0	\$0	\$2,450	\$4,200	\$4,200	
Operating Costs	\$3,282	\$3,200	\$3,089	\$3,200	\$2,830	\$3,000	\$3,000	
Capital Outlay	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Social & Municipal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
TOTALS:	\$244,990	\$251,131	\$255,733	\$249,285	\$193,841	\$259,172	\$259,172	\$0

FRINGE BENEFIT IMPACT (Estimated)

Workers Comp	\$13,950
Health Insurance	\$8,588
Retirement	\$29,769
Unemployment	\$18,541
Other Insurance	\$0
# of Full Time Employees	\$1,465
	0.00
Total Fringe Benefit Impact	\$72,113



	FY16 Budget	FY17 Manager's Rec	Dollar Change	Percentage Change
Personal Services:	\$246,085	\$251,972	\$5,887	2.39%
Purchased Services	\$0	\$0	\$0	N/A
Utilities & Fuel	\$0	\$4,200	\$4,200	#DIV/0!
Operating Costs	\$3,200	\$3,000	(\$200)	-6.25%
Capital Outlay	\$0	\$0	\$0	N/A
Social & Municipal Services	\$0	\$0	\$0	N/A
TOTALS:	\$249,285	\$259,172	\$9,887	3.97%

FY2017 Personnel Services

Revised 3/14/2016

Account Number	Description	FY14		FY15		FY16		FY2017	
		Spent	Budget	Spent	Budget	Yr to Date Spent	Dept Head	Mgr's Rec	
60101	Dept Head Salary	\$119,173	\$120,955	\$128,446	\$123,776	\$83,189	\$121,000	\$121,000	\$121,000
60102	Mid Mgt Hrly Employee Wage	\$50,061	\$49,263	\$52,553	\$50,441	\$35,375	\$50,751	\$50,751	\$50,751
60123	Car Allowance	\$5,019	\$5,000	\$5,115	\$10,200	\$4,135	\$6,000	\$6,000	\$6,000
60201	FICA/Medicare Employer Share	\$11,957	\$13,585	\$12,969	\$14,301	\$8,669	\$13,950	\$13,950	\$13,950
60203	457 Employer Share	\$15,067	\$17,606	\$15,414	\$18,599	\$10,450	\$18,341	\$18,341	\$18,341
60210	HPHC Ins Employer Share	\$37,955	\$39,164	\$33,974	\$25,850	\$24,298	\$29,769	\$29,769	\$29,769
60212	S-T Disability ER Share	\$52	\$55	\$53	\$55	\$37	\$60	\$60	\$60
60213	L-T Disability ER Share	\$311	\$553	\$317	\$563	\$247	\$625	\$625	\$625
60217	RHSA Plan ER Share	\$0	\$0	\$0	\$0	\$0	\$780	\$780	\$780
60251	Conference/Training	\$852	\$850	\$2,365	\$1,000	\$6,129	\$2,990	\$2,990	\$2,990
60252	Travel/Mileage	\$0	\$0	\$0	\$0	\$1,156	\$2,700	\$2,700	\$2,700
60253	Food/Lodging	\$0	\$0	\$0	\$0	\$790	\$3,855	\$3,855	\$3,855
60256	Dues/Membership	\$1,261	\$900	\$1,439	\$1,300	\$0	\$1,151	\$1,151	\$1,151
Totals		\$241,708	\$247,931	\$252,644	\$246,085	\$174,475	\$251,972	\$251,972	\$251,972

FY2017 Purchased Services

Account Number	Description	FY14 Spent	FY15 Budget	FY15 Spent	FY16 Budget	FY16 Yr to Date Spent	Dept Head	FY2017 Mgr's Rec
60306	Other Prof/Consultant Services	\$0	\$0	\$0	\$0	\$14,085	\$0	\$0
Totals		\$0	\$0	\$0	\$0	\$14,085	\$0	\$0

FY2017 Utilities & Fuel

Account Number	Description	FY14		FY15		FY16		FY2017	
		Spent	Budget	Spent	Budget	Budget	Yr to Date Spent	Dept Head	Mgr's Rec
60402	Phone/Cell/Pager	\$0	\$0	\$0	\$0	\$0	\$2,450	\$4,200	\$4,200
Totals		\$0	\$0	\$0	\$0	\$0	\$2,450	\$4,200	\$4,200

FY2017 Other Operating Costs

Account Number	Description	FY14		FY15		FY16		FY2017	
		Spent	Budget	Spent	Budget	Budget	Yr to Date Spent	Dept Head	Mgr's Rec
60500	Admin/Office Supplies	\$3,282	\$3,000	\$2,948	\$3,000	\$3,000	\$2,830	\$3,000	\$3,000
60501	Operating Supplies	\$0	\$200	\$141	\$200	\$200	\$0	\$0	\$0
Totals		\$3,282	\$3,200	\$3,089	\$3,200	\$3,200	\$2,830	\$3,000	\$3,000



Fiscal Year 2017 Budget Request

March 10, 2016

Department: City Manager

Account Title: Dept Manager Salary Exp

Department Number: 21102

Account Number: 60101

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$119,172.55	\$120,955.00	\$128,445.78	\$ 123,776.00	\$120,355.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$121,000.00	\$121,000.00		(\$2,776.00)

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.

No increase is built into the budget; decision made by Council at later date



Fiscal Year 2017 Budget Request

March 10, 2016

Department: City Manager

Account Title: Mid Mgmt Hrly Employee Wage Ex

Department Number: 21102

Account Number: 60102

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$50,061.32	\$49,263.00	\$52,552.73	\$ 50,441.00	\$50,057.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$50,751.00	\$50,751.00		\$310.00

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.

Executive Associate with 1% increase for FY17.



Fiscal Year 2017 Budget Request

March 10, 2016

Department: City Manager

Account Title: Car Allowance Expense

Department Number: 21102

Account Number: 60123

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$5,019.03	\$5,000.00	\$5,115.18	\$ 10,200.00	\$5,635.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$6,000.00	\$6,000.00		(\$4,200.00)

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.

City Manager car allowance at \$500 per month per contract.



Fiscal Year 2017 Budget Request

March 10, 2016

Department: City Manager

Account Title: FICA/Medicare-ER Share Exp

Department Number: 21102

Account Number: 60201

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$11,956.95	\$13,585.00	\$12,968.91	\$ 14,301.00	\$13,468.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$13,950.00	\$13,950.00		(\$351.00)

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 cost based on wages.



Fiscal Year 2017 Budget Request

March 10, 2016

Department: City Manager

Account Title: 457 Plan-Employer Share Exp

Department Number: 21102

Account Number: 60203

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$15,067.27	\$17,606.00	\$15,413.66	\$ 18,599.00	\$15,119.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$18,341.00	\$18,341.00		(\$258.00)

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 cost per contract.



Fiscal Year 2017 Budget Request

March 10, 2016

Department: City Manager

Account Title: HPHC Ins Employer Share Exp

Department Number: 21102

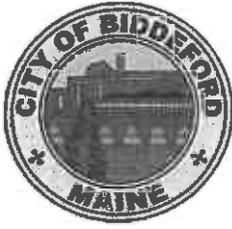
Account Number: 60210

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$37,955.33	\$39,164.00	\$33,973.84	\$ 25,850.00	\$33,478.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$29,769.00	\$29,769.00		\$3,919.00

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.

One employee on POS single plan = \$10,319.
 One employee on HMOHRA family plan = \$18,970
 Also includes life insurance at 1 x salary for both = \$480.



Fiscal Year 2017 Budget Request

March 10, 2016

Department: City Manager

Account Title: S-T Disability ER Share Exp

Department Number: 21102

Account Number: 60212

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$52.16	\$55.00	\$52.54	\$ 55.00	\$56.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$60.00	\$60.00		\$5.00

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.

Life/AD&D insurance for 2 employees.
Premium increase of 9% for FY17.



Fiscal Year 2017 Budget Request

March 10, 2016

Department: City Manager

Account Title: L-T Disability ER Share Exp

Department Number: 21102

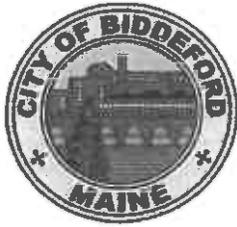
Account Number: 60213

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$310.78	\$553.00	\$316.85	\$ 563.00	\$387.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$625.00	\$625.00		\$62.00

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.

Long-term disability insurance on 2 employees.
11% premium increase for FY17.



Fiscal Year 2017 Budget Request

March 10, 2016

Department: City Manager

Account Title: Delta Dental ER Share Exp

Department Number: 21102

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.

No requirement at this time.



Fiscal Year 2017 Budget Request

March 10, 2016

Department: City Manager

Account Title: RHSA Plan ER Share Exp

Department Number: 21102

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)
	\$780.00	\$780.00		\$780.00

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.

No requirement at this time.



Fiscal Year 2017 Budget Request

March 10, 2016

Department: City Manager

Account Title: Conferences/Training Expense

Department Number: 21102

Account Number: 60251

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$851.65	\$850.00	\$2,365.16	\$ 1,000.00	

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$2,990.00	\$2,990.00		\$1,990.00

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.



per employment agreement:

MMA Convention

registration	65	
hotel 2x		230
meals		100

MTCMA Institute

registration	125	
hotel 3x		500
meals		225

not attending this year; conflict with ICMARC mtg

	-125	-725
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MTCMA Interchange

registration	50	
hotel		130
meals		50

ICMA

registration	650	
hotel 6x		1200
airfare		600

taxi, etc			100
meals		500	
<i>amount covered by ICMA</i>		<i>-200</i>	
ICMA Regional Meeting			
registration	225		
hotel x2		220	
meals		200	
Alliance for Innovation			
Registration for Prog	1800		
Airfare (4x)			1800
Meals		225	
Taxi, misc			200
Hotels 3x2x2		1200	
Other misc	200		
Totals	2990	3855	2700



Fiscal Year 2017 Budget Request

March 10, 2016

Department: City Manager

Account Title: Travel/Mileage Expense

Department Number: 21102

Account Number: 60252

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$0.00	\$0.00	\$0.00	\$ -	\$1,200.00

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

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.



per employment agreement:

MMA Convention

registration	65	
hotel 2x		230
meals		100

MTCMA Institute

registration	125	
hotel 3x		500
meals		225

not attending this year; conflict with ICMARC mtg

	-125	-725
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MTCMA Interchange

registration	50	
hotel		130
meals		50

ICMA

registration	650	
hotel 6x		1200
airfare		600

taxi, etc			100
meals		500	
<i>amount covered by ICMA</i>		<i>-200</i>	
ICMA Regional Meeting			
registration	225		
hotel x2		220	
meals		200	
Alliance for Innovation			
Registration for Prog	1800		
Airfare (4x)			1800
Meals		225	
Taxi, misc			200
Hotels 3x2x2		1200	
Other misc	200		
Totals	2990	3855	2700



Fiscal Year 2017 Budget Request

March 10, 2016

Department: City Manager

Account Title: Food/Lodging Expense

Department Number: 21102

Account Number: 60253

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$0.00	\$0.00	\$0.00	\$ -	\$1,350.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$3,855.00	\$3,855.00		\$3,855.00

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.

per employment agreement:

MMA Convention				
registration	65			
hotel 2x		230		
meals		100		
MTCMA Institute				
registration	125			
hotel 3x		500		
meals		225		
<i>not attending this year; conflict with ICMARC mtg</i>				
	-125		-725	
MTCMA Interchange				
registration	50			
hotel		130		
meals		50		
ICMA				
registration	650			
hotel 6x		1200		
airfare			600	

taxi, etc			100
meals		500	
<i>amount covered by ICMA</i>		<i>-200</i>	
ICMA Regional Meeting			
registration	225		
hotel x2		220	
meals		200	
Alliance for Innovation			
Registration for Prog	1800		
Airfare (4x)			1800
Meals		225	
Taxi, misc			200
Hotels 3x2x2		1200	
Other misc	200		
Totals	2990	3855	2700



Fiscal Year 2017 Budget Request

March 10, 2016

Department: City Manager

Account Title: Dues/Memberships Expense

Department Number: 21102

Account Number: 60256

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$1,260.78	\$900.00	\$1,439.24	\$ 1,300.00	

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$3,010.50	\$3,010.50		\$1,710.50

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.

ICMA	968
MTCMA	182.5
Alliance for Innovation	1860
	3010.5



Fiscal Year 2017 Budget Request

March 10, 2016

Department: City Manager

Account Title: Other Prof/Consult Srvs Exp

Department Number: 21102

Account Number: 60306

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$0.00	\$0.00	\$0.00	\$ -	\$14,085.00

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.

Paid transition costs for new manager.
No requirement expected.



Fiscal Year 2017 Budget Request

March 10, 2016

Department: City Manager

Account Title: Phone/Celular/Paging Exp

Department Number: 21102

Account Number: 60402

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$0.00	\$0.00	\$0.00	\$ -	\$3,850.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$4,200.00	\$4,200.00		\$4,200.00

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.

\$350 per month per contract.



Fiscal Year 2017 Budget Request

March 10, 2016

Department: City Manager

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

Department Number: 21102

Account Number: 60500

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$3,281.94	\$3,000.00	\$2,948.43	\$ 3,000.00	\$2,950.00

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

Costs of operating the office, such as writing implements, filing supplies, staples, clips, etc.
Bottled water, newspaper subscriptions, business cards, cable card for Manager's computer.



Fiscal Year 2017 Budget Request

March 10, 2016

Department: City Manager

Account Title: Operating Supp/Eqt Non-Cap

Department Number: 21102

Account Number: 60501

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$0.00	\$200.00	\$140.59	\$ 200.00	\$141.00

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

No requirement expected.