

# City of Biddeford, Maine FY2017

Budget: Mayor/Council

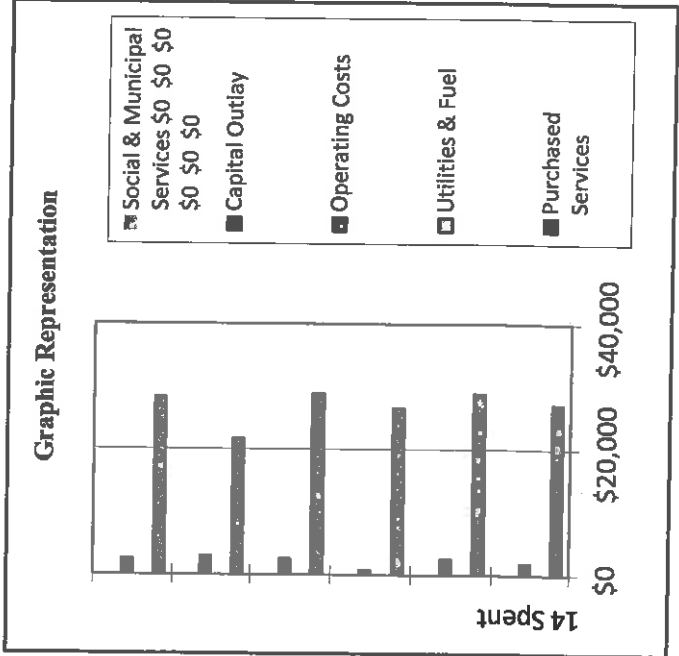
Account Number: 21101

|                             | FY14            | FY15            | FY15            | FY16            | FY16                               | FY17            |                 |                  |
|-----------------------------|-----------------|-----------------|-----------------|-----------------|------------------------------------|-----------------|-----------------|------------------|
|                             | Spent           | Budget          | Spent           | Budget          | Yr to Date Spent<br>thru 3/14/2016 | Dept Head       | Manager's Rec   | City Council Rec |
| Personal Services:          | \$27,070        | \$28,801        | \$26,498        | \$28,818        | \$21,621                           | \$28,168        | \$27,840        |                  |
| Purchased Services          | \$0             | \$0             | \$0             | \$0             | \$0                                | \$0             | \$0             |                  |
| Utilities & Fuel            | \$0             | \$0             | \$0             | \$0             | \$0                                | \$0             | \$0             |                  |
| Operating Costs             | \$1,794         | \$2,500         | \$732           | \$2,500         | \$2,935                            | \$2,500         | \$4,500         |                  |
| Capital Outlay              | \$0             | \$0             | \$0             | \$0             | \$0                                | \$0             | \$0             |                  |
| Social & Municipal Services | \$0             | \$0             | \$0             | \$0             | \$0                                | \$0             | \$0             |                  |
| <b>TOTALS:</b>              | <b>\$28,864</b> | <b>\$31,301</b> | <b>\$27,230</b> | <b>\$31,318</b> | <b>\$24,556</b>                    | <b>\$30,668</b> | <b>\$32,340</b> | <b>\$0</b>       |



**FRINGE BENEFIT IMPACT (Estimated):**

|                                    |                |
|------------------------------------|----------------|
| State & FICA                       | \$1,890        |
| Workers Comp                       | \$500          |
| Health Insurance                   | \$0            |
| Retirement                         | \$0            |
| Unemployment                       | \$0            |
| Other Insurance                    | \$0            |
| # of Full-Time Employees           | 0.00           |
| <b>Total Fringe Benefit Impact</b> | <b>\$2,390</b> |



|                             | FY16<br>Budget  | FY17<br>Manager's Rec | Dollar<br>Change | Percentage<br>Change |
|-----------------------------|-----------------|-----------------------|------------------|----------------------|
| Personal Services:          | \$28,818        | \$27,840              | (\$978)          | -3.40%               |
| Purchased Services          | \$0             | \$0                   | \$0              | N/A                  |
| Utilities & Fuel            | \$0             | \$0                   | \$0              | N/A                  |
| Operating Costs             | \$2,500         | \$4,500               | \$2,000          | 80.00%               |
| Capital Outlay              | \$0             | \$0                   | \$0              | N/A                  |
| Social & Municipal Services | \$0             | \$0                   | \$0              | N/A                  |
| <b>TOTALS:</b>              | <b>\$31,318</b> | <b>\$32,340</b>       | <b>\$1,022</b>   | <b>3.26%</b>         |

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             | \$10,000        | \$10,000        | \$10,000        | \$10,000        | \$7,500         | \$10,000         | \$10,000        | \$10,000        | \$10,000        | \$10,000        |
| 60106          | P-T Employee Wage            | \$431           | \$1,500         | \$0             | \$1,500         | \$1,438         | \$1,000          | \$1,000         | \$750           | \$750           | \$750           |
| 60121          | Annual Stipend Pay           | \$14,715        | \$14,715        | \$14,615        | \$14,730        | \$10,830        | \$14,700         | \$14,700        | \$14,700        | \$14,700        | \$14,700        |
| 60201          | FICA/Medicare Employer Share | \$1,924         | \$2,011         | \$1,883         | \$2,013         | \$1,512         | \$1,968          | \$1,968         | \$1,890         | \$1,890         | \$1,890         |
| 60202          | MPERS-Employer Share         | \$0             | \$0             | \$0             | \$0             | \$0             | \$0              | \$0             | \$0             | \$0             | \$0             |
| 60203          | 457 Employer Share           | \$0             | \$75            | \$0             | \$75            | \$0             | \$0              | \$0             | \$0             | \$0             | \$0             |
| 60210          | HPHC Ins Employer Share      | \$0             | \$0             | \$0             | \$0             | \$0             | \$0              | \$0             | \$0             | \$0             | \$0             |
| 60212          | S-T Disability ER Share      | \$0             | \$0             | \$0             | \$0             | \$0             | \$0              | \$0             | \$0             | \$0             | \$0             |
| 60213          | L-T Disability ER Share      | \$0             | \$0             | \$0             | \$0             | \$0             | \$0              | \$0             | \$0             | \$0             | \$0             |
| 60217          | RHSA Plan ER Share           | \$0             | \$0             | \$0             | \$0             | \$0             | \$0              | \$0             | \$0             | \$0             | \$0             |
| 60251          | Conference/Training          | \$0             | \$500           | \$0             | \$500           | \$341           | \$500            | \$500           | \$500           | \$500           | \$500           |
| <b>Totals</b>  |                              | <b>\$27,070</b> | <b>\$28,801</b> | <b>\$26,498</b> | <b>\$28,818</b> | <b>\$21,621</b> | <b>\$28,168</b>  | <b>\$28,168</b> | <b>\$27,840</b> | <b>\$27,840</b> | <b>\$27,840</b> |

FY2017 Other Operating Costs

| Account Number | Description           | FY14           | FY15           | FY15         | FY16           | FY16             | FY16           | FY2017         |                |
|----------------|-----------------------|----------------|----------------|--------------|----------------|------------------|----------------|----------------|----------------|
|                |                       | Spent          | Budget         | Spent        | Budget         | Yr to Date Spent | Dept Head      | Mgr's Rec      |                |
| 60500          | Admin/Office Supplies | \$860          | \$1,000        | \$607        | \$1,000        | \$895            | \$1,000        | \$1,000        | \$1,000        |
| 60797          | Misc Expense          | \$934          | \$1,500        | \$125        | \$1,500        | \$2,040          | \$1,500        | \$1,500        | \$3,500        |
| <b>Totals</b>  |                       | <b>\$1,794</b> | <b>\$2,500</b> | <b>\$732</b> | <b>\$2,500</b> | <b>\$2,935</b>   | <b>\$2,500</b> | <b>\$2,500</b> | <b>\$4,500</b> |



## Fiscal Year 2017 Budget Request

March 10, 2016

Department: Mayor/Council

Account Title: Dept Manager Salary Exp

Department Number: 21101

Account Number: 60101

| FY 2014<br>Actual | FY 2015<br>Budget | FY2015<br>Actual | FY 2016<br>Budget | FY 2016<br>Est. Expended |
|-------------------|-------------------|------------------|-------------------|--------------------------|
| \$9,999.96        | \$10,000.00       | \$9,999.96       | \$ 10,000.00      | \$10,000.00              |

| FY-2017<br>Budget | Department<br>Request | City Mgr<br>Recommendation | Council<br>Action | Increase<br>(Decrease) |
|-------------------|-----------------------|----------------------------|-------------------|------------------------|
|                   | \$10,000.00           | \$10,000.00                |                   | \$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.

Mayor's annual salary as specified by Charter.

DEPARTMENT PERSONAL SERVICES BUDGET WORKSHEET  
 Fiscal Year 2017 BUDGET

DEPARTMENT: 21101 Mayor/Council

| CLASSIFICATION                  | RANGE | POSITION | YEAREND ANNUALIZED |              | CITY MANAGER RECOMMEND. | COUNCIL APPROP. | NAME     |
|---------------------------------|-------|----------|--------------------|--------------|-------------------------|-----------------|----------|
|                                 |       |          | TOTAL              | REQUESTED    |                         |                 |          |
| Mayor                           |       | 1        | 10,000             | 10,000       | 10,000                  |                 |          |
| Councilors                      |       | 9        | 1200               | 10800        | 10800                   |                 |          |
| Auditor                         |       | 1        | 3,900              | 3,900        | 3,900                   |                 |          |
| <b>TOTAL BUDGETED POSITIONS</b> |       |          | <b>11</b>          | <b>15100</b> | <b>24700</b>            | <b>24700</b>    | <b>0</b> |



## Fiscal Year 2017 Budget Request

March 10, 2016

Department: Mayor/Council

Account Title: P-T Employee Wage Exp

Department Number: 21101

Account Number: 60106

| FY 2014<br>Actual | FY 2015<br>Budget | FY2015<br>Actual | FY 2016<br>Budget | FY 2016<br>Est. Expended |
|-------------------|-------------------|------------------|-------------------|--------------------------|
| \$431.25          | \$1,500.00        | \$0.00           | \$ 1,500.00       | \$750.00                 |

| FY-2017<br>Budget | Department<br>Request | City Mgr<br>Recommendation | Council<br>Action | Increase<br>(Decrease) |
|-------------------|-----------------------|----------------------------|-------------------|------------------------|
|                   | \$1,000.00            | \$750.00                   |                   | (\$750.00)             |

**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.

Wages for persons taking and preparing minutes of Council Committee meetings who are not employees working on regular time.



## Fiscal Year 2017 Budget Request

March 10, 2016

Department: Mayor/Council

Account Title: Annual Stipend Pay Expense

Department Number: 21101

Account Number: 60121

| FY 2014<br>Actual | FY 2015<br>Budget | FY2015<br>Actual | FY 2016<br>Budget | FY 2016<br>Est. Expended |
|-------------------|-------------------|------------------|-------------------|--------------------------|
| \$14,715.00       | \$14,715.00       | \$14,615.00      | \$ 14,730.00      | \$14,700.00              |

| FY-2017<br>Budget | Department<br>Request | City Mgr<br>Recommendation | Council<br>Action | Increase<br>(Decrease) |
|-------------------|-----------------------|----------------------------|-------------------|------------------------|
|                   | \$14,700.00           | \$14,700.00                |                   | (\$30.00)              |

**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.

Salaries for 9 City Councilors @ \$1,200 per year, by Charter.  
 Salary for City Auditor @ \$75 per week. Required position by Charter. Auditor reviews City and School purchase orders weekly, checking correctness. This position acts as an additional set of eyes for expenditures, fulfilling the requirements for segregation of duties.



## Fiscal Year 2017 Budget Request

March 10, 2016

Department: Mayor/Council

Account Title: FICA/Medicare-ER Share Exp

Department Number: 21101

Account Number: 60201

| FY 2014<br>Actual | FY 2015<br>Budget | FY2015<br>Actual | FY 2016<br>Budget | FY 2016<br>Est. Expended |
|-------------------|-------------------|------------------|-------------------|--------------------------|
| \$1,923.82        | \$2,011.00        | \$1,883.17       | \$ 2,013.00       | \$1,947.00               |

| FY-2017<br>Budget | Department<br>Request | City Mgr<br>Recommendation | Council<br>Action | Increase<br>(Decrease) |
|-------------------|-----------------------|----------------------------|-------------------|------------------------|
|                   | \$1,968.00            | \$1,889.55                 |                   | (\$123.45)             |

**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: Mayor/Council

Account Title: MPERS-Employer Share Exp

Department Number: 21101

Account Number: 60202

| FY 2014<br>Actual | FY 2015<br>Budget | FY2015<br>Actual | FY 2016<br>Budget | FY 2016<br>Est. Expended |
|-------------------|-------------------|------------------|-------------------|--------------------------|
| \$0.00            | \$0.00            | \$0.00           | \$ -              | \$0.00                   |

| FY-2017<br>Budget | Department<br>Request | City Mgr<br>Recommendation | Council<br>Action | Increase<br>(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 anticipated.



## Fiscal Year 2017 Budget Request

March 10, 2016

Department: Mayor/Council

Account Title: 457 Plan-Employer Share Exp

Department Number: 21101

Account Number: 60203

| FY 2014<br>Actual | FY 2015<br>Budget | FY2015<br>Actual | FY 2016<br>Budget | FY 2016<br>Est. Expended |
|-------------------|-------------------|------------------|-------------------|--------------------------|
| \$0.00            | \$75.00           | \$0.00           | \$ 75.00          | \$0.00                   |

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

**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 anticipated.



## Fiscal Year 2017 Budget Request

March 10, 2016

Department: Mayor/Council

Account Title: HPHC Ins Employer Share Exp

Department Number: 21101

Account Number: 60210

| FY 2014<br>Actual | FY 2015<br>Budget | FY2015<br>Actual | FY 2016<br>Budget | FY 2016<br>Est. Expended |
|-------------------|-------------------|------------------|-------------------|--------------------------|
| \$0.00            | \$0.00            | \$0.00           | \$ -              | \$0.00                   |

| FY-2017<br>Budget | Department<br>Request | City Mgr<br>Recommendation | Council<br>Action | Increase<br>(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 anticipated.



## Fiscal Year 2017 Budget Request

March 10, 2016

Department: Mayor/Council

Account Title: S-T Disability ER Share Exp

Department Number: 21101

Account Number: 60212

| FY 2014<br>Actual | FY 2015<br>Budget | FY2015<br>Actual | FY 2016<br>Budget | FY 2016<br>Est. Expended |
|-------------------|-------------------|------------------|-------------------|--------------------------|
| \$0.00            | \$0.00            | \$0.00           | \$ -              | \$0.00                   |

| FY-2017<br>Budget | Department<br>Request | City Mgr<br>Recommendation | Council<br>Action | Increase<br>(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 anticipated.



## Fiscal Year 2017 Budget Request

March 10, 2016

Department: Mayor/Council

Account Title: L-T Disability ER Share Exp

Department Number: 21101

Account Number: 60213

| FY 2014<br>Actual | FY 2015<br>Budget | FY2015<br>Actual | FY 2016<br>Budget | FY 2016<br>Est. Expended |
|-------------------|-------------------|------------------|-------------------|--------------------------|
| \$0.00            | \$0.00            | \$0.00           | \$ -              | \$0.00                   |

| FY-2017<br>Budget | Department<br>Request | City Mgr<br>Recommendation | Council<br>Action | Increase<br>(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 anticipated.



**Fiscal Year 2017  
Budget Request**

March 10, 2016

Department: Mayor/Council

Account Title: Delta Dental ER Share Exp

Department Number: 21101

Account Number: 60216

| FY 2014<br>Actual | FY 2015<br>Budget | FY2015<br>Actual | FY 2016<br>Budget | FY 2016<br>Est. Expended |
|-------------------|-------------------|------------------|-------------------|--------------------------|
| \$0.00            | \$0.00            | \$0.00           | \$ -              | \$0.00                   |

| FY-2017<br>Budget | Department<br>Request | City Mgr<br>Recommendation | Council<br>Action | Increase<br>(Decrease) |
|-------------------|-----------------------|----------------------------|-------------------|------------------------|
|                   | \$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 anticipated.



## Fiscal Year 2017 Budget Request

March 10, 2016

**Department:** Mayor/Council

Account Title: RHSA Plan ER Share Exp

Department Number: 21101

Account Number: 60217

| FY 2014<br>Actual | FY 2015<br>Budget | FY2015<br>Actual | FY 2016<br>Budget | FY 2016<br>Est. Expended |
|-------------------|-------------------|------------------|-------------------|--------------------------|
| \$0.00            | \$0.00            | \$0.00           | \$ -              | \$0.00                   |

| FY-2017<br>Budget | Department<br>Request | City Mgr<br>Recommendation | Council<br>Action | Increase<br>(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 anticipated.



**Fiscal Year 2017  
Budget Request**

March 10, 2016

**Department: Mayor/Council**

Account Title: Conferences/Training Expense

Department Number: 21101

Account Number: 60251

| FY 2014<br>Actual | FY 2015<br>Budget | FY2015<br>Actual | FY 2016<br>Budget | FY 2016<br>Est. Expended |
|-------------------|-------------------|------------------|-------------------|--------------------------|
| \$0.00            | \$500.00          | \$0.00           | \$ 500.00         | \$0.00                   |

| FY-2017<br>Budget | Department<br>Request | City Mgr<br>Recommendation | Council<br>Action | Increase<br>(Decrease) |
|-------------------|-----------------------|----------------------------|-------------------|------------------------|
|                   | \$500.00              | \$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.

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Kept as available to Mayor of Council members for attendance at conferences, training, etc.





## Fiscal Year 2017 Budget Request

March 10, 2016

Department: Mayor/Council

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

Department Number: 21101

Account Number: 60500

| FY 2014<br>Actual | FY 2015<br>Budget | FY2015<br>Actual | FY 2016<br>Budget | FY 2016<br>Est. Expended |
|-------------------|-------------------|------------------|-------------------|--------------------------|
| \$860.15          | \$1,000.00        | \$606.77         | \$ 1,000.00       | \$1,000.00               |

| FY-2017<br>Budget | Department<br>Request | City Mgr<br>Recommendation | Council<br>Action | Increase<br>(Decrease) |
|-------------------|-----------------------|----------------------------|-------------------|------------------------|
|                   | \$1,000.00            | \$1,000.00                 |                   | \$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 supplies used in preparation of CIP program and budget books and for any small office supplies used in Mayor's office.



**Fiscal Year 2017  
Budget Request**

March 10, 2016

**Department: Mayor/Council**

Account Title: Miscellaneous Expense

Department Number: 21101

Account Number: 60797

| FY 2014<br>Actual | FY 2015<br>Budget | FY2015<br>Actual | FY 2016<br>Budget | FY 2016<br>Est. Expended |
|-------------------|-------------------|------------------|-------------------|--------------------------|
| \$934.09          | \$1,500.00        | \$125.00         | \$ 1,500.00       | \$2,200.00               |

| FY-2017<br>Budget | Department<br>Request | City Mgr<br>Recommendation | Council<br>Action | Increase<br>(Decrease) |
|-------------------|-----------------------|----------------------------|-------------------|------------------------|
|                   | \$1,500.00            | \$3,500.00                 |                   | \$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.

Costs of inauguration, Mayoral public functions, gifts for outgoing Council members. Increased in election years, lower in off years. FY16 had unexpected costs added and was short of funding.

*included this year is cost of light meals since Council is now holding multiple meetings in one night that include meeting through meal time*