

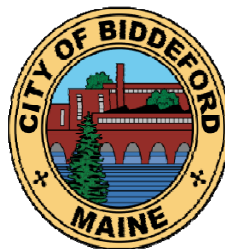
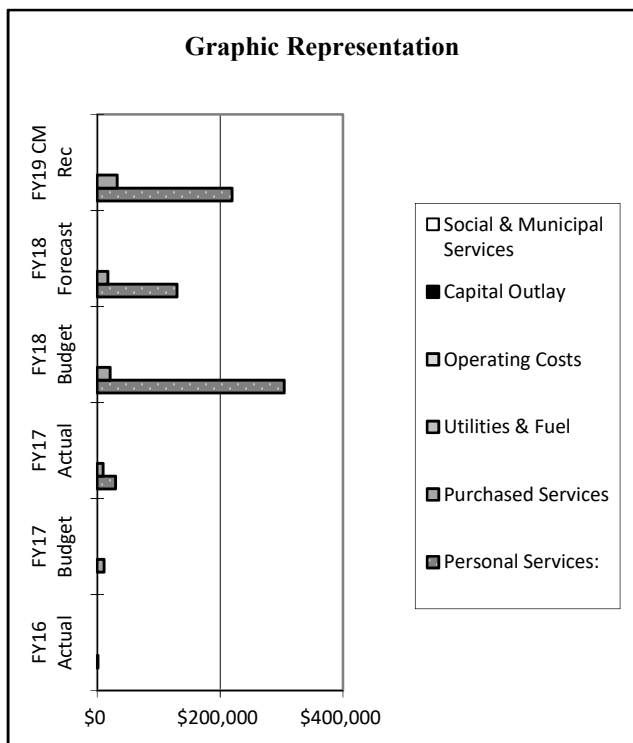
# City of Biddeford, Maine

FY2019

Budget: Recreation Cub Care-Vacation Camps

Account Number: 31206

	FY16 Actual	FY17 Budget	FY17 Actual	FY18 Budget	FY18 YTD	FY19	
						Dept Head	Manager's Rec
Personnel Services:	\$0	\$0	\$30,047	\$304,179	\$129,830	\$219,642	\$219,642
Purchased Services	\$1,295	\$10,959	\$9,261	\$21,155	\$17,492	\$32,340	\$32,340
Utilities & Fuel	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Operating Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Capital Outlay	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Social & Municipal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTALS:</b>	<b>\$1,295</b>	<b>\$10,959</b>	<b>\$39,308</b>	<b>\$325,334</b>	<b>\$147,322</b>	<b>\$251,982</b>	<b>\$251,982</b>



<b>FRINGE BENEFIT IMPACT (Estimated):</b>	
FICA	\$12,647
Workers Comp	\$5,958
Health Insurance	\$27,060
Retirement	\$7,179
Unemployment	\$159
Other Insurance	\$1,794
<b>Total Fringe Benefit Impact</b>	<b>\$54,796</b>
<b># of Full Time Employees</b>	<b>1.73</b>

	FY18 Budget	FY19 Manager's Rec	Dollar Change	Percentage Change
Personal Services:	\$304,179	\$219,642	-\$84,537	-27.8%
Purchased Services	\$21,155	\$32,340	\$11,185	\$1
Utilities & Fuel	\$0	\$0	\$0	N/A
Operating Costs	\$0	\$0	\$0	N/A
Capital Outlay	\$0	\$0	\$0	N/A
Social & Municipal Services	\$0	\$0	\$0	N/A
<b>TOTALS:</b>	<b>\$325,334</b>	<b>\$251,982</b>	<b>-\$73,352</b>	<b>-22.5%</b>

## Personnel Services

Account Number	Description	FY16 Actual	FY17 Budget	FY17 Actual	FY18 Budget	FY18 YTD 02/28/18	FY19	
							Dept Head	Mgr's Rec
60105	F-T Employee Wage Exp	\$0	\$0	\$6,500	\$39,735	\$27,797	\$72,618	\$72,618
60106	P-T Employee Wage Exp	\$0	\$0	\$11,227	\$47,328	\$36,361	\$0	\$0
60107	Temp/Seasonal Emp Wage Ex	\$0	\$0	\$5,633	\$162,233	\$41,016	\$90,535	\$90,535
60111	Overtime Wage Expense	\$0	\$0	\$873	\$2,000	\$4,024	\$3,000	\$3,000
60201	FICA/Medicare-ER Share Exp	\$0	\$0	\$1,784	\$18,901	\$6,753	\$12,647	\$12,647
60202	MPERS-Employer Share Exp	\$0	\$0	\$690	\$4,007	\$2,910	\$7,179	\$7,179
60210	HPHC Ins Employer Share Ex	\$0	\$0	\$3,184	\$20,803	\$10,521	\$25,912	\$25,912
60212	S-T Disability ER Share Exp	\$0	\$0	\$34	\$81	\$105	\$234	\$234
60216	Delta Dental ER Share	\$0	\$0	\$0	\$0	\$0	\$0	\$0
60217	RHSA Plan ER Share	\$0	\$0	\$123	\$780	\$342	\$1,560	\$1,560
60370	Workers Comp Insurance Exp	\$0	\$0	\$0	\$8,311	\$0	\$5,958	\$5,958
<b>Totals</b>		<b>\$0</b>	<b>\$0</b>	<b>\$30,047</b>	<b>\$304,179</b>	<b>\$129,830</b>	<b>\$219,642</b>	<b>\$219,642</b>

## Purchased Services

Account Number	Description	FY16 Actual	FY17 Budget	FY17 Actual	FY18 Budget	FY18 YTD 02/28/18	FY19	
							Dept Head	Mgr's Rec
60365	Recreation Programs Expense	\$1,295	\$10,959	\$9,261	\$21,155	\$17,492	\$32,340	\$32,340
<b>Totals</b>		<b>\$1,295</b>	<b>\$10,959</b>	<b>\$9,261</b>	<b>\$21,155</b>	<b>\$17,492</b>	<b>\$32,340</b>	<b>\$32,340</b>

DEPARTMENT PERSONAL SERVICES BUDGET WORKSHEET  
 Fiscal Year 2019 BUDGET

DEPARTMENT: 31206 Recreation Cub Care-Vacation Camps

CLASSIFICATION	EMP #	FTE	YEAREND		CITY MANAGER RECOMMEND.	COUNCIL APPROP.	LAST NAME
			ANNUALIZED TOTAL	REQUESTED			
YOUTH & FAMILY SERVICE COORD.	10719	1.00	42,764.80	42,929.28	42,929.28		DUPLISEA
CUB CARE DIRECTOR	10726	0.73	29,575.00	29,688.75	29,688.75		BILLINGSLEA
SEASONAL EMPLOYEES	31	-	90,188.12	90,535.00	90,535.00		0
<b>TOTAL BUDGETED POSITIONS</b>		<b>1.73</b>	<b>162,527.92</b>	<b>163,153.03</b>	<b>163,153.03</b>		



## Fiscal Year 2019 Budget Request

March 7, 2018

**Department:** Recreation Cub Care-Vacation Camps

Account Title: F-T Employee Wage Exp

Department Number: 31206

Account Number: 60105

FY2016 Actual	FY 2017 Budget	FY 2017 Actual	FY 2018 Budget	FY 2018 Est. Expended
\$0.00	\$0.00	\$6,499.84	\$39,735.00	\$41,000.00

FY-2019 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$72,618.03	\$72,618.03		\$32,883.03

**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.

Youth & Family Program Coordinator		\$	42,929.28
Assistant Youth & Family Program Coordinator	16.25 hr x 35 hrs x 52.2 wks	\$	29,688.75
		\$	<b>72,618.03</b>



## Fiscal Year 2019 Budget Request

March 7, 2018

**Department:** Recreation Cub Care-Vacation Camps

Account Title: P-T Employee Wage Exp

Department Number: 31206

Account Number: 60106

FY2016 Actual	FY 2017 Budget	FY 2017 Actual	FY 2018 Budget	FY 2018 Est. Expended
\$0.00	\$0.00	\$11,226.67	\$47,328.00	\$36,361.00

FY-2019 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$0.00	\$0.00		(\$47,328.00)

**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 2019 Budget Request

March 7, 2018

**Department:** Recreation Cub Care-Vacation Camps

Account Title: Temp/Seasonal Emp Wage Exp

Department Number: 31206

Account Number: 60107

FY2016 Actual	FY 2017 Budget	FY 2017 Actual	FY 2018 Budget	FY 2018 Est. Expended
\$0.00	\$0.00	\$5,632.86	\$162,233.00	\$91,000.00

FY-2019 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$90,535.00	\$90,535.00		(\$71,698.00)

**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.

**Cub Care**

Cub Care Asst/BC/VC/FD	1 Staff at 13 hr x 40 wks x 18 hrs/wk	9,360.00
Counselors	9 Staff at 12 hr 35 wks x 18 hrs/wk	68,040.00
Bus Driver	1 driver 15.50 hr x2hrs x 5 days wk x20wks	3,100.00

**Vacation Camps**

Staff	2 staff at 12 hr * 3 weeks * 40 hrs/wk	2,880.00
Staff	1 staff at 16.25 hr * 3 weeks * 40 hrs/wk	1,950.00
Transportation	1 driver 15.50 hr * 3 weeks*30hrs/wk	1,395.00

**Full Day/Early Release**

Staff	4 staff at 12 hr * 60 hrs	2,880.00
Transportation	1 driver 15.50 hr * 60 hrs	930.00

**Total Wages**

90,535.00



## Fiscal Year 2019 Budget Request

March 7, 2018

**Department:** Recreation Cub Care-Vacation Camps

Account Title: Overtime Wage Expense

Department Number: 31206

Account Number: 60111

FY2016 Actual	FY 2017 Budget	FY 2017 Actual	FY 2018 Budget	FY 2018 Est. Expended
\$0.00	\$0.00	\$873.33	\$2,000.00	\$4,024.00

FY-2019 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$3,000.00	\$3,000.00		\$1,000.00

**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.

Youth & Family Program Coordinator OT- Cub Care-Day Camps	3,000.00
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## Fiscal Year 2019 Budget Request

March 7, 2018

**Department:** Recreation Cub Care-Vacation Camps

Account Title: FICA/Medicare-ER Share Exp

Department Number: 31206

Account Number: 60201

FY2016 Actual	FY 2017 Budget	FY 2017 Actual	FY 2018 Budget	FY 2018 Est. Expended
\$0.00	\$0.00	\$1,783.86	\$18,901.00	\$12,646.00

FY-2019 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$12,646.51	\$12,646.51		(\$6,254.49)

**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 2019 Budget Request

March 7, 2018

**Department:** Recreation Cub Care-Vacation Camps

Account Title: MPERS-Employer Share Exp

Department Number: 31206

Account Number: 60202

FY2016 Actual	FY 2017 Budget	FY 2017 Actual	FY 2018 Budget	FY 2018 Est. Expended
\$0.00	\$0.00	\$689.69	\$4,007.00	\$4,000.00

FY-2019 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$7,178.77	\$7,178.77		\$3,171.77

**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 2019 Budget Request

March 7, 2018

**Department:** Recreation Cub Care-Vacation Camps

Account Title: HPHC Ins Employer Share Exp

Department Number: 31206

Account Number: 60210

FY2016 Actual	FY 2017 Budget	FY 2017 Actual	FY 2018 Budget	FY 2018 Est. Expended
\$0.00	\$0.00	\$3,184.14	\$20,803.00	\$20,000.00

FY-2019 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$25,912.00	\$25,912.00		\$5,109.00

**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 2019 Budget Request

March 7, 2018

**Department:** Recreation Cub Care-Vacation Camps

Account Title: S-T Disability ER Share Exp

Department Number: 31206

Account Number: 60212

FY2016 Actual	FY 2017 Budget	FY 2017 Actual	FY 2018 Budget	FY 2018 Est. Expended
\$0.00	\$0.00	\$33.86	\$81.00	\$100.00

FY-2019 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$234.00	\$234.00		\$153.00

**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 2019 Budget Request

March 7, 2018

**Department:** Recreation Cub Care-Vacation Camps

Account Title: RHSA Plan ER Share

Department Number: 31206

Account Number: 60217

FY2016 Actual	FY 2017 Budget	FY 2017 Actual	FY 2018 Budget	FY 2018 Est. Expended
\$0.00	\$0.00	\$123.00	\$780.00	\$780.00

FY-2019 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$1,560.00	\$1,560.00		\$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.



## Fiscal Year 2019 Budget Request

March 7, 2018

**Department:** Recreation Cub Care-Vacation Camps

Account Title: Recreation Programs Expense

Department Number: 31206

Account Number: 60365

FY2016 Actual	FY 2017 Budget	FY 2017 Actual	FY 2018 Budget	FY 2018 Est. Expended
\$1,295.00	\$10,959.00	\$9,260.87	\$21,155.00	\$21,155.00

FY-2019 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$32,340.00	\$32,340.00		\$11,185.00

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**Cub Care-Early Release-Vacation Camp**

Supplies		6,500.00
Entrance Fees V Camp	35 kids * average \$23 a day * 13 trips	10,465.00
Lunches	545 Kids * \$5.00	2,725.00
Early Release	65 kids * average 12.00 * 10 trips	7,800.00
Full Day Entrance Fees	37 kids * average 25 * 4 trips	3,700.00
<b>My Rec</b>		<b>1,150.00</b>
<b>TOTAL CAMPS</b>		<b>32,340.00</b>



## Fiscal Year 2019 Budget Request

March 7, 2018

**Department:** Recreation Cub Care-Vacation Camps

Account Title: Workers Comp Insurance Exp

Department Number: 31206

Account Number: 60370

FY2016 Actual	FY 2017 Budget	FY 2017 Actual	FY 2018 Budget	FY 2018 Est. Expended
\$0.00	\$0.00	\$0.00	\$8,311.00	\$0.00

FY-2019 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$5,958.00	\$5,958.00		(\$2,353.00)

**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.