City of Meridian FY2022 Budget Amendment Form

| Personn | el Costs | | | Full Time Equivalent (FTE): | | | | | | 0 1 | | | |
|--|-------------|-------|-------------------------|------------------------------|----|---------|---------------------------------|--|------------|-----------------|-------------|-----------------------|-----------|
| Fund# | Dept.# | G/L# | Proj.# G/L# Description | | | Total | - | | | $\lambda A E$ | RIC | DIAN 🍆 | |
| 01 | 1313 | 41200 | 0 | Wages | | |] | | | | | $\hat{\mathbf{I}}$ | |
| 01 | 1313 | 41206 | 0 | PT/Seasonal Wages | | | | | | | | DAHO | |
| 01 | 1313 | 41210 | 0 | Overtime | | | Please only complete the fields | | | | | | |
| 01 | 1313 | 41304 | 0 | Uniform Allowance | | | highlighted in Orange. | | | | | | |
| 01 | 1313 | 42021 | 0 | FICA | \$ | - | | | | | Ame | ndment Details | |
| 01 | 1313 | 42022 | 0 | PERSI | \$ | - | Title: | | Spe | onsorship: Do t | he Right | & MYAC | |
| 01 | 1313 | 42023 | 0 | Worker's Comp | \$ | - | | | ſ | tment Name: | Μ | ayor's Office | |
| 01 | 1313 | 42025 | 0 | Employee Insurance | \$ | - | Pr | Presenting Department Name: Mayor's Office | | | | | |
| Total Personnel Costs - Department #: 1313 | | | | | | | | | | | | | |
| Operatir | ng Expendit | ures | | | | | • | | | Primary Fur | nding Sou | rce: 1 | |
| Fund# | Dept.# | G/L# | Proj.# | G/L# Description | 0 | ne-Time | On-Going | | Total | | | IP#: | |
| 01 | 1313 | 52710 | 0 | Community Events Expenses | \$ | 10,000 | | \$ | 10,000 | | Proje | | |
| 01 | 1313 | 57101 | 0 | Business Meals | \$ | 10,000 | | \$ | 10,000 | | i i oje | | |
| 01 | 1310 | 52710 | 0 | Community Events Expenses | \$ | 3,000 | | Ś | 3,000 | Is this for a | n Emerge | ncy? 🗌 Yes 🗹 No | |
| 01 | 1313 | 02,10 | 0 | | Ť. | 3,000 | | \$ | - | | - | vice? | |
| 01 | 1313 | | 0 | | | | | Ś | - | | | | |
| 01 | 1313 | | 0 | | | | | \$ | - | с | lerks Offic | e Stamp | |
| 01 | 1313 | | 0 | | | | | \$ | - | | | | |
| 01 | 1313 | | 0 | | | | | \$ | - | | | | |
| 01 | 1313 | | 0 | | | | | \$ | - | | | | |
| 01 | 1313 | | 0 | | | | | \$ | - | | | | |
| 01 | 1313 | | 0 | | | | | \$ | - | | | | |
| 01 | 1313 | | 0 | | | | | \$ | - | | | | |
| 01 | 1313 | | 0 | | | | | \$ | - | Date of Cou | ncil Appro | val | |
| | | | | Total Operating Expenditures | \$ | 13,150 | \$- | \$ | 13,150 | | | | |
| Capital C | Outlay | | | | | | | | | | | | |
| Fund# | Dept.# | G/L# | Proj.# | G/L# Description | | Total | Acknowl | edge | ement | | | Date | |
| 01 | 1313 | | 0 | | | | | | | | - / - / | | |
| 01 | 1310 | | 0 | | | | David | David Miles 3/2/2022 | | | | 3/2/2022 | |
| 01 | 1313 | | 0 | | | | Department Director | | | | | | |
| 01 | 1313 | | 0 | | | | | REVIEWED | | | | | |
| 01 | 1313 | | 0 | | | | | | | By Todd | Lavoie at | 8:55 am, Mar 11, 2022 | BP 3/10/2 |
| 01 | 1313 | | 0 | | | | Chief Fina | ancia | al Officer | | | | |
| | | | | Total Capital Outlay | \$ | - | | | | | | | |
| Revenue/Donations | | | | | | | | Approved Brad Hoaglun 8:50am 3/12/2022 | | | | | |
| Fund# | Dept.# | G/L# | Proj.# | G/L# Description | | Total | Council | | | 1 | | | |
| 01 | 1313 | 34800 | 0 | Donated Revenue (ICCU) | \$ | 10,000 | (15 | | | | | | |
| 01 | 1313 | 34800 | 0 | Donated Revenue (ICCU) | \$ | 3,000 | 3-15-22 | | | | | | |
| 01 | 1313 | 34800 | 0 | Donated Revenue (CapEd) | \$ | 150 | Mayor | V | (|) | | | |
| | | | | Total Revenue/Donations | \$ | 13,150 | | | \smile | | | | |
| | | | | | | | Total | Am | endmen | t Request | \$ | - | |

3/8/2022 2:31 PM

City of Meridian FY2022 Budget Amendment Form

Total Amendment Cost - Lifetime

| | Prior Year(s) | Fiscal Year | | l Year | | Fiscal Year | Fi | scal Year | Fiscal Year 2026 | | | Department Name: Mayor's Office |
|--|--------------------|------------------|---------|----------|----------|-----------------|----------|------------|---------------------|----------|---------|--|
| | Funding | 2022 | | 023 | | 2024 | | 2025 | | |)26 | Title: Sponsorship: Do the Right & MYAC Instructions for Submitting Budget Amendments: |
| Personnel | | \$ - | \$ | - | \$ \$ | - | \$ \$ | - | | \$ \$ | - | |
| Operating Capital | | \$ 13,150 \$ | Ş | - | Ş | - | Ş | - | Ş | Ş | - | Department will send Amendment with Directors signature to Finance (Budget Analyst) for review |
| Total | Ś _ | \$ 13,150 | Ś | - | Ś | | \$ | _ | Ş | ¢ | - | Finance will send Amendment to Council Liaison for signature |
| rotar | Ŷ | Ŷ 13,130 | Ŷ | | Ŷ | Total Estimate | | piect Cost | | | 13,150 | Council Liaison will send signed Amendment to Mayor |
| Fvaluati | on Question | 15 | | | | | | , | _ | T | | Mayor will send signed Amendment to Finance (Budget Analyst) |
| | wer all Evaluation | | sing th | e financ | ial da | ta referenced a | hove | | | | | Finance (Budget Analyst) will send approved copy of Amendment to Department |
| | | | | | | | | • | | | | Department will add copy of Amendment to Council Agenda using Novus Agenda Manager |
| 1. Describe what is being requested? | | | | | | | | | | | | |
| This is a net-zero budget amendment accepting donated revenue from ICCU and CapEd for MYAC program related expenses and Do The Right related expenses. ICCU donated \$10,000 for MYAC programs for various upcoming events including Treasure Valley Youth Safety Summit, MYAC Kick Off, and others. ICCU also donated \$3,000 for upcoming Do The Right related expenses. CapEd also donated \$150 for MYAC program related expenses specifically event related business meal expenses. | | | | | | | | | | | | |
| 2. Why was this budget request not submitted during the current fiscal year budget cycle? | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| MYAC activities and events are based primarily on donated revenue that is raised in the given fiscal year. In this case, these funds were donated during the current (FY22) budget year for FY22 program needs. | | | | | | | | | | | | |
| 3. What is the explanation for not submitting this budget request during the next fiscal year budget cycle? | | | | | | | | | | | | |
| See #2 above. | | | | | | | | | | | | |
| 4. Describe the proposed method of funding? If funding is split between Funds (i.eGeneral ,Enterprise, Grant), please include the percentage split. List the amounts and sources of anticipated additional revenue that will result from approval of this request. | | | | | | | | | | | | |
| Donated revenue used to cover funding needs. | | | | | | | | | | | | |
| 5. Does this request align with the Department/City's strategic plan? If not, please explain how this request was not included in the Department/City strategic plan? | | | | | | | | | | | | |
| Yes - yout | h and commun | ty engagemen | t and p | rogram | s. | | | | | | | |
| 6. Does this request require resources to be provided by other departments? If yes, please describe the necessary resources to be provided by other departments. | | | | | | | | | | | | |
| No. | | | | | | | | | | | | |
| 7. Does this Amendment include any needed Equipment or Software that will utilize the City's network? (Yes or No) No. | | | | | | | | | | | | |
| 8. Is the amendment going to result in the disposal of an asset? (Yes or No) | | | | | | | | | | | | |
| 9. Any additional comments? | | | | | | | | | | | | |
| N/A | | \$13 | 3,500 | 0 Re | ceiv | ed RCPT | 22- | 0045 | an | nd R | CPT | 22-0051 |
| | | | | | | | | | | | | Total Amendment Request \$ - |
| Every offe | rt chould ha may | la ta quaid roon | onina + | ha huda | at for | an amondmont | Done | rtmonte | | nood | onrovia | e back up and appear before the City Council to justify budget amendments |

Every effort should be made to avoid reopening the budget for an amendment. Departments will need to provide back up and appear before the City Council to justify budget amendments. Budget amendments are intended for emergency or mandatory changes to the original balanced budget. Changes to the original balanced budget may cause a funding shortfall.