

City of Meridian FY2021 Budget Amendment Form



Personnel Costs

Full Time Equivalent (FTE): 1.0

Fund#	Dept.#	G/L#	Proj.#	G/L# Description	Total
01	2210	41200	0	Wages	\$ 12,202
01	2210	41206	0	PT/Seasonal Wages	
01	2210	41210	0	Overtime	
01	2210	41304	0	Uniform Allowance	
01	2210	42021	0	FICA	\$ 933
01	2210	42022	0	PERSI	\$ 1,498
01	2210	42023	0	Worker's Comp	\$ 527
01	2210	42025	0	Employee Insurance	\$ 2,776
Total Personnel Costs					\$ 17,937

Please only complete the fields highlighted

Amendment Details

Title: Additional Firefighter
 Department Name: Fire
 Presenting Department Name: Fire
 Department #: 2210
 Primary Funding Source: 1
 CIP#: _____
 Project #: _____
 Is this for an Emergency? Yes No
 New Level of Service? Yes No

Operating Expenditures

Fund#	Dept.#	G/L#	Proj.#	G/L# Description	One-Time	On-Going	Total
01	2210	51300	0	Office Expense	\$ -	\$ 50	\$ 50
01	2210	51400	0	Copier Expense	\$ -	\$ 10	\$ 10
01	2211	52013	0	Employee Recognition and Coffee	\$ -	\$ 60	\$ 60
01	2210	52300	0	Clothing Expense	\$ 3,000	\$ -	\$ 3,000
01	2210	52300	0	Clothing Expense		\$ 800	\$ 800
01	2210	52301	0	SCBA/Bottle/Co Tester	\$ 2,000		\$ 2,000
01	2210	52301	0	SCBA/Bottle/Co Tester		\$ 425	\$ 425
01	2210	54000	0	Equipment and Supplies		\$ 200	\$ 200
01	2210	54104	0	Turnout Equipment	\$ 4,000		\$ 4,000
01	2210	54104	0	Turnout Equipment		\$ 1,500	\$ 1,500
01	2210	54130	0	Furniture and Furnishings	\$ 500		\$ 500
01	2210	55301	0	Preventative Health Exp		\$ 430	\$ 430
01	2210	55410	0	Background/ Employment Testing	\$ 855		\$ 855
01	2250	57200	0	Employee Seminars/ Training /Licenses		\$ 250	\$ 250
01	2250	57202	0	Travel - Transportation		\$ 250	\$ 250
01	2250	57203	0	Travel - Lodging		\$ 250	\$ 250
01	2250	57204	0	Travel - Per Diem		\$ 250	\$ 250
01	2210	60101	0	Dues/ City Licenses/Publications		\$ 25	\$ 25
01	2210	69400	0	Holiday Expense		\$ 15	\$ 15
01	1840	69900	0	Misc Expense		\$ 10	\$ 10
Total Operating Expenditures					\$ 10,355	\$ 4,525	\$ 14,880

Clerks Office Stamp

Date of Council Approval _____

Capital Outlay

Fund#	Dept.#	G/L#	Proj.#	G/L# Description	Total
01	2210	94600	0	Capital - Communication Equipment	\$ 8,000
01	2210		0		
01	2210		0		
01	2210		0		
01	2210		0		
Total Capital Outlay					\$ 8,000

Revenue/Donations

Fund#	Dept.#	G/L#	Proj.#	G/L# Description	Total
01	2210		0		
01	2210		0		
01	2210		0		
Total Revenue/Donations					\$ -

Acknowledgement

Date

Keith Watts 7/15/21

Department Director: Keith Watts (in Todd's absent) via email 7.15.21 bp 07/15/2021

Chief Financial Officer

Approved Liz Strader 11:11 am 07/19/2021

Council Liaison

[Signature] 7-19-21

Mayor

Total Amendment Request \$ 40,817

City of Meridian FY2021 Budget Amendment Form

Total Amendment Cost - Lifetime

	Prior Year(s) Funding	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024	Fiscal Year 2025	
Personnel		\$ 17,937	\$ 107,621	\$ 107,621	\$ 107,621	\$ 107,621	Department Name: <u>Fire</u> Title: <u>Additional Firefighter</u> <i>Instructions for Submitting Budget Amendments:</i> > Department will send Amendment with Directors signature to Finance (Budget Analyst) for review > Finance will send Amendment to Council Liaison for signature > Council Liaison will send signed Amendment to Mayor > Mayor will send signed Amendment to Finance (Budget Analyst) > Finance (Budget Analyst) will send approved copy of Amendment to Department > Department will add copy of Amendment to Council Agenda using Novus Agenda Manager
Operating		\$ 14,880	\$ 4,525	\$ 4,525	\$ 4,525	\$ 4,525	
Capital		\$ 8,000					
Total	\$ -	\$ 40,817	\$ 112,146	\$ 112,146	\$ 112,146	\$ 112,146	
Total Estimated Project Cost:							

Evaluation Questions

Please answer all Evaluation Questions using the financial data referenced above.

1. Describe what is being requested? Authorize overstaffing of 1 entry level paramedic firefighter. Due to know upcoming retirement and current individuals out on extended leave which is causing additional significant overtime to fill these vacancies	
2. Why was this budget request not submitted during the current fiscal year budget cycle? The extended injuries were not foreseeable. The compounded effect of both retirement and injuries are prompting this amendment	
3. What is the explanation for not submitting this budget request during the next fiscal year budget cycle? We would like to address this before the upcoming year.	
4. Describe the proposed method of funding? If funding is split between Funds (i.e. .General ,Enterprise, Grant), please include the percentage split. List the amounts and sources of anticipated additional revenue that will result from approval of this request. General Fund	
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	
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)	No
9. Any additional comments? 	

Total Amendment Request \$ 40,817

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.