

## City of Meridian FY2026 Budget Amendment Form



**Personnel Costs**

Full Time Equivalent (FTE): \_\_\_\_\_

Fund#	Dept.#	G/L#	Proj.#	G/L# Description	Total
20	2135	41200	5031	Wages	
20	2135	41206	5031	PT/Seasonal Wages	
20	2135	41210	5031	Overtime	\$ 3,562
20	2135	41304	5031	Uniform Allowance	
20	2135	42021	5031	FICA	\$ 272
20	2135	42022	5031	PERSI	\$ 426
20	2135	42023	5031	Worker's Comp	\$ 120
20	2135	42025	5031	Employee Insurance	\$ -
<b>Total Personnel Costs</b>					<b>\$ 4,381</b>

Please only complete the fields highlighted in Orange.

**Amendment Details**

Title: Police MADC: ID State Liquor Div Mini Grant  
 Department Name: Police  
 Presenting Department Name: Police  
 Department #: 2135  
 Primary Funding Source: 20  
 CIP#: \_\_\_\_\_  
 Project #: 5031

Is this for an Emergency?  Yes  No  
 New Level of Service?  Yes  No

Clerks Office Stamp

Date of Council Approval

**Operating Expenditures**

Fund#	Dept.#	G/L#	Proj.#	G/L# Description	One-Time	On-Going	Total
20	2135	54000	5031	LifeLoc Device	\$ 881		\$ 881
20	2135	52610	5031	Investigation Expense (Decoy)	\$ 240		\$ 240
20	2135		5031				\$ -
20	2135		5031				\$ -
20	2135		5031				\$ -
20	2135		5031				\$ -
20	2135		5031				\$ -
20	2135		5031				\$ -
20	2135		5031				\$ -
20	2135		5031				\$ -
20	2135		5031				\$ -
20	2135		5031				\$ -
20	2135		5031				\$ -
<b>Total Operating Expenditures</b>					<b>\$ 1,121</b>	<b>\$ -</b>	<b>\$ 1,121</b>

**Capital Outlay**

Fund#	Dept.#	G/L#	Proj.#	G/L# Description	Total
20	2135		5031		
20	2135		5031		
20	2135		5031		
20	2135		5031		
20	2135		5031		
20	2135		5031		
<b>Total Capital Outlay</b>					<b>\$ -</b>

**Acknowledgement**

Date

Todd Lavoie 2/23/26  
 Department Director

**REVIEWED**  
 By Todd Lavoie at 10:38 am, Feb 24, 2026

jfields 2.24.26

Chief Financial Officer

Approved Anne Little Roberts via email 2.24.26

Council Liaison

Anne Little Roberts 2-24-26  
 Mayor

**Total Amendment Request \$ 0**

**Revenue/Donations**

Fund#	Dept.#	G/L#	Proj.#	G/L# Description	Total
20	2135	33100	5031	Grant Revenue	\$ 5,501
20	2135		5031		
20	2135		5031		
<b>Total Revenue/Donations</b>					<b>\$ 5,501</b>

## City of Meridian FY2026 Budget Amendment Form

**Total Amendment Cost - Lifetime**

	Prior Year(s) Funding	Fiscal Year 2026	Fiscal Year 2027	Fiscal Year 2028	Fiscal Year 2029	Fiscal Year 2030
Personnel		\$ 4,381	\$ -	\$ -	\$ -	\$ -
Operating		\$ 1,121	\$ -	\$ -	\$ -	\$ -
Capital		\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total</b>	<b>\$ -</b>	<b>\$ 5,501</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
		<b>Total Estimated Project Cost: \$ 5,501</b>				

**Department Name:** Police  
**Title:** Police MADC: ID State Liquor Div Mini Grant

- Instructions for Submitting Budget Amendments:**
- > Department will send Amendment with Directors signature to Finance (Budget Manager) 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 Manager)
  - > Finance (Budget Manager) will send approved copy of Amendment to Department
  - > Department will add copy of Amendment to Council Agenda using Municode Agenda Manager

**Evaluation Questions**

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

<p>1. Describe what is being requested?</p> <p>Council approval to spend grant funds on one (1) Shoulder Tap/Compliance Check for under aged drinking - either by establishment selling to minors, or citizens buying alcohol for minors and for a LifeLoc Device</p>	
<p>2. Why was this budget request not submitted during the current fiscal year budget cycle?</p> <p>Grant funding was awarded on January 26, 20236- award decision was not known during budget cycle.</p>	
<p>3. What is the explanation for not submitting this budget request during the next fiscal year budget cycle?</p> <p>Grant funds are being released to the City in January 2026 and expenses will be incurred during FY26</p>	
<p>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.</p> <p>Grant Revenue - revenue neutral budget amendment.</p>	
<p>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?</p> <p>Yes</p>	
<p>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.</p> <p>No</p>	
<p>7. Does this Amendment include any needed Equipment or Software that will utilize the City's network? (Yes or No)</p> <p style="text-align: right;">No</p>	
<p>8. Is the amendment going to result in the disposal of an asset? (Yes or No)</p> <p style="text-align: right;">No</p>	
<p>9. Any additional comments?</p>	

**Total Amendment Request \$ 0**

*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.*



Brad Little  
GOVERNOR

Andrew Arulanandam  
DIRECTOR

January 20, 2026

Dear Meridian Anti-Drug Coalition

On behalf of the Idaho State Liquor Division (ISLD), we are pleased to inform you that your organization has been approved to receive grant funding as part of Meridian Anti-Drug Coalition (MADC) alcohol prevention and enforcement initiatives.

### Grant Award Details

- **Grantee:** Meridian Anti-Drug Coalition
- **Approved Funding Amount:** \$5,501
- **Approved Activities / Purpose:**  
Grant funds are approved to support the **Meridian Anti-Drug Coalition (MADC)** in partnership with the **Meridian Police Department (MPD)** for two alcohol prevention and enforcement initiatives. Approved activities include implementation of **Alcohol Compliance Check and Shoulder Tap Operations**, conducted in coordination with the MPD School Resource Officer Team and Alcohol Compliance Enforcement (ACE) Team, to verify compliance with Idaho laws regarding the sale and provision of alcohol to individuals under the age of 21. Grant funds are also approved for the purchase of a **Lifeloc breath alcohol instrument** for use by the MPD ACE Team to support alcohol compliance enforcement and community education efforts, including "Know Your Limits" campaigns promoting responsible alcohol consumption. All expenditures must align with alcohol education, prevention, and enforcement objectives and be documented in the final report submitted to ISLD.

The awarded funds must be used solely for the approved activities outlined above. Any material changes to scope, timing, or use of funds must receive prior written approval from ISLD.

### Reporting and Documentation Requirements

As a condition of this grant award, the grantee is required to submit a final project recap and supporting expense documentation through ISLD's online grant recap form no later than October 1, 2026.

<https://idaholiquor.com/mini-grant-reporting-2026>

The recap must summarize how grant funds were used in alignment with the approved activities outlined in this award and include a description of outcomes, community impact, and any additional funding sources.

Expense documentation must include itemized receipts, invoices, or comparable records demonstrating appropriate use of funds.

Failure to submit the required recap and documentation by the stated deadline may impact eligibility for future grant opportunities and may result in the return of unused or undocumented funds.

If you have any questions regarding this award, reporting requirements, or allowable expenses, please contact Jamie Donley at [jamie.donley@liquor.idaho.gov](mailto:jamie.donley@liquor.idaho.gov) or 208-947-9460.

We appreciate your partnership and the work your organization does to support Idaho communities. We look forward to learning more about the impact of your funded activities.

Sincerely,

Jamie Donley  
Product & Program Managers  
Idaho State Liquor Division  
[jamie.donley@liquor.idaho.gov](mailto:jamie.donley@liquor.idaho.gov) | 208-947-9460

## ISLD Mini Grant Award Acceptance & Compliance Agreement

Please sign and return this agreement to [jamie.donley@liquor.idaho.gov](mailto:jamie.donley@liquor.idaho.gov). Grant funds will be released upon receipt of this signed agreement.

Grantee Organization Name: Meridian Anti-Drug Coalition

Project / Event Name: Alcohol Compliance Check and Shoulder Tap Operations & LifeLoc

Grant Award Amount: \$5,501

Grant Program: ISLD Mini Grant Program

Grant Year: 2026

### Grant Acceptance & Agreement

By signing below, the Grantee formally accepts the grant award from the Idaho State Liquor Division (ISLD) and agrees to comply with all requirements outlined in the Grant Award Letter and associated materials.

#### 1. Use of Funds

Grant funds will be used solely for the approved activities and purpose described in the Grant Award Letter. Any material changes to the scope, timing, or use of funds require prior written approval from ISLD.

#### 2. Reporting & Documentation

The Grantee agrees to submit a final project recap and supporting expense documentation through ISLD's online grant recap form no later than October 1, 2026. Required documentation includes itemized receipts, invoices, or comparable records demonstrating appropriate use of grant funds.

#### 4. Grant Close-Out

Completion of all reporting and documentation requirements is required to close out the grant award.

#### 5. Consequences of Non-Compliance

Failure to comply with grant requirements may impact eligibility for future ISLD grant opportunities and may require the return of unused, unallowable, or undocumented grant funds.

#### 6. Certification

By signing this agreement, the Grantee certifies that all information submitted to ISLD is accurate and that grant funds will be administered in accordance with ISLD grant requirements.

Authorized Representative Name (Printed): Robert Simisich

Title: Mayor Signature: [Signature]

Date: 2/3/26