| Certonical Costs   Proj.#   G/J.# Description   Total     20   2135   41200   5031   Wages   Index egos and the significant     20   2135   41200   5031   Wages   Index egos and the significant     20   2135   41200   5031   Certaine   Index egos and the significant     20   2135   42021   5031   F/Ess   5   Index egos and the significant     20   2135   42022   5031   F/Ess   5   Index egos and the significant   Index egos and the significant     20   2135   42025   5031   Index egos and the significant   Index egos and the significant     20   2135   42025   5031   Index egos and the significant   Index egos and the significant     20   2135   5031   Index egos and the significant   Index egos and the significant   Index egos and the significant     20   2135   5031   Index egos and the significant   Index egos and the significant   Index egos and the significant     20   2135   5031   Index egos and the significant   Index egos and the significant   Index egos and the s  | ersonn   | el Costs                                |                       |   | Full Time Equivalent (FTE):           |   |   |
|--|----------|---|-----------------------|---|---------------------------------------|---|---|
| 10   1133   41206   2031   PT/Sessonal Wages     10   2133   41210   6031   Overtime   Indermal Networke   S     20   2133   41200   6031   Overtime   S   Indermal Networke   S     20   2133   41200   5031   FI/Sessonal Wages   S   Indermal Networke   S   Indermal Networke     20   2135   42021   5031   FI/Sessonal Wages   S   Indermal Networke   S   Indermal Networke     20   2135   42023   5031   Pringer Finder   S   Indermal Networke   S   Indermal Networke   Pringer Finder   Pringer Finder   Networke  | Fund#    | Dept.#                                  | G/L#                  | Proj.#  | G/L# Description                      | Total   |   |
| 20   2135   41210   5031   Overline   Please only complete the fields highlighted in Orange.     20   2135   42021   5031   Pick   \$   .     20   2135   42021   5031   Pick   \$   .     20   2135   42023   5031   Pick   \$   .   .     20   2135   42023   5031   Worker's Comp   \$   .   .   .     20   2135   42025   5031   Employee insurance   \$   .   .   .   .   .     20   2135   42025   5031   Community Events- Red Ribbon Week   \$   900   \$   .  | 20       | 2135                                    | 41200                 | 5031  | Wages                                 |   |   |
| 20   2135   41304   5031   Uniform Allowance   in Orange.     20   2135   42021   5031   FERSI   5   .     20   2135   42022   5031   FERSI   5   .     20   2135   42023   5031   Worker's Comp   5   .     20   2135   42023   5031   Worker's Comp   5   .     20   2135   42023   5031   Endower strange   5   .     Total Personnel Costs \$   .   .   Price MADC: ID State Liquor DM Min Grant     20   2135   5031   Community Events - Red Ribbon Week \$   900   \$   .     20   2135   5031   Community Events - Red Ribbon Week \$   900   \$   .   .     20   2135   5031   .   .   .   .   .   .     20   2135   5031   .   .   .   .   .   .     20   2135   5031   .   .   .   .   .   .   .  | 1000     | 100000000000000000000000000000000000000 | and the second second |   |                                       |   |   |
| 20   213   40201   5031   First   5     20   2135   42022   5031   PERSI   5   -     20   2135   42023   5031   PERSI   5   -     20   2135   42025   5031   Employee Insurance   5   -     20   2135   42025   5031   Employee Insurance   5   -     Total Personnel Costs   -   -   Presenting Department Name:   Police     Dept.#   C/I.#   Proj.#   G/I.# Description   One-Time   One-Time   One-Going   Total     20   2135   5033   Community Events - Red Ribbon Week \$   900   \$   -   |          |   |                       |   |                                       |   |   |
| 20   2135   42022   5031   PERSI   \$      20   2135   42023   5031   Worker's Comp   \$      20   2135   42025   5031   Employee insurance   \$      Total Personnel Costs \$      Total Personnel Costs \$      Total Personnel Costs \$      Fund#   Opt.#   G/L#   Proj.#   G/L# Description   One-Time   On-Going   Total     20   2135   52710   5031   Community Events - Red Ribbon Week \$   \$   900   \$   \$   900     20   2135   5031     \$    New Level of Service?   Yes   No     20   2135   5031     \$    S      20   2135   5031     \$    S      20   2135   5031     \$    S      <   | 20       | 2135                                    | 41304                 | 5031  | Uniform Allowance                     |   |   |
| 20   2135   42023   5031   Worker's Comp   \$   -     20   2135   42023   5031   Employee Insurance   \$   -     per ating Expenditures   Total Personnel Costs   \$   -   Primary Funding Source:   20     20   2135   5271   5031   Community Events - Red Ribbon Week   \$   900   \$   900   \$   900   Primary Funding Source:   20     20   2135   5031   Community Events - Red Ribbon Week   \$   900   \$   \$   900   \$   \$   900   \$   900   \$   \$   900   \$   \$   900   \$   \$   900   \$   \$   900   \$   \$   900   \$   \$   900   \$   \$   900   \$   \$   900   \$ <td>20</td> <td>2135</td> <td>42021</td> <td>5031</td> <td>FICA</td> <td></td> <td>Amendment Details</td>  | 20       | 2135                                    | 42021                 | 5031  | FICA                                  |   | Amendment Details                                     |
| 20   2135   42025   5031   Employee Insurance   \$ -   Presenting Department Name:   Police     Perrating Expenditures   Fund#   Opt.#   G/L#   Proj.#   G/L# Description   One-Time   On-Going   Total     20   2135   52710   5031   Community Events - Red Ribbon Week   \$ 900  | 20       | 2135                                    | 42022                 | 5031  | PERSI                                 |   | Title: Police MADC: ID State Liquor Div Mini Grant    |
| Total Personnel Cost:  | 20       | 2135                                    | 42023                 | 5031  | Worker's Comp                         |   |   |
| Operating Expenditures     Projet  | 20       | 2135                                    | 42025                 | 5031  |                                       |   | Presenting Department Name: Police                    |
| Fund#   Dept.#   G/L#   Proj.#   G/L# Description   One-Time   One-Going   Total   CIP#:   n/a     20   2135   52710   5031   community Events - Red Ribbon Week   \$ 900   \$ 900   \$ 900   Project #:   5031     20   2135   5031   community Events - Red Ribbon Week   \$ 900   \$ 900   \$ 900   New Level of Service?   No     20   2135   5031   community Events - Red Ribbon Week   \$ 900   \$ 5 -   .   S -   .   Is this for an Emergency?   Ves   No     20   2135   5031   cost   S -   .   S -   .   .   S -   .   .   New Level of Service?   Ves   No     20   2135   5031   cost   .   S -   .  |          |   |                       |   | Total Personnel Costs                 | \$ -  | Department #: 2135                                    |
| Fund#     Dept.#     G/L#     Proj.#     G/L# Description     One-Time     On-Going     Total     CLP#:     n/a       20     2135     \$2710     \$5031     Community Events - Red Ribbon Week     \$900     \$\$900 <td>peratin</td> <td>g Expenditi</td> <td>ures</td> <td></td> <td></td> <td></td> <td>Primary Funding Source: 20</td>   | peratin  | g Expenditi                             | ures                  |   |                                       |   | Primary Funding Source: 20                            |
| 20   2135   5031   S   -     20   2135   5031   S   -   S   -     20   2135   5031   S   S   -   -     20   2135   5031   S   S   -   Date   Council Approval     20   2135   5031   -   Dept.#   G/L#   Proj.#   G/L# Description   Total   Acknowledgeme   | Fund#    | Dept.#                                  | G/L#                  | Proj.#  | G/L# Description                      | One-Time  |   |
| 20   2135   5031   S   -     20   2135   5031   S   -   S   -     20   2135   5031   S   S   -   -     20   2135   5031   S   S   -   Date   Council Approval     20   2135   5031   -   Dept.#   G/L#   Proj.#   G/L# Description   Total   Acknowledgeme   | 20       |   |                       |   |                                       | \$ 900  |   |
| 20   2135   5031   Image: constraint of the security of  | 20       |   |                       | 5031  |                                       |   |   |
| 20   2135   5031   S   Clerks office Stamp     20   2135   5031   5   5     20   2135   5031   5   5     20   2135   5031   5   5     20   2135   5031   5   5     20   2135   5031   5   5     20   2135   5031   5   5     20   2135   5031   5   5     20   2135   5031   5   5     20   2135   5031   5   5     20   2135   5031   5   5     20   2135   5031   5   5     Total Operating Expenditures \$ 900 \$ - \$ 900   900   900   900     Acknowledgement   Date     Maternal Cutlay     20   2135   5031   1   1   1   1     20   2135   5031   1   1   1   1   1   1   1   1   1   1   | 20       | 2135                                    |                       | 5031  |                                       |   | \$ - Is this for an Emergency? Yes No                 |
| 20   2135   5031   6   6   6   6   7     20   2135   5031   5031   5   | 20       | 2135                                    | for the second second | 5031  |                                       |   | \$ - New Level of Service? Yes No                     |
| 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   \$ \$ - \$     Total Operating Expenditures \$ 900 \$ - \$ 900     Pairter Dept.#   G/L#   Princht Proj.#   G/L# Dept.#   Date of Council Approval     20   2135   5031   \$ \$ 900   \$ - \$ \$ 900   \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$   | 20       | 2135                                    |                       | 5031  |                                       |   |   |
| 20   2135   5031   <   | 20       | 2135                                    |                       | 5031  |                                       |   | \$ - Clerks Office Stamp                              |
| 20   2135   5031   7011   <   |          | 2135                                    |                       | 5031  |                                       |   |   |
| 20   2135   5031   S<  |          |   |                       |   |                                       |   |   |
| 20   2135   5031   1   1   \$   -     20   2135   5031   5031   5   -  |          |   |                       |   |                                       |   |   |
| 20   2135   5031   Image: constraint of the second consecond constraint of the second constrand const |          |   |                       | California a Martin   |                                       |   |   |
| 20   2135   5031   Date of Council Approval     Date of Council Approval     apital Outlay     Fund#   Dept.#   G/L#   Proj.#   G/L# Description   Total     20   2135   5031   Date   Date     20   2135   5031   Date   Depsilon   Date     20   2135   5031   Date   Depsilon   Date     20   2135   5031   Date   Depsilon   Date     20   2135   5031   Date   Date   Depsilon     Total Capital Outlay \$ -     Approved Treg Bernt 5:53 p.m. 2/23/2022     Conncil Laison   Date   Depsilon   Date     20   2135   33100   5031  |          |   |                       |   |                                       |   |   |
| Total Operating Expenditures \$ 900 \$ - \$ 900     Date of count Approved     Date of count Approved     Capital Outlay     Fund#   Dept.#   G/L#   Proj.#   G/L# Description   Total     20   2135   5031   Date   Date     20   2135   5031   Date   Date     20   2135   5031   Date   Department Director   REVIEWED     20   2135   5031   Department Director   REVIEWED   BP 2/23/202     20   2135   5031   Date   Department Director   REVIEWED     20   2135   5031   Date   Department Director   REVIEWED   BP 2/23/202     Chief Financial Officer     Approved Treg Bernt 5:53 p.m. 2/23/2022     Countil Baison     20   2135   33100   5031   Grant Revenue   900   Total  |          |   |                       |   |                                       |   |   |
| Apital Outlay     Fund#   Dept.#   G/L#   Proj.#   G/L# Description   Total     20   2135   5031   | 20       | 2135                                    | 15 m                  | 5031  |                                       | The second second   |   |
| 20   2135   5031   1 <th1< th="">   1   1   <th1< t<="" th=""><th>Fund#</th><th>Dept.#</th><th>G/L#</th><th></th><th></th><th>CIRCUMPLE IN</th><th></th></th1<></th1<>   | Fund#    | Dept.#                                  | G/L#                  |   |                                       | CIRCUMPLE IN  |   |
| 20   2135   5031   Image: Constraint of the second  |          |   |                       | Contraction of the second s |                                       |   | - have 1 Kate 2-27-27                                 |
| 20   2135   5031   Image: Constraint of the second  |          |   |                       |   |                                       |   |   |
| 20   2135   5031   By Todd Lavoie at 11:58 am, Feb 23, 2022   BP 2/23/202     20   2135   5031   |          |   |                       |   |                                       |   |   |
| 20 2135 5031   Total Capital Outlay \$   Chief Financial Officer   Approved Treg Bernt 5:53 p.m. 2/23/2022   Council Units   20 2135 33100 5031 Grant Revenue \$ 900   |          |   |                       |   |                                       |   | By Todd Lavoie at 11:58 am, Feb 23, 2022 BP 2/23/2022 |
| Total Capital Outlay \$ -     Approved Treg Bernt 5:53 p.m. 2/23/2022     Fund#   Dept.#   G/L#   Proj.#   G/L# Description   Total     20   2135   33100   5031   Grant Revenue   \$ 900  |          |   |                       |   |                                       |   | Chief Financial Officer                               |
| evenue/Donations     Fund#   Dept.#   G/L#   Proj.#   G/L# Description   Total     20   2135   33100   5031   Grant Revenue   \$ 900   |          |   |                       |   | Total Capital Outlay                  | \$ -  |   |
| Fund# Dept.# G/L# Proj.# G/L# Description Total   20 2135 33100 5031 Grant Revenue \$ 900  | evenue   | /Donatione                              |                       |   | . order outprise. Outprise, Outprise, |   | Approved Trea Bernt 5:53 p.m. 2/23/2022               |
| 20 2135 33100 5031 Grant Revenue \$ 900 2.04.00  |          |   |                       | Prol #  | G/I# Description                      | Total   |   |
|  |          |   |                       |   |                                       | The second se |   |
| 20 2133 3031 / V / L   |          |   | 55100                 |   |                                       | 00e ¢   | - 2-24-22   |
| 20 2125 5021   | 20 1     | 2155                                    |                       |   |                                       |   |   |
|  | 20<br>20 | 2135                                    |                       | 5031  | Total Revenue/Donations               | \$ 900  | Mayor   |

## **Total Amendment Cost - Lifetime**

## 2/17/2022 2:52 PM City of Meridian FY2022 Budget Amendment Form Police **Fiscal Year Fiscal Year Fiscal Year Fiscal Year** Department Name: Prior Year(s) **Fiscal Year** Police MADC: ID State Liquor Div Mini Grant 2022 2024 2025 2026 Title: Funding 2023 Instructions for Submitting Budget Amendments: Personnel Ś Ś Ś 900 \$ Ś Ś Ś > Department will send Amendment with Directors signature to Finance (Budget Analyst) for review Operating Capital Finance will send Amendment to Council Lialson for signature Ś Total 900 Ś ..... Ś Ś Council Liaison will send signed Amendment to Mayor Total Estimated Project Cost: \$ 900 Mayor will send signed Amendment to Finance (Budget Analyst) **Evaluation Ouestions** Finance (Budget Analyst) will send approved copy of Amendment to Department Please answer all Evaluation Questions using the financial data referenced above. > Department will add copy of Amendment to Council Agenda using Novus Agenda Manager 1. Describe what is being requested? Spending authority of grant funds from the ID State Liquor Division for Red Ribbon week speaker at local schools. 2. Why was this budget request not submitted during the current fiscal year budget cycle? Grant funding was awarded February 16, 2022 - award decision was not known during FY22 budget cycle. 3. What is the explanation for not submitting this budget request during the next fiscal year budget cycle? Grant funds are on State Fiscal cycle and not City cycle. 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. Grant revenue is the funding. This is a revenue neutal budget amendment 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, education and previstion through MADC 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 no 8. Is the amendment going to result in the disposal of an asset? (Yes or No) 9. Any additional comments? Total Amendment Request \$

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.



## 2021-2022 Education Mini Grant Program Report Guidelines

ISLD Mini Grant Education Award winners must submit a detailed report of the project that was funded upon completion of the project or by August 31, 2022. Please include details of the project process and products and how project strategies and objectives were met.

A description of what should be included in your report is listed below:

- Describe the activity that the ISLD Mini Grant Education Award was used to fund. Please provide detail on how funds were used and in what amounts. If there is more than one activity, please provide a description for each one. Include as much detail as necessary and include the audience(s) targeted by this activity. Was there a strong focus on underage and/or dangerous drinking?
- If possible, list other sources that funded this activity and the approximate amount that were provided.
- What role did the ISLD agency play in this activity?
- How did this activity contribute to the prevention of irresponsible use of alcohol?
- How did this activity encourage community involvement and/or coalition building?
- What were the overall results of this funded activity?

Your report should be completed in a Word Document format or as a PDF file.

Please provide any products, reports, announcements or other materials (i.e. brochures, press materials, pictures, flyers, etc.) generated by the funded activity. You may reach out to Catie Wiseman with any questions about your project and/or report at either (208)947-9410/ <u>catie.wiseman@liquor.idaho.gov</u>.

## Thank you for your efforts in raising alcohol awareness!

Legal Disclosure

As part of all announcements made or promotional material distributed concerning activities funded by this award, recipients are requested to disclose that the activity was funded, in whole or in part, by funds from the Idaho State Liquor Division (ISLD) and the National Alcohol Beverage Control Association (NABCA). Distribution of awards is conditioned on recipient's compliance with any proposal submitted or any terms and conditions accompanying the education award. By making this award, ISLD or NABCA assumes no liability for any activity undertaken by recipient using award funds.