

City of Meridian FY2025 Budget Amendment Form

Personnel Costs

Full Time Equivalent (FTE):

Fund#	Dept.#	G/L#	Proj.#	G/L# Description	Total
01	1840	41200	5046	Wages	
01	1840	41206	5046	PT/Seasonal Wages	
01	1840	41210	5046	Overtime	
01	1840	41304	5046	Uniform Allowance	
01	1840	42021	5046	FICA	\$ -
01	1840	42022	5046	PERSI	\$ -
01	1840	42023	5046	Worker's Comp	\$ -
01	1840	42025	5046	Employee Insurance	\$ -
Total Personnel Costs					\$ -

Operating Expenditures

Fund#	Dept.#	G/L#	Proj.#	G/L# Description	One-Time	On-Going	Total
01	1840	85000	5046	Grant Expenditures	\$ 20,000		\$ 20,000
01	1840		5046				\$ -
01	1840		5046				\$ -
01	1840		5046				\$ -
01	1840		5046				\$ -
01	1840		5046				\$ -
01	1840		5046				\$ -
01	1840		5046				\$ -
01	1840		5046				\$ -
01	1840		5046				\$ -
01	1840		5046				\$ -
01	1840		5046				\$ -
01	1840		5046				\$ -
01	1840		5046				\$ -
Total Operating Expenditures					\$ 20,000	\$ -	\$ 20,000

Capital Outlay

Fund#	Dept.#	G/L#	Proj.#	G/L# Description	Total
01	1840		5046		
01	1840		5046		
01	1840		5046		
01	1840		5046		
01	1840		5046		
01	1840		5046		
Total Capital Outlay					\$ -

Revenue/Donations

Fund#	Dept.#	G/L#	Proj.#	G/L# Description	Total
01	1840	33100	5046	Grant Revenue	\$ 20,000
01	1840		5046		
01	1840		5046		
Total Revenue/Donations					\$ 20,000



Please only complete the fields
highlighted in Orange.

Amendment Details

Title: **Blue Cross of Idaho Foundation for Health Park & Pedestria**

Department Name: Mayor's Office

Presenting Department Name: Mayor's Office

Department #: 1840

Primary Funding Source: 01

CIP#:

Project #: 5046

Is this for an Emergency? ☐ Yes ☒ NoNew Level of Service? ☐ Yes ☒ No

Clerks Office Stamp

Date of Council Approval

Acknowledgement

Date

David Miles

1/2/2025

Department Director

REVIEWED

By Todd Lavoie at 9:08 am, Jan 03, 2025

Chief Financial Officer

Approved Luke Cavener via email

1/6/2025

Council Liaison

1-7-25

Mayor

Total Amendment Request \$

-

City of Meridian FY2025 Budget Amendment Form

Total Amendment Cost - Lifetime

	Prior Year(s) Funding	Fiscal Year 2025	Fiscal Year 2026	Fiscal Year 2027	Fiscal Year 2028	Fiscal Year 2029
Personnel		\$ -	\$ -	\$ -	\$ -	\$ -
Operating		\$ 20,000	\$ -	\$ -	\$ -	\$ -
Capital		\$ -				
Total	\$ -	\$ 20,000	\$ -	\$ -	\$ -	\$ -
		Total Estimated Project Cost: \$ 20,000				

Department Name: Mayor's Office

Title: Blue Cross of Idaho Foundation for Health Park & Pedestria

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.

1. Describe what is being requested?		
Donated revenue received through the Blue Cross of Idaho Foundation for Health, Inc. for the Mayor's participation in their Community Health Academy to be used for the purposes of supporting park and pedestrian improvements within the City of Meridian.		
2. Why was this budget request not submitted during the current fiscal year budget cycle?		
Program participation and funding allocation was outside of normal budget preparation/process.		
3. What is the explanation for not submitting this budget request during the next fiscal year budget cycle?		
Program participation and funding allocation was outside of normal budget preparation/process.		
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.		
Donated revenue.		
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.		
Potential for staff time as soft costs to administer the funds to allocated projects.		
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

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.



GRANT AGREEMENT

Blue Cross of Idaho Foundation for Health, Inc. (the "Foundation") is pleased to award **City of Meridian** (the "Grantee") with a Foundation Grant (the "Grant"). The Grant is awarded subject to the terms and conditions stated in this Grant and any exhibits or attachments thereto. Please read the terms and conditions of the Grant carefully before signing this document as the Grantee's signature constitutes the Grantee's agreement and acceptance in full of all terms and conditions contained herein.

1. AMOUNT AND ADMINISTRATION OF AWARD

Subject to the terms and conditions set out in the Grant, the Foundation is pleased to award Grantee with a conditional Grant of up to **Twenty Thousand Dollars (\$20,000)**, which shall include any interest or income arising therefrom (the "Maximum Grant Amount"). The Grant is conditional upon the proper execution of this Grant agreement by an authorized representative of Grantee.

2. PURPOSE AND USE OF GRANT FUNDS

The Grantee shall utilize Grant funds exclusively for the one of the following purposes: charitable, educational, scientific or literary purpose (or some approved variation) as more fully described in section 170(c)(2)(B) of the Internal Revenue Code. Specifically, Grantee's purpose of all Grant funding from the Foundation is to support park and pedestrian improvements within the city of Meridian. The Grantee agrees that Grant funds shall not be disbursed to any unrelated third-party organizations, entities, or vendors without the express, written approval of the Foundation. The Grantee agrees to make its books and/or records pertaining to the Grant available to the Foundation at reasonable times.

3. INDEMNIFICATION

In consideration for the issuance of Grant funds, the Grantee agrees to indemnify, defend and hold the Foundation and its directors, officers, employees, agents, parent company and affiliates harmless from and against all allegations, claims, actions, suits, demands, damages, liabilities, obligations, losses, settlements, judgments, costs and expenses (including without limitation reasonable attorneys' fees and costs) which arise out of or relate to the Grant, or result from any act or omission of Grantee arising from projects funded through or related to the Grant to the extent permitted by Idaho law.

4. GRANT TERMINATION

It is expressly agreed that any use by the Grantee of the Grant proceeds for any purpose other than those specified above or if in the Foundation's sole judgment, the Grantee becomes unable to carry out the purposes of the Grant, or ceases to be an appropriate means of accomplishing the purpose of the Grant, the Foundation may terminate the Grant at any time at its sole option. In the event of termination under this section, any outstanding Grant amount payable shall be cancelled.

NOW THEREFORE, the parties have read, understand and accept the terms and conditions stated in this Grant agreement. The individuals signing this Grant agreement represent and warrant that they are duly authorized to be bound by its terms. The parties do hereby execute this Grant agreement effective on the date that the BCI Foundation signs the Grant agreement.

City of Meridian

("Grantee" Authorized Representative)

By: _____

Title: Robert E. Simison, Mayor City of Meridian

Date: 12-10-2024

Attest:
8.15.2022

Chris Johnson, City Clerk 12-10-2024

Blue Cross of Idaho Foundation for Health, Inc.

By: _____

Title: Executive Director

Effective Date: 12/12/24