

City of Biddeford, Maine

FY2017

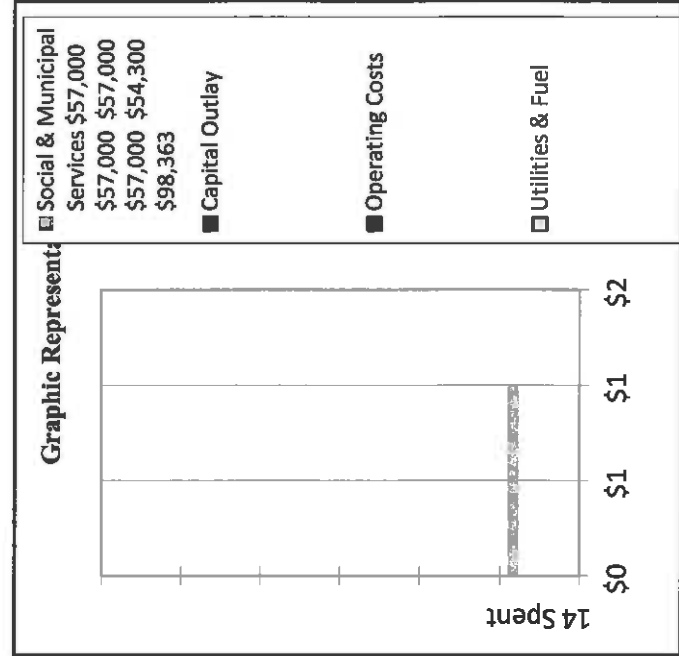
Budget: Social Services

Account Number: 21127

	FY14	FY15	FY15	FY16	FY16	FY16	FY2017	
	Spent	Budget	Spent	Budget	Yr to Date Spent thru 3/14/2016	Dept Head	Manager's Rec	City Council Rec

Personal Services:	\$0	\$0	\$0	\$0	\$0		\$0	\$0
Purchased Services	\$0	\$0	\$0	\$0	\$0		\$0	\$0
Utilities & Fuel	\$0	\$0	\$0	\$0	\$0		\$0	\$0
Operating Costs	\$0	\$0	\$0	\$0	\$0		\$0	\$0
Capital Outlay	\$0	\$0	\$0	\$0	\$0		\$0	\$0
Social & Municipal Services	\$57,000	\$57,000	\$57,000	\$57,000	\$54,300	\$98,363	\$57,000	\$57,000

TOTALS: \$57,000 \$57,000 \$57,000 \$57,000 \$54,300 \$98,363 \$57,000 \$57,000 \$0



FRINGE BENEFIT IMPACT (Estimated):

FICA	\$0
Workers Comp	\$0
Health Insurance	\$0
Retirement	\$0
Unemployment	\$0
Other Insurance	\$0
# of Full Time Employees	0.00
Total Fringe Benefit Impact	\$0

	FY16 Budget	FY17 Manager's Rec	Dollar Change	Percentage Change
Personal Services:	\$0	\$0	\$0	N/A
Purchased Services	\$0	\$0	\$0	N/A
Utilities & Fuel	\$0	\$0	\$0	N/A
Operating Costs	\$0	\$0	\$0	N/A
Capital Outlay	\$0	\$0	\$0	N/A
Social & Municipal Services	\$57,000	\$57,000	\$0	0.00%
TOTALS:	\$57,000	\$57,000	\$0	0.00%

FY2017 Social & Municipal Services

Account Number	Description	FY14		FY15		FY16		FY2017	
		Spent	Budget	Spent	Budget	Budget	Yr to Date Spent	Dept Head	Mgr's Rec
60800	All Social Services Budget	\$0	\$57,000	\$0	\$0	\$0	\$0	\$8,000	\$8,000
60801	So ME Agency on Aging	\$1,500	\$0	\$1,500	\$1,500	\$1,500	\$1,500	\$2,000	\$2,000
60802	<i>Net to be reduced later</i>	\$1,500	\$0	\$0	\$0	\$0	\$0	\$0	(\$41,363)
60803	Caring Unlimited	\$3,500	\$0	\$3,500	\$6,020	\$6,020	\$6,020	\$6,383	\$6,383
60805	Kids Free to Grow	\$800	\$0	\$0	\$500	\$500	\$500	\$0	\$0
60806	Stone Soup Food Pantry	\$3,000	\$0	\$0	\$0	\$0	\$0	\$5,000	\$5,000
60808	Maine Behavioral Healthcare	\$0	\$0	\$1,500	\$1,500	\$1,500	\$1,500	\$0	\$0
60811	Bon Appetit Soup Kitchen	\$15,070	\$0	\$15,070	\$17,500	\$17,500	\$17,500	\$20,000	\$20,000
60815	Friends of Community Action	\$3,000	\$0	\$0	\$0	\$0	\$0	\$20,000	\$20,000
60816	Emergency Appartment Rent	\$0	\$0	\$0	\$5,780	\$5,780	\$3,080	\$5,780	\$5,780
60817	Home Health Visiting Nurses	\$5,000	\$0	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
60819	The Maine Way, Inc	\$10,560	\$0	\$10,560	\$0	\$0	\$0	\$0	\$0
60820	Biddeford Free Clinic	\$2,000	\$0	\$2,000	\$0	\$0	\$0	\$0	\$0
60821	Community Partners, Inc	\$2,000	\$0	\$0	\$0	\$0	\$0	\$3,000	\$3,000
60823	In a Pinch Prgram	\$4,070	\$0	\$4,000	\$5,000	\$5,000	\$5,000	\$8,000	\$8,000
60824	Day One	\$1,000	\$0	\$1,000	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200
60826	Community Bicycle Center	\$4,000	\$0	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000
60827	Seeds of Hope Neighbor Ctr	\$0	\$0	\$8,870	\$9,000	\$9,000	\$9,000	\$10,000	\$10,000

Totals

\$57,000	\$57,000	\$57,000	\$57,000	\$57,000	\$54,300	\$98,363	\$57,000
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Fiscal Year 2017 Budget Request

March 10, 2016

Department: Social Services

Account Title: All Social Services Budget Exp

Department Number: 21127

Account Number: 60800

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$0.00	\$57,000.00	\$0.00	\$ -	\$0.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$8,000.00	\$8,000.00		\$8,000.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.



See Social Service Funding Requests in this workbook for an itemized list of agencies and funding requests. This tab requests only the amounts from agencies that do not have their own tabs from prior years.



Fiscal Year 2017 Budget Request

March 10, 2016

Department: Social Services

Account Title: So ME Agency on Aging

Department Number: 21127

Account Number: 60801

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$1,500.00	\$0.00	\$1,500.00	\$1,500.00	\$1,500.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$2,000.00	\$2,000.00		\$500.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.



Fiscal Year 2017 Budget Request

March 10, 2016

Department: Social Services

Account Title: *Net reductions to be allocated at later date*

Department Number: 21127

Account Number: 60802

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$1,500.00	\$0.00	\$0.00	\$0.00	\$0.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$0.00	(\$41,363.00)		(\$41,363.00)

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.



Fiscal Year 2017 Budget Request

March 10, 2016

Department: Social Services

Account Title: Caring Unlimited

Department Number: 21127

Account Number: 60803

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$3,500.00	\$0.00	\$3,500.00	\$6,020.00	\$6,020.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$6,383.00	\$6,383.00		\$363.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.



Fiscal Year 2017 Budget Request

March 10, 2016

Department: Social Services

Account Title: Kids Free to Grow

Department Number: 21127

Account Number: 60805

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$800.00	\$0.00	\$0.00	\$500.00	\$500.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$0.00	\$0.00		(\$500.00)

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.



Fiscal Year 2017 Budget Request

March 10, 2016

Department: Social Services

Account Title: Stone Soup Food Pantry

Department Number: 21127

Account Number: 60806

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$3,000.00	\$0.00	\$0.00	\$0.00	\$0.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$5,000.00	\$5,000.00		\$5,000.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.



Social Services

Fiscal Year 2017

Maine Behavioral Healthcare

21127

Department: Social Services

Account Title: Maine Behavioral Healthcare

Department Number: 21127

Account Number: 60808

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$0.00	\$0.00	\$1,500.00	\$1,500.00	\$1,500.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$0.00	\$0.00		(\$1,500.00)

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.



Fiscal Year 2017 Budget Request

March 10, 2016

Department: Social Services

Account Title: Bon Appetit Soup Kitchen

Department Number: 21127

Account Number: 60811

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$15,070.00	\$0.00	\$15,070.00	\$17,500.00	\$17,500.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$20,000.00	\$20,000.00		\$2,500.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.



Fiscal Year 2017 Budget Request

March 10, 2016

Department: Social Services

Account Title: Friends of Community Action

Department Number: 21127

Account Number: 60815

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$3,000.00	\$0.00	\$0.00	\$0.00	\$0.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$20,000.00	\$20,000.00		\$20,000.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.



Fiscal Year 2017 Budget Request

March 10, 2016

Department: Social Services

Account Title: Emergency Apartment Rent

Department Number: 21127

Account Number: 60816

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$0.00	\$0.00	\$0.00	\$5,780.00	\$5,780.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$5,780.00	\$5,780.00		\$0.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.



Fiscal Year 2017 Budget Request

March 10, 2016

Department: Social Services

Account Title: Home Health Visiting Nurses

Department Number: 21127

Account Number: 60817

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$5,000.00	\$0.00	\$5,000.00	\$5,000.00	\$5,000.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$5,000.00	\$5,000.00		\$0.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.



Fiscal Year 2017 Budget Request

March 10, 2016

Department: Social Services

Account Title: The Maine Way, Inc.

Department Number: 21127

Account Number: 60819

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$10,560.00	\$0.00	\$10,560.00	\$0.00	\$0.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$0.00	\$0.00		\$0.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.



Fiscal Year 2017 Budget Request

March 10, 2016

Department: Social Services

Account Title: Biddeford Free Clinic

Department Number: 21127

Account Number: 60820

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$0.00	\$0.00		\$0.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.



Fiscal Year 2017 Budget Request

March 10, 2016

Department: Social Services

Account Title: Community Partners, Inc.

Department Number: 21127

Account Number: 60821

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$3,000.00	\$3,000.00		\$3,000.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.



Fiscal Year 2017 Budget Request

March 10, 2016

Department: Social Services

Account Title: In A Pinch Program

Department Number: 21127

Account Number: 60823

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$4,070.00	\$0.00	\$4,000.00	\$5,000.00	\$5,000.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$8,000.00	\$8,000.00		\$3,000.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.



Fiscal Year 2017 Budget Request

March 10, 2016

Department: Social Services

Account Title: Day One

Department Number: 21127

Account Number: 60824

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$1,000.00	\$0.00	\$1,000.00	\$1,200.00	\$1,200.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$1,200.00	\$1,200.00		\$0.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.



Fiscal Year 2017 Budget Request

March 10, 2016

Department: Social Services

Account Title: Coummunity Bicycle Center

Department Number: 21127

Account Number: 60826

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$4,000.00	\$0.00	\$4,000.00	\$4,000.00	\$4,000.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$4,000.00	\$4,000.00		\$0.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.



Fiscal Year 2017 Budget Request

March 10, 2016

Department: Social Services

Account Title: Seeds of Hope Neighborhood Ctr

Department Number: 21127

Account Number: 60827

FY 2014 Actual	FY 2015 Budget	FY2015 Actual	FY 2016 Budget	FY 2016 Est. Expended
\$0.00	\$0.00	\$8,870.00	\$9,000.00	\$9,000.00

FY-2017 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$10,000.00	\$10,000.00		\$1,000.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.