

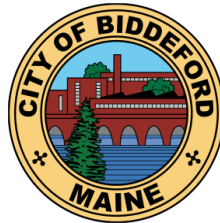
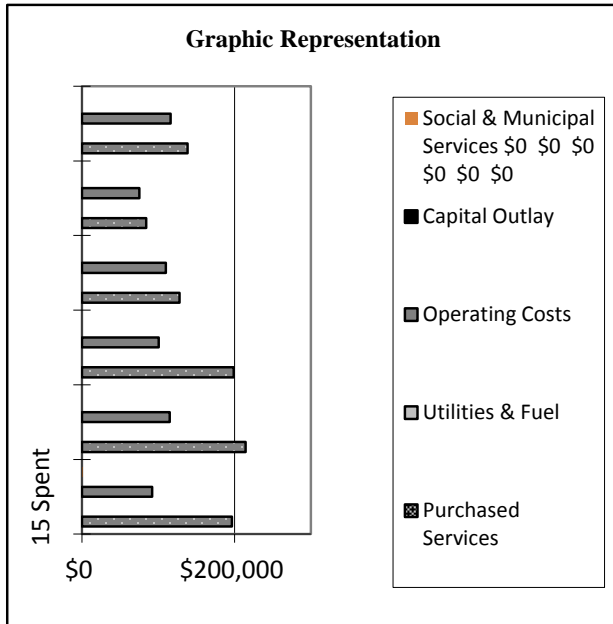
City of Biddeford, Maine

FY2018

Budget: Health & Welfare Expense

Account Number: 21125

	FY15	FY16	FY16	FY17	FY17	FY2018		
	Spent	Budget	Spent	Budget	Yr to Date Spent thru 3/1/2017	Dept Head	Manager's Rec	City Council Rec
Personnel Services:	\$196,450	\$214,333	\$198,755	\$127,746	\$84,088	\$138,384	\$104,987	
Purchased Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Utilities & Fuel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Operating Costs	\$92,142	\$114,824	\$100,510	\$110,050	\$75,381	\$116,340	\$112,200	
Capital Outlay	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Social & Municipal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
TOTALS:	\$288,592	\$329,157	\$299,265	\$237,796	\$159,469	\$254,724	\$217,187	\$0



Total Fringe Benefit Impact

FRINGE BENEFIT IMPACT (Estimated):	
FICA	\$7,844
Workers Comp	\$414
Health Insurance	\$14,629
Retirement	\$9,844
Unemployment	\$101
Other Insurance	\$289
# of Full Time Employees	2.00
Total Fringe Benefit Impact	\$33,120

	FY17 Budget	FY18 Manager's Rec	Dollar Change	Percentage Change
Personal Services:	\$127,746	\$104,987	-\$22,759	\$0
Purchased Services	\$0	\$0	\$0	N/A
Utilities & Fuel	\$0	\$0	\$0	N/A
Operating Costs	\$110,050	\$112,200	\$2,150	\$0
Capital Outlay	\$0	\$0	\$0	N/A
Social & Municipal Services	\$0	\$0	\$0	N/A
TOTALS:	\$237,796	\$217,187	-\$20,609	-8.7%

FY2018 Personnel Services

Account Number	Description	FY15 Spent	FY16 Budget	FY16 Spent	FY17 Budget	FY17 Yr to Date Spent	FY2018	
							Dept Head	Mgr's Rec
60101	Dept Manager Salary Exp	\$73,980	\$75,740	\$64,266	\$0	\$0	\$0	\$0
60102	Mid Mgmt Hrly Employee Wag	\$0	\$0	\$66	\$0	\$0	\$0	\$0
60105	F-T Employee Wage Exp	\$82,919	\$85,816	\$87,803	\$91,647	\$62,566	\$101,427	\$101,427
60129	Insurance Buyout Pay	\$1,500	\$1,500	\$1,500	\$1,500	\$750	\$1,500	\$1,500
60201	FICA/Medicare-ER Share Exp	\$11,508	\$12,474	\$11,185	\$7,259	\$4,655	\$7,538	\$0
60202	MPERS-Employer Share Exp	\$12,291	\$14,512	\$13,551	\$9,015	\$5,944	\$9,460	\$0
60210	HPHC Ins Employer Share Exp	\$11,595	\$20,660	\$18,430	\$13,083	\$8,800	\$14,617	\$0
60212	S-T Disability ER Share Exp	\$185	\$245	\$208	\$162	\$142	\$222	\$0
60213	L-T Disability ER Share Exp	\$182	\$241	\$153	\$0	\$0	\$0	\$0
60216	Delta Dental ER Share	\$0	\$0	\$0	\$0	\$0	\$0	\$0
60217	RHSA Plan ER Share	\$0	\$0	\$0	\$1,560	\$774	\$1,560	\$0
60251	Conferences/Training Expense	\$605	\$700	\$290	\$900	\$160	\$500	\$500
60252	Travel/Mileage Expense	\$1,240	\$2,000	\$744	\$2,000	\$236	\$1,000	\$1,000
60253	Food/Lodging Expense	\$356	\$325	\$560	\$500	\$0	\$500	\$500
60256	Dues/Memberships Expense	\$90	\$120	\$0	\$120	\$60	\$60	\$60
Totals		\$196,450	\$214,333	\$198,755	\$127,746	\$84,088	\$138,384	\$104,987

FY2018 Other Operating Costs

Account Number	Description	FY15 Spent	FY16 Budget	FY16 Spent	FY17 Budget	FY17 Yr to Date Spent	FY2018	
							Dept Head	Mgr's Rec
60500	Admin/Office Supp/Eqt Non-C	\$2,196	\$2,000	\$1,377	\$1,850	\$374	\$1,000	\$1,000
60501	Operating Supp/Eqt Non-Cap	\$1,450	\$3,200	\$5,545	\$1,500	\$1,283	\$4,140	\$0
60502	Printing & Copying Expense	\$108	\$125	\$0	\$150	\$0	\$150	\$150
60730	G.A. Electricity Expense	\$3,274	\$5,390	\$1,609	\$2,250	\$1,903	\$3,500	\$3,500
60731	G.A. Client Rent Expense	\$77,989	\$88,754	\$82,890	\$90,000	\$60,523	\$90,000	\$90,000
60732	G.A. Food/Grocery Expense	\$1,490	\$4,500	\$1,584	\$3,000	\$3,204	\$4,500	\$4,500
60734	G.A. Burials Expense	\$5,250	\$4,500	\$6,757	\$6,900	\$5,911	\$8,500	\$8,500
60736	G.A. Conveyance	\$68	\$200	\$45	\$150	\$124	\$50	\$50
60737	G.A. Telephone Expense	\$0	\$100	\$0	\$100	\$0	\$0	\$0
60738	G.A. Sewer User Fee Expense	\$0	\$75	\$0	\$75	\$0	\$0	\$0
60739	G.A. Heating Fuel Expense	\$0	\$1,500	\$284	\$1,000	\$345	\$1,000	\$1,000
60740	G.A. Bottled Gas Expense	\$0	\$200	\$0	\$200	\$0	\$0	\$0
60741	G.A. Miscellaneous Expense	\$46	\$205	\$261	\$800	\$1,100	\$2,500	\$2,500
60742	G.A. Water Expense	\$0	\$75	\$0	\$75	\$0	\$0	\$0
60743	G.A. Medical Expense	\$271	\$4,000	\$160	\$2,000	\$614	\$1,000	\$1,000

Totals

\$92,142	\$114,824	\$100,510	\$110,050	\$75,381	\$116,340	\$112,200
----------	-----------	-----------	-----------	----------	-----------	-----------

DEPARTMENT PERSONAL SERVICES BUDGET WORKSHEET
 Fiscal Year 2018 BUDGET

DEPARTMENT: 21125 Health & Welfare Expense

CLASSIFICATION	RANGE	POSITION	YEAREND	REQUESTED	CITY MANAGER	COUNCIL	NAME
			ANNUALIZED				
Welfare Caseworker		1	55,626.13	55,840.07	55,840.07		KRISTEN BARTH
Welfare Caseworker		1	45,411.99	45,586.65	45,586.65		KATIE DUROSS

TOTAL BUDGETED POSITIONS				0.00			
		2	101,038.12	101,426.73	101,426.73	0.00	



Fiscal Year 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: Dept Manager Salary Exp

Department Number: 21125

Account Number: 60101

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$73,979.99	\$75,740.00	\$64,265.95	\$0.00	\$0.00

FY-2018 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.

City Clerk now serves as the Dept. Manager for the Health & Welfare Department



Fiscal Year 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: Mid Mgmt Hrly Employee Wage Ex

Department Number: 21125

Account Number: 60102

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$0.00	\$0.00	\$66.12	\$0.00	\$0.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$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.

Not applicable



Fiscal Year 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: F-T Employee Wage Exp

Department Number: 21125

Account Number: 60105

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$82,919.09	\$85,816.00	\$87,802.84	\$91,647.00	\$95,622.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$101,426.73	\$101,426.73		\$5,390.00

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 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: Insurance Buyout Pay

Department Number: 21125

Account Number: 60129

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$1,500.00	\$1,500.00		\$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.

One Health & Welfare employee qualifies for the Insurance Buyout



Fiscal Year 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: FICA/Medicare-ER Share Exp

Department Number: 21125

Account Number: 60201

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$11,507.68	\$12,474.00	\$11,184.69	\$7,259.00	\$7,201.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$7,538.00	\$7,844.17		\$279.00

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 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: MPERS-Employer Share Exp

Department Number: 21125

Account Number: 60202

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$12,290.74	\$14,512.00	\$13,550.51	\$9,015.00	\$9,084.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$9,460.00	\$9,843.66		\$445.00

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 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: HPHC Ins Employer Share Exp

Department Number: 21125

Account Number: 60210

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$11,595.21	\$20,660.00	\$18,429.54	\$13,083.00	\$13,933.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$14,617.48	\$14,628.52		\$1,264.00

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.

One employee has the married, 2-person plan



Fiscal Year 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: S-T Disability ER Share Exp

Department Number: 21125

Account Number: 60212

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$185.29	\$245.00	\$208.27	\$162.00	\$216.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$222.00	\$222.00		\$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 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: L-T Disability ER Share Exp

Department Number: 21125

Account Number: 60213

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$181.66	\$241.00	\$153.26	\$0.00	\$0.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$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.

Not applicable



Fiscal Year 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: Delta Dental ER Share

Department Number: 21125

Account Number: 60216

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$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.

Not applicable



Fiscal Year 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: RHSA Plan ER Share

Department Number: 21125

Account Number: 60217

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$0.00	\$0.00	\$0.00	\$1,560.00	\$1,053.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$1,560.00	\$1,560.00		\$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 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: Conferences/Training Expense

Department Number: 21125

Account Number: 60251

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$605.00	\$700.00	\$290.00	\$900.00	\$420.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$500.00	\$500.00		(\$400.00)

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.



Maine Welfare Directors Association Spring Seminar - 2 attending - \$180.00
 GA Trainings/Workshops for certification (for both Kristen & Katie) - \$280.00



Fiscal Year 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: Travel/Mileage Expense

Department Number: 21125

Account Number: 60252

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$1,239.57	\$2,000.00	\$744.24	\$2,000.00	\$650.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$1,000.00	\$1,000.00		(\$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.

Milage reimbursement to Augusta and Bangor for MDWA Seminars and Workshops



Fiscal Year 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: Food/Lodging Expense

Department Number: 21125

Account Number: 60253

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$356.00	\$325.00	\$559.67	\$500.00	\$500.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$500.00	\$500.00		\$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.

Lodging costs for two for attendance to Spring Seminar



Fiscal Year 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: Dues/Memberships Expense

Department Number: 21125

Account Number: 60256

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$90.00	\$120.00	\$0.00	\$120.00	\$60.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$60.00	\$60.00		(\$60.00)

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.

Maine Welfare Directors Association Membership Dues for Kristen and Katie



Fiscal Year 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: Admin/Office Supp/Eqt Non-Cap

Department Number: 21125

Account Number: 60500

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$2,196.44	\$2,000.00	\$1,376.81	\$1,850.00	\$600.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$1,000.00	\$1,000.00		(\$850.00)

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.

Various office supplies



Fiscal Year 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: Operating Supp/Eqt Non-Cap

Department Number: 21125

Account Number: 60501

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$1,449.70	\$3,200.00	\$5,544.53	\$1,500.00	\$1,283.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$4,140.00	\$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.

Annual maintenance fee for GA software program

budgeted in Gen Admin



Fiscal Year 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: Printing & Copying Expense

Department Number: 21125

Account Number: 60502

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$108.00	\$125.00	\$0.00	\$150.00	\$150.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$150.00	\$150.00		\$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.

General Assistance Applications; business and appointment cards



Fiscal Year 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: G.A. Electricity Expense

Department Number: 21125

Account Number: 60730

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$3,273.84	\$5,390.00	\$1,609.29	\$2,250.00	\$3,000.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$3,500.00	\$3,500.00		\$1,250.00

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.

In general, household size of GA Clients is increasing



Fiscal Year 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: G.A. Client Rent Expense

Department Number: 21125

Account Number: 60731

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$77,989.35	\$88,754.00	\$82,889.81	\$90,000.00	\$85,000.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$90,000.00	\$90,000.00		\$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.

In general, household size of GA Clients has increased; and rental rates have also increased



Fiscal Year 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: G.A. Food/Grocery Expense

Department Number: 21125

Account Number: 60732

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$1,490.23	\$4,500.00	\$1,583.78	\$3,000.00	\$4,000.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$4,500.00	\$4,500.00		\$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.



Clients seeking food assistance seem to have larger families and are requesting increased benefits. Also, DHS now has caps on food supplements to applicants, so the City is required to pick up the slack.



Fiscal Year 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: G.A. Burials Expense

Department Number: 21125

Account Number: 60734

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$5,249.92	\$4,500.00	\$6,756.68	\$6,900.00	\$8,500.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$8,500.00	\$8,500.00		\$1,600.00

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.

There has been an unexplained increase in requests for assistance with burial costs over the past few years.



Fiscal Year 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: G.A. Conveyance

Department Number: 21125

Account Number: 60736

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$68.00	\$200.00	\$45.00	\$150.00	\$50.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$50.00	\$50.00		(\$100.00)

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.

This account is rarely used for bus passes for working clients; and taxi service when needed.



Fiscal Year 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: G.A. Telephone Expense

Department Number: 21125

Account Number: 60737

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$0.00	\$100.00	\$0.00	\$100.00	\$0.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$0.00			(\$100.00)

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.

For GA purposes, telephone costs are considered a utility; therefore any costs (which are very rare) will be paid out of the GA Electricity (utility) budget line.



Fiscal Year 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: G.A. Sewer User Fee Expense

Department Number: 21125

Account Number: 60738

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$0.00	\$75.00	\$0.00	\$75.00	\$0.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$0.00			(\$75.00)

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.

The GA Program does not pay sewer bills



Fiscal Year 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: G.A. Heating Fuel Expense

Department Number: 21125

Account Number: 60739

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$0.00	\$1,500.00	\$283.80	\$1,000.00	\$700.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$1,000.00	\$1,000.00		\$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.

Most applicants who seek assistance with fuel are over income and don't qualify for the GA program. In these cases, folks are often assisted through ough other fuel assistance programs. However, funds need to be available for those applicants who do qualify for the GA program and seek fuel assistance.



Fiscal Year 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: G.A. Bottled Gas Expense

Department Number: 21125

Account Number: 60740

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$0.00	\$200.00	\$0.00	\$200.00	\$0.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$0.00			(\$200.00)

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.

This account is not used



Fiscal Year 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: G.A. Miscellaneous Expense

Department Number: 21125

Account Number: 60741

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$45.52	\$205.00	\$260.50	\$800.00	\$1,500.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$2,500.00	\$2,500.00		\$1,700.00

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.



This account is primarily used to pay for Interpreters. The GA Office has seen a substantive increase in the number of applicants who are required to have Interpreters. (Interpreters are provided through Catholic Charities and cost \$50 an hour. This fee is not reimbursable.



Fiscal Year 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: G.A. Water Expense

Department Number: 21125

Account Number: 60742

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$0.00	\$75.00	\$0.00	\$75.00	\$0.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$0.00			(\$75.00)

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.

This account is not used



Fiscal Year 2018 Budget Request

April 14, 2017

Department: Health & Welfare Expense

Account Title: G.A. Medical Expense

Department Number: 21125

Account Number: 60743

FY2015 Actual	FY 2016 Budget	FY 2016 Actual	FY 2017 Budget	FY 2017 Est. Expended
\$270.66	\$4,000.00	\$159.58	\$2,000.00	\$600.00

FY-2018 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$1,000.00	\$1,000.00		(\$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.

This account is used to pay for prescriptions, which are paid at the Maine Care rate.