

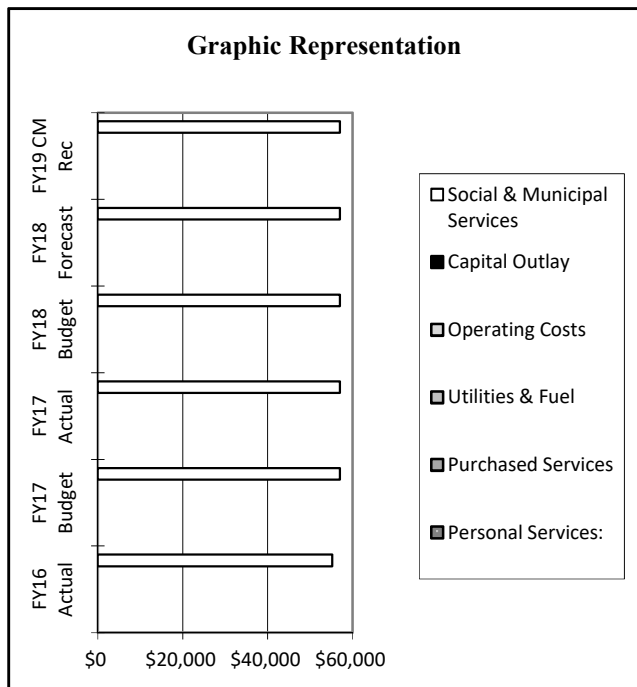
# City of Biddeford, Maine

## FY2019

Budget: Social Services

Account Number: 21127

	FY16 Actual	FY17 Budget	FY17 Actual	FY18 Budget	FY18 YTD	FY19	
						Dept Head	Manager's Rec
Personnel 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	\$55,180	\$57,000	\$57,000	\$57,000	\$57,000	\$57,000	\$57,000
<b>TOTALS:</b>	<b>\$55,180</b>	<b>\$57,000</b>	<b>\$57,000</b>	<b>\$57,000</b>	<b>\$57,000</b>	<b>\$57,000</b>	<b>\$57,000</b>



FRINGE BENEFIT IMPACT (Estimated):	
FICA	\$0
Workers Comp	\$0
Health Insurance	\$0
Retirement	\$0
Unemployment	\$0
Other Insurance	\$0
<b>Total Fringe Benefit Impact</b>	<b>\$0</b>
<b># of Full Time Employees</b>	<b>#REF!</b>

	FY18 Budget	FY19 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
<b>TOTALS:</b>	<b>\$57,000</b>	<b>\$57,000</b>	<b>\$0</b>	<b>0.0%</b>

## Social &amp; Municipal Services

Account Number	Description	FY16 Actual	FY17 Budget	FY17 Actual	FY18 Budget	FY18 YTD 02/28/18	FY19	
							Dept Head	Mgr's Rec
60800	All Social Services Budget Ex]	\$0	\$0	\$0	\$0	\$0	\$57,000	\$57,000
60801	So ME Agency on Aging	\$1,500	\$0	\$0	\$0	\$0	\$0	\$0
60802	Counseling Services, Inc.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
60803	Caring Unlimited	\$6,020	\$6,000	\$6,000	\$6,000	\$6,000	\$0	\$0
60805	Kids Free to Grow	\$500	\$0	\$0	\$0	\$0	\$0	\$0
60806	Stone Soup Food Pantry	\$0	\$5,000	\$5,000	\$6,000	\$6,000	\$0	\$0
60808	Maine Behavioral Healthcare	\$1,500	\$0	\$0	\$0	\$0	\$0	\$0
60811	Bon Appetit Soup Kitchen	\$17,500	\$15,000	\$15,000	\$15,000	\$15,000	\$0	\$0
60815	Friends of Community Action	\$0	\$10,000	\$10,000	\$10,000	\$10,000	\$0	\$0
60816	Emergency Apartment Rent	\$3,960	\$0	\$0	\$0	\$0	\$0	\$0
60817	Home Health Visiting Nurses	\$5,000	\$2,000	\$2,000	\$0	\$0	\$0	\$0
60819	The Maine Way, Inc.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
60820	Biddeford Free Clinic	\$0	\$0	\$0	\$0	\$0	\$0	\$0
60821	Community Partners, Inc.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
60823	In A Pinch Program	\$5,000	\$8,000	\$8,000	\$8,000	\$8,000	\$0	\$0
60824	Day One	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$0	\$0
60826	Coummunity Bicycle Center	\$4,000	\$2,000	\$2,000	\$2,000	\$2,000	\$0	\$0
60827	Seeds of Hope Neighborhood	\$9,000	\$7,800	\$7,800	\$8,800	\$8,800	\$0	\$0
Totals		\$55,180	\$57,000	\$57,000	\$57,000	\$57,000	\$57,000	\$57,000



## Fiscal Year 2019 Budget Request

March 2, 2018

**Department:** Social Services

Account Title: All Social Services Budget Exp

Department Number:           21127

Account Number:           60800

FY2016 Actual	FY 2017 Budget	FY 2017 Actual	FY 2018 Budget	FY 2018 Est. Expended
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

FY-2019 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$57,000.00	\$57,000.00		\$57,000.00

**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.

Place holder for all of 21127



## Fiscal Year 2019 Budget Request

March 2, 2018

**Department:** Social Services

Account Title: So ME Agency on Aging

Department Number: 21127

Account Number: 60801

FY2016 Actual	FY 2017 Budget	FY 2017 Actual	FY 2018 Budget	FY 2018 Est. Expended
\$1,500.00	\$0.00	\$0.00	\$0.00	\$0.00

FY-2019 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 2019 Budget Request

March 2, 2018

**Department:** Social Services

Account Title: Caring Unlimited

Department Number: 21127

Account Number: 60803

FY2016 Actual	FY 2017 Budget	FY 2017 Actual	FY 2018 Budget	FY 2018 Est. Expended
\$6,020.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00

FY-2019 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$0.00	\$0.00		(\$6,000.00)

**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.

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## Fiscal Year 2019 Budget Request

March 2, 2018

**Department:** Social Services

Account Title: Kids Free to Grow

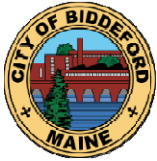
Department Number:           21127

Account Number:           60805

FY2016 Actual	FY 2017 Budget	FY 2017 Actual	FY 2018 Budget	FY 2018 Est. Expended
\$500.00	\$0.00	\$0.00	\$0.00	\$0.00

FY-2019 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 2019 Budget Request

March 2, 2018

Department: Social Services

Account Title: Stone Soup Food Pantry

Department Number: 21127

Account Number: 60806

FY2016 Actual	FY 2017 Budget	FY 2017 Actual	FY 2018 Budget	FY 2018 Est. Expended
\$0.00	\$5,000.00	\$5,000.00	\$6,000.00	\$6,000.00

FY-2019 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$0.00	\$0.00		(\$6,000.00)

**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.

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## Fiscal Year 2019 Budget Request

March 2, 2018

**Department:** Social Services

Account Title: Maine Behavioral Healthcare

Department Number: 21127

Account Number: 60808

FY2016 Actual	FY 2017 Budget	FY 2017 Actual	FY 2018 Budget	FY 2018 Est. Expended
\$1,500.00	\$0.00	\$0.00	\$0.00	\$0.00

FY-2019 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.

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## Fiscal Year 2019 Budget Request

March 2, 2018

**Department:** Social Services

Account Title: Bon Appetit Soup Kitchen

Department Number:           21127

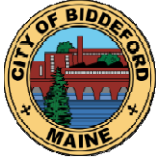
Account Number:           60811

FY2016 Actual	FY 2017 Budget	FY 2017 Actual	FY 2018 Budget	FY 2018 Est. Expended
\$17,500.00	\$15,000.00	\$15,000.00	\$15,000.00	\$15,000.00

FY-2019 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$0.00	\$0.00		(\$15,000.00)

**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.

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## Fiscal Year 2019 Budget Request

March 2, 2018

**Department:** Social Services

Account Title: Friends of Community Action

Department Number: 21127

Account Number: 60815

FY2016 Actual	FY 2017 Budget	FY 2017 Actual	FY 2018 Budget	FY 2018 Est. Expended
\$0.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00

FY-2019 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$0.00	\$0.00		(\$10,000.00)

**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.

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## Fiscal Year 2019 Budget Request

March 2, 2018

**Department:** Social Services

Account Title: Emergency Apartment Rent

Department Number:           21127

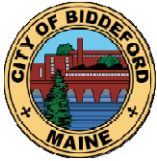
Account Number:           60816

FY2016 Actual	FY 2017 Budget	FY 2017 Actual	FY 2018 Budget	FY 2018 Est. Expended
\$3,960.00	\$0.00	\$0.00	\$0.00	\$0.00

FY-2019 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.

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## Fiscal Year 2019 Budget Request

March 2, 2018

**Department:** Social Services

Account Title: Home Health Visiting Nurses

Department Number: 21127

Account Number: 60817

FY2016 Actual	FY 2017 Budget	FY 2017 Actual	FY 2018 Budget	FY 2018 Est. Expended
\$5,000.00	\$2,000.00	\$2,000.00	\$0.00	\$0.00

FY-2019 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.

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## Fiscal Year 2019 Budget Request

March 2, 2018

**Department:** Social Services

Account Title: In A Pinch Program

Department Number: 21127

Account Number: 60823

FY2016 Actual	FY 2017 Budget	FY 2017 Actual	FY 2018 Budget	FY 2018 Est. Expended
\$5,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00

FY-2019 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$0.00	\$0.00		(\$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.

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## Fiscal Year 2019 Budget Request

March 2, 2018

**Department:** Social Services

Account Title: Day One

Department Number: 21127

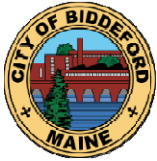
Account Number: 60824

FY2016 Actual	FY 2017 Budget	FY 2017 Actual	FY 2018 Budget	FY 2018 Est. Expended
\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00

FY-2019 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$0.00	\$0.00		(\$1,200.00)

**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.

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## Fiscal Year 2019 Budget Request

March 2, 2018

**Department:** Social Services

Account Title: Community Bicycle Center

Department Number: 21127

Account Number: 60826

FY2016 Actual	FY 2017 Budget	FY 2017 Actual	FY 2018 Budget	FY 2018 Est. Expended
\$4,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00

FY-2019 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$0.00	\$0.00		(\$2,000.00)

**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.

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## Fiscal Year 2019 Budget Request

March 2, 2018

Department: Social Services

Account Title: Seeds of Hope Neighborhood Ctr

Department Number: 21127

Account Number: 60827

FY2016 Actual	FY 2017 Budget	FY 2017 Actual	FY 2018 Budget	FY 2018 Est. Expended
\$9,000.00	\$7,800.00	\$7,800.00	\$8,800.00	\$8,800.00

FY-2019 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$0.00	\$0.00		(\$8,800.00)

**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.

