

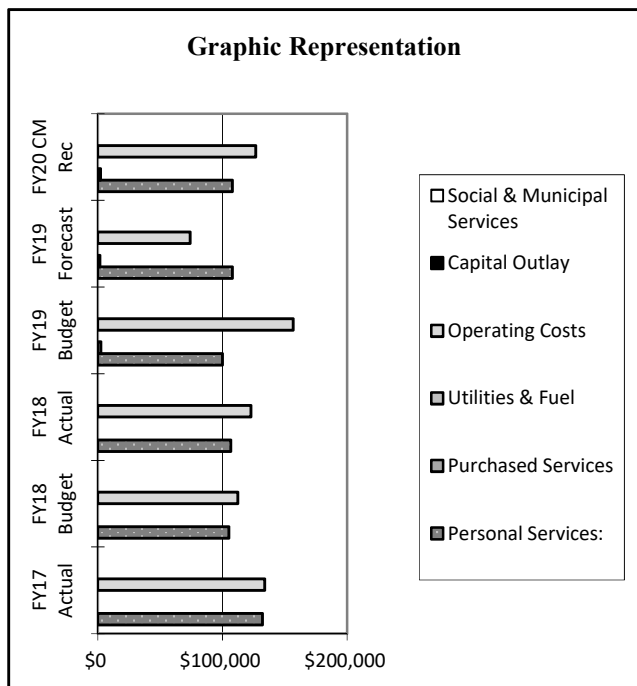
# City of Biddeford, Maine

## FY2020

Budget: Health & Welfare Expense

Account Number: 21125

	FY17 Actual	FY18 Budget	FY18 Actual	FY19 Budget	FY19 YTD	FY20	
						Dept Head	Manager's Rec
Personnel Services:	\$132,135	\$104,987	\$106,511	\$99,943	\$60,399	\$107,943	\$107,943
Purchased Services	\$0	\$0	\$0	\$2,500	\$740	\$2,000	\$2,000
Utilities & Fuel	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Operating Costs	\$133,712	\$112,200	\$122,670	\$156,725	\$36,102	\$126,675	\$126,675
Capital Outlay	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Social & Municipal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTALS:</b>	<b>\$265,847</b>	<b>\$217,187</b>	<b>\$229,181</b>	<b>\$259,168</b>	<b>\$97,241</b>	<b>\$236,618</b>	<b>\$236,618</b>



FRINGE BENEFIT IMPACT (Estimated):	
FICA	\$7,755
Workers Comp	\$332
Health Insurance	\$31,305
Retirement	\$10,138
Unemployment	\$131
Other Insurance	\$1,794
<b>Total Fringe Benefit Impact</b>	<b>\$51,455</b>
<b># of Full Time Employees</b>	<b>2.00</b>

	FY19 Budget	FY20 Manager's Rec	Dollar Change	Percentage Change
Personal Services:	\$99,943	\$107,943	\$8,000	8.0%
Purchased Services	\$2,500	\$2,000	-\$500	\$0
Utilities & Fuel	\$0	\$0	\$0	N/A
Operating Costs	\$156,725	\$126,675	-\$30,050	-19.2%
Capital Outlay	\$0	\$0	\$0	N/A
Social & Municipal Services	\$0	\$0	\$0	N/A
<b>TOTALS:</b>	<b>\$259,168</b>	<b>\$236,618</b>	<b>-\$22,550</b>	<b>-8.7%</b>

## Personnel Services

Account Number	Description	FY17 Actual	FY18 Budget	FY18 Actual	FY19 Budget	FY19 YTD 12/31/18	FY20	
							Dept Head	Mgr's Rec
60105	F-T Employee Wage Exp	\$97,956	\$101,427	\$102,598	\$97,683	\$59,385	\$105,783	\$105,783
60111	Overtime Wage Expense	\$0	\$0	\$1,695	\$0	\$603	\$700	\$700
60129	Insurance Buyout Pay	\$1,500	\$1,500	\$1,500	\$0	\$0	\$0	\$0
60201	FICA/Medicare-ER Share Exp	\$7,203	\$0	\$0	\$0	\$0	\$0	\$0
60202	MPERS-Employer Share Exp	\$9,292	\$0	\$0	\$0	\$0	\$0	\$0
60210	HPHC Ins Employer Share Ex	\$13,720	\$0	\$0	\$0	\$0	\$0	\$0
60212	S-T Disability ER Share Exp	\$217	\$0	\$0	\$0	\$0	\$0	\$0
60213	L-T Disability ER Share Exp	\$0	\$0	\$0	\$0	\$0	\$0	\$0
60216	Delta Dental ER Share	\$0	\$0	\$0	\$0	\$0	\$0	\$0
60217	RHSA Plan ER Share	\$1,320	\$0	\$0	\$0	\$0	\$0	\$0
60251	Conferences/Training Expense	\$435	\$500	\$295	\$700	\$130	\$400	\$400
60252	Travel/Mileage Expense	\$431	\$1,000	\$190	\$1,000	\$0	\$500	\$500
60253	Food/Lodging Expense	\$0	\$500	\$143	\$500	\$220	\$500	\$500
60256	Dues/Memberships Expense	\$60	\$60	\$90	\$60	\$60	\$60	\$60
<b>Totals</b>		<b>\$132,135</b>	<b>\$104,987</b>	<b>\$106,511</b>	<b>\$99,943</b>	<b>\$60,399</b>	<b>\$107,943</b>	<b>\$107,943</b>

## Purchased Services

Account Number	Description	FY17 Actual	FY18 Budget	FY18 Actual	FY19 Budget	FY19 YTD 12/31/18	FY20	
							Dept Head	Mgr's Rec
60306	Other Prof/Consult Svcs Exp	\$0	\$0	\$0	\$2,500	\$740	\$2,000	\$2,000
<b>Totals</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,500</b>	<b>\$740</b>	<b>\$2,000</b>	<b>\$2,000</b>

## Other Operating Costs

Account Number	Description	FY17 Actual	FY18 Budget	FY18 Actual	FY19 Budget	FY19 YTD 12/31/18	FY20	
							Dept Head	Mgr's Rec
60500	Admin/Office Supp/Eqt Non-C	\$1,437	\$1,000	\$1,051	\$1,000	\$586	\$1,000	\$1,000
60501	Operating Supp/Eqt Non-Cap	\$1,283	\$0	\$22	\$0	\$0	\$0	\$0
60502	Printing & Copying Expense	\$175	\$150	\$88	\$175	\$50	\$175	\$175
60730	G.A. Electricity Expense	\$3,187	\$3,500	\$3,003	\$3,500	\$1,104	\$3,500	\$3,500
60731	G.A. Client Rent Expense	\$107,166	\$90,000	\$106,400	\$137,500	\$30,388	\$110,000	\$110,000
60732	G.A. Food/Grocery Expense	\$6,537	\$4,500	\$6,202	\$5,000	\$1,267	\$4,500	\$4,500
60734	G.A. Burials Expense	\$8,869	\$8,500	\$2,129	\$7,000	\$2,505	\$5,000	\$5,000
60736	G.A. Conveyance	\$124	\$50	\$0	\$50	\$0	\$0	\$0
60737	G.A. Telephone Expense	\$0	\$0	\$0	\$0	\$0	\$0	\$0
60738	G.A. Sewer User Fee Expense	\$0	\$0	\$0	\$0	\$0	\$0	\$0
60739	G.A. Heating Fuel Expense	\$345	\$1,000	\$525	\$1,000	\$0	\$1,000	\$1,000
60740	G.A. Bottled Gas Expense	\$0	\$0	\$0	\$0	\$0	\$0	\$0
60741	G.A. Miscellaneous Expense	\$2,782	\$2,500	\$1,814	\$0	\$0	\$0	\$0
60742	G.A. Water Expense	\$0	\$0	\$0	\$0	\$0	\$0	\$0
60743	G.A. Medical Expense	\$1,807	\$1,000	\$1,438	\$1,500	\$202	\$1,500	\$1,500
Totals		\$133,712	\$112,200	\$122,670	\$156,725	\$36,102	\$126,675	\$126,675

DEPARTMENT PERSONAL SERVICES BUDGET WORKSHEET  
 Fiscal Year 2020 BUDGET

DEPARTMENT: 21125 Health & Welfare Expense

CLASSIFICATION	EMP #	FTE	YEAREND	REQUESTED	CITY MANAGER	COUNCIL	LAST NAME
			ANNUALIZED				
			TOTAL				
CASE WORKER	10501	1.00	58,115.20	58,338.72	58,338.72		BARTH
ADMIN ASST/CASE WORKER	10666	1.00	42,265.60	42,428.16	42,428.16		STEVENSON
<b>TOTAL BUDGETED POSITIONS</b>		<b>2.00</b>	<b>100,380.80</b>	<b>100,766.88</b>	<b>100,766.88</b>		



## Fiscal Year 2020 Budget Request

February 27, 2019

**Department:** Health & Welfare Expense

Account Title: F-T Employee Wage Exp

Department Number:            21125

Account Number:            60105

FY 2017 Actual	FY 2018 Budget	FY 2018 Actual	FY 2019 Budget	FY 2019 Est. Expended
\$97,956.06	\$101,427.00	\$102,597.72	\$97,683.00	\$105,783.28

FY 2020 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$105,783.28	\$105,783.28		\$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 Administrator

(1) Caseworker



## Fiscal Year 2020 Budget Request

February 27, 2019

**Department:** Health & Welfare Expense

Account Title: Overtime Wage Expense

Department Number: 21125

Account Number: 60111

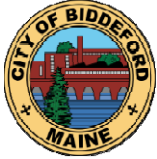
FY 2017 Actual	FY 2018 Budget	FY 2018 Actual	FY 2019 Budget	FY 2019 Est. Expended
\$0.00	\$0.00	\$1,695.26	\$0.00	\$700.00

FY 2020 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$700.00	\$700.00		\$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.

---

Overtime for meetings running beyond 5:00pm; travel time back from Augusta for MWDA Board Meetings & Workshops  
Emergency calls taken during nights and weekends



## Fiscal Year 2020 Budget Request

February 27, 2019

**Department:** Health & Welfare Expense

Account Title: Conferences/Training Expense

Department Number: 21125

Account Number: 60251

FY 2017 Actual	FY 2018 Budget	FY 2018 Actual	FY 2019 Budget	FY 2019 Est. Expended
\$435.00	\$500.00	\$295.00	\$700.00	\$230.00

FY 2020 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$900.00	\$400.00		(\$300.00)

**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.

(6) GA Workshops - Caseworker to attend @ \$50.00 each = \$300.00

Spring Seminar - Caseworker to attend (2 days) - \$100.00

General Assistance Administrator attends Workshops and Spring Seminar at no charge because she serves on MWDA Board	\$	400.00
---	----	--------

Lodging and food expenses for both GA Administrator and Caseworker to attend 2-day Spring Seminar	\$	500.00
---	----	--------

	\$	900.00
--	----	--------



## Fiscal Year 2020 Budget Request

February 27, 2019

**Department:** Health & Welfare Expense

Account Title: Travel/Mileage Expense

Department Number: 21125

Account Number: 60252

FY 2017 Actual	FY 2018 Budget	FY 2018 Actual	FY 2019 Budget	FY 2019 Est. Expended
\$431.41	\$1,000.00	\$190.05	\$1,000.00	\$500.00

FY 2020 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$500.00	\$500.00		(\$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.

---

Mileage reimbursement often comes from MWDA due to the fact that the GA Administrator is a Board member





## Fiscal Year 2020 Budget Request

February 27, 2019

**Department:** Health & Welfare Expense

Account Title: Food/Lodging Expense

Department Number: 21125

Account Number: 60253

FY 2017 Actual	FY 2018 Budget	FY 2018 Actual	FY 2019 Budget	FY 2019 Est. Expended
\$0.00	\$500.00	\$142.91	\$500.00	\$500.00

FY 2020 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$0.00	\$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.



Moved to 60251



# Fiscal Year 2020 Budget Request

February 27, 2019

Department: Health & Welfare Expense

Account Title: Dues/Memberships Expense

Department Number: 21125

Account Number: 60256

FY 2017 Actual	FY 2018 Budget	FY 2018 Actual	FY 2019 Budget	FY 2019 Est. Expended
\$60.00	\$60.00	\$90.00	\$60.00	\$60.00

FY 2020 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$60.00	\$60.00		\$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.

---

Maine Welfare Directors Association Membership dues for GA Administrator and Caseworker - \$30.00 each



## Fiscal Year 2020 Budget Request

February 27, 2019

**Department:** Health & Welfare Expense

Account Title: Other Prof/Consult Srvs Exp

Department Number:           21125

Account Number:           60306

FY 2017 Actual	FY 2018 Budget	FY 2018 Actual	FY 2019 Budget	FY 2019 Est. Expended
\$0.00	\$0.00	\$0.00	\$2,500.00	\$1,500.00

FY 2020 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.

---

The City is responsible for providing Interpreters when necessary; and these costs are non-reimbursable through the GA Program.



## Fiscal Year 2020 Budget Request

February 27, 2019

**Department:** Health & Welfare Expense

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

Department Number:           21125

Account Number:           60500

FY 2017 Actual	FY 2018 Budget	FY 2018 Actual	FY 2019 Budget	FY 2019 Est. Expended
\$1,437.12	\$1,000.00	\$1,051.22	\$1,000.00	\$1,000.00

FY 2020 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.

---

General office and filing supplies



## Fiscal Year 2020 Budget Request

February 27, 2019

**Department:** Health & Welfare Expense

Account Title: Operating Supp/Eqt Non-Cap

Department Number: 21125

Account Number: 60501

FY 2017 Actual	FY 2018 Budget	FY 2018 Actual	FY 2019 Budget	FY 2019 Est. Expended
\$1,283.14	\$0.00	\$21.71	\$0.00	\$0.00

FY 2020 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 2020 Budget Request

February 27, 2019

**Department:** Health & Welfare Expense

Account Title: Printing & Copying Expense

Department Number:           21125

Account Number:           60502

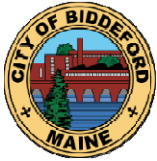
FY 2017 Actual	FY 2018 Budget	FY 2018 Actual	FY 2019 Budget	FY 2019 Est. Expended
\$175.00	\$150.00	\$87.52	\$175.00	\$175.00

FY 2020 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$175.00	\$175.00		\$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.

---

Printing costs for General Assistance Applications; appointment cards; business cards



## Fiscal Year 2020 Budget Request

February 27, 2019

**Department:** Health & Welfare Expense

Account Title: G.A. Electricity Expense

Department Number: 21125

Account Number: 60730

FY 2017 Actual	FY 2018 Budget	FY 2018 Actual	FY 2019 Budget	FY 2019 Est. Expended
\$3,187.34	\$3,500.00	\$3,002.84	\$3,500.00	\$3,500.00

FY 2020 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$3,500.00	\$3,500.00		\$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.

---

This is an account used for all general utilities, of which electricity is the primary expense that is paid



## Fiscal Year 2020 Budget Request

February 27, 2019

**Department:** Health & Welfare Expense

Account Title: G.A. Client Rent Expense

Department Number:           21125

Account Number:           60731

FY 2017 Actual	FY 2018 Budget	FY 2018 Actual	FY 2019 Budget	FY 2019 Est. Expended
\$107,166.42	\$90,000.00	\$106,399.66	\$137,500.00	\$60,000.00

FY 2020 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$110,000.00	\$110,000.00		(\$27,500.00)

**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.

---

The GA Office has seen a bit of a decrease this fiscal year in clients needing assistance with housing expenses; however, this trend could change at any time. The amount has been decreased conservatively in the event the GA Office starts seeing more applicants





## Fiscal Year 2020 Budget Request

February 27, 2019

**Department:** Health & Welfare Expense

Account Title: G.A. Food/Grocery Expense

Department Number:           21125

Account Number:           60732

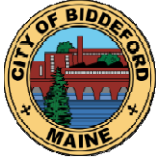
FY 2017 Actual	FY 2018 Budget	FY 2018 Actual	FY 2019 Budget	FY 2019 Est. Expended
\$6,536.60	\$4,500.00	\$6,201.88	\$5,000.00	\$2,500.00

FY 2020 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$4,500.00	\$4,500.00		(\$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.

---

DHHS has caps on food supplements to applicants, so the City is required to cover what the State programs don't cover.



## Fiscal Year 2020 Budget Request

February 27, 2019

**Department:** Health & Welfare Expense

Account Title: G.A. Burials Expense

Department Number:           21125

Account Number:           60734

FY 2017 Actual	FY 2018 Budget	FY 2018 Actual	FY 2019 Budget	FY 2019 Est. Expended
\$8,869.20	\$8,500.00	\$2,129.00	\$7,000.00	\$5,000.00

FY 2020 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$5,000.00	\$5,000.00		(\$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.

---

Burial expenses are not consistent from year to year. There is no way to estimate or determine how many folks will pass away who have no family or other way to cover burial expenses. A reasonable is made by looking at what was spend in past years.



## Fiscal Year 2020 Budget Request

February 27, 2019

**Department:** Health & Welfare Expense

Account Title: G.A. Conveyance

Department Number: 21125

Account Number: 60736

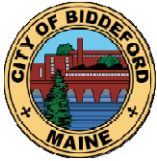
FY 2017 Actual	FY 2018 Budget	FY 2018 Actual	FY 2019 Budget	FY 2019 Est. Expended
\$124.00	\$50.00	\$0.00	\$50.00	\$0.00

FY 2020 Budget	Department Request	City Mgr Recommendation	Council Action	Increase (Decrease)
	\$0.00	\$0.00		(\$50.00)

**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 ShuttleBus has graciously given the GA Office bus tokens at no charge for the past year or so.



## Fiscal Year 2020 Budget Request

February 27, 2019

**Department:** Health & Welfare Expense

Account Title: G.A. Telephone Expense

Department Number:            21125

Account Number:            60737

FY 2017 Actual	FY 2018 Budget	FY 2018 Actual	FY 2019 Budget	FY 2019 Est. Expended
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

FY 2020 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.

---

This account is no longer needed



# Fiscal Year 2020 Budget Request

February 27, 2019

Department: Health & Welfare Expense

Account Title: G.A. Sewer User Fee Expense

Department Number: 21125

Account Number: 60738

FY 2017 Actual	FY 2018 Budget	FY 2018 Actual	FY 2019 Budget	FY 2019 Est. Expended
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

FY 2020 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.

---

This account is no longer needed



## Fiscal Year 2020 Budget Request

February 27, 2019

**Department:** Health & Welfare Expense

Account Title: G.A. Heating Fuel Expense

Department Number:           21125

Account Number:           60739

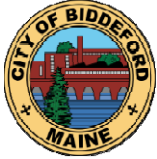
FY 2017 Actual	FY 2018 Budget	FY 2018 Actual	FY 2019 Budget	FY 2019 Est. Expended
\$344.80	\$1,000.00	\$524.80	\$1,000.00	\$1,000.00

FY 2020 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 do not qualify for the GA Program. In these cases, folks are often assisted through other fuel assistance programs; however, funds do need to be available for those applicants who do qualify for the GA Program or would be considered for emergency assistance.



## Fiscal Year 2020 Budget Request

February 27, 2019

**Department:** Health & Welfare Expense

Account Title: G.A. Bottled Gas Expense

Department Number: 21125

Account Number: 60740

FY 2017 Actual	FY 2018 Budget	FY 2018 Actual	FY 2019 Budget	FY 2019 Est. Expended
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

FY 2020 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.

---

This account is no longer needed



## Fiscal Year 2020 Budget Request

February 27, 2019

**Department:** Health & Welfare Expense

Account Title: G.A. Miscellaneous Expense

Department Number: 21125

Account Number: 60741

FY 2017 Actual	FY 2018 Budget	FY 2018 Actual	FY 2019 Budget	FY 2019 Est. Expended
\$2,781.60	\$2,500.00	\$1,813.50	\$0.00	\$0.00

FY 2020 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.

---

This account is no longer needed





## Fiscal Year 2020 Budget Request

February 27, 2019

**Department:** Health & Welfare Expense

Account Title: G.A. Water Expense

Department Number: 21125

Account Number: 60742

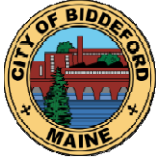
FY 2017 Actual	FY 2018 Budget	FY 2018 Actual	FY 2019 Budget	FY 2019 Est. Expended
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

FY 2020 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.

---

This account is no longer needed



## Fiscal Year 2020 Budget Request

February 27, 2019

**Department:** Health & Welfare Expense

Account Title: G.A. Medical Expense

Department Number: 21125

Account Number: 60743

FY 2017 Actual	FY 2018 Budget	FY 2018 Actual	FY 2019 Budget	FY 2019 Est. Expended
\$1,807.22	\$1,000.00	\$1,437.54	\$1,500.00	\$750.00

FY 2020 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.

This account is used to cover medical expenses for those who don't qualify under Maine Care, but do qualify for the GA Program.