**CITY OF MADISON** **Priority # \_\_\_**4**\_\_\_**

 **2014 Supplemental Budget Request**

**Agency:** Police

**Title of Request:**  Training Facility Admin Clerk

**Description of Supplemental Budget Request:**

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| With the completion of the Madison Police Department Training Center (MPDTC), it is clear that additional staff is needed in order to optimize usage. The facility needs staff to ensure that each room (including training rooms, computer lab, auditorium, DAAT room, scenario room, driving simulator and the indoor firing range) is set-up and ready for all reservations and scheduled trainings. In addition, the myriad of details related to maintaining optimal function of all equipment, including ensuring proper usage, needs to be coordinated and various supplies ordered and distributed. Current staff levels do not allow for assignment of personnel to this function, and it is work that does not need to be completed by commissioned personnel. If this position is not obtained, revenue levels could be negatively impacted.  |

|  |  |
| --- | --- |
| **Service # Affected** | **2000/3000** |
|  |
| **Accounts Affected** (Attach a more detailed account/ service breakdown if appropriate.) |
|  |  |  |  |
| **Expenses** |  | Total Amount |
| 51100 - Permanent Salaries |  | $ | 40,520 |
| 51120 - Premium Pay |  | $ |       |
| 51200 - Hourly Wages |  | $ |       |
| 51300 - Overtime Wages |  | $ |       |
| 52000 - Benefits |  | $ | 14,668 |
|  |  |  |  |
| 54000’s - Purchased Services |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  | $ |       |
|  |  |  |  |
| 55000’s - Supplies |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  | $ |       |
|  |  |  |  |
| 56000’s - Inter-departmental Charges |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  | $ |       |
|  |  |  |  |
| 58000 - Capital Assets |  | $ |       |
|  |  |  |  |
| **Total Expense** |  |  | **$** | 55,188 |
|  |  |  |  |
| **I/D Billings/Revenue** |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  | $ |       |
| **Net Impact** |  |  | **$** | 55,188 |
|  |  |  |  |

|  |
| --- |
| **THIS IS A REQUEST TO:** |
|  |  |
| [x]  | Continue an existing service or program |
| [ ]  | Expand or increase an existing service or program |
| [ ]  | Add a new service or program |
|  |  |
| Notes: |
|       |
| Does this request impact any results tracked by performance measures, including Madison Measures? [ ]  Yes [ ]  NoIf Yes, which measure(s) is it? Please quantify the potential impacts to the extent possible. |
|       |
|  |
| INSTRUCTIONSThis form is to be used for 2014 Operating Budget requests that exceed your agency's target. A form should be completed for each individual decision item. Please submit these supplemental request forms along with your base budget submission. |