**CITY OF MADISON** **Priority # \_\_\_**7**\_\_\_**

 **2014 Supplemental Budget Request**

**Agency:** Police

**Title of Request:**  Fund the Law Enforcement Advocate Partnership (LEAP)

**Description of Supplemental Budget Request:**

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| In 2013, funding was provided to resume implementation of the Law Enforcement Advocate Partnership (LEAP) program in Madison's South Police District and expand it to the North Police District. This request is to maintain this program in 2014 and to expand it citywide. The funds will be used to contract with Domestic Abuse Intervention Services (DAIS) to provide follow-up contacts with victims of domestic violence, to educate participants about the role of law enforcement in domestic violence incidents and to increase the likelihood that victims of domestic violence will contact police if future situations occur.  |

|  |  |
| --- | --- |
| **Service # Affected** | **2000** |
|  |
| **Accounts Affected** (Attach a more detailed account/ service breakdown if appropriate.) |
|  |  |  |  |
| **Expenses** |  | Total Amount |
| 51100 - Permanent Salaries |  | $ |       |
| 51120 - Premium Pay |  | $ |       |
| 51200 - Hourly Wages |  | $ |       |
| 51300 - Overtime Wages |  | $ |       |
| 52000 - Benefits |  | $ |       |
|  |  |  |  |
| 54000’s - Purchased Services |  |  |
| 54920 Comm Agency Contracts |  | $ | 60,000 |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  | $ | 60,000 |
|  |  |  |  |
| 55000’s - Supplies |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  | $ |       |
|  |  |  |  |
| 56000’s - Inter-departmental Charges |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  | $ |       |
|  |  |  |  |
| 58000 - Capital Assets |  | $ |       |
|  |  |  |  |
| **Total Expense** |  |  | **$** | 60,000 |
|  |  |  |  |
| **I/D Billings/Revenue** |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  | $ |       |
| **Net Impact** |  |  | **$** | 60,000 |
|  |  |  |  |

|  |
| --- |
| **THIS IS A REQUEST TO:** |
|  |  |
| [x]  | Continue an existing service or program |
| [x]  | 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. |