

CITY OF MCKINNEY, BUDGET FY 2015-2016 LINE ITEM DETAIL						Itemize orange accts	Do not change purple	Enter FY16 changes below
Account Number	Account Description	Actual FY 11-12	Actual FY 12-13	Actual FY 13-14	Original FY 14-15	Revised FY 14-15	Y-T-D 1/31/15	Continuation FY 15-16
MCKINNEY HOUSING FINANCE CORPORATION								
MHFC Revenues								
074-0000-341-4001	Service/Documents	358	16,394	87,960	8,700	8,700	6,571	8,700
074-0000-361-1000	General Govt Interest	725	78	100	94	94	74	94
TOTAL-Rev	MHFC Revenue Total	1,083	16,472	88,060	8,794	8,794	6,645	8,794
MHFC Expenditures								
074-1274-463-8101	Office	0	270	0	175	175	0	175
074-1274-463-8103	Food (non-travel)	0	0	0	50	50	0	50
074-1274-463-8115	Postage	0	5	0	25	25	18	25
Subtotal: Supplies		0	275	0	250	250	18	250
074-1274-463-8506	Travel/Training	0	0	0	0	0	0	0
074-1274-463-8507	Publications	0	0	0	50	50	0	50
074-1274-463-8511	Associations	232	232	250	200	200	0	250
074-1274-463-8516	Ret Fee/Prof Service	0	1,841	0	8,100	8,100	0	8,100
Subtotal: Services/Sundry		232	2,073	250	8,350	8,350	0	8,400
TOTAL-Exp	MHFC Total Expenditures	232	2,348	250	8,600	8,600	18	8,650
	MHFC Surplus/(Deficits)	851	14,124	87,810	194	194	6,627	144

**REDUCTIONS
to FY16**

FY15 reappropriations, one-time supplementals & operating contingency transfers. Other reductions or increases due to budget transfers

Save file to: X:\Finance and Admin Services\Budget\Budget FY2016\Dept Files

SUPPLEMENTAL REQUEST

FY 2015-16

Department/Division:

Supplemental Name:

Prior Year Request?

Expanded Service New Program Mandatory/Contractual Replacement Vehicle/Equipment

Unit #:

Description:

Justification:

How does it relate to the Council Goals and Objectives?

Account Number	Account Name	Expense Item Description	One Time Cost	Recurring Cost	Total Cost
					\$ -
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-

One Time Cost	\$ -
Recurring Cost	\$ -
Total Cost	\$ -

Personnel Details:

# Positions (FTE's)	Grade	Title	Annual Salary	Part-time Hourly Rate	# PT Hrs (Annually)

Revenue Impact:

Revenue Type	Revenue Item Description	Estimated Revenue

VEHICLE REQUEST

FY 2015-16

All budget requests for fleet items must be **approved in advance** by Fleet Services.

DUE TO FLEET SERVICES BY MARCH 18th

Completed by Department (one vehicle per request form):

Date Submitted:

Annual Budget

Grant Funded

Fiscal Year:

Mid-Year Request

Other Funding

Department/Division:

Account #:

Submitted By:

Phone:

Supplemental Name:

Replacement Vehicle?

Vehicle #: (Refer to Fleet Replacement Schedule)

Vehicle Options: Police & Fire Vehicles

Request one type of vehicle per form. Chevrolet Tahoe
#

Motorcycle
#

E-One Engine

E-One Ladder

Ambulance

4-Door Staff Vehicles

Ford Explorer

Ford Escape

Pick-Up & Utility Trucks

Ford F-150

Ford F-250

w/Extra Cab

Ford F-350

Ford F-450

w/Lift Gate

w/Utility Body

w/Flat Bed

Other Vehicle (Not Listed):

Off-Road Equipment:

Completed by Fleet Services:

Type of Vehicle: Make:

Model:

Funding Amount: Initial:

Adjusted:

Account Funded: Capital:

I.T. EQUIPMENT REQUEST

FY 2014-15

All budget requests for I.T. items must be **approved in advance** by the Information Technology Department.
DUE TO I.T. BY MARCH 19th

Dept/Div Name:

Fund/Division #:

Supplemental Name:

Account #	Standard Items	Qty	Unit Price	Extended Price	Connections Exist (Y/N)
8595	Standard Laptop* (<i>complete setup</i>)		\$ 2,200.00	\$ -	
8595	Power User Laptop* (<i>complete setup</i>)		\$ 3,750.00	\$ -	
8595	Power User Desktop Computer* (<i>complete setup</i>)		\$ 2,750.00	\$ -	
8595	All in One Standard Desktop Computer* (<i>complete setup</i>)		\$ 2,000.00	\$ -	
8595	CF 19 Panasonic Toughbook / Wireless Card***		\$ 4,250.00	\$ -	
8595	CF 53 Panasonic Toughbook / Wireless Card***		\$ 4,750.00	\$ -	
8595	Optional 24" monitor upgrade		\$ 250.00	\$ -	
8595	Optional 27" monitor upgrade		\$ 400.00	\$ -	
8140	Tablet		\$ 530.00	\$ -	
Account #	Software Items	Qty	Unit Price	Extended Price	Connections Exist (Y/N)
8140	Microsoft Projects		\$ 500.00	\$ -	
8140	Adobe Professional		\$ 265.00	\$ -	
8140	Microsoft Visio		\$ 450.00	\$ -	
Account #	Communication Items	Qty	Unit Price	Extended Price	Connections Exist (Y/N)
8144	MIFI Device***		\$ 50.00	\$ -	
8144	Desk Phone**		\$ 200.00	\$ -	
001-2119-413-8501	iPad/MIFI Wireless Service – Annual Rate		\$ 456.00	\$ -	
001-2119-413-8501	Telephone Service – Annual Rate (<i>Average, provided by Finance</i>)		\$ 144.00	\$ -	
8408	Network Connection (<i>Required for Printers, Computers, & Laptops</i>)		\$ 481.00	\$ -	
Account #	Public Safety Use Only	Qty	Unit Price	Extended Price	Connections Exist (Y/N)
8140	NetMotion (<i>required for all Public Safety laptops</i>)		\$ 300.00	\$ -	
8140	WatchGuard Maintenance		\$ 116.00	\$ -	
8140	WatchGuard Camera Kit		\$ 4,750.00	\$ -	
8140	Crystal Report License		\$ 420.00	\$ -	
TOTAL				-	

* Requires network connection

** Requires network connection AND annual service rate

*** Requires wireless airtime service

Complete laptop setups include monitor, mouse, keyboard, docking station, carrying case and Microsoft Office

Complete desktop setups include monitor, mouse, keyboard and Microsoft Office

				For IT Use Only			
Account #	Miscellaneous Items <small>Please list items <i>separately</i> & give <i>detailed</i> descriptions (list additional items on page 2)</small>	Model #	Qty	Quote (Unit Price)	Extended Price	IT Approval (Yes or No)	Approved / Disapproved By (Initial)
					-		
					-		
					-		
					-		
TOTAL					-		

Please contact IT by email for assistance with special hardware and/or software items.

Submitted By:

Date:

IT Approver:

Date:

GRANT BUDGET DETAIL

FY 2015-16

*All budget requests for grants must be **approved in advance** by the Grants Administrator.*

Dept/Div: Grantor:

Grant Number: Grant Title:

New Grant?

Existing Grant?

Grant Description:

Grant/Application Amount:

City Match: (If required in terms of match)

Additional Budget: (Needed to implement project)

Total: \$

Explanation of Additional Budget Required:

Items Needed to Carry Out Program:

Expense Category	Expense Description	FY 2015-16 Expense Amount	Funding Source * (G, M, A)	Notes or Comments
Salaries				
Benefits				
Supplies/Equip				
Travel/Training				
Services/Misc				
Capital				

* Funding Source: G=Grant, M=Match or A=Additional

Expense Total: \$

Personnel Details:

# Positions (FTE)	Title	Grade	Annual Salary	Part-time Hourly Rate	# PT Hrs (Annually)

Save file to: <X:\Finance and Admin Services\Budget\Budget FY2016\Dept Files>

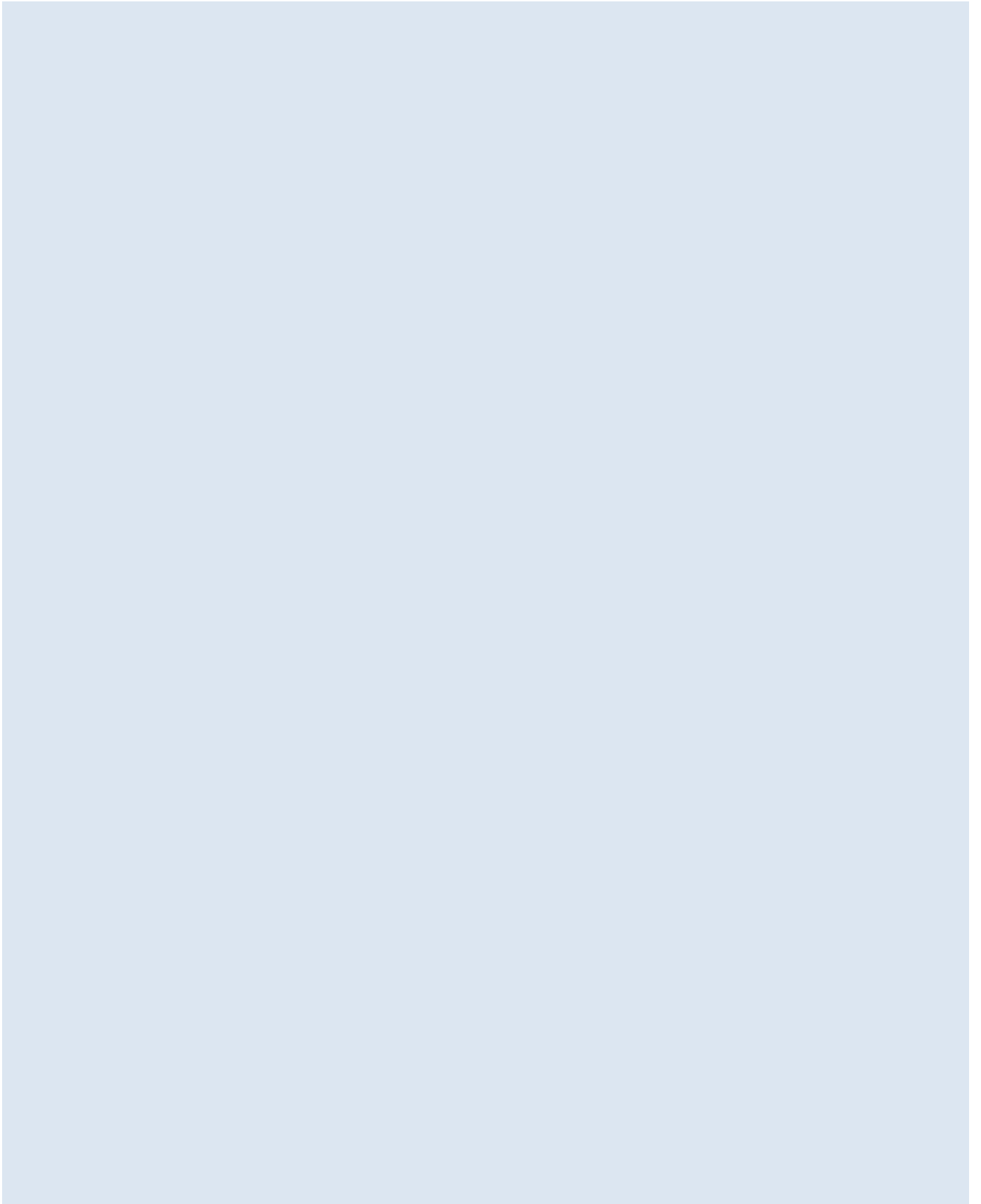
Department Staffing

STAFFING	Grade	Actual FY 11-12	Actual FY 12-13	Actual FY 13-14	Original FY 14-15	Revised FY 14-15	EOY Est FY 14-15	Proposed FY 15-16
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Department Performance Measurements

			verify	estimate	estimate
PERFORMANCE MEASURES	FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate	FY 2016 Target

Department Organizational Chart



FEE / RATE CHANGE REQUEST

FY 2015-16

Prepared by:

Fund:

Department/Division:

Name of Fees/Charges:

Effective Date:

Changes:

Item Description	Current Rate	Proposed New Rate

Last Ordinance Number:

Section Number:

Date Last Fee Change:

Justification:

Financial Impact:

Service Impact:

Account Number and description:

*New Ordinance & Fee Schedule Wording:

**New ordinances need to be coordinated with the City Attorney's office on ordinance and fee schedule wording.*

PROGRAM/SERVICE LEVEL REDUCTION RANKING

FY 2015-16

Department:

Rank *	Division	PSL Name	Type **	# FTE's	Filled/ Vacant	PSL Reduction Total
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Department Total Reduction	-		\$	-
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** 1 = Highest Priority*

PROGRAM/SERVICE LEVEL REDUCTION

FY 2015-16

Department/Div:

PSL Name:

Proposal Type:
(E=Elimination, R=Reduction)

PSL Reduction Total: \$

Personnel Impact?

Number FTE's Reduced: Filled/Vacant:
(F=Filled, V=Vacant)

Program Description:

Revenue Impact:

Revenue Account Number	Revenue Item Description	Current Estimated Revenue	PSL Impact* (+/-)	Net
				\$ -
				-
				-
				-
				-
Revenue Total		\$ -	\$ -	\$ -

* Negative represents decrease in revenue

Expenses:

Expense Account Number	Expense Item Description	Current Estimated Expense	Estimated Reduction*	Net
				\$ -
				-
				-
				-
				-
				-
				-
				-
Expense Total		\$ -	\$ -	\$ -

* Negative represents decrease in expenses