CITY OF MCKINNEY, BUDGET FY 2018-2019 LINE ITEM DETAIL Accounts consolidated for all years Actual Actual Original					orange accts Revised	Do not change purple Y-T-D	Enter FY19 changes below Continuation	
Account Number	Account Description IG FINANCE CORPORATION	FY 1	5-16	FY 16-17	FY 17-18	FY 17-18	1/31/18	FY 18-19
MHFC Revenues	IG FINANCE CORPORATION							
074-0000-341-4001	Service/Documents	1 6	4,509	1,225	15,000	15,000	0	15,000
	General Govt Interest	0	208	369	15,000	15,000	174	15,000
TOTAL-Rev	MHFC Revenue Total	6	∠∪6 4,718	l l	0		174	15,000
		0	4,/10	1,594	15,000	15,000	174	15,000
MHFC Expenditures 074-1274-463-8101		<u> </u>	0.1	٥١	175	175	1 0	175
074-1274-463-8103	Operational Supplies	-	0 8	0	50	50	0	50
Subtotal: Supplies	Food (non-travel)		8	0	225	225	0	225
074-1274-463-8505	Destage / Chinning Consises		11	5	25	25	0	25
074-1274-463-8506	Postage / Shipping Services		0	0	23	0		25
	Travel / Training / Mileage		525	0	300	300	0	330
074-1274-463-8511	Dues / Subscriptions / Licenses Continuation:		525	0	300	300	0	330
		222						
		330						
074 4074 400 0540		330	4.500	50.000	00.400	00.400		00.400
074-1274-463-8516	Professional / Contracted Services		1,500	58,066	68,100	68,100	0	68,100
	Continuation:	400						
	1 ' '	100						
	· '	000						
074 4074 400 0500		100	40	2				
074-1274-463-8533	Filing / Service Fees		46	0	0	0	0	0
074-1274-463-8559	Community Grants / Assistance		6,586	2,052	0	6,048	1,200	0
Subtotal: Services/			8,668	60,124	68,425	74,473	1,200	68,455
TOTAL-Exp	MHFC Total Expenditures		8,675	60,124	68,650	74,698	1,200	68,680
	MHFC Surplus/(Deficits)	5	6,042	(58,530)	(53,650)	(59,698)	(1,026)	(53,680)
Z	MHFC							

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SUPPLEMENTAL RANKING FY 2018-19

Departn	nent/Division:	

Rank *	Fund- Dpt/Div#	Division Name	Supplemental Name	FTE (#)	Fleet (F)	I.T. (I)	One-Time Cost	Recurring Cost	Total Cost
1									\$ -
2									-
3									-
4									-
5									-
									-
									-
									-
									-
									-
									-
									-
									-
									-
									-
									-
									-
									-
									-
									-
									-
									-
									-
									-
				0.0	0	0	\$ -	\$ -	\$ -
	pital Replac	ement List							
1									-
2									-
3									-
4									-
5									-
									-
									-
									-
				0.0	0	0	\$ -	\$ -	\$ -
* 1 = Hig	hest Priority		Department Total	0.0	0.0	0.0	0.0	0.0	0.0

SUPPLEMENTAL REQUEST FY 2018-19

Department/Division:					
Supplemental Name:			Prior Ye	ear Request?	Y/N
Expanded Service	New Program	Mandatory/Contractual	Replacemer Unit #:	nt Vehicle/Equ	ipment 🗌
Description:			Offit #.		
Justification:					
How does it relate to the	e Council Goals and Obje	ectives?			
Account Number (Numeric Order)	Account Name	Expense Item Description	One Time Cost	Recurring Cost	Total Cost
(ivalificatio Gracily				333	\$ -
					-
			1		-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
				e Time Cost	\$ - \$ -
			Net	Total Cost	\$ -
Personnel Details:					
# Positions	Grade	Title	Annual	Part-time	# PT Hrs
(FTE's)			Salary	Hourly Rate	(Annually)
Revenue Impact:					
Revenue Type	Revenu	e Item Description	Estimated Revenue		

VEHICLE REQUEST FY 2018-19

All budget requests for fleet items must be <u>approved in advance</u> by Fleet Services.

DUE TO FLEET SERVICES BY MARCH 16th

Completed by Departme	nt (one vehicle per	request form):		
Date Submitted:		☐ Annual Budget		Grant Funded
Fiscal Year:		☐ Mid-Year Request	t	Other Funding
Department/Division:			Account #:	
Submitted By:			Phone:	
Suţ	pplemental Name:			
Replacement Vehicle?	Y/N	Vehicle #:		(Refer to Fleet Replacement Schedule)
Vehicle Options:	Police & Fire Vehicle	es		
Request one type of vehicle per form.	Chevrolet Tahoe	Ford Interceptor	#	Motorcycle
	E-One Engine	E-One Ladder		Ambulance
	4-Door Staff Vehicle	S		
	Ford Explorer			
	Ford Taurus			
	Pick-Up & Utility Tru	ıcks		
	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 I	isted)		
	Off-Road Equipmen	t		
Completed by Fleet Serv	ices:			
Type of Vehicle:	Make:		Model:	
Funding Amount:	Initial:		Adjusted:	
Account Funded:	Capital:			

I.T. EQUIPMENT REQUEST FY 2018-19

All budget requests for I.T. items must be <u>approved in advance</u> by the Information Technology Department.

DUE TO I.T. BY MARCH 16TH

Department:		
Fund/Division #:		
	Supplemental Request Name:	

Account #	Standard Items	Qty	Unit Price	Extended Price	Connections Exist (Y/N)
8140	Standard Laptop* (complete setup)		\$ 1,400.00	\$ -	
8140	Power User Laptop* (complete setup)		\$ 1,700.00	\$ -	
8140	Power User Desktop Computer* (complete setup)		\$ 2,500.00	\$ -	
8140	Standard Desktop PC * (complete setup)		\$ 1,000.00	\$ -	
8140	Rugged PC		\$ 4,500.00	\$ -	
8140	CradlePoint/Antenna/Maint (for rugged, requires Wireless Service)		\$ 1,180.00	\$ -	
8140	In-Car Docking Station/power (for rugged)		\$ 875.00	\$ -	
8140	Optional 24" monitor upgrade		\$ 200.00	\$ -	
8140	Tablet		\$ 500.00	\$ -	
Account #	Software Items	Qty	Unit Price	Extended	Connections
0140	National of Office Durafassianal Cuita ****		ć 450.00	Price \$ -	Exist (Y/N)
8140	Microsoft Office Professional Suite ****		\$ 450.00 \$ 500.00	\$ -	
8140 8140	Microsoft Projects Adobe Professional		\$ 330.00	_	
	Microsoft Visio		\$ 330.00	\$ - \$ -	
8140	IVIICIOSOIT VISIO		\$ 400.00	Extended	Connections
Account #	Communication Items	Qty	Unit Price	Price	Exist (Y/N)
8140	MIFI Device***		\$ 50.00	\$ -	
8140	Desk Phone**		\$ 250.00	\$ -	
01-2119-413-8501	iPad/MIFI/USB Modem Wireless Service – Annual Rate		\$ 455.00	\$ -	
01-2119-413-8501	Telephone Service – Annual Rate		\$ 144.00	\$ -	
8408	Network Connection (Required for Printers, Computers, & Laptops)		\$ 481.00	\$ -	
Account #	Public Safety Use Only	Qty	Unit Price	Extended Price	Connections Exist (Y/N)
8140	NetMotion (required for all Public Safety laptops)		\$ 250.00	\$ -	- Line (T/TV)
8140	WatchGuard Maintenance		\$ 135.00	\$ -	
8140	WatchGuard Camera Kit		\$ 5,300.00	\$ -	
8140	Crystal Report License		\$ 420.00	\$ -	
3= .3	TOTAL		, .=5.00	-	

^{*} Requires network connection

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

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

Please contact IT by email for assistance with special hardware and/or software items.							
Submitted By:		Date:					
IT Approver:		Date:					

^{**} Requires network connection AND monthly rate

^{***} Requires wireless airtime

^{****} Needed for new position(s)

GRANT BUDGET DETAIL FY 2018-19

Please fill out a "Grant Budget Detail" for all recurring/anticipated grants

Department:		Grantor:				
Grant Number:		Grant Title:				
Grant Description	New Grant?		Existing Gr	ant?		
<u> </u>	Grant/Application Amount:					
	City Match:		(If required i	n terms of match)		
	Additional Budget:		(Needed to i	mplement project)		
	Total:	\$ -				
Explanation of A	Additional Budget Required:					
Items Needed to	Carry Out Program:					
Expense Category	Expense Description	FY 2018-19 Expense Amount	Funding Source * (G, M, A)	No	otes or Commen	ts
Salaries						
Benefits						
Supplies/Equip						
Travel/Training						
Services/Misc						
Capital						
	Expense Total:	\$ -	* Funding So	ource: G=Grant, M	1=Match or A=Addi	tional
Personnel Detai	ls:					
# Positions (FTE)	Title	Grade	Annual Salary	Part-time Hourly Rate	# PT Hrs (Annually)	
			oular y	,	(7 timean)	

PROGRAM/SERVICE LEVEL REDUCTION RANKING FY 2018-19

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 - \$	-
---------------------------------	---

^{* 1 =} Highest Priority

^{**} E=Elimination, R=Reduction

PROGRAM/SERVICE LEVEL REDUCTION FY 2018-19

Department/Div:		PSL Name:		
Proposal Type:	E/R (E=Elimination, R=Reduction)	PSL Reduction Total:	\$ -	l
Personnel Impact?	Y/N	Number FTE's Reduced:		
Program Description:			(F	=Filled, V=Vacant)

Revenue Impact:

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

FEE / RATE CHANGE REQUEST FY 2018-19

Prepared by:			
Fund:			
Department/Division:			
Name of Fees/Charges:			
Effective Date:			
		Current	Proposed New
Changes:	Item Description	Rate	Rate
Last Ordinance Number:			
Continua Novembrono			
Section Number:			
Date Last Fee Change:			
Justification:			
Justineation.			
Financial Impact:			
.			
Service Impact:			
Fee 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.

Department Staffing

8						
		Actual	Actual	Original	EOY Estimate	Proposed
STAFFING	Grade	FY 15-16	FY 16-17	FY 17-18	FY 17-18	FY 18-19

Department Organizational Chart				

FY 2018-19 Travel & Training Budget (8506)

	Employee								
Travel/Training Description	Name	Total							
									-
									-
									-
									-
									-
									-
									-
									-
									-
									-
									-
									-
Total for Employee	-	-	-	-	-	-	-	-	-

FY 2018-19 Associations Budget (8511)

	Employee								
Association Name	Name	Name	Name	Name	Name	Name	Name	Name	Total
									-
									-
									-
									-
									-
									-
									-
									-
									-
									-
									-
									-
Total for Employee	-	-	-	-	-	-	-	-	-

-

OLD EXPENDITURE ACCOUNTS					
Old Account #	Division	Element	Object		
074-1274-463-8101	MCK HOUSING FINANC	SUPPLIES	OFFICE		
074-1274-463-8103	MCK HOUSING FINANC	SUPPLIES	FOOD		
074-1274-463-8115	MCK HOUSING FINANC	SUPPLIES	POSTAGE		
074-1274-463-8505	MCK HOUSING FINANC	SUPPLIES	POSTAGE		
074-1274-463-8506	MCK HOUSING FINANC	CONTR OR MISC	TRAVEL/TRAINING		
074-1274-463-8507	MCK HOUSING FINANC	CONTR OR MISC	PUBLICATIONS		
074-1274-463-8511	MCK HOUSING FINANC	CONTR OR MISC	ASSOCIATIONS		
074-1274-463-8516	MCK HOUSING FINANC	CONTR OR MISC	RET FEE/PROF SERVICE		
074-1274-463-8533	MCK HOUSING FINANC	CONTR OR MISC	FILING FEES		
074-1274-463-8559	MCK HOUSING FINANC	CONTR OR MISC	HOUSING ASSISTANCE		
074-1274-463-8564	MCK HOUSING FINANC	CONTR OR MISC	HOUSING ASSISTANCE		

NEW EXPENDITURE ACCOUNTS				
	New			
New Account #	Obj Descrip			
074-1274-463-8101	Operational Supplies			
074-1274-463-8103	Food			
074-1274-463-8505	Postage / Shipping			
074-1274-463-8505	Postage / Shipping			
074-1274-463-8506	Travel / Training / Mileage			
074-1274-463-8511	Dues / Subscriptions / Licenses			
074-1274-463-8511	Dues / Subscriptions / Licenses			
074-1274-463-8516	Professional / Contracted Services			
074-1274-463-8533	Filing / Service Fees			
074-1274-463-8559	Community Grants / Assistance			
074-1274-463-8559	Community Grants / Assistance			

Account needs to be

Changed from mapper 074-1274-463-8101 074-1274-463-8103 074-1274-463-8505 074-1274-463-8506 074-1274-463-8511 074-1274-463-8516 074-1274-463-8533 074-1274-463-8559 074-1274-463-8559

added to Naviline

ed account

TRUE	074-1274-463-8101	TRUE
TRUE	074-1274-463-8103	TRUE
TRUE	#N/A	#N/A
TRUE	074-1274-463-8115	FALSE
TRUE	074-1274-463-8506	TRUE
TRUE	#N/A	#N/A
TRUE	074-1274-463-8507	FALSE
TRUE	074-1274-463-8516	TRUE
TRUE	074-1274-463-8533	TRUE
TRUE	074-1274-463-8559	TRUE
TRUE	#N/A	#N/A