

CITY OF HOMER
DEPARTMENT BUDGET REQUEST
FY25 BUDGET

Requesting Department HVFD

Date 5/12/2024

<input type="checkbox"/> Request for Additional Personnel: Position Title _____ Salary Range & Step _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours Per Year _____ (FINANCE DEPT WILL COMPLETE) 5101 Permanent Employees _____ 5102 Fringe Benefits _____ 5103 P/T Employees _____ 5104 Fringe Benefits P/T _____ 5105 Overtime _____ Total Personnel Cost _____	<input checked="" type="checkbox"/> Capital Request (for acquiring/constructing a major, long-term asset valued at \$5,000 or more) <input type="checkbox"/> Operating Line Item Increase Request Title <u>Pumper tanker purchase</u> Fund Name: _____ Account Name: _____ Account # _____ Estimated Cost: <u><u>\$7,000</u></u>
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Fully describe the specifics of your budget request i.e. item(s) to be purchased, their function and justification.

When we purchased the truck in 2022 we anticipated some cost increases due to the 2.5 year build time. We estimated a 25,000 dollar contingency that has fallen short now that we have the engineering of the build complete. So if we add 7,000 to the 25,000 we will have enough to meet the final cost obligation.

How is this request necessary for the Department to carry out its mission, or to meet Department goals?

This to complete an existing capital project that was started in 2022 and will provide the city with a pumper tanker that will be used for life safety and fire protection.

Priority of Need: This budget request item ranks # ☐ of the department's ☐ budget requests.

Requestor's Name: Kirko

Dept Head Approval Kirko

Date 5/12/2024

City Manager

Recommendation: ☒ Approved ☐ Denied ☐ Amended

Comments:

CITY OF HOMER
DEPARTMENT BUDGET REQUEST
FY25 BUDGET

Requesting Department HVFD

Date 5/12/2024

<input type="checkbox"/> Request for Additional Personnel: Position Title _____ Salary Range & Step _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours Per Year _____	<input checked="" type="checkbox"/> Capital Request (for acquiring/constructing a major, long-term asset valued at \$5,000 or more) <input type="checkbox"/> Operating Line Item Increase Request Title <u>Brush Truck, Mini p[umper]</u> Fund Name: _____ Account Name: _____ Account # _____ Estimated Cost: <u><u>\$450,000</u></u>
(FINANCE DEPT WILL COMPLETE)	
5101 Permanent Employees _____	
5102 Fringe Benefits _____	
5103 P/T Employees _____	
5104 Fringe Benefits P/T _____	
5105 Overtime _____	
Total Personnel Cost _____	

Fully describe the specifics of your budget request i.e. item(s) to be purchased, their function and justification.

In 2022 I had to take the 1990 Brush truck out of service after it was deemed unsafe to use by the City Mechanic. We have been actively trying to replace the truck since 2017 and have been unsuccessful due to prioritizing other city projects. It will take 2-3 years to have one built and we are in a vulnerable position of inadequate response to wildland and hillside fires until that happens. There are many structures that could also be protected by this vehicle in the rural areas of Homer that pose an access challenge to the larger vehicles in our fleet.

How is this request necessary for the Department to carry out its mission, or to meet Department goals?

Our primary responsibility to public safety is Fire, EMS and rescue response, this requested truck would have the ability to provide all of those services.

Priority of Need: This budget request item ranks # ☐ of the department's ☐ budget requests.

Requestor's Name: kirko

Dept Head Approval Kirko

Date 5/12/2024

City Manager

Recommendation: ☐ Approved ☒ Denied ☐ Amended

Comments: Listed as anticipated FY26/27 in current capital budget.

**CITY OF HOMER
DEPARTMENT BUDGET REQUEST
FY25 BUDGET**

Requesting Department HVFD

Date _____

☐ Request for Additional Personnel:
Position Title _____

Salary Range & Step _____

Full-time ☐

Part-time ☐ Hours Per Year _____

(FINANCE DEPT WILL COMPLETE)

5101 Permanent Employees _____

5102 Fringe Benefits _____

5103 P/T Employees _____

5104 Fringe Benefits P/T _____

5105 Overtime _____

Total Personnel Cost _____

☒ Capital Request (for acquiring/constructing
a major, long-term asset valued at \$5,000 or more)

☐ Operating Line Item
Increase

Request Title Ambulance

Fund Name: _____

Account Name: _____

Account # _____

Estimated Cost: \$450,000

Fully describe the specifics of your budget request i.e. item(s) to be purchased, their function and justification.

Need to replace the 24-year old ambulance. The current ambulance is obsolete and does not have many of the required features used in today's EMS system. It will take up to 3 years to have a new one built so we could be in a vulnerable position if one of the newer units becomes unusable for any length of time. With our run volume continuing to grow, this third unit will become more of a frontline unit and in higher demand.

How is this request necessary for the Department to carry out its mission, or to meet Department goals?

We need reliable and up to date medical care units capable of serving the community and visitors of Homer.

Priority of Need:

This budget request item ranks # ☐ of the department's ☐ budget requests.

Requestor's Name:

Kirko

Dept Head Approval

Kirko

Date

5/12/2024

City Manager

Recommendation:

☐ Approved

☒ Denied

☐ Amended

Comments:

This was denied in the FY24/25 budget requests.

**CITY OF HOMER
DEPARTMENT BUDGET REQUEST
FY25 BUDGET**

Requesting Department Library Date _____

<input type="checkbox"/> Request for Additional Personnel: Position Title _____ Salary Range & Step _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours Per Year _____	<input checked="" type="checkbox"/> Capital Request (for acquiring/constructing a major, long-term asset valued at \$5,000 or more) <input type="checkbox"/> Operating Line Item Increase Request Title <u>Public Computers</u> Fund Name: _____ Account Name: _____ Account # _____ Estimated Cost: <u><u>\$12,000</u></u>
(FINANCE DEPT WILL COMPLETE)	
5101 Permanent Employees _____	
5102 Fringe Benefits _____	
5103 P/T Employees _____	
5104 Fringe Benefits P/T _____	
5105 Overtime _____	
Total Personnel Cost _____	

Fully describe the specifics of your budget request i.e. item(s) to be purchased, their function and justification.

The public computers in the library are due for replacement under IT's replacement schedule. We would like to put in Google Chromeboxes instead of PCs. They're much cheaper and easier to manage centrally, and may finally give us the ability to handle wireless printing. The monitors and peripherals do not need replacing.

How is this request necessary for the Department to carry out its mission, or to meet Department goals?

The library computers get heavy use for internet access and printing.

Priority of Need: This budget request item ranks # of the department's budget requests.

Requestor's Name: _____ Dept Head Approval _____
Date _____

City Manager
Recommendation: ☒ Approved ☐ Denied ☐ Amended

Comments: _____

**CITY OF HOMER
DEPARTMENT BUDGET REQUEST
FY25 BUDGET**

Requesting Department Library Date _____

<input type="checkbox"/> Request for Additional Personnel: Position Title _____ Salary Range & Step _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours Per Year _____ (FINANCE DEPT WILL COMPLETE) 5101 Permanent Employees _____ 5102 Fringe Benefits _____ 5103 P/T Employees _____ 5104 Fringe Benefits P/T _____ 5105 Overtime _____ Total Personnel Cost _____	<input checked="" type="checkbox"/> Capital Request (for acquiring/constructing a major, long-term asset valued at \$5,000 or more) <input type="checkbox"/> Operating Line Item Increase Request Title <u>Tables</u> Fund Name: _____ Account Name: _____ Account # _____ Estimated Cost: <u><u>\$6,000</u></u>
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Fully describe the specifics of your budget request i.e. item(s) to be purchased, their function and justification.

Purchase 5 or 6 conference tables on wheels, each 30" x 60". This would allow us to convert study room 5 and the copy room into more usable public spaces. If decent tables are available elsewhere, we could do this for free.

How is this request necessary for the Department to carry out its mission, or to meet Department goals?

The two rooms beside the checkout desk are prime public real estate, and there is often a lot of demand for study spaces. Neither room is being used to capacity, but some simple changes in the furnishings and moving equipment around would free them up. The only new furnishings are mobile meeting tables of the sort in the main meeting room.

Priority of Need: This budget request item ranks # 5 of the department's 6 budget requests.

Requestor's Name: _____ Dept Head Approval _____
Date _____

City Manager
Recommendation: ☒ Approved ☐ Denied ☐ Amended

Comments: _____

**CITY OF HOMER
DEPARTMENT BUDGET REQUEST
FY25 BUDGET**

Requesting Department HVFD

Date _____

☐ Request for Additional Personnel:
Position Title _____

Salary Range & Step _____

Full-time ☐

Part-time ☐ Hours Per Year _____

(FINANCE DEPT WILL COMPLETE)

5101 Permanent Employees _____

5102 Fringe Benefits _____

5103 P/T Employees _____

5104 Fringe Benefits P/T _____

5105 Overtime _____

Total Personnel Cost _____

☒ Capital Request (for acquiring/constructing
a major, long-term asset valued at \$5,000 or more)

☐ Operating Line Item
Increase

Request Title Fire Bay Doors & Motors

Fund Name: _____

Account Name: _____

Account # _____

Estimated Cost: \$50,000

Fully describe the specifics of your budget request i.e. item(s) to be purchased, their function and justification.

The fire department has 7 bay doors with lift motors that are all experiencing frequent failures. There are 3 different models, all of which are over 20 years old and becoming difficult to get parts for when failures occur causing greater down times. We have talked with a local company that can provide a newer motor with increased speed of operation that is useful during emergencies. The newer motors will also have dual control openers with greater range and flexibility to interchange between doors.

How is this request necessary for the Department to carry out its mission, or to meet Department goals?

The FD doors get used on a daily basis, sometimes the same doors are opened multiple times a day and are essential for a timely response to emergency situations.

Priority of Need:

This budget request item ranks # ☐ of the department's ☐ budget requests.

Requestor's Name:

Kirko

Dept Head Approval

Kirko

Date

5/12/2024

City Manager

Recommendation:

☒ Approved

☐ Denied

☐ Amended

Comments:

**CITY OF HOMER
DEPARTMENT BUDGET REQUEST
FY25 BUDGET**

Requesting Department Police

Date _____

☐ Request for Additional Personnel:

Position Title _____

Salary Range & Step _____

Full-time ☐

Part-time ☐

Hours Per Year _____

(FINANCE DEPT WILL COMPLETE)

5101 Permanent Employees _____

5102 Fringe Benefits _____

5103 P/T Employees _____

5104 Fringe Benefits P/T _____

5105 Overtime _____

Total Personnel Cost _____

☒ Capital Request (for acquiring/constructing a major, long-term asset valued at \$5,000 or more)

☐ Operating Line Item Increase

Request Title Security Fencing

Fund Name: _____

Account Name: _____

Account # _____

Estimated Cost: \$7,000

Fully describe the specifics of your budget request i.e. item(s) to be purchased, their function and justification.

We budgeted for security fencing and a vehicle access gate around the back of the police station in FY24. This was awarded in the capital budget. We did not request enough money to provide an operator for the access gate. This request will provide enough additional funding to purchase and install the operator.

How is this request necessary for the Department to carry out its mission, or to meet Department goals?

The security fencing provides controlled access to the rear entry's of our building and our onsite impound yard. Having an operator on the gate will help to ensure the gate is closed at all times helping us meet the goal of enhanced police station security.

Priority of Need:

This budget request item ranks # 4 of the department's 4 budget requests.

Requestor's Name:

Chief Robl

Dept Head Approval MHR

Date 4/24/2024

City Manager

Recommendation:

☒ Approved

☐ Denied

☐ Amended

Comments:

CITY OF HOMER
DEPARTMENT BUDGET REQUEST
FY25 BUDGET

Requesting Department Public Works

Date _____

☐ Request for Additional Personnel:
Position Title _____
Salary Range & Step _____
Full-time ☐
Part-time ☐ Hours Per Year _____

☒ Capital Request (for acquiring/constructing a major, long-term asset valued at \$5,000 or more) ☐ Operating Line Item Increase

Request Title _____
Library HVAC Control System Upgrade

Fund Name: _____

Account Name: _____

Account # _____

Estimated Cost: \$16,000

(FINANCE DEPT WILL COMPLETE)

5101 Permanent Employees _____
5102 Fringe Benefits _____
5103 P/T Employees _____
5104 Fringe Benefits P/T _____
5105 Overtime _____
Total Personnel Cost _____

Fully describe the specifics of your budget request i.e. item(s) to be purchased, their function and justification.

Controller upgrade, computer hardware and software replacement due to achieving the end of its lifecycle. The current system is based off of Windows 7 and is no longer a supported platform.

How is this request necessary for the Department to carry out its mission, or to meet Department goals?

Priority of Need: This budget request item ranks # ☐ of the department's ☐ budget requests.

Requestor's Name: _____ Dept Head Approval _____

Date _____

City Manager

Recommendation: ☒ Approved ☐ Denied ☐ Amended

Comments: _____

**CITY OF HOMER
DEPARTMENT BUDGET REQUEST
FY25 BUDGET**

Requesting Department Public Works

Date _____

☐ **Request for Additional Personnel:**
Position Title _____
Salary Range & Step _____
Full-time ☐
Part-time ☐ **Hours Per Year** _____

☒ **Capital Request** (for acquiring/constructing a major, long-term asset valued at \$5,000 or more) ☐ **Operating Line Item Increase**
Request Title Fuel Island
Fund Name: _____
Account Name: _____
Account # _____
Estimated Cost: \$350,000

(FINANCE DEPT WILL COMPLETE)

5101 Permanent Employees _____
5102 Fringe Benefits _____
5103 P/T Employees _____
5104 Fringe Benefits P/T _____
5105 Overtime _____
Total Personnel Cost _____

Fully describe the specifics of your budget request i.e. item(s) to be purchased, their function and justification.

Public Works has been informed that the underground fuel tanks certification expires around the end of August and cannot be recertified. This has been a project under consideration for a few years. This project cost does not include the cost of removal of the existing tanks or the costs associated with any potential environmental remediation associated with the existing underground tanks. The proposed tanks will be aboveground and skid mounted so they will be able to be relocated to the future Public Works campus when the time comes.

How is this request necessary for the Department to carry out its mission, or to meet Department goals?

Fuel tanks are mission critical to the Department. Due to the delay in this decision, there will likely be a short period of time where fuel may need to be purchased from a local vendor rather than bulk delivery to a City owned fuel system.

Priority of Need: This budget request item ranks # ☐ of the department's ☐ budget requests.

Requestor's Name: _____

Dept Head Approval _____

Date _____

City Manager

Recommendation: ☒ Approved ☐ Denied ☐ Amended

Comments: This is a necessary expenditure. Recommend dividing costs between General Fund, Utility Fund, and Port and Harbor in an equitable usage division.

**CITY OF HOMER
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Requesting Department Public Works

Date _____

☐ **Request for Additional Personnel:**
Position Title _____
Salary Range & Step _____
Full-time ☐
Part-time ☐ **Hours Per Year** _____

☒ **Capital Request** (for acquiring/constructing a major, long-term asset valued at \$5,000 or more) ☐ **Operating Line Item Increase**

Request Title City Hall Elevator

Fund Name: General Fund CARMA

Account Name: _____

Account # _____

Estimated Cost: \$150,000

(FINANCE DEPT WILL COMPLETE)

5101 Permanent Employees _____
5102 Fringe Benefits _____
5103 P/T Employees _____
5104 Fringe Benefits P/T _____
5105 Overtime _____
Total Personnel Cost _____

Fully describe the specifics of your budget request i.e. item(s) to be purchased, their function and justification.

The City Hall elevator certification expires in August 2025.

How is this request necessary for the Department to carry out its mission, or to meet Department goals?

Priority of Need: This budget request item ranks # ☐ of the department's ☐ budget requests.

Requestor's Name: _____ **Dept Head Approval** _____

Date _____

City Manager

Recommendation: ☒ Approved ☐ Denied ☐ Amended

Comments: _____

CITY OF HOMER
DEPARTMENT BUDGET REQUEST
FY25 BUDGET

Requesting Department Public Works

Date _____

☐ Request for Additional Personnel:
Position Title _____
Salary Range & Step _____
Full-time ☐
Part-time ☐ Hours Per Year _____

☒ Capital Request (for acquiring/constructing a major, long-term asset valued at \$5,000 or more) ☐ Operating Line Item Increase

Request Title _____

City Hall ADA Ramp

Fund Name: _____

Account Name: _____

Account # _____

Estimated Cost: \$11,000

(FINANCE DEPT WILL COMPLETE)	
5101 Permanent Employees	_____
5102 Fringe Benefits	_____
5103 P/T Employees	_____
5104 Fringe Benefits P/T	_____
5105 Overtime	_____
Total Personnel Cost	_____

Fully describe the specifics of your budget request i.e. item(s) to be purchased, their function and justification.

Additional design considerations and elevated construction costs increased the cost from \$14,000 to \$25,000. Additional considerations include possibly switching the door swing direction, expanding the landings to meet ADA requirements and allow decreased slope, and relocation of location of the end of the ramp due to re-sloping ramp. May require a new ADA curb cut in curb.

How is this request necessary for the Department to carry out its mission, or to meet Department goals?

Priority of Need: This budget request item ranks # ☐ of the department's ☐ budget requests.

Requestor's Name: _____ Dept Head Approval _____

Date _____

City Manager

Recommendation: ☒ Approved ☐ Denied ☐ Amended

Comments: _____

CITY OF HOMER
DEPARTMENT BUDGET REQUEST
FY25 BUDGET

Requesting Department Public Works

Date _____

☐ Request for Additional Personnel:
Position Title _____
Salary Range & Step _____
Full-time ☐
Part-time ☐ Hours Per Year _____

☒ Capital Request (for acquiring/constructing a major, long-term asset valued at \$5,000 or more) ☐ Operating Line Item Increase
Request Title Water/Sewer SCADA Upgrades
Fund Name: Utility CARMA
Account Name: _____
Account # _____
Estimated Cost: \$75,000

(FINANCE DEPT WILL COMPLETE)

5101 Permanent Employees _____
5102 Fringe Benefits _____
5103 P/T Employees _____
5104 Fringe Benefits P/T _____
5105 Overtime _____
Total Personnel Cost _____

Fully describe the specifics of your budget request i.e. item(s) to be purchased, their function and justification.

Water and Sewer SCADA upgrades to include computer hardware and software. Existing hardware and software is beyond end of life and has been identified as being a susceptible cybersecurity threat.

How is this request necessary for the Department to carry out its mission, or to meet Department goals?

Priority of Need: This budget request item ranks # ☐ of the department's ☐ budget requests.

Requestor's Name: _____ Dept Head Approval _____

Date _____

City Manager

Recommendation: ☒ Approved ☐ Denied ☐ Amended

Comments: _____

**CITY OF HOMER
DEPARTMENT BUDGET REQUEST
FY25 BUDGET**

Requesting Department Public Works

Date _____

<input type="checkbox"/> Request for Additional Personnel: Position Title _____ Salary Range & Step _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours Per Year _____ (FINANCE DEPT WILL COMPLETE) 5101 Permanent Employees _____ 5102 Fringe Benefits _____ 5103 P/T Employees _____ 5104 Fringe Benefits P/T _____ 5105 Overtime _____ Total Personnel Cost _____	<input checked="" type="checkbox"/> Capital Request (for acquiring/constructing a major, long-term asset valued at \$5,000 or more) <input type="checkbox"/> Operating Line Item Increase Request Title _____ Raw Water Pumphouse Communication Line Fund Name: <u>Utility CARMA - Water</u> Account Name: _____ Account # _____ Estimated Cost: <u><u>\$150,000</u></u>
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Fully describe the specifics of your budget request i.e. item(s) to be purchased, their function and justification.

Reliable communication between the Raw Water Pumphouse and the Water Treatment Plant is a critical element of the production of Drinking Water. The two elements must function as one complete process to efficiently operate. The existing communication via a dedicated ACS communication line has routinely failed over the past several years, resulting in staff having to provide 24-hour monitoring to provide water from the reservoir to the Water Treatment Plant. Numerous efforts have been made by ACS to troubleshoot and repair this line. ACS does not have the motivation to replace this dedicated communication line. There is an opportunity to replace this communication line with a privately owned fiber optic line as part of the Raw Water Transmission Line Replacement Project and therefore realize significant cost savings by incorporating this effort as part of one project while a contractor is onsite installing the pipe.

How is this request necessary for the Department to carry out its mission, or to meet Department goals?

Priority of Need: This budget request item ranks # ☐ of the department's ☐ budget requests.

Requestor's Name: _____ Dept Head Approval _____
Date _____

City Manager
Recommendation: ☒ Approved ☐ Denied ☐ Amended

Comments: _____

**CITY OF HOMER
DEPARTMENT BUDGET REQUEST
FY25 BUDGET**

Requesting Department Public Works

Date _____

<input type="checkbox"/> Request for Additional Personnel: Position Title _____ Salary Range & Step _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours Per Year _____ (FINANCE DEPT WILL COMPLETE) 5101 Permanent Employees _____ 5102 Fringe Benefits _____ 5103 P/T Employees _____ 5104 Fringe Benefits P/T _____ 5105 Overtime _____ Total Personnel Cost _____	<input checked="" type="checkbox"/> Capital Request (for acquiring/constructing a major, long-term asset valued at \$5,000 or more) <input type="checkbox"/> Operating Line Item Increase Request Title <u>Portable Back up Generator</u> Fund Name: _____ Account Name: _____ Account # _____ Estimated Cost: <u>\$95,000</u>
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Fully describe the specifics of your budget request i.e. item(s) to be purchased, their function and justification.

Public Works currently has 2 mobile back up generators that are used to provide power to the 7 liftstations in the event of a power loss. Staff "hopscotch" these generators between lift stations to prevent sewage back up. However during high flow situations, one generator may require to be left at one of the liftstations continuously due to high flows, meaning they are left with one mobile generator to operate the remaining 6 liftstations. Further, there is no back-up to the back-up generator at the Wastewater Treatment Plant, and there has been a failure of that generator in the past that caused backup of sewage into houses in the past. When this happened in the past, PW was able to borrow one from HEA, however there is no guarantee this would be available in the future. This generator would have the capacity to back up the WWTP. Lastly, the mobile generators have been used at the Airport during power outages. The Airport does not have a back up generator. Having an additional generator available would provide additional capacity to provide power to the airport as needed.

How is this request necessary for the Department to carry out its mission, or to meet Department goals?

Priority of Need: This budget request item ranks # ☐ of the department's ☐ budget requests.

Requestor's Name: _____ **Dept Head Approval** _____

Date _____

City Manager Recommendation: ☐ Approved ☒ Denied ☐ Amended

Comments: Recommending this request for Community Assistance Program funding.
The CAP funding amount is \$76,060.10. The balance will be requested by a future ordinance.

CITY OF HOMER
DEPARTMENT BUDGET REQUEST
FY25 BUDGET

Requesting Department Port Date

<input type="checkbox"/> Request for Additional Personnel: Position Title _____ Salary Range & Step _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours Per Year _____ (FINANCE DEPT WILL COMPLETE) 5101 Permanent Employees _____ 5102 Fringe Benefits _____ 5103 P/T Employees _____ 5104 Fringe Benefits P/T _____ 5105 Overtime _____ Total Personnel Cost _____	<input checked="" type="checkbox"/> Capital Request (for acquiring/constructing a major, long-term asset valued at \$5,000 or more) <input type="checkbox"/> Operating Line Item Increase Request Title <u>MB Sweeper</u> Fund Name: _____ Account Name: _____ Account # _____ Estimated Cost: <u><u>\$5,000</u></u>
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Fully describe the specifics of your budget request i.e. item(s) to be purchased, their function and justification.

Replace current equipment that is not operational

How is this request necessary for the Department to carry out its mission, or to meet Department goals?

Walk behind sweepers are used to remove snow from the floats in the winter and to sweep the walkways in the parking lots in the summer. We have found that by sweeping the floats when there is a light snow helps reduce ice accumulation.

Priority of Need: This budget request item ranks # ☐ of the department's ☐ budget requests.

Requestor's Name: Bryan Hawkins Dept Head Approval
Date

City Manager Recommendation: ☒ Approved ☐ Denied ☐ Amended

Comments: _____

CITY OF HOMER
DEPARTMENT BUDGET REQUEST
FY25 BUDGET

Requesting Department Port Date

<input type="checkbox"/> Request for Additional Personnel: Position Title _____ Salary Range & Step _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours Per Year _____ (FINANCE DEPT WILL COMPLETE) 5101 Permanent Employees _____ 5102 Fringe Benefits _____ 5103 P/T Employees _____ 5104 Fringe Benefits P/T _____ 5105 Overtime _____ Total Personnel Cost _____	<input checked="" type="checkbox"/> Capital Request (for acquiring/constructing a major, long-term asset valued at \$5,000 or more) <input type="checkbox"/> Operating Line Item Increase Request Title <u>Campground items</u> Fund Name: _____ Account Name: _____ Account # _____ Estimated Cost: <u><u>\$18,000</u></u>
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Fully describe the specifics of your budget request i.e. item(s) to be purchased, their function and justification.

10x Recycled plastic picnic benches and fire rings to refurbish campsites

How is this request necessary for the Department to carry out its mission, or to meet Department goals?

Essential amenities at our campsites include picnic tables and fire rings. Although currently made of wood, our future objective is to gradually replace the tables with durable plastic ones that are resistant to rot. It should be noted that not all campsites are equipped with fire rings. Our aim is to get the permanent campsites set up with both fire rings and tables for the convenience of our visitors.

Priority of Need: This budget request item ranks # ☐ of the department's ☐ budget requests.

Requestor's Name: Bryan Hawkins Dept Head Approval
Date

City Manager
Recommendation: ☒ Approved ☐ Denied ☐ Amended

Comments: _____

**CITY OF HOMER
DEPARTMENT BUDGET REQUEST
FY25 BUDGET**

Requesting Department Port Date

<input type="checkbox"/> Request for Additional Personnel: Position Title _____ Salary Range & Step _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours Per Year _____ (FINANCE DEPT WILL COMPLETE) 5101 Permanent Employees _____ 5102 Fringe Benefits _____ 5103 P/T Employees _____ 5104 Fringe Benefits P/T _____ 5105 Overtime _____ Total Personnel Cost _____	<input checked="" type="checkbox"/> Capital Request (for acquiring/constructing a major, long-term asset valued at \$5,000 or more) <input type="checkbox"/> Operating Line Item Increase Request Title <u>Camera Pole Installation</u> Fund Name: _____ Account Name: _____ Account # _____ Estimated Cost: <u><u>\$25,000</u></u>
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Fully describe the specifics of your budget request i.e. item(s) to be purchased, their function and justification.

Install five poles for future installation of cameras at ramps 1 through 5 on the Spit road side of the harbor.

How is this request necessary for the Department to carry out its mission, or to meet Department goals?

Our ultimate goal for enhancing harbor security includes expanding camera coverage to ramps 1 through 5 on the western side of the harbor. The design contract for these ramp locations was successfully finalized in the 2022-23 budget. A major challenge we faced was the cost of camera poles, but our team is dedicated to finding a more cost-effective solution. A local contractor recently acquired a vibratory pile-driving hammer for his mobile crane, which presents an opportunity for us to make progress on this project. By using salvaged steel pile from our inventory, we can install suitable poles near ramps 1 through 5. Pending approval, this work is scheduled to be completed in the fall. Additionally, our staff is developing a plan to

Priority of Need: This budget request item ranks # ☐ of the department's ☐ budget requests.

Requestor's Name: Bryan Hawkins Dept Head Approval
Date

City Manager
Recommendation: ☒ Approved ☐ Denied ☐ Amended

Comments: _____

