**CITY OF MADISON** **Priority # \_\_\_**2**\_\_\_**

 **2014 Supplemental Budget Request**

**Agency:** Information Technology

**Title of Request:**  Civic Engagement Platform

**Description of Supplemental Budget Request:**

|  |
| --- |
| This request is for one or more initiatives to increase communications with and input from citizens. One desired result is expanded capability to market Madison, attract start-up companies and other businesses, attract and retain skilled professionals in the community and enhance the quality of life in Madison.  |

|  |  |
| --- | --- |
| **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 |  |  |
| 54941 |  | $ | 50,000 |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  | $ | 50,000 |
|  |  |  |  |
| 55000’s - Supplies |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  | $ |       |
|  |  |  |  |
| 56000’s - Inter-departmental Charges |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  | $ |       |
|  |  |  |  |
| 58000 - Capital Assets |  | $ |       |
|  |  |  |  |
| **Total Expense** |  |  | **$** | 50,000 |
|  |  |  |  |
| **I/D Billings/Revenue** |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  | $ |       |
| **Net Impact** |  |  | **$** | 50,000 |
|  |  |  |  |

|  |
| --- |
| **THIS IS A REQUEST TO:** |
|  |  |
| [ ]  | Continue an existing service or program |
| [ ]  | Expand or increase an existing service or program |
| [x]  | Add a new service or program |
|  |  |
| Notes: |
|       |
| Does this request impact any results tracked by performance measures, including Madison Measures? [ ]  Yes [x]  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. |