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

 **2014 Supplemental Budget Request**

**Agency:** Traffic Engineering

**Title of Request:**  Funding for Intelligent Transportation Plan

**Description of Supplemental Budget Request:**

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| TE is requesting funding pay for a portion of a comprehensive multi-modal Intelligent Transportation System (ITS) plan for the City of Madison and wider Area. The plan will be developed with the MPO and other local goverments to foster ITS deployment in the region in a manner that makes best use of scarce resources and ensures interoperability of ITS subsystems and elements. It will update and refine for the Madison area the Wisconsin Statewide ITS Architecture and will build upon WisDOT’s Traffic Operations Infrastructure Plan (TOIP), which is focused primarily on the freeways. The plan will include an ITS operational concept that outlines the regional ITS goals and objectives and defines the transportation services that ITS ought to perform and the roles and responsibilities of ITS stakeholders.  |

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| **Service # Affected** |  |
|  |
| **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 |  |  |
| 54950 |  | $ | 15,000 |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  | $ |       |
|  |  |  |  |
| 55000’s - Supplies |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  | $ |       |
|  |  |  |  |
| 56000’s - Inter-departmental Charges |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  | $ |       |
|  |  |  |  |
| 58000 - Capital Assets |  | $ |       |
|  |  |  |  |
| **Total Expense** |  |  | **$** | 15,000 |
|  |  |  |  |
| **I/D Billings/Revenue** |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  | $ |       |
| **Net Impact** |  |  | **$** | 15,000 |
|  |  |  |  |

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