**CITY OF MADISON** **Priority # \_\_\_**1**\_\_\_**

**2014 Budget Reduction Proposal**

**Agency:** Police

**Title of Reduction:** Remainder of Crossing Guard Program

**Description of Budget Reduction Proposal:**

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| In order to meet target, the MPD submitted a budget proposal that included reducing the Crossing Guard Program by 50%. If the Supplemental request to add back this program is not funded, and if additional significant budget reductions are needed, the remainder of the Crossing Guard Program could also be cut. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Service # Affected** | | | | | **2000** | | |
|  | | | | | | | |
| **Accounts Affected** (Attach a more detailed account/ service breakdown if appropriate.) | | | | | | | |
|  | |  | |  | |  | |
| **Expenses** | |  | | Total Amount | | | |
| 51100 - Permanent Salaries | | | |  | | $ | 246,557 |
| 51120 - Premium Pay | | | |  | | $ | 6,100 |
| 51200 - Hourly Wages | | | |  | | $ |  |
| 51300 - Overtime Wages | | | |  | | $ |  |
| 52000 - Benefits | | | |  | | $ | 59,783 |
|  | |  | |  | |  | |
| 54000’s - Purchased Services | | | |  | |  | |
|  |  | $ |  |  | |  | |
|  |  | $ |  |  | |  | |
|  |  | $ |  |  | | $ |  |
|  | |  | |  | |  | |
| 55000’s - Supplies | | | |  | |  | |
| 55510 Work Supplies |  | $ | 3,500 |  | |  | |
| 55710 Uniforms |  | $ | 4,000 |  | |  | |
|  |  | $ |  |  | | $ | 7,500 |
|  | |  | |  | |  | |
| 56000’s - Inter-departmental Charges | | | |  | |  | |
|  |  | $ |  |  | |  | |
|  |  | $ |  |  | |  | |
|  |  | $ |  |  | | $ |  |
|  | |  | |  | |  | |
| 58000 - Capital Assets | | | |  | | $ |  |
|  | |  | |  | |  | |
| **Total Expense** | |  | |  | | **$** | 319,940 |
|  | |  | |  | |  | |
| **I/D Billings/Revenue** | | | | |  | | |
|  |  | $ |  |  | |  | |
|  |  | $ |  |  | | $ |  |
| **Net Impact** | |  | |  | | **$** | 319,940 |
|  | |  | |  | |  | |

|  |
| --- |
| Notes: |
|  |
| Does this proposal impact any results tracked by performance measures, including Madison Measures?  Yes  No  If Yes, which measure(s) is it? Please quantify the potential impacts to the extent possible. |
|  |
|  |
| INSTRUCTIONS  This form is to be used for the 2014 Operating Budget. A form should be completed for each individual decision item. Please submit these reduction proposal forms along with your base budget submission. |