

City of Franklin, Tennessee FY 2017 Operating Budget Request

riority	Request	Com	<u>pensation</u>	Bene	<u>efits</u>	<u>E</u> :	<u>xpenses</u>		<u>Total</u>	<u>Fu</u>	<u>nded</u>
urchasing											
1	Quarterly Updates to Spend Analysis	\$	-	\$	-	\$	4,500	\$	4,500	\$	-
2	Satisfaction Surveys of Departments and Vendors	\$	-	\$	-	\$	1,000	\$	1,000	\$	-
3	Software for Tracking Certificates of Insurance	\$	-	\$	-	\$	1,000	\$	1,000	\$	-
4	Part-Time Purchasing Specialist	\$	21,420	\$	-	\$	6,375	\$	27,795	\$	-
Total		\$	21,420	\$	-	\$	12,875	\$	34,295	\$	-
		Com	pensation	Bene	ofite	F,	xpenses		Total		
otal G/F R	enuests	<u>com</u> \$	21,420		-	<u>=</u>	12,875	Ś		\$	

(+.5 FTE)

17 99	Department: Division:		Department I		4
FRANKLIN	Title:	Quarterly	y Updates to Spend	d Δnalvsis	=
Purpose: Use this form to sp requests and create a priorit	pell out your request for			•	
	REQUESTED PR	ROGRAM ENHANCE	MENT FUNDING		
Accoun		One-Time Cost	Ongoing Annual Cost	TOTAL	
Descripti Compensation	on	(FY17 Only)	(FY17 & Future)	FY17 Request	
Compensation				\$0	
				\$0 \$0	
Benefits Benefits				ΨΟ	
Benefits auto-calculated at 30%	% of compensation>>	\$0	\$0	\$0	
Expenses		Ψ.0	<u> </u>	Ψ.	
82510 COMPUTER SERVICES			\$4,500	\$4,500	
02310 COMINGTER SERVICES			ψ1,000	\$0	
				\$0	
				\$0	
				\$0	
				\$0	
				\$0	
				\$0	
				\$0	
				\$0	
				\$0	
	TOTAL	40	\$4.500	\$0	
	TOTAL	\$0	\$4,500	\$4,500	
	PURPOSE	/ DESCRIPTION O	F REQUEST		
Increasing the frequency of u	updates.				
	SI	ERVICE IMPLICATI	ON		
Would allow for more timely	results.				

	Department Priority: 2 of 4					
Department:	41340 PURCHASING					
HISTORIC Division:						
FRANKLIN TENNESSEE Title:	Satisfaction Su	rveys of Departme	nts and Vendors			
Purpose: Use this form to shell out your request for						
Purpose: Use this form to spell out your request for additional personnel and/or programs. We will work with you to tally the requests and create a prioritized list.						
REQUESTED PROGRAM ENHANCEMENT FUNDING						
Account	One-Time Cost	Ongoing Annual Cost	TOTAL			
Description	(FY17 Only)	(FY17 & Future)	FY17 Request			
<u>Compensation</u>						
			\$0			
D Cl.			\$0			
Benefits Reposite outs as a level and at 20% of assurance time.	\$0	\$0	\$0			
Benefits auto-calculated at 30% of compensation>>	\$0	\$ U	\$ U			
Expenses 82380 HOUSEHOLD & BUSINESS SURVEYS	_	\$1,000	\$1,000			
82380 HOUSEHOLD & BUSINESS SURVEYS		\$1,000	\$0			
			\$0			
			\$0			
			\$0			
			\$0			
			\$0			
			\$0 \$0			
			\$0 \$0			
			\$0			
			\$0			
TOTAL	\$0	\$1,000	\$1,000			
DIIDDOSE	/ DESCRIPTION O	E DECLIEST				
Satisfaction surveys of departments and vendors pe						
Satisfaction surveys of departments and vendors pe	inormed by Midr on bene	all of the city.				
	ERVICE IMPLICATI	ON				
Improved service to departments and vendors.						

		Department Priority: 3 of 4						
17 2 2 99	Department:	Department: 41340 PURCHASING						
HISTORIC	Division:							
FRANKLIN	Title:	Software for T	racking Certificate	es of Insurance				
Purpose: Use this form requests and create a p	to spell out your request for a rioritized list.	additional personnel and	or programs. We will wo	ork with you to tally the				
	REQUESTED PR	OGRAM ENHANCE	GRAM ENHANCEMENT FUNDING					
	count	One-Time Cost	Ongoing Annual Cost	TOTAL				
	ription	(FY17 Only)	(FY17 & Future)	FY17 Request				
<u>Compensation</u>		<u> </u>		\$0				
				\$0 \$0				
Benefits				ΨΟ				
	t 30% of compensation>>	\$0	\$0	\$0				
Expenses	t 30% of compensation>>	ΨΟ	ΨΟ	ΨΟ				
82510 COMPUTER SERVICES	· ·	I	\$1,000	\$1,000				
825 TO CONPUTER SERVICE.	3		\$1,000	\$0				
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
				\$0 \$0				
	TOTAL	¢0	¢1 000					
	IUIAL	\$0	\$1,000	\$1,000				
	PURPOSE /	DESCRIPTION O	F REQUEST					
Software services used to	o track Certificates of Insura	nce documents provided	d by vendors.					
	SE	RVICE IMPLICATI	ON					
Mitigate risk to the City.								

11201	/ PRUGRAWI		INI KEQUES	I I OKIVI			
Department Priority: 4 of							
IIII	Department:	41340 PURCHASING					
HISTORIC FRANKLIN	Division:						
TENNESSEE	Title:	Part-T	ime Purchasing Sp	ecialist			
Purpose: Use this form to spell out your request for additional personnel and/or programs. We will work with you to tally the requests and create a prioritized list.							
		OGRAM ENHANCE	MENT FUNDING				
REQUESTED PROGRAM ENHANCEMENT FUNDING Account One-Time Cost Ongoing Annual Cost TOTAL							
Descri		(FY17 Only)	(FY17 & Future)	FY17 Request			
Compensation			•				
81110 REGULAR PAY			\$21,420	\$21,420			
				\$0			
<u>Benefits</u>							
Benefits auto-calculated at .	30% of compensation>>	\$0	\$0	\$0			
<u>Expenses</u>				_			
82350 DUES FOR MEMBERSHI	IPS		\$250	\$250			
82450 TELEPHONE SERVICE			\$125	\$125			
82810 REGISTRATIONS			\$1,000	\$1,000			
82830 AIR TRAVEL			\$500	\$500			
82840 LODGING			\$500	\$500			
82850 MEALS (OUTSIDE WILL			\$250	\$250			
82890 OTHER TRAVEL EXPENS		*4.000	\$50	\$50			
83510 FURNITURE, FIXTURES		\$1,000		\$1,000			
83530 MACHINERY & EQUIPM		\$500 \$1,700		\$500			
83540 COMPUTER HARDWARE		\$1,700 \$500		\$1,700 \$500			
83550 COMPUTER SOFTWARE	(<\$25,000)	\$500		\$00 \$0			
	TOTAL	\$3,700	\$24,095	\$27,795			
				Ψ21 ₁ 175			
	PURPOSE /	DESCRIPTION O	F REQUEST				
Note: Do not have an office in mind. To focus on helping Purchasing Office (1) pursue accreditation as an NPI AEP (National Purchasing Institute - Achievement of Excellence in Procurement) agency and (2) use spend analysis tool.							
SERVICE IMPLICATION Alleviate workload of other personnel; increase capacity of Purchasing Office.							