



**City of Franklin, Tennessee**  
**FY 2016 Operating Budget Request**

**Program Enhancement Summary**

<u>Priority</u>	<u>Request</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>	<u>Total</u>	<u>Funded</u>
<b>Information Technology</b>						
	IT Hardware	\$ -	\$ -	\$ 123,200	\$ 123,200	\$ -
	IT Software	\$ -	\$ -	\$ 45,000	\$ 45,000	\$ -
	IT Fiber Upgrades/Extensions	\$ -	\$ -	\$ 378,000	\$ 378,000	\$ -
	Vehicles	\$ -	\$ -	\$ 50,000	\$ 50,000	\$ -
	Add Part-Time Network Technician I	\$ 24,097	\$ 7,229	\$ 6,375	\$ 37,701	\$ -
	Reclassification - IS Analyst II	\$ 12,169	\$ -	\$ -	\$ 12,169	\$ -
	<b>Total</b>	\$ 36,266	\$ 7,229	\$ 602,575	\$ 646,070	\$ -
		<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>	<u>Total</u>	
<b>Total G/F Requests</b>		\$ 36,266	\$ 7,229	\$ 602,575	\$ 646,070	\$ -
<i>(+.5FTE)</i>						

# FY2016 PROGRAM ENHANCEMENT REQUEST FORM



Department Priority:  of

Department: **41350 INFORMATION TECHNOLOGY (IT)**  
 Division:   
 Title: **IT Hardware**

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 Description	One-Time Cost (FY16 Only)	Ongoing Annual Cost (FY16 & Future)	<u>TOTAL FY16 Request</u>
<b>Compensation</b>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
<b>Benefits</b>			
<i>Benefits auto-calculated at 30% of compensation --&gt;&gt;</i>			
	\$0	\$0	\$0
<b>Expenses</b>			
83530 MACHINERY & EQUIPMENT (<\$25,000)	\$8,000	\$1,200	\$9,200
89540 COMPUTER HARDWARE (>\$25,000)	\$70,000		\$70,000
83540 COMPUTER HARDWARE (<\$25,000)	\$44,000		\$44,000
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<b>TOTAL</b>	<b>\$122,000</b>	<b>\$1,200</b>	<b>\$123,200</b>

## PURPOSE / DESCRIPTION OF REQUEST

Konica MFD for Application Area.  
 IPS/IDS Network Security Appliance  
 AeroFlex 3920 Digital Radio Test Set

## SERVICE IMPLICATION

# FY2016 PROGRAM ENHANCEMENT REQUEST FORM



Department Priority:  of

Department: **41350 INFORMATION TECHNOLOGY (IT)**  
 Division:   
 Title: **IT Software**

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 Description	One-Time Cost (FY16 Only)	Ongoing Annual Cost (FY16 & Future)	<u>TOTAL FY16 Request</u>
<b>Compensation</b>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
<b>Benefits</b>			
<i>Benefits auto-calculated at 30% of compensation --&gt;&gt;</i>			
	\$0	\$0	\$0
<b>Expenses</b>			
89550 COMPUTER SOFTWARE (>\$25,000)	\$30,000		\$30,000
83550 COMPUTER SOFTWARE (<\$25,000)	\$15,000		\$15,000
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<b>TOTAL</b>	<b>\$45,000</b>	<b>\$0</b>	<b>\$45,000</b>

## PURPOSE / DESCRIPTION OF REQUEST

SolarWind Application Monitoring Software  
 Soti - MDM

## SERVICE IMPLICATION

# FY2016 PROGRAM ENHANCEMENT REQUEST FORM



Department Priority:  of

Department: **41350 INFORMATION TECHNOLOGY (IT)**  
 Division:   
 Title: **IT Fiber**

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 Description	One-Time Cost (FY16 Only)	Ongoing Annual Cost (FY16 & Future)	<u>TOTAL FY16 Request</u>
<b>Compensation</b>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
<b>Benefits</b>			
<i>Benefits auto-calculated at 30% of compensation --&gt;&gt;</i>		\$0	\$0
<b>Expenses</b>			
83649 FIBER OPTIC SUPPLIES	\$378,000		\$378,000
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<b>TOTAL</b>	<b>\$378,000</b>	<b>\$0</b>	<b>\$378,000</b>

## PURPOSE / DESCRIPTION OF REQUEST

- 5th Ave to Wastewater Plant \$25,000
- Long Lone/Lula Lighting \$50,000
- Wastewater Plant to Mack Hatcher/Harpeth River \$15,000
- Hillsboro/ Mack Hatcher to Mack Hatcher /Franklin Rd \$35,000
- Mack Hatcher /Franklin Rd to Franklin Rd/Mallory Station \$15,000
- Franklin Rd/Mallory Station to Mallory Station/Mallory \$28,000
- Hillsboro Rd/ Mack Hatcher to FS4 \$26,000
- Downs/West Main St to Incinerator Rd \$32,000
- Hwy 96 E/Carothers to Long Lane Tower \$92,000
- Make Ready (Poles Conduit) \$60,000

## SERVICE IMPLICATION

# FY2016 PROGRAM ENHANCEMENT REQUEST FORM



Department Priority:  of

Department: **41350 INFORMATION TECHNOLOGY (IT)**  
 Division:   
 Title: **Vehicles**

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 Description	One-Time Cost (FY16 Only)	Ongoing Annual Cost (FY16 & Future)	<u>TOTAL FY16 Request</u>
<b>Compensation</b>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
<b>Benefits</b>			
<i>Benefits auto-calculated at 30% of compensation --&gt;&gt;</i>			
	\$0	\$0	\$0
<b>Expenses</b>			
89520 VEHICLES (>\$25,000)	\$25,000		\$25,000
89520 VEHICLES (>\$25,000)	\$25,000		\$25,000
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<input type="text"/>			\$0
<b>TOTAL</b>	<b>\$50,000</b>	<b>\$0</b>	<b>\$50,000</b>

## PURPOSE / DESCRIPTION OF REQUEST

SUV for Networking Services  
 SUV for GIS

## SERVICE IMPLICATION

# FY2016 PROGRAM ENHANCEMENT REQUEST FORM



Department Priority:  of

Department: **41350 INFORMATION TECHNOLOGY (IT)**  
 Division:   
 Title: **Part-time Network Technician I**

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 Description	One-Time Cost (FY16 Only)	Ongoing Annual Cost (FY16 & Future)	<u>TOTAL FY16 Request</u>
<b>Compensation</b>			
81110 REGULAR PAY		\$24,097	\$24,097
			\$0
<b>Benefits</b>			
<i>Benefits auto-calculated at 30% of compensation --&gt;&gt;</i>	\$0	\$7,229	\$7,229
<b>Expenses</b>			
82350 DUES FOR MEMBERSHIPS		\$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 WILLIAMSON COUNTY)		\$250	\$250
82890 OTHER TRAVEL EXPENSES		\$50	\$50
83510 FURNITURE, FIXTURES (<\$25,000)	\$1,000		\$1,000
83530 MACHINERY & EQUIPMENT (<\$25,000)	\$500		\$500
83540 COMPUTER HARDWARE (<\$25,000)	\$1,700		\$1,700
83550 COMPUTER SOFTWARE (<\$25,000)	\$500		\$500
			\$0
<b>TOTAL</b>	<b>\$3,700</b>	<b>\$34,001</b>	<b>\$37,701</b>

## PURPOSE / DESCRIPTION OF REQUEST

Add Part-time Network Technician I. Grade F. 20 hours/week.

## SERVICE IMPLICATION

# FY2016 PROGRAM ENHANCEMENT REQUEST FORM



Department Priority:  of

Department: **41350 INFORMATION TECHNOLOGY (IT)**  
 Division:   
 Title: **Reclassification - Information Systems Analyst II**

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 Description	One-Time Cost (FY16 Only)	Ongoing Annual Cost (FY16 & Future)	TOTAL FY16 Request
<b>Compensation</b>			
81110 REGULAR PAY		\$12,169	\$12,169
			\$0
<b>Benefits</b>			
<i>Benefits auto-calculated at 30% of compensation --&gt;&gt;</i>	\$0	\$0	\$0
<b>Expenses</b>			
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
<b>TOTAL</b>	<b>\$0</b>	<b>\$12,169</b>	<b>\$12,169</b>

## PURPOSE / DESCRIPTION OF REQUEST

Reclassification of Systems Analyst I to Systems Analyst II. (From Grade F to Grade H)

## SERVICE IMPLICATION