

## City of Franklin, Tennessee FY 2017 Operating Budget Request

Program Enhancement Summary										
<b>Priority</b>	Request	Compensation	<u>Benefits</u>	<b>Expenses</b>	<u>Total</u>	<u>Funded</u>				
Project & Facilities Management										
1	Kitchen Remodel	\$ -	\$ -	\$ 8,000	\$ 8,000	\$ -				
2	Administration Furniture	\$ -	\$ -	\$ 15,000	\$ 15,000	\$ -				
Total		\$ -	\$ -	\$ 23,000	\$ 23,000	\$ -				
		Compensation	Benefits	Expenses	Total					
Total G/F Requests		\$ -	\$ -	\$ 23,000	\$ 23,000	\$ -				

## **FY2017 PROGRAM ENHANCEMENT REQUEST FORM**

		Department Priority: 1 of 2								
17 000 99	Department:	41300 ADMINISTRATION								
HISTORIC	Division:									
F R A N K L I N TENNESSEE	Title:	KITCHEN REMODEL								
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>				<b>ф</b> О						
				\$0 \$0						
<u>Benefits</u>				ΨΟ						
Benefits auto-calculated at 30% of c	compensation>>	\$0	\$0	\$0	1					
<u>Expenses</u>					•					
89230 BUILDING IMPROVEMENTS		\$8,000		\$8,000						
				\$0						
				\$0 *0						
				\$0 \$0						
				\$0 \$0						
				\$0						
				\$0						
				\$0						
				\$0 \$0						
				\$0 \$0						
TOT	TAL .	\$8,000	\$0							
					_					
PURPOSE / DESCRIPTION OF REQUEST  Need to replace current 15 year old appliances; refrigerator is not cooling and leaking, stove is burning out. Would like to replace countertop to clean up area, paint cabinets and space.										
SERVICE IMPLICATION										
Work will be completed upon approval of budget										

FY2017 PROGRAM I	ENHANCEME	NI REQUES	I FORM							
Department Priority: 2 o										
Department: Division:	41300 ADMINISTRATION									
FRANKLIN TENNESSEE Title:	Administrative Furniture									
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 (FY17 Only)	Ongoing Annual Cost (FY17 & Future)	TOTAL FY17 Request							
<u>Compensation</u>										
			\$0 \$0							
Benefits			Φ0							
Benefits auto-calculated at 30% of compensation>>	\$0	\$0	\$0							
<u>Expenses</u>										
89300 IMPROVEMENTS	\$15,000		\$15,000							
			\$0							
			\$0 \$0							
			\$0 \$0							
			\$0							
			\$0							
			\$0							
			\$0 \$0							
			\$0							
			\$0							
TOTAL	\$15,000	\$0	\$15,000							
PURPOSE /	DESCRIPTION O	F REQUEST								
For new reception desk at lobby with administration tables and chairs for office.	remodel, cubicle space	for support staff in new b	ouildout, conference							
SERVICE IMPLICATION										
Work will be completed upon approval of budget.										