



# Board of County Commissioners Agenda Request

4D  
Agenda Item #

**Requested Meeting Date:** July 9, 2019

**Title of Item:** Discuss 2020 Commissioner's Budget

<input checked="" type="checkbox"/> REGULAR AGENDA <input type="checkbox"/> CONSENT AGENDA <input type="checkbox"/> INFORMATION ONLY	<b>Action Requested:</b> <input type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft)	<input checked="" type="checkbox"/> Direction Requested <input checked="" type="checkbox"/> Discussion Item <input type="checkbox"/> Hold Public Hearing* <small>*provide copy of hearing notice that was published</small>
<b>Submitted by:</b> Jessica Seibert, County Administrator		<b>Department:</b> Administration
<b>Presenter (Name and Title):</b> Jessica Seibert, County Administrator		<b>Estimated Time Needed:</b> 5 Minutes
<b>Summary of Issue:</b>  A copy of the proposed 2020 Commissioner budget is attached for discussion and direction.		
<b>Alternatives, Options, Effects on Others/Comments:</b>  		
<b>Recommended Action/Motion:</b> Discussion and direction for staff.		
<b>Financial Impact:</b> Is there a cost associated with this request? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the total cost, with tax and shipping? \$ Is this budgeted? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please Explain:</i>		

**Commissioners**

AccountNumber	ACCOUNTDESCRIPTION	ACCOUNTTYPECODE	2019	2020	INCREASE/	PERCENTAGE	
			BUDGETED	BUDGETED	DECREASE	INCREASE/	
01-001-000-0000-6101	Salaries	6	156,559.00	162,822.00	6,263.00	4.00%	
01-001-000-0000-6108	Meals (Not Overnight)	6	100.00	100.00	0.00	0.00%	
01-001-000-0000-6124	Medicare-Employer 1.45%	6	2,270.00	2,361.00	91.00	4.01%	
01-001-000-0000-6148	Employer Deduct Contribution-HSA	6	8,760.00	9,270.00	510.00		
01-001-000-0000-6149	Employer Deduct Contribution-Veba	6	2,260.00	2,260.00	0.00	0.00%	
01-001-000-0000-6150	Health Insurance-Employer	6	33,934.00	35,861.00	1,927.00	5.68%	
01-001-000-0000-6152	Life Insurance-Employer	6	427.00	467.00	40.00	9.37%	
01-001-000-0000-6162	Pera-Dcp 5%	6	7,828.00	8,141.00	313.00	4.00%	
01-001-000-0000-6168	NACO Deferred Comp ER in Lieu Health Ins	6	2,750.00	2,750.00	0.00		
01-001-000-0000-6205	Postage	6	50.00	50.00	0.00	0.00%	
01-001-000-0000-6230	Printing, Publishing & Adv	6	2,500.00	2,750.00	250.00	10.00%	
01-001-000-0000-6241	Registration Fee	6	6,300.00	6,300.00	0.00	0.00%	
01-001-000-0000-6250	Telephone	6	2,420.00	2,000.00	(420.00)	-17.36%	
01-001-000-0000-6330	Transportation & Travel & Parking	6	14,400.00	12,000.00	(2,400.00)	-16.67%	
01-001-000-0000-6332	Hotel / Motel Lodging	6	6,704.00	6,500.00	(204.00)	-3.04%	
01-001-000-0000-6340	Meals (Overnight)	6	400.00	400.00	0.00	0.00%	
01-001-000-0000-6352	Insurance	6	930.00	950.00	20.00	2.15%	
01-001-000-0000-6353	Workers Compensation Insurance	6	533.00	553.00	20.00	3.75%	
01-001-000-0000-6405	Office & Computer Supplies	6	750.00	1,200.00	450.00	60.00%	
			REVENUE	0.00	0.00	0	0
			EXPENDITURES	249,875.00	256,735.00	6,860.00	2.75%
			<b>NET</b>	<b>249,875.00</b>	<b>256,735.00</b>	<b>6,860.00</b>	<b>2.75%</b>