

BUDGET SUMMARY
MI092
City of Ocala Fire & Rescue

Contract Renewal-
New Budget
9/1/22-8/31/23

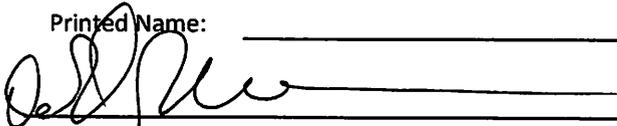
Budget Start/End Date: 07/01/20 - 08/31/23

Budget Categories	YEAR 1	YEAR 2	YEAR 3	YEAR 4
A. DIRECT PROGRAM COST:				
Salaries (# of staff)	20,133.00	72,477.00	83,485.15	156,300.00
Fringe Benefits	14,083.00	50,700.00	15,000.00	61,700.00
SALARY SUBTOTAL	\$ 34,216.00	\$ 123,177.00	\$ 98,485.15	\$ 218,000.00
ITEMIZED DIRECT EXPENSES:				
Communication(cellphone)	300.00	1,200.00	0.00	600.00
Continuum Software	2,000.00	8,000.00	0.00	0.00
Educational Materials	2,500.00	939.00	0.00	500.00
Media Campaign	0.00	5,000.00	0.00	0.00
Medical Equipment	0.00	1,500.00	0.00	2,000.00
Miscellaneous	1,200.00	1,200.00	0.00	0.00
Uniforms	800.00	800.00	0.00	1,000.00
Travel	500.00	500.00	0.00	4,200.00
Training	7,400.00	1,500.00	0.00	7,600.00
Office Supplies	500.00	600.00	0.00	500.00
Office Equipment	500.00	500.00	0.00	1,000.00
Printing/Copying	600.00	600.00	0.00	600.00
Response Vehicle	60,000.00	60,000.00	52,000.00	0.00
Vehicle Maintenance	2,000.00	10,000.00	3,500.00	14,000.00
DIRECT EXP. SUBTOTAL	\$ 78,300.00	\$ 92,339.00	\$ 55,500.00	\$ 32,000.00
B. ADMINISTRATIVE/INDIRECT COST:				
Administrative	1,688.00	6,750.00	0.00	0.00
Indirect				0.00
ADMIN. SUBTOTAL	\$ 1,688.00	\$ 6,750.00	\$ -	\$ -
C. BUDGET COST TOTALS	\$ 114,204.00	\$ 222,266.00	\$ 153,985.15	\$ 222,266.00
Rollover Funds		\$ 68,280.85		\$ 37,612.04
Overall Budget Total		\$ 558,736.00		\$ 259,878.04

*Prior Approval Required for Training and Incentive items.

Provider's Authorized Representative Signature

Printed Name: _____



Contract Manager's Signature of CHD Approval
 Deborah Lambcke

1/25/23