

Town of Plainfield

Department or Office: Tree Warden Submitted by: R.E. Mollato

DETAILED ESTIMATES FOR PLAINFIELD FY 2024 BUDGET

Please complete all (3) pages of this form so we can best evaluate and respond to your anticipated needs. *Requests that are not accompanied by an explanatory description will be returned for completion.*

A. Operating Expenses (please do not include wages, salaries, or stipends in operating expenses)

| <u>Operating Expenses</u> | FY'23 Approved | FY '23 (spent thru <u>12/22</u>) | FY 2024 (Requested) |
|--------------------------------------|-------------------|---|------------------------|
| 1. <u>TREE REMOVAL AND PLANTINGS</u> | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ |
| 7. _____ | _____ | _____ | _____ |
| 8. _____ | _____ | _____ | _____ |
| 9. _____ | _____ | _____ | _____ |
| 10. _____ | _____ | _____ | _____ |
| 11. _____ | _____ | _____ | _____ |
| 12. _____ | _____ | _____ | _____ |
| <u>TOTALS</u> | <u>12,000</u> | <u>8,100.00</u> | <u>12,000</u> |

Info already in form: Fiscal 2022 Operating Budget.xlsx

Please explain significant increases or decreases and any new items. (Attach additional pages if necessary.)

DETAILED ESTIMATES FOR FY 2024

B. Personnel Expenses: (wages, salaries, stipends, honoraria, etc.)

Please note the following *important* points:

1. Please indicate whether a wage or salary is based on an hourly pay rate. If so, please include the hourly rate and the number of hours worked per week.
2. Please **DO NOT include** a cost of living adjustment (**COLA**) in your salary request. A single COLA for all town employees will be recommended by the Finance Committee.
3. If any proposed salary is different from that of the previous year, please include an explanation (for example, an increase in workload or a change in responsibilities).

| <u>Position</u> | <u>FY '23</u> <u>(Approved)</u> | <u>FY '23</u> <u>(thru 12/22)</u> | <u>FY 2024</u> <u>(Requested)</u> |
|---------------------|------------------------------------|--------------------------------------|--------------------------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ |
| <u>TOTAL</u> | _____ | _____ | _____ |

C. Capital Expenses: (building and/or equipment costs greater than \$5,000). List items in order of priority for your department.

| <u>Capital Item Description</u> | <u>FY '22</u> <u>(Approved)</u> | <u>FY '23</u> <u>(Approved)</u> | <u>FY 2024</u> <u>(Requested)</u> |
|---------------------------------|------------------------------------|------------------------------------|--------------------------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |
| <u>TOTALS</u> | _____ | _____ | _____ |

Please explain below why each capital item is needed, its expected lifetime, and whether it can be deferred until the next budget year. (Attach additional pages if necessary.)

DETAILED ESTIMATES FOR FY 2024.

Revenue Generated: (inspection fees, licenses, fines, donations, etc.)

If your department or office generates revenue, please (a) indicate how much revenue was generated for the six months ending December 31, 2022, and (b) if reasonably ascertainable, estimate revenue expected to be generated in FY 2024. (Attach additional pages if necessary).

| <u>Revenue Source</u> | <u>FY '22 (Actual)</u> | <u>FY '23 (thru 12/22)</u> | <u>FY 2024 (Estimated)</u> |
|-----------------------|----------------------------|--------------------------------|--------------------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ |
| <u>TOTALS</u> | _____ | _____ | _____ |

E. Grants: (Applied for &/or Awarded.)

If your department/committee/office has applies for, or generates grant revenue, please (a) indicate the grant amount, grant source & grant purpose from FY '22 & FY '23 thru 12/2022. If during that period grants applications are still pending or were rejected also please note. Please note any grant applications planned or considered for FY 2024. (Attach additional pages if necessary.)

| <u>Grant Source & Purpose</u> | <u>FY '22 (Actual)</u> | <u>FY '23 (thru 12/22)</u> | <u>FY 2024 (Estimated)</u> |
|-----------------------------------|----------------------------|--------------------------------|--------------------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ |
| <u>TOTALS</u> | _____ | _____ | _____ |