

SCHEDULE 9 - PROGRAM IMPROVEMENT/MODIFICATION REQUEST

DEPARTMENT: Public Works (Waterways Committee Request)

PRIORITY #
(#1 Highest Priority)

PROGRAM INFORMATION

Initiative Title: Additional Surface Water Quality Testing for Algae

Does this program request a new staff position? if yes, compete Schedule 9A

Please check all that apply and provide a detailed narrative in the Needs section below.

- This program will address a state or federal mandate (cite mandate in description of program).
- This program will address a City Manager/City Council goal or initiative.
- This program will increase a level of service by initiating a new program.
- This program will maintain a level of service that would otherwise decrease.

Description of Program:

Additional surface water quality testing for potentially toxic algae

Needs/Issues/Problems: What specific need, issue, or problem does this request address?

Canal water quality concerns from Waterways Committee members

Needs/Issues/Problems: What specific need, issue, or problem does this request address?

Alternatives: What alternative measures have been taken to address this need/issue/problem? Are there solutions other than adding a new position that have been utilized or considered?

The city has been testing surface water for nutrients. This request adds testing for potentially toxic algae.

Outcomes / Measurable Results: What specific outcomes are expected with this program and/or new positions? Describe in detail what performance measures will be used to measure the impact of the new program. How do the proposed measures compare to current measures, if different?

Laboratory test reports will be provided and uploaded to the city's website. Waterways committee will review during their meetings.

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PROGRAM COSTS

Personal Services (take total from Schedule 9a)

Total Personal Services

Operating Costs:

additional testing

\$ 36,388

Total Operating Costs

\$ 36,388

Capital (only if it is dependant to this operating initiative)

Total Capital Outlay

\$ -

Total First Year Costs	\$ 36,388
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Recurring Costs if any

Total Recurring Costs	\$ -
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FISCAL IMPACT

Applicable Revenue Increase: Provide the estimated increase in revenue that will be generated from this program. Provide a detailed analysis that supports your estimate.

N/A

Applicable Revenue Decrease: Provide the estimated reduction in revenue that will result from this program. Provide a detailed analysis that supports your estimate. Submit attachment if necessary.

N/A

Applicable Cost Reduction: Provide the estimated cost reduction this program will achieve. Provide a detailed analysis that supports your estimate.

N/A

Applicable Cost Increase: Provide the estimated cost increase this program will add above the program currently in place. Provide a detailed analysis that supports your estimate.

\$36,388 annually

Other Departments: Explain in detail what costs other departments will incur once this program is implemented. Indicate if you have coordinated with departments affected by this improvement.

N/A