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| **FY 2022**  **DECISION PACKAGE** | | | | | | | | | |
| **DEPARTMENT/DIVISION: Public Health Division** | | | | | | **DEPT PRIORITY: OF**  **2**  **2** | | | |
| **PROGRAM/SERVICE: Coastal and Shellfish Resources** | | | | | | | | | |
| **CONTACT PERSON: Thomas A. McKean** | | | | | | | | | |
| **DECISION PACKAGE SHORT TITLE: Request to Increase the Hours of the Two Part-Time Seasonal Water Quality Specialists (Water Samplers)** | | | | | | | | | |
| **STRATEGIC PLAN PRIORITY: No** | | | | | | | | | |
| **CLASSIFICATION:** | **Non-Discretionary (Change in law, utility incr., etc.)** | | | | | | | **Discretionary**  **X** | |
| **DECISION PACKAGE REQUEST:** This request is for $6,030 increase the hours of the two part-time seasonal Water Quality Specialists (water samplers) four hours each, from 16 hours per week to 20 hours per week, and to increase the number of working weeks from 20 to 25 (from mid-May through the end of October). This would greatly assist the Coastal Health Resource Coordinator with water sampling, visual surface water monitoring, laboratory analyses, and to post warning signs and closure signs at lakes and ponds affected by Cyanobacteria/ toxic algae blooms. | | | | | | | | | |
| **Maintain current level of service** | | | |  | | | | | |
| **Enhanced/Expanded level of service**  **X X** | | | |
| **Operating Capital** | | | |
| *New Item*    *Replacement* | | | |
| **(Describe item, new or replacement, in *Detailed Description* paragraph below)** | | | | | | | | | |
| **FUNDING OFFSET PROPOSED:** | | | **Yes *(If yes, complete funding table)*** | | | | | | ***No*** |
| **DETAILED DESCRIPTION OF REQUEST:** This request for $6,030 to increase the hours of the two part-time seasonal Water Quality Specialists (water samplers) four (4) hours each (from 16 hours per week to 20 hours per week), and to increase the number of weeks from 20 to 25 (from mid-May through the end of October). This would greatly assist the Coastal Health Resource Coordinator with water sampling, visual surface water monitoring, laboratory analyses, and to post warning signs and closure signs at lakes and ponds affected by toxic algae blooms (Cyanobacteria). Each part-time position would be employed mid-May through the end of October each year (20 hours each per week for 25 weeks). | | | | | | | | | |
| **If request is involves a position - Attach *Employment Requisition* form and proposed position description**  **If operating capital item - Attach *Operating Capital Item Request Listing Form*** | | | | | | | | | |
| **RATIONAL/JUSTIFICATION FOR REQUEST:** The number of requests for toxic algae bloom (cyanobacteria) identification and testing at lakes and ponds continues to increase each year. The Coastal Health Resource Coordinator is the only position that provides this service in Town. She needs additional assistance collecting water samples, and analyzing sampling data in the laboratory, posting warning signs and closure signs, and issuing warning advisories to residents. | | | | | | | | | |
| **HOW WILL THE EFFICIENCY AND EFFECTIVENES OF PROVIDING THIS SERVICE BE AFFECTED? (Explain):** Efficiency and effectiveness will be greatly improved if the Water quality specialists’ (water samplers’) work hours are expanded. Each water quality specialist will work separately (in separate locations), visually monitoring surface waters and obtaining water samples from lakes and ponds on the same days that the second water sampler is monitoring and sampling at other locations; thus monitoring and sampling a larger quantity of lakes and ponds during the same days. | | | | | | | | | |
| **IMPACT ON SERVICE IF NOT FUNDED (Explain):** The Coastal Health Resource Coordinator will not be able to keep-up with the demands and requests from citizens to monitor algae blooms in lakes and ponds | | | | | | | | | |
| **BREAKDOWN OF TOTAL COSTS BY LINE ITEM** | | | | | | | | | |
| **Expense Line Item Title** | | **Expense Line Item Account Number** | | | | | **Amount** | | |
| Wages | | 016503-511000 | | | | | **$6,030** | | |
| In-state Travel | | 016503-671010 | | | | | **$400** | | |
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| **REVENUE GENERATION:** | **Yes** | | | **No**  **X X** |
| **PLEASE PROVIDE EXPLANATION IF YES ABOVE:** | | | | |
| **FUNDING OFFSET (Fees, Grants, Internal)** | | | | |
| **Proposed Source** | **Describe Source** | | | **Amount** |
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|  | | **TOTAL OFFSET** | |  |
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| **FURTHER EXPLANATION IF NEEDED:** | | | | | |

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| **Thomas A. McKean 12/7/2020** |  |
| **DIVISION MANAGER DATE** | **DEPARTMENT MANAGER DATE** |

**ATTACHMENT:** Please provide any support (including photos) for cost for materials or comparable personnel wages.