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| **FY 2022**  **DECISION PACKAGE** | | | | | | | | | |
| **DEPARTMENT/DIVISION: Public Health** | | | | | | **DEPT PRIORITY: OF**  **1**  **2** | | | |
| **PROGRAM/SERVICE: Coastal and Shellfish Resources** | | | | | | | | | |
| **CONTACT PERSON:** Thomas McKean | | | | | | | | | |
| **DECISION PACKAGE SHORT TITLE:** Request for $5,292 to Increase the work hours of the Coastal Health Resource Coordinator position by 5 hours/week seasonally, from the second week of May through the third week of October (25 weeks) | | | | | | | | | |
| **STRATEGIC PLAN PRIORITY: Yes (Environment and Natural Resources)** | | | | | | | | | |
| **CLASSIFICATION:** | **Non-Discretionary (Change in law, utility incr., etc.)** | | | | | | | **Discretionary**  **X** | |
| **DECISION PACKAGE REQUEST:** To increase the part-time Coastal Health Resource Coordinator’s work hours from the existing 25 hours per week to 30 hours per week, from mid- May through the end of October each year (for 25 weeks each year). | | | | | | | | | |
| **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***  **X** |
| **DETAILED DESCRIPTION OF REQUEST:** To increase the part-time Coastal Health Resource Coordinator’s work hours from the current 25 hours per week to 30 hours per week, from mid-May through the end of October each year (for 25 weeks each year). | | | | | | | | | |
| **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. During this past summer season, Ms. Karen Malkus, Coastal Health Resource Coordinator worked an additional 81 hours, beyond her normal work- schedule, in order to ensure the lakes and ponds were tested and properly posted. This part-time position coordinates the two seasonal water quality assistant positions, post closure signs, issue warning advisories, identifies sources of pollution, provides recommendations for alleviating pollution sources, and administers the coastal health studies. This is the only position that currently provides this service in Town. | | | | | | | | | |
| **HOW WILL THE EFFICIENCY AND EFFECTIVENES OF PROVIDING THIS SERVICE BE AFFECTED? (Explain):** Efficiency and effectiveness will be improved if this funding is approved. During the summer months, the additional five hours/week of funding will provide the Coastal Health Resource Coordinator the ability to complete work in regards to surface water monitoring, water sampling, laboratory analysis, posting of warning signs, closure signs, and to re-open swimming areas found to be safe for swimming as quickly as feasibly possible. Approval of this request would obviate the need to fund overtime or provide compensatory time for extra hours required to be worked next fiscal year. | | | | | | | | | |
| **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, post warning signs, post closure signs and re-open areas safe for swimming | | | | | | | | | |
| **BREAKDOWN OF TOTAL COSTS BY LINE ITEM** | | | | | | | | | |
| **Expense Line Item Title** | | **Expense Line Item Account Number** | | | | | **Amount** | | |
| Salary | | 016503-511000 | | | | | **$5,292** | | |
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|  | | | | | **TOTAL EXPENSES** | | **$5,292** | | |

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| **REVENUE GENERATION:** | **Yes** | | | **No** |
| **PLEASE PROVIDE EXPLANATION IF YES ABOVE:** | | | | |
| **FUNDING OFFSET (Fees, Grants, Internal)** | | | | |
| **Proposed Source** | **Describe Source** | | | **Amount** |
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|  | | **TOTAL OFFSET** | |  |
|  | | | **NET** |  |
| **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.