

Budget Form 2C: Fee Cost Recovery

PLEASE FILL OUT HIGHLIGHTED AREAS AND PROVIDE A DETAILED DESCRIPTION OF THE SERVICE

DEPARTMENT: **REG**

This form is not applicable, as the Department is not submitting any new or modified fees, fines, or service charges in the instant budget proposals.

Fee Name: Fee XYZ

Department Providing Service:

Department ABC

Fee Administrator:

Jane Smart

Code Authorization/

Admin Code Section X.X

Proposed Fee Ordinance/File No:

	Numeric Code	Title
PS Department of Proposed Revenue:	XXXXXX	
PS Fund of Proposed Revenue:	XXXXX	
PS Authority of Proposed Revenue:	XXXXX	
PS Project of Proposed Revenue:	XXXXXXXXXX	
PS Activity of Proposed Revenue:	XXXX	
PS Account of Proposed Revenue:	XXXXXX	

Proposed Fee (FY 2022-23):

\$ 44.00 (1)

Proposed Fee (FY 2021-22):

\$ 42.00 (2)

Current Fee (FY 2020-21):

\$ 40.00 (3)

Fee Status (New/Modified): New

Fee Status (New/Modified): New

Detailed Service Description:

Please provide description of service

Proposed Fee (FY 2022-23):	\$	44.00
Proposed Fee (FY 2021-22):	\$	42.00
Current Fee (FY 2020-21):	\$	40.00

FY 2022-23 Proposed Fee Increase/Decrease:	\$	2.00
FY 2022-23 % Proposed Fee Change from FY 2020-21 Fee:		4.76%
FY 2021-22 Proposed Fee Increase/Decrease:	\$	2.00
FY 2021-22 % Proposed Fee Change from Current Fee:		5.00%

Fee Prior to Current:	\$	38.00
Current Fee Increase/Decrease from Prior Fee:	\$	2.00

Fiscal Year of Prior Fee Change:	2010-11
% Current Fee Change from Prior Fee:	5.26%

FY2021-22

ESTIMATED REVENUE DERIVED FROM SERVICE			ESTIMATED COSTS TO PROVIDE SERVICE - USE WORKSHEET 21-22, BELOW		
A	Quantity Estimated (# of Units of Service Provided)	5,000	D	Direct Costs	FY 2021-22
					Estimated Cost % of Total
				Productive Labor & Benefits (0.75 of 2021-22 Salary & MFB)	\$ 313,702 59.25%
				Leave & Non-Productive Time (0.25 of FY 2021-22 Salary & MFB)	\$ 104,567 19.75%
				Space Rental Equivalent	\$ 15,000 2.83%
				Materials & Supplies	\$ - 0.00%
				Other (Please Describe on Worksheet)	\$ - 0.00%
B	Fee per Unit (Proposed)	\$ 42	E	Indirect Costs	Rate
				Departmental Overhead	20.00% \$ 83,654 15.80%
				Central Services Overhead	3.00% \$ 12,548 2.37%
C	FY 2021-22 Revenue Budgeted (A x B)	\$ 210,000	F	FY 2021-22 Direct & Indirect Costs	\$ 529,471 100.00%
G	FY 2021-22 Revenue Recovery Rate (C/F):	39.66%			
H	Required Fee For 100% Cost Recovery (F/A)	\$ 105.89			
I	Over (+) or Under (-) 100% Cost Recovery (B-H)	(\$63.89)			
J	FY 2020-21 Estimated Revenue [(2) x A]:				\$ 210,000.00
K	FY 2019-20 Estimated Revenue [(3) x A]:				\$ 200,000.00
L	FY 2010-21 Estimated Revenue Increase/Decrease Based on Proposed Fee [J - K]:				\$ 10,000.00

FY2022-23

ESTIMATED REVENUE DERIVED FROM SERVICE			ESTIMATED COSTS TO PROVIDE SERVICE - USE WORKSHEET 22-23, BELOW		
A	Quantity Estimated (# of Units of Service Provided)	5,000	D	Direct Costs	FY 2021-22
					Estimated Cost % of Total
				Productive Labor & Benefits (0.75 of 2022-23 Salary & MFB)	\$ - #DIV/0!
				Leave & Non-Productive Time (0.25 of FY 2022-23 Salary & MFB)	\$ - #DIV/0!
				Space Rental Equivalent	\$ - #DIV/0!
				Materials & Supplies	\$ - #DIV/0!
				Other (Please Describe on Worksheet)	\$ - 0.00%
B	Fee per Unit (Proposed)	\$ 44	E	Indirect Costs	Rate
				Departmental Overhead	0.00% \$ - #DIV/0!
				Central Services Overhead	3.00% \$ - #DIV/0!
C	FY 2021-22 Revenue Budgeted (A x B)	\$ 220,000	F	FY 2022-23 Direct & Indirect Costs	\$ - #DIV/0!
G	FY 2022-23 Revenue Recovery Rate (C/F):	#DIV/0!			
H	Required Fee For 100% Cost Recovery (F/A):	\$ -			
I	Over (+) or Under (-) 100% Cost Recovery (B-H):	\$44.00			
J	FY 2022-23 Estimated Revenue [(1) x A]:				\$ 220,000.00
K	FY 2021-22 Estimated Revenue [(2) x A]:				\$ 210,000.00
L	FY 2022-23 Estimated Revenue Increase/Decrease Based on Proposed Fee [J - K]:				\$ 10,000.00

Estimated Costs Worksheet FY 2021-22

Direct Costs

Labor and Benefits

Please use the worksheet below to list all job classes necessary to support the services provided. Add rows if necessary.

Please also provide a description of the work and the estimated hours for each job class required to perform each unit of service

JobClasses	Job Class Title	Description of Work	Hours per Unit of Service
1234	Test	Processes Payment	1.20

Please fill out the Salary and Benefits Amount per FTE column

Job Class	Job Class Title	Salary and Benefits Amount per FTE	Hours Worked	Hourly Rate	Salary and Benefits Amount
1234	Test	\$145,000.00	6000.0	\$69.71	\$418,269.23
0	0		0.0	\$0.00	\$0.00
0	0		0.0	\$0.00	\$0.00
0	0		0.0	\$0.00	\$0.00
Total:					\$418,269.23

Space Rental Equivalent Cost

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

Cost	Description
1	15000 Payment facility
2	
3	

Total: \$15,000.00

Materials and Supplies Cost

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

Cost	Description
1	
2	
3	

Total: \$0.00

Other Costs

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

Cost	Description
1	
2	
3	

Total: \$0.00

Indirect Costs

Rate	Source
20.0%	

20.0% Please provide supporting documentation for how Departmental overhead rate was derived.

Estimated Costs Worksheet FY 2022-23

Direct Costs

Labor and Benefits

Please use the worksheet below to list all job classes necessary to support the services provided. Add rows if necessary.

Please also provide a description of the work and the estimated hours for each job class required to perform each unit of service

JobClasses	Job Class Title	Description of Work	Hours per Unit of Service

Please fill out the Salary and Benefits Amount per FTE column

Job Class	Job Class Title	Salary and Benefits Amount per FTE	Hours Worked	Hourly Rate	Salary and Benefits Amount
0	0		0.0	\$0.00	\$0.00
0	0		0.0	\$0.00	\$0.00
0	0		0.0	\$0.00	\$0.00
0	0		0.0	\$0.00	\$0.00
Total:					\$0.00

Space Rental Equivalent Cost

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

- 1
- 2
- 3

Description

Total: \$0.00

Materials and Supplies Cost

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

- 1
- 2
- 3

Description

Total: \$0.00

Other Costs Cost

Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure that the 'Total' includes the sum of all rows with cost information.

- 1
- 2
- 3

Description

Total: \$0.00

Indirect Costs

Rate	Source

Please provide supporting documentation for how Departmental overhead rate was derived.