

# City of Annapolis Budget Revision Request

Control number GT-15-14

Department Transportation

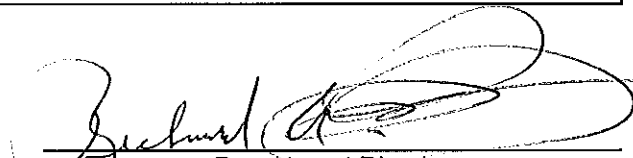
Date 6-Nov-2013

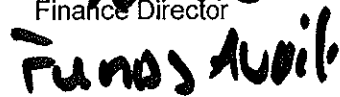
Account Name Only	Transfer TO	Transfer FROM
Electricity		4,379.28
R & M Equipment ( Parking)		4,379.28
Training & Education	8,758.56	

Justification for budget revision:  
Attached

Approved for Financial & Accounting Sufficiency:

  
\_\_\_\_\_  
Finance Director

  
\_\_\_\_\_  
Department Director

Approved by:   
\_\_\_\_\_  
Mayor  
Finance Committee  
City Council

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2011/12  
LAWYER GENERAL



*City of Annapolis*

**DEPARTMENT OF TRANSPORTATION**

308 Chinquapin Round Road, Annapolis, Maryland 21401

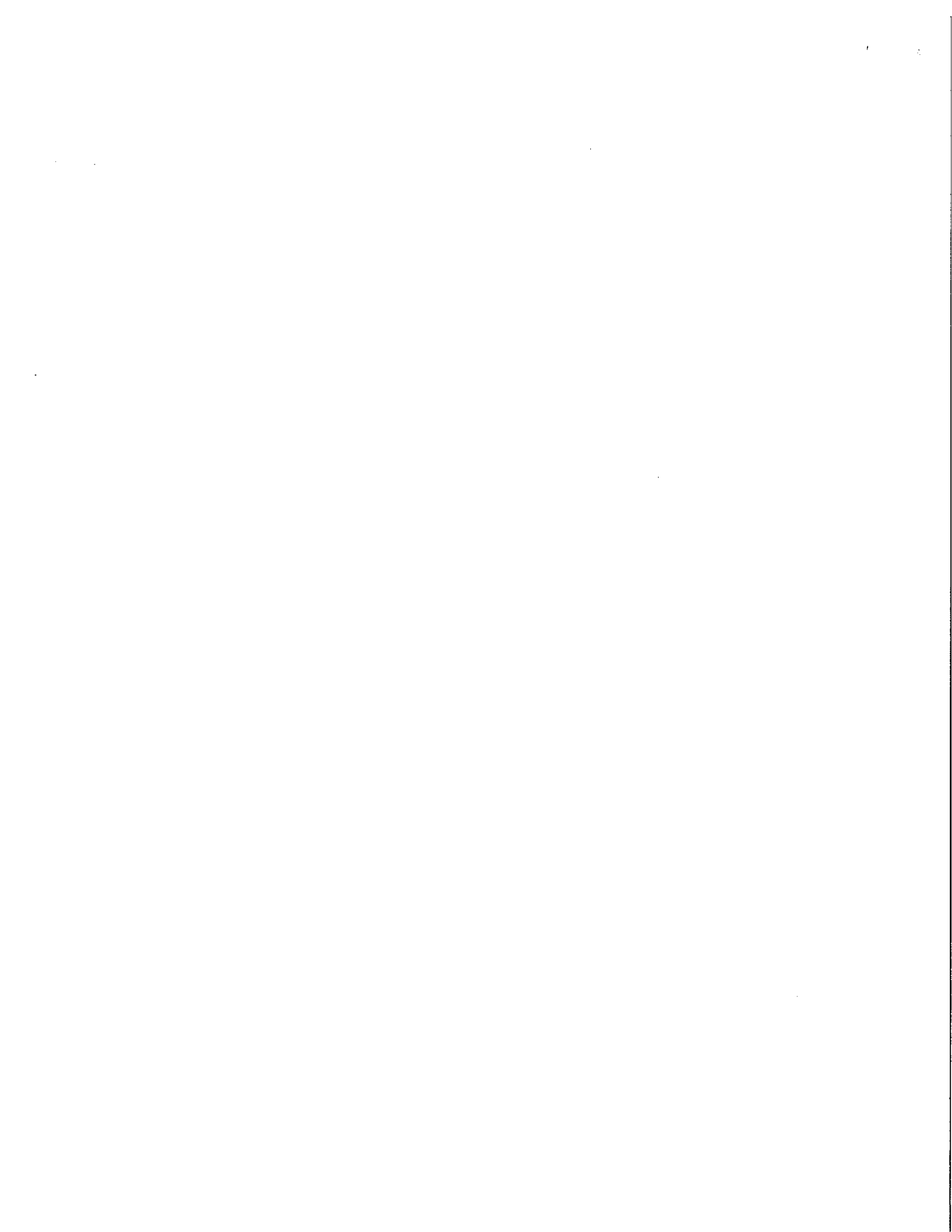
Phone: 410-263-7964 410-263-7994 Fax: 410-263-4508 Internet: [transit@annapolis.gov](mailto:transit@annapolis.gov)

DIRECTOR RICHARD A NEWELL

November 8, 2013

**Justification:**

As a requirement, ADOT must spend at least 1% of all grant funds on training. This is based on the fiscal year total amount of grant funding; this averages out to be about \$15,000.00. The memberships are not a part of the training and education budget and should be accounted for from other sources. These memberships include COMTO, APTA, ITE, TAM etc. The training and education budget is required for the Transportation Department to continue on going professional development such as seminars, training, and educational courses for Supervisors, Mechanics, Bus Operators and Administrative staff. (See Attachment)



**F. TRAINING PROGRAMS**

1. Effective July 1, 2008, (FFY 2009) MTA requires that AT LEAST 1% of ALL grant funds be used for training purposes.

In FY 2012, what was the total amount of grant funding received for all programs?  
\$1,530,225 (Total)

Then, "Total" x .01 = \$15,302 **Minimum** required expenses on Training in FY 2012. What was your organization's total for training expenses in FY 2012? \_\_\_\_\_

2a. If you obtained training that was provided at no cost to you, please indicate:

Did you use a TransitSCORE Trainer?  YES  NO

Did you obtain training through NTI?  YES  NO

Please specify other training obtained at no cost: \_\_\_\_\_

Please provide the following information:

Name of Training: \_\_\_\_\_

Name[s] of the Trainer[s]: \_\_\_\_\_

# of Persons Trained: \_\_\_\_\_

Date[s] Training Conducted: \_\_\_\_\_

Location of Training Site: \_\_\_\_\_

