



Agenda

Planning Commission Worksession

Wednesday, October 02, 2024 at 5:30 PM

City Hall Cowles Council Chambers In-Person & Via Zoom Webinar

Homer City Hall

491 E. Pioneer Avenue
Homer, Alaska 99603
www.cityofhomer-ak.gov

Zoom Webinar ID: 936 2815 3389 Password: 865591

<https://cityofhomer.zoom.us>
Dial: 346-248-7799 or 669-900-6833;
(Toll Free) 888-788-0099 or 877-853-5247

CALL TO ORDER, 5:30 P.M.**AGENDA APPROVAL****DISCUSSION TOPIC(S)**

[A.](#) FY 26/27 Budget by Elizabeth Fischer, Finance Director

CONSENT AGENDA ITEM(S)**REGULAR AGENDA ITEM(S)****COMMENTS OF THE AUDIENCE** (3 minute time limit)**ADJOURNMENT**

Next Regular Meeting is October 16, 2024 at 6:30 p.m. All meetings scheduled to be held in the City Hall Cowles Council Chambers located at 491 E. Pioneer Avenue, Homer, Alaska.

City of Homer
Preliminary Budget Development Schedule
for Fiscal Year 2026 and 2027

Dates	Event
July 2024	Begin FY26/27 budget discussions with departments
7/22/2024	Budget Development Schedule delivered to Council
August - October 2024	Budget Worksessions (Council and Commissions)
10/28/2024	Committee of the Whole, Council to discuss budget priorities for the coming year
	Regular Meeting, Public Hearing - public input on budget priorities for the coming year
Beginning of November 2024	Submit to departments, budget work sheets including salary and fringe benefit costs
11/25/2024	During Committee of the Whole, Council to discuss Revenue Sources for General Fund and preliminary budget assumptions.
End of December 2024	Departmental Draft Budget and narratives to Finance
Mid-January 2025	Compile data and return copy to departments for review
End of January 2025	City Manager - Budget Review with Finance Director and Department Heads
2nd February 2025 Meeting	City Manager's Budget (Proposed Budget) and Utility Rate Model to Council
	Committee of the Whole, Council to discuss budget
	Regular Meeting - Public Hearing
1st March 2025 Meeting	Committee of the Whole, Council to discuss budget
	Regular Meeting - to introduce Budget Ordinance and Fee/Tariff Ordinances
2nd March 2025 Meeting	Committee of the Whole, Council to discuss budget
1st April 2025 Meeting	Committee of the Whole, Council to discuss budget
	Regular Meeting - Public Hearing
2nd April 2025 Meeting	Regular Meeting - Public Hearing & FY 26/27 Budget Adoption

CITY OF HOMER
DEPARTMENT BUDGET REQUEST
FY26 BUDGET

Requesting Department _____

Date _____

☐ Request for Additional Personnel:

Position Title _____

Salary Range & Step _____

Full-time ☐

Part-time ☐ Hours Per Year _____

(FINANCE DEPT WILL COMPLETE)

5101 Permanent Employees _____

5102 Fringe Benefits _____

5103 P/T Employees _____

5104 Fringe Benefits P/T _____

5105 Overtime _____

Total Personnel Cost _____

☐ Capital Request (for acquiring/constructing a major, long-term asset valued at \$5,000 or more)

☐ Operating Line Item Increase

Request Title _____

Fund Name: _____

Account Name: _____

Account # _____

Estimated Cost: _____

Fully describe the specifics of your budget request i.e. item(s) to be purchased, their function and justification.

How is this request necessary for the Department to carry out its mission, or to meet Department goals?

Priority of Need:

This budget request item ranks # ☐ of the department's ☐ budget requests.

Requestor's Name: _____

Dept Head Approval _____

Date _____

City Manager

Recommendation:

☐ Approved

☐ Denied

☐ Amended

Comments:

CITY OF HOMER
DEPARTMENT BUDGET REQUEST
FY27 BUDGET

Requesting Department _____

Date _____

<input type="checkbox"/> Request for Additional Personnel: Position Title _____ Salary Range & Step _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours Per Year _____ (FINANCE DEPT WILL COMPLETE) 5101 Permanent Employees _____ 5102 Fringe Benefits _____ 5103 P/T Employees _____ 5104 Fringe Benefits P/T _____ 5105 Overtime _____ Total Personnel Cost _____	<input type="checkbox"/> Capital Request (for acquiring/constructing a major, long-term asset valued at \$5,000 or more) <input type="checkbox"/> Operating Line Item Increase Request Title _____ _____ Fund Name: _____ Account Name: _____ Account # _____ Estimated Cost: _____
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Fully describe the specifics of your budget request i.e. item(s) to be purchased, their function and justification.

How is this request necessary for the Department to carry out its mission, or to meet Department goals?

Priority of Need: This budget request item ranks # ☐ of the department's ☐ budget requests.

Requestor's Name: _____ Dept Head Approval _____

Date _____

City Manager

Recommendation: ☐ Approved ☐ Denied ☐ Amended

Comments: _____

