CLERK DEPARTMENT BUDGET
FUND: General Fund
ACCOUNTING CODE: 1000.223
As of 05/01/2025 - 84% of Year                    Y

| | Grand Total Baseline | Grand Total Baseline & Changes | Administration 410910 | | Elections 410600 | | Volunteer Missoula 411802 | |
|---|---|---|---|---|---|---|---|---|
| **ACTIVITY NAME:** / **ACTIVITY CODE:** | | | Baseline | Proposed Changes | Baseline | Proposed Changes | Baseline | Proposed Changes |
| PERSONAL SERVICES | | | | | | | | |
| 110   Salaries and Wages | 237,665 | 237,665 | 237,665 | | | — | | — |
| 120   Overtime/Termination | 500 | 500 | 500 | | | — | | — |
| 140   Employer Contributions | 90,492 | 90,492 | 90,492 | | | — | | — |
| 141   State Retirement Contributions | 239 | 239 | 239 | | | — | | — |
| TOTAL PERSONAL SERVICES | 328,896 | 328,896 | 328,896 | — | — | — | — | — |
| SUPPLIES | | | | | | | | |
| 210   Office Supplies | 500 | 500 | 500 | | | — | | — |
| 220   Operating Supplies | 1,128 | 1,128 | 1,128 | | | — | | — |
| 231   Gasoline | 150 | 150 | 150 | | | — | | — |
| TOTAL SUPPLIES | 1,778 | 1,778 | 1,778 | — | — | — | — | — |
| PURCHASED SERVICES | | | | | | | | |
| 310   Communications | 5,447 | 5,447 | 5,447 | | | — | | — |
| 320   Printing & Duplicating | 400 | 400 | 400 | | | — | | — |
| 330   Publicity,Subscriptions,Dues | 3,208 | 3,208 | 3,208 | | | — | | — |
| 350   Professional Services | 1,050 | 1,050 | 1,050 | | | — | | — |
| 370   Travel | 3,490 | 3,490 | 3,490 | | | — | | — |
| 380   Training | 4,570 | 4,570 | 4,570 | | | — | | — |
| 390   Other Purchased Services | 4,500 | 4,500 | 4,500 | | | — | | — |
| TOTAL PURCHASED SRVCS | 22,665 | 22,665 | 22,665 | — | — | — | — | — |
| GRANTS & CONTRIBUTIONS | | | | | | | | |
| 700   Grants and Contributions | 10,000 | 10,000 | — | | | — | 10,000 | |
| TOTAL GRANTS & CONTRIBUTIONS | 10,000 | 10,000 | — | — | — | — | 10,000 | — |
| DEPARTMENT TOTAL | 363,339 | 363,339 | 353,339 | — | — | — | 10,000 | — |

INFORMATION TECHNOLOGIES  DEPARTMENT BUDGET
FUND: General Fund
ACCOUNTING CODE: 1000.224
As of  09/10/2024 - 20% of Year

| | | | This group is charged with recording expenditures for the cost of providing communication and networking systems, storage, hardware, software and service for the City. | | This group includes accounts for recording expenditures for the cost of providing Geographic Information Systems (GIS) data and management for the City. | | This group includes recording expenditures for managed services utilized by the City as a whole including communications insfrastructure, ISP, and licensing. | |
|---|---|---|---|---|---|---|---|---|
| **ACTIVITY NAME:** | | | Information Technologies | | GIS | | Central Communications | |
| **ACTIVITY CODE:** | | | 410580 | | 411060 | | 411300 | |
| | Grand Total Baseline | Grand Total Baseline & Changes | Baseline | Proposed Changes | Baseline | Proposed Changes | Baseline | Proposed Changes |
| PERSONAL SERVICES | | | | | | | | |
| 110  Salaries and Wages | 1,217,792 | 1,217,792 | 811,574 | | 406,218 | | | — |
| 120  Overtime/Termination | 1,000 | 1,000 | 1,000 | | — | | | — |
| 130  Other Contributions | 10,000 | 10,000 | 10,000 | | — | | | — |
| 140  Employer Contributions | 483,475 | 483,475 | 331,060 | | 152,415 | | | — |
| 141  State Retirement Contributions | 1,230 | 1,230 | 823 | | 407 | | | — |
| TOTAL PERSONAL SERVICES | 1,713,497 | 1,713,497 | 1,154,457 | — | 559,040 | — | — | — |
| | | | | | | | | |
| SUPPLIES | | | | | | | | |
| 210  Office Supplies | 3,000 | 3,000 | 2,500 | | 500 | | — | |
| 220  Operating Supplies | 12,900 | 12,900 | 7,000 | | 2,000 | | 3,900 | |
| 230  Repair/Maintenance | 1,000 | 1,500 | 1,000 | 500 | — | | — | |
| 231  Gasoline | 1,000 | 1,000 | 500 | | 500 | | — | |
| 235  Vehicle Repair & Maintenance | 3,000 | 3,000 | 2,000 | | 1,000 | | — | |
| TOTAL SUPPLIES | 20,900 | 21,400 | 13,000 | 500 | 4,000 | — | 3,900 | — |
| | | | | | | | | |
| PURCHASED SERVICES | | | | | | | | |
| 310  Communications | 500 | 500 | 500 | | — | | — | |
| 320  Printing & Duplicating | 100 | 100 | 100 | | — | | — | |
| 330  Publicity,Subscriptions,Dues | 1,500 | 1,500 | 1,000 | | 500 | | — | |
| 344  Telephone Service | 248,795 | 240,724 | 10,400 | (2,000) | 570 | | 237,825 | (6,071) |
| 350  Professional Services | 143,500 | 189,000 | 110,500 | 10,500 | 33,000 | 35,000 | — | |
| 360  Repair & Maintenance | 1,060,699 | 1,018,770 | 96,775 | (3,300) | 75,650 | (4,570) | 888,274 | (34,059) |
| 370  Travel | 12,000 | 20,000 | 8,500 | 5,500 | 3,500 | 2,500 | — | |
| 380  Training | 19,000 | 15,000 | 15,000 | (5,000) | 4,000 | 1,000 | — | |
| 390  Other Purchased Services | 4,850 | 4,850 | 350 | | — | | 4,500 | |
| TOTAL PURCHASED SRVCS | 1,490,944 | 1,490,444 | 243,125 | 5,700 | 117,220 | 33,930 | 1,130,599 | (40,130) |
| | | | | | | | | |
| FIXED CHARGES | | | | | | | | |
| 530  Rent | 90,575 | 90,575 | 90,575 | | — | | — | |
| TOTAL FIXED CHARGES | 90,575 | 90,575 | 90,575 | — | — | — | — | — |
| | | | | | | | | |
| DEPARTMENT TOTAL | 3,315,916 | 3,315,916 | 1,501,157 | 6,200 | 680,260 | 33,930 | 1,134,499 | (40,130) |

FINANCE DEPARTMENT BUDGET
FUND: General Fund
ACCOUNTING CODE: 1000.240
As of  05/01/2025 - 84% of Year

| | Grand Total Baseline | Grand Total Baseline & Changes | ACTIVITY NAME: Finance Administration — ACTIVITY CODE: 410510 | |
|---|---|---|---|---|
| | | | Baseline | Proposed Changes |
| PERSONAL SERVICES | | | | |
| 110   Salaries and Wages | 1,013,084 | 1,013,084 | 1,013,084 | |
| 120   Overtime/Termination | 1,000 | 1,000 | 1,000 | |
| 140   Employer Contributions | 394,080 | 394,080 | 394,080 | |
| 141   State Retirement Contributions | 1,014 | 1,014 | 1,014 | |
| TOTAL PERSONAL SERVICES | 1,409,178 | 1,409,178 | 1,409,178 | — |
| SUPPLIES | | | | |
| 210   Office Supplies | 7,500 | 7,500 | 7,500 | |
| 220   Operating Supplies | 10,000 | 10,000 | 10,000 | |
| 230   Repair/Maintenance | 50 | 50 | 50 | |
| TOTAL SUPPLIES | 17,550 | 17,550 | 17,550 | — |
| PURCHASED SERVICES | | | | |
| 310   Communications | 6,000 | 6,000 | 6,000 | |
| 320   Printing & Duplicating | 5,320 | 5,320 | 5,320 | |
| 330   Publicity,Subscriptions,Dues | 6,000 | 6,000 | 6,000 | |
| 344   Telephone Service | 610 | 610 | 610 | |
| 350   Professional Services | 325,852 | 325,852 | 325,852 | |
| 360   Repair & Maintenance | 19,885 | 19,885 | 19,885 | |
| 370   Travel | 8,245 | 8,245 | 8,245 | |
| 380   Training | 7,830 | 7,830 | 7,830 | |
| TOTAL PURCHASED SRVCS | 379,742 | 379,742 | 379,742 | — |
| DEPARTMENT TOTAL | 1,806,470 | 1,806,470 | 1,806,470 | — |

CENTRAL SERVICES DEPARTMENT BUDGET
FUND: General Fund
ACCOUNTING CODE: 1000.245
As of 05/01/2025 - 84% of Year

| | Grand Total Baseline | Grand Total Baseline & Changes | Baseline | Proposed Changes |
|---|---|---|---|---|
| **ACTIVITY NAME:** Central Services Administration | | | | |
| **ACTIVITY CODE:** 410810 | | | | |
| PERSONAL SERVICES | | | | |
| 110 Salaries and Wages | 423,920 | 423,920 | 423,920 | |
| 140 Employer Contributions | 144,958 | 144,958 | 144,958 | |
| 141 State Retirement Contributions | 429 | 429 | 429 | |
| TOTAL PERSONAL SERVICES | 569,307 | 569,307 | 569,307 | — |
| SUPPLIES | | | | |
| 210 Office Supplies | 400 | 400 | 400 | |
| 220 Operating Supplies | 1,000 | 1,000 | 1,000 | |
| 231 Gasoline | 125 | 125 | 125 | |
| TOTAL SUPPLIES | 1,525 | 1,525 | 1,525 | — |
| PURCHASED SERVICES | | | | |
| 320 Printing & Duplicating | 50 | 50 | 50 | |
| 330 Publicity,Subscriptions,Dues | 73,877 | 73,877 | 73,877 | |
| 344 Telephone Service | 1,500 | 1,500 | 1,500 | |
| 350 Professional Services | 20,000 | 20,000 | 20,000 | |
| 370 Travel | 2,500 | 2,500 | 2,500 | |
| 380 Training | 5,500 | 5,500 | 5,500 | |
| TOTAL PURCHASED SRVCS | 103,427 | 103,427 | 103,427 | — |
| FIXED CHARGES | | | | |
| 530 Rent | 92,262 | 92,262 | 92,262 | |
| TOTAL FIXED CHARGES | 92,262 | 92,262 | 92,262 | — |
| DEPARTMENT TOTAL | 766,521 | 766,521 | 766,521 | — |

FACILITY MAINTENANCE DEPARTMENT BUDGET
FUND: General Fund
ACCOUNTING CODE: 1000.246
As of 05/01/2025 - 84% of Year

Funds City Facilities Management and Operations. Costs include Administration, Maintanance, Utilities, and Service Contracts for the following sites: 435 Ryman, 140 Pine, 400 Ryman, 412-414-416 Ryman, 109

Supports Maintenance and upkeep of the Missoula art Museum Facility.

| | Grand Total Baseline | Grand Total Baseline & Changes | ACTIVITY NAME: Facility Administration | | ACTIVITY NAME: Art Museum | |
| --- | --- | --- | --- | --- | --- | --- |
| | | | ACTIVITY CODE: 411810 | | ACTIVITY CODE: 460452 | |
| | | | Baseline | Proposed Changes | Baseline | Proposed Changes |
| **PERSONAL SERVICES** | | | | | | |
| 110 Salaries and Wages | 230,617 | 230,617 | 230,617 | | — | |
| 130 Other Contributions | 25,125 | 25,125 | 25,125 | | — | |
| 140 Employer Contributions | 98,696 | 98,696 | 98,696 | | — | |
| 141 State Retirement Contributions | 256 | 256 | 256 | | — | |
| TOTAL PERSONAL SERVICES | 354,694 | 354,694 | 354,694 | — | — | — |
| **SUPPLIES** | | | | | | |
| 210 Office Supplies | 1,500 | 1,500 | 1,500 | | — | |
| 220 Operating Supplies | 14,083 | 14,083 | 14,083 | | — | |
| 230 Repair/Maintenance | 60,619 | 60,619 | 60,619 | | — | |
| 231 Gasoline | 5,239 | 5,239 | 5,239 | | — | |
| TOTAL SUPPLIES | 81,441 | 81,441 | 81,441 | — | — | — |
| **PURCHASED SERVICES** | | | | | | |
| 340 Sewer | 4,226 | 4,226 | 4,226 | | — | |
| 341 Electricity & Natural Gas | 301,216 | 301,216 | 301,216 | | — | |
| 342 Storm Water | 856 | 856 | 856 | | — | |
| 343 Water Charges | 10,935 | 10,935 | 10,935 | | — | |
| 344 Telephone Service | 2,255 | 2,255 | 2,255 | | — | |
| 345 Garbage | 14,866 | 14,866 | 14,866 | | — | |
| 350 Professional Services | 15,520 | 15,520 | 15,520 | | — | |
| 360 Repair & Maintenance | 368,050 | 368,050 | 368,050 | | — | |
| 370 Travel | 5,150 | 5,150 | 5,150 | | — | |
| 380 Training | 5,000 | 5,000 | 5,000 | | — | |
| TOTAL PURCHASED SRVCS | 728,074 | 728,074 | 728,074 | — | — | — |
| **GRANTS & CONTRIBUTIONS** | | | | | | |
| 700 Grants and Contributions | 45,862 | 45,862 | — | | 45,862 | |
| TOTAL GRANTS & CONTRIBUTIONS | 45,862 | 45,862 | — | — | 45,862 | — |
| DEPARTMENT TOTAL | 1,210,071 | 1,210,071 | 1,164,209 | — | 45,862 | — |

FEDERAL BUILDING DEPARTMENT BUDGET
FUND: General Fund
ACCOUNTING CODE: 1000.248
As of  09/10/2024 - 20% of Year                                    Y

| | Grand Total Baseline | Grand Total Baseline & Changes | ACTIVITY NAME: Federal Building Operations | |
|---|---|---|---|---|
| | | | ACTIVITY CODE: 411200 | |
| | | | Baseline | Proposed Changes |
| PURCHASED SERVICES | | | | |
| 350   Professional Services | 20,875 | 20,875 | 20,875 | |
| TOTAL PURCHASED SRVCS | 20,875 | 20,875 | 20,875 | — |
| | | | | |
| DEPARTMENT TOTAL | 20,875 | 20,875 | 20,875 | — |

FLEET MAINTENANCE DEPARTMENT BUDGET
FUND: General Fund
ACCOUNTING CODE: 1000.321
As of 05/01/2025 - 84% of Year

This group is tasked with Maintaining and repairing the City of Missoula fleet. It includes accounts for vehicle parts like filters, belts, brakes, and tires as weill as fluids like oil, coolant, ATF and windshield washer fluid. This group is

| | | Grand Total Baseline | Grand Total Baseline & Changes | ACTIVITY NAME: ACTIVITY CODE: Baseline | Equipment Maintenance 431330 Proposed Changes |
|---|---|---|---|---|---|
| | PERSONAL SERVICES | | | | |
| 110 | Salaries and Wages | 906,266 | 906,266 | 906,266 | |
| 120 | Overtime/Termination | 2,000 | 2,000 | 2,000 | |
| 130 | Other Contributions | 5,922 | 5,922 | 5,922 | |
| 140 | Employer Contributions | 396,919 | 396,919 | 396,919 | |
| 141 | State Retirement Contributions | 836 | 836 | 836 | |
| | TOTAL PERSONAL SERVICES | 1,311,943 | 1,311,943 | 1,311,943 | — |
| | SUPPLIES | | | | |
| 210 | Office Supplies | 1,000 | 1,000 | 1,000 | |
| 220 | Operating Supplies | 35,000 | 35,000 | 35,000 | |
| 230 | Repair/Maintenance | 72,555 | 72,555 | 72,555 | |
| 231 | Gasoline | 5,000 | 5,000 | 5,000 | |
| 240 | Other Supplies | 2,000 | 2,000 | 2,000 | |
| | TOTAL SUPPLIES | 115,555 | 115,555 | 115,555 | — |
| | PURCHASED SERVICES | | | | |
| 310 | Communications | 378 | 378 | 378 | |
| 320 | Printing & Duplicating | 750 | 750 | 750 | |
| 330 | Publicity,Subscriptions,Dues | 530 | 530 | 530 | |
| 344 | Telephone Service | 1,295 | 1,295 | 1,295 | |
| 350 | Professional Services | 11,719 | 11,719 | 11,719 | |
| 360 | Repair & Maintenance | 4,420 | 4,420 | 4,420 | |
| 370 | Travel | 900 | 900 | 900 | |
| 380 | Training | 7,200 | 7,200 | 7,200 | |
| | TOTAL PURCHASED SRVCS | 27,192 | 27,192 | 27,192 | — |
| | DEPARTMENT TOTAL | 1,454,690 | 1,454,690 | 1,454,690 | — |

NON-DEPARMENTAL DEPARTMENT BUDGET
FUND: General Fund
ACCOUNTING CODE: 1000.390
As of 05/01/2025 - 84% of Year

| | | | Termination Pay — Contingency budget for termination pay associated with General Fund employees. | | SID Assessments — The payment of SID assessments on City owned properties. | | Protective Inspections — These are costs charged to the General Fund by the city's Building Inspectors for time that they spend doing safety inspections. | | Health Department Contribution — Contributions to the City/County Health Department | | Animal Control Contribution — Contributions to the City/County Animal Control Department | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **ACTIVITY NAME:** | | | **Termination Pay** | | **SID Assessments** | | **Protective Inspections** | | **Health Department Contribution** | | **Animal Control Contribution** | |
| **ACTIVITY CODE:** | | | **410555** | | **411860** | | **420500** | | **440190** | | **440600** | |
| | Grand Total Baseline | Grand Total Baseline & Changes | Baseline | Proposed Changes | Baseline | Proposed Changes | Baseline | Proposed Changes | Baseline | Proposed Changes | Baseline | Proposed Changes |
| PERSONAL SERVICES | | | | | | | | | | | | |
| 120   Overtime/Termination | 25,000 | 25,000 | 25,000 | — | — | — | — | — | — | — | — | — |
| TOTAL PERSONAL SERVICES | 25,000 | 25,000 | 25,000 | — | — | — | — | — | — | — | — | — |
| SUPPLIES | | | | | | | | | | | | |
| 230   Repair/Maintenance | 25,000 | 25,000 | — | — | — | — | — | — | — | — | — | — |
| TOTAL SUPPLIES | 25,000 | 25,000 | — | — | — | — | — | — | — | — | — | — |
| | | | | | | | | | | | | |
| FIXED CHARGES | | | | | | | | | | | | |
| 500   Fixed Charges | 1,891,975 | 2,072,492 | — | | 131,915 | | 5,000 | | — | | — | |
| TOTAL FIXED CHARGES | 1,891,975 | 2,072,492 | — | — | 131,915 | — | 5,000 | — | — | — | — | — |
| | | | | | | | | | | | | |
| GRANTS & CONTRIBUTIONS | | | | | | | | | | | | |
| 700   Grants and Contributions | 3,214,301 | 3,214,301 | — | | — | | — | | 2,662,166 | | 522,135 | |
| TOTAL GRANTS & CONTRIBUTIONS | 3,214,301 | 3,214,301 | — | — | — | — | — | — | 2,662,166 | — | 522,135 | — |
| | | | | | | | | | | | | |
| MISCELLANEOUS | | | | | | | | | | | | |
| 820   Transfers To Other Funds | 3,613,784 | 2,745,844 | — | | — | | — | | — | | — | |
| 845   Contingency | 80,425 | 80,425 | — | | — | | — | | — | | — | |
| TOTAL MISCELLANEOUS | 3,694,209 | 2,826,269 | — | — | — | — | — | — | — | — | — | — |
| | | | | | | | | | | | | |
| DEPARTMENT TOTAL | 8,850,485 | 8,163,062 | 25,000 | — | 131,915 | — | 5,000 | — | 2,662,166 | — | 522,135 | — |

NON-DEPARMENTAL DEPARTMENT BUDGET
FUND: General Fund
ACCOUNTING CODE: 1000.390
As of 05/01/2025 - 84% of Year

| | | | United Way Contribution 450610 (Inactive) | | Merchant Service Fees 510110 (Payment of merchant service fees for gereral fund revenues collected.) | | Reimbursable Losses 510250 (Unanticpated expenditures that will be reimbursed by private parties or insurance.) | | Contingency 510300 (Contingency budget for unanticipated general fund activities.) | | Comprehensive Insurance 510330 (Payment of comprehensive insurance including liability and property insurance, as well as deductible payments.) | | Transfer to CIP 521001 (Payment of general fund supported debt service.) | | Health Insurance Transfer 521006 (Transfer of the City's portion of retiree's health insurance premium (15%) to the employee benefits fund.) | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Grand Total Baseline | Grand Total Baseline & Changes | Baseline | Proposed Changes | Baseline | Proposed Changes | Baseline | Proposed Changes | Baseline | Proposed Changes | Baseline | Proposed Changes | Baseline | Proposed Changes | Baseline | Proposed Changes |
| **PERSONAL SERVICES** | | | | | | | | | | | | | | | | |
| 120 Overtime/Termination | 25,000 | 25,000 | — | | — | | — | | — | | — | | — | | — | |
| TOTAL PERSONAL SERVICES | 25,000 | 25,000 | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| **SUPPLIES** | | | | | | | | | | | | | | | | |
| 230 Repair/Maintenance | 25,000 | 25,000 | — | | — | | 25,000 | | — | | — | | — | | — | |
| TOTAL SUPPLIES | 25,000 | 25,000 | — | — | — | — | 25,000 | — | — | — | — | — | — | — | — | — |
| **FIXED CHARGES** | | | | | | | | | | | | | | | | |
| 500 Fixed Charges | 1,891,975 | 2,072,492 | — | | 55,000 | | — | | — | | 1,700,060 | 180,517 | — | | — | |
| TOTAL FIXED CHARGES | 1,891,975 | 2,072,492 | — | — | 55,000 | — | — | — | — | — | 1,700,060 | 180,517 | — | — | — | — |
| **GRANTS & CONTRIBUTIONS** | | | | | | | | | | | | | | | | |
| 700 Grants and Contributions | 3,214,301 | 3,214,301 | 30,000 | | — | | — | | — | | — | | — | | — | |
| TOTAL GRANTS & CONTRIBUTIONS | 3,214,301 | 3,214,301 | 30,000 | — | — | — | — | — | — | — | — | — | — | — | — | — |
| **MISCELLANEOUS** | | | | | | | | | | | | | | | | |
| 820 Transfers To Other Funds | 3,613,784 | 2,745,844 | — | | — | | — | | — | | — | | 3,523,784 | (797,940) | 90,000 | (70,000) |
| 845 Contingency | 80,425 | 80,425 | — | | — | | — | | 80,425 | | — | | — | | — | |
| TOTAL MISCELLANEOUS | 3,694,209 | 2,826,269 | — | — | — | — | — | — | 80,425 | — | — | — | 3,523,784 | (797,940) | 90,000 | (70,000) |
| **DEPARTMENT TOTAL** | 8,850,485 | 8,163,062 | 30,000 | — | 55,000 | — | 25,000 | — | 80,425 | — | 1,700,060 | 180,517 | 3,523,784 | (797,940) | 90,000 | (70,000) |

| | |
|---|---|
| **Department:** | Clerk |

**Program Title:** ELECTIONS
**Requested Title Change:** _____ *(optional)*

**Program Description:**
Funding for City elections required by law.

*Is there more than one program within this activity code?  If so, please list them here:*

---

**Budgetary Data:**

**General Ledger Account:** 1000   223 410600          **Cost Recovery %**  — %

**Program Summary Budget:**

| | |
|---|---|
| Personnel | — |
| O&M | 202,778 |
| Debt | — |
| Grant | — |
| Transfers | — |
| Capital | — |
| Total | 202,778 |

**Associated Revenues:**

| Revenue Description: | Fund | Account | |
|---|---|---|---|
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |

**Staffing Information:**
*(Your FY26 Payroll Template may be a helpful resource.)*

| | FY26 |
|---|---|
| FTEs | 0.00 |

---

**Basic Program Attributes:**

**Mandate:** Is there a third party requirement to provide this program (ie state or federal law, city charter)?
Yes          Required by State Law

Please describe the mandate in more detail:
The City, after selecting its form of government by charter, is required to finance municipal elections for municipal officers and some ballot measures.

**Service Level Requirement:** Is the level of service requirement set by a third party (ie – permitting agency, bond holders)
Yes          Required by State Law

Please indicate who sets the level of service requirement and what that required level of service is:
State and County officials set standards for elections and ballot measures.

**Reliance & Interdependencies:** Does the program provide a service necessary for the completion of mandated or high priority goals?  If so, what is the level reliance?
High
**If reliance is high, please provide additional information:**
Internal Organizational (City) Dependence

**Cost Recovery:** Is a portion of this Program is supported by non-property tax revenue?
No          *( If 'Yes', please be sure to fill out the associated revenues above. Budgetary data collection forms may be a helpful resource.)*

**Mayoral Priorities:** Is this program associated with one of the Mayor's 2026 priorities?  If so, please describe how the program directly supports or is specified in one of the below priorities.

**Mayoral Priority:**

**Strategic Goal:** Is the program specifically identified as an action item in the City's strategic plan?
No
**If so, which Strategic Goal?**

**Which Action Items relate to this program?**

**Additional Action Items relate to this program?**

**Additional Action Items relate to this program?**

**Trend (Demand)** What are the trends of the program? Is there demand for additional services? Is the service facing pressure to evolve? Is the service facing low demand but is required?
Demand for service is stable

Please describe the trends in more detail:

**Risk** Is there substantial risk to the programs ability to continue because of lost funding, legislative changes, etc.
Low/No Risk

Please describe the risks in more detail:

# City of Missoula
## Inventory of Programs
### Fiscal Year 2026

**Department:** Clerk

**Program Title:** ADMINISTRATION
**Requested Title Change:** _____ *(optional)*

**Program Description:**
The Clerk's Office supports the City Council, Mayor's Office and all boards and commissions in legislative and related technical services. The Clerk's Office is also the official repository and officer of records for the City.

***Is there more than one program within this activity code?  If so, please list them here:***

---

## Budgetary Data:

**General Ledger Account:** 1000   223 410910          **Cost Recovery %** — %

**Program Summary Budget:**

| | | **Associated Revenues:** | | | |
|---|---|---|---|---|---|
| Personnel | 322,575 | **Revenue Description:** | **Fund** | **Account** | |
| O&M | 24,443 | | | | — |
| Debt | — | | | | — |
| Grant | — | | | | — |
| Transfers | — | | | | — |
| Capital | — | | | | — |
| Total | 347,018 | | | | — |
| | | | | | — |
| | | | | | — |
| | | | | | — |

**Staffing Information:**
*(Your FY26 Payroll Template may be a helpful resource.)*

| | **FY26** |
|---|---|
| **FTEs** | 3.00 |

---

## Basic Program Attributes:

**Mandate:** **Is there a third party requirement to provide this program (ie state or federal law, city charter)?**
Yes          Required by State Law

Please describe the mandate in more detail:
The City Clerk is a required officer of a first class city under MCA 7-4-4101.

**Service Level Requirement:** **Is the level of service requirement set by a third party (ie – permitting agency, bond holders)**
No

Please indicate who sets the level of service requirement and what that required level of service is:

**Reliance & Interdependencies:** **Does the program provide a service necessary for the completion of mandated or high priority goals?  If so, what is the level reliance?**
High
**If reliance is high, please provide additional information:**
Internal Organizational (City) Dependence

**Cost Recovery:** **Is a portion of this Program is supported by non-property tax revenue?**
No          *( If 'Yes', please be sure to fill out the associated revenues above. Budgetary data collection forms may be a helpful resource.)*

**Mayoral Priorities:** **Is this program associated with one of the Mayor's 2026 priorities?  If so, please describe how the program directly supports or is specified in one of the below priorities.**
The Clerk's Office supports public meetings across all departments, boards and some interlocal committees, helping provide plentiful resident engagement opportunities and transparent decision making.
**Mayoral Priority:**
Responsive Local Government for Better Public Service

**Strategic Goal:** **Is the program specifically identified as an action item in the City's strategic plan?**
No
**If so, which Strategic Goal?**

**Which Action Items  relate to this program?**

**Additional Action Items relate to this program?**

**Additional Action Items relate to this program?**

**Trend (Demand)** **What are the trends of the program? Is there demand for additional services? Is the service facing pressure to evolve? Is the service facing low demand but is required?**
Demand for service is increasing
Please describe the trends in more detail:
Pandemic-era expectations of remote participation options and electronic filing systems require increase technical ability and support by the Clerk's Office to City Council and boards and commissions.

**Risk** **Is there substantial risk to the programs ability to continue because of lost funding, legislative changes, etc.**
Low/No Risk
Please describe the risks in more detail:

# City of Missoula
## Inventory of Programs
### Fiscal Year 2026

**Department:** Community Based Organization

**Program Title:** VOLUNTEER MISSOULA
**Requested Title Change:** _____ (optional)

**Program Description:**
This activity is a Community Based Org-Volunteer Missoula, a program of United Way of Msla Co, a volunteer connection program and website that 1) Connects volunteers w/ Missoula area non-profits; 2) Connects nonprofits to volunteer recruitment tools 3) mobilize and inform volunteers registered with the website in the event of an emergency; 4) Saves Missoula nonprofits time and money.

*Is there more than one program within this activity code?  If so, please list them here:*

---

## Budgetary Data:

**General Ledger Account:** 1000   223 411802

**Cost Recovery %** — %

**Program Summary Budget:**

| | |
|---|---|
| Personnel | — |
| O&M | — |
| Debt | — |
| Grant | 10,000 |
| Transfers | — |
| Capital | — |
| Total | 10,000 |

**Associated Revenues:**

| Revenue Description: | Fund | Account | |
|---|---|---|---|
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |

**Staffing Information:**
*(Your FY26 Payroll Template may be a helpful resource.)*

| | FY26 |
|---|---|
| FTEs | 0.00 |

---

## Basic Program Attributes:

**Mandate:** Is there a third party requirement to provide this program (ie state or federal law, city charter)?
No

Please describe the mandate in more detail:

**Service Level Requirement:** Is the level of service requirement set by a third party (ie – permitting agency, bond holders)
No

Please indicate who sets the level of service requirement and what that required level of service is:

**Reliance & Interdependencies:** Does the program provide a service necessary for the completion of mandated or high priority goals?  If so, what is the level reliance?
Low

If reliance is high, please provide additional information:

**Cost Recovery:** Is a portion of this Program is supported by non-property tax revenue?
No      *( If 'Yes', please be sure to fill out the associated revenues above. Budgetary data collection forms may be a helpful resource.)*

**Mayoral Priorities:** Is this program associated with one of the Mayor's 2026 priorities?  If so, please describe how the program directly supports or is specified in one of the below priorities.

Mayoral Priority:

**Strategic Goal:** Is the program specifically identified as an action item in the City's strategic plan?
No

If so, which Strategic Goal?

Which Action Items relate to this program?

Additional Action Items relate to this program?

Additional Action Items relate to this program?

**Trend (Demand)** What are the trends of the program? Is there demand for additional services? Is the service facing pressure to evolve? Is the service facing low demand but is required?
Demand for service is stable

Please describe the trends in more detail:

**Risk** Is there substantial risk to the programs ability to continue because of lost funding, legislative changes, etc.
Low/No Risk

Please describe the risks in more detail:

**Department:** Information Technologies

**Program Title:** INFORMATION TECHNOLOGY
**Requested Title Change:** Information Technology _(optional)_

**Program Description:**
This program is charged with recording expenditures for the staff and operating costs of the Information Technology team and technology costs for the City. Including providing technology equipment for internal and external communications, networking systems, storage, hardware, software, training, maintenance, business process assessment and engineering, and technology and end-user support services for the City.

_Is there more than one program within this activity code? If so, please list them here:_

## Budgetary Data:

**General Ledger Account:** 1000   224 410580        **Cost Recovery %** — %

**Program Summary Budget:**

| | | **Associated Revenues:** | | | |
|---|---|---|---|---|---|
| Personnel | 1,134,578 | **Revenue Description:** | **Fund** | **Account** | |
| O&M | 346,700 | | | | — |
| Debt | — | | | | — |
| Grant | — | | | | — |
| Transfers | — | | | | — |
| Capital | — | | | | — |
| Total | 1,481,278 | | | | — |
| | | | | | — |
| | | | | | — |

**Staffing Information:**
_(Your FY26 Payroll Template may be a helpful resource.)_

| | **FY26** |
|---|---|
| FTEs | 11.00 |

## Basic Program Attributes:

**Mandate:** **Is there a third party requirement to provide this program (ie state or federal law, city charter)?**
No
Please describe the mandate in more detail:

**Service Level Requirement:** **Is the level of service requirement set by a third party (ie – permitting agency, bond holders)**
No
Please indicate who sets the level of service requirement and what that required level of service is:

**Reliance & Interdependencies:** **Does the program provide a service necessary for the completion of mandated or high priority goals? If so, what is the level reliance?**
High
**If reliance is high, please provide additional information:**
High level of disruption if this program were discontinued

**Cost Recovery:** **Is a portion of this Program is supported by non-property tax revenue?**
No        _( If 'Yes', please be sure to fill out the associated revenues above. Budgetary data collection forms may be a helpful resource.)_

**Mayoral Priorities:** **Is this program associated with one of the Mayor's 2026 priorities? If so, please describe how the program directly supports or is specified in one of the below priorities.**

**Mayoral Priority:**

**Strategic Goal:** **Is the program specifically identified as an action item in the City's strategic plan?**
Yes
**If so, which Strategic Goal?**
Organizational Excellence and Resilience
**Which Action Items relate to this program?**
Invest in technology systems that support the collection, dissemination and use of relevant data to drive management decisions.

**Additional Action Items relate to this program?**
Optimize the allocation, use, and financing of technology and space across the City.

**Additional Action Items relate to this program?**
Modernize information technology systems and practices

**Trend (Demand)** **What are the trends of the program? Is there demand for additional services? Is the service facing pressure to evolve? Is the service facing low demand but is required?**
Demand for service is evolving
Please describe the trends in more detail:
We are changing much of how IT provides service to the City, including multiple system modernizations as well as shifting the culture of the IT team from reactive to proactive, from utility provider, to business partner. Additionally, many City departments are adopting new technologies (Accela-cloud, Axon in PD) and practices (City Central & teams, that are changing the services and expertise needed in the IT team.

**Risk** **Is there substantial risk to the programs ability to continue because of lost funding, legislative changes, etc.**
Changes in Program Requirements
Please describe the risks in more detail:
We are struggling to maintain and develop staff and systems at a rate scaling along-side City increasing demand. While progress is being made shifting culture towards collaboration and quality of service, we may have to begin prioritizing and defining IT work and project involvement in a more structured way. Developing governance will be important.

# City of Missoula
## Inventory of Programs
## Fiscal Year 2026

**Department:** Information Technologies

**Program Title:** GIS
**Requested Title Change:** _____ *(optional)*

**Program Description:**
This group includes accounts for recording expenditures for the cost of providing Geographic Information Systems (GIS) data and management for the City.

*Is there more than one program within this activity code?  If so, please list them here:*

---

## Budgetary Data:

**General Ledger Account:** 1000  224 411060     **Cost Recovery %** — %

**Program Summary Budget:**

| | |
|---|---|
| Personnel | 551,394 |
| O&M | 121,220 |
| Debt | — |
| Grant | — |
| Transfers | — |
| Capital | — |
| Total | 672,614 |

**Associated Revenues:**

| Revenue Description: | Fund | Account | |
|---|---|---|---|
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |

**Staffing Information:**
*(Your FY26 Payroll Template may be a helpful resource.)*

| | FY26 |
|---|---|
| FTEs | 5.00 |

---

## Basic Program Attributes:

**Mandate:**
**Is there a third party requirement to provide this program (ie state or federal law, city charter)?**
Yes          Other Requirement
Please describe the mandate in more detail:
Services such as address maintenance provided by this program are required by ordinance, and used by public safety, for permitting, billing, etc.

**Service Level Requirement:**
**Is the level of service requirement set by a third party (ie – permitting agency, bond holders)**
No
Please indicate who sets the level of service requirement and what that required level of service is:

**Reliance & Interdependencies:**
**Does the program provide a service necessary for the completion of mandated or high priority goals?  If so, what is the level reliance?**
High
**If reliance is high, please provide additional information:**
This program provides information accessibility to citizens so the public can find answers to a broad range of questions. This program significantly decreases staff workloads in programs across the City alleviating citizen need to contact staff for research and documentation on a case-by-case basis.
This program provides addressing for the City which supports both core city services (permitting, utility billing, etc.) and public safety. GIS provides data maintenance, data management, and mapping application development services that support individual work needs and enhance collaboration between programs and are used for intra- and inter-departmental data-driven decisions.

**Cost Recovery:**
**Is a portion of this Program is supported by non-property tax revenue?**
No          *( If 'Yes', please be sure to fill out the associated revenues above. Budgetary data collection forms may be a helpful resource.)*

**Mayoral Priorities:**
**Is this program associated with one of the Mayor's 2026 priorities?  If so, please describe how the program directly supports or is specified in one of the below priorities.**

**Mayoral Priority:**

**Strategic Goal:**
**Is the program specifically identified as an action item in the City's strategic plan?**
Yes
**If so, which Strategic Goal?**
Organizational Excellence and Resilience
**Which Action Items relate to this program?**
Invest in technology systems that support the collection, dissemination and use of relevant data to drive management decisions.
**Additional Action Items relate to this program?**
Modernize information technology systems and practices
**Additional Action Items relate to this program?**
Deploy technologies that provide opportunities and support for collaboration and information sharing within and among departments and work teams.

**Trend (Demand)**
**What are the trends of the program? Is there demand for additional services? Is the service facing pressure to evolve? Is the service facing low demand but is required?**
Demand for service is increasing
Please describe the trends in more detail:
As the City adjusts and modernizes practice, programs require new ways of working with data and interacting with mapping, resulting in an increase in demand on the technology framework and data management that GIS Services provides.

**Risk**
**Is there substantial risk to the programs ability to continue because of lost funding, legislative changes, etc.**
Changes in Program Requirements
Please describe the risks in more detail:
This program has four large roles: data maintenance, data management, integration with other enterprise systems, and application development. As the City modernizes practices and adopts more technology, this program is stretching thin resources. Developing and maintaining robust tools such as the City Permit Atlas and working closer with depts throughout the city requires upskilling staff and establishing priorities and timelines which may delay some desired outcomes.

| | |
|---|---|
| **Department:** | Information Technologies |
| **Program Title:** | CENTRAL COMMUNICATIONS |
| **Requested Title Change:** | *(optional)* |

**Program Description:**

This program is charged with expenses incurred in providing licensing, maintenance contracts, and services for costs related to the operation of a central communications systems. This includes telephone systems, internet connectivity, WAN, as well as software licensing used for internal communications such as IP phone systems, internal chat, and email systems managed by Information Technology and provided to all departments of the City.

*Is there more than one program within this activity code?  If so, please list them here:*

---

## Budgetary Data:

**General Ledger Account:** 1000   224 411300

**Cost Recovery %** — %

**Program Summary Budget:**

| | |
|---|---|
| Personnel | — |
| O&M | 1,134,499 |
| Debt | — |
| Grant | — |
| Transfers | — |
| Capital | — |
| Total | 1,134,499 |

**Associated Revenues:**

| Revenue Description: | Fund | Account | |
|---|---|---|---|
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |

**Staffing Information:**
*(Your FY26 Payroll Template may be a helpful resource.)*

| | FY26 |
|---|---|
| FTEs | 0.00 |

---

## Basic Program Attributes:

**Mandate:** Is there a third party requirement to provide this program (ie state or federal law, city charter)?

No          Other Requirement

Please describe the mandate in more detail:

**Service Level Requirement:** Is the level of service requirement set by a third party (ie – permitting agency, bond holders)

Please indicate who sets the level of service requirement and what that required level of service is:

**Reliance & Interdependencies:** Does the program provide a service necessary for the completion of mandated or high priority goals?  If so, what is the level reliance?

If reliance is high, please provide additional information:

**Cost Recovery:** Is a portion of this Program is supported by non-property tax revenue?

*( If 'Yes', please be sure to fill out the associated revenues above. Budgetary data collection forms may be a helpful resource.)*

**Mayoral Priorities:** Is this program associated with one of the Mayor's 2026 priorities?  If so, please describe how the program directly supports or is specified in one of the below priorities.

Mayoral Priority:

**Strategic Goal:** Is the program specifically identified as an action item in the City's strategic plan?

If so, which Strategic Goal?

Which Action Items relate to this program?

Additional Action Items relate to this program?

Additional Action Items relate to this program?

**Trend (Demand)** What are the trends of the program? Is there demand for additional services? Is the service facing pressure to evolve? Is the service facing low demand but is required?

Please describe the trends in more detail:

**Risk** Is there substantial risk to the programs ability to continue because of lost funding, legislative changes, etc.

Please describe the risks in more detail:

**City of Missoula**
**Inventory of Programs**
**Fiscal Year 2026**

| | |
|---|---|
| **Department:** | Finance |
| **Program Title:** | FINANCIAL SERVICES ADMINISTRATION |
| **Requested Title Change:** | _(optional)_ |

**Program Description:**

The Finance Department provides full-service accounting functions for the City of Missoula by providing accurate and timely financial information and advice to the city council, city management, citizens, city creditors, banks, and governmental agencies. Financial services performed include: City-wide financial management, fiscal analysis and recommendations. Cash, debt, and investment management. Accounting and financial reporting. Annual audits including the Annual Comprehensive Financial Report (ACFR). All accounting for the City including accounts payable and receivable as well as City employee payroll with attendant W-2's and federal tax reporting. Annual budget creation, monitoring, amending and reporting for the City Operating, Debt Service, and Community Investments Budgets.

**_Is there more than one program within this activity code? If so, please list them here:_**

This activity include payroll, accounts payable, accounts receivable, budgeting, and auditing.

## Budgetary Data:

| | | | | |
|---|---|---|---|---|
| **General Ledger Account:** | 1000  240 410510 | | **Cost Recovery %** | — % |

**Program Summary Budget:**

| | | **Associated Revenues:** | | | |
|---|---|---|---|---|---|
| Personnel | 1,364,619 | **Revenue Description:** | **Fund** | **Account** | |
| O&M | 477,292 | | | | — |
| Debt | — | | | | — |
| Grant | — | | | | — |
| Transfers | — | | | | — |
| Capital | — | | | | — |
| Total | 1,841,911 | | | | — |
| | | | | | — |
| | | | | | — |
| | | | | | — |

**Staffing Information:**

| | **FY26** |
|---|---|
| _(Your FY26 Payroll Template may be a helpful resource.)_ **FTEs** | |

## Basic Program Attributes:

**Mandate:** Is there a third party requirement to provide this program (ie state or federal law, city charter)?

Yes          Other Requirement

Please describe the mandate in more detail:

The finance department performs functions required by both State and Federal law including annual audits and required budgetary reporting.

**Service Level Requirement:** Is the level of service requirement set by a third party (ie – permitting agency, bond holders)

Yes          Bond holders

Please indicate who sets the level of service requirement and what that required level of service is:

**Reliance & Interdependencies:** Does the program provide a service necessary for the completion of mandated or high priority goals? If so, what is the level reliance?

High

If reliance is high, please provide additional information:

**Cost Recovery:** Is a portion of this Program is supported by non-property tax revenue?

No          _( If 'Yes', please be sure to fill out the associated revenues above. Budgetary data collection forms may be a helpful resource.)_

**Mayoral Priorities:** Is this program associated with one of the Mayor's 2026 priorities? If so, please describe how the program directly supports or is specified in one of the below priorities.

**Mayoral Priority:**

**Strategic Goal:** Is the program specifically identified as an action item in the City's strategic plan?

Yes

**If so, which Strategic Goal?**

Organizational Excellence and Resilience

**Which Action Items relate to this program?**

Acquire and implement key system upgrades, including Human Resources and Payroll, Finance and Asset Management.

**Additional Action Items relate to this program?**

Share best practices for integrating measurable goals and objectives into work plans.

**Additional Action Items relate to this program?**

**Trend (Demand)** What are the trends of the program? Is there demand for additional services? Is the service facing pressure to evolve? Is the service facing low demand but is required?

Demand for service is increasing

Please describe the trends in more detail:

The demand for more sophisticated financial reporting and data analytics continues to grow.

**Risk** Is there substantial risk to the programs ability to continue because of lost funding, legislative changes, etc.

Low/No Risk

Please describe the risks in more detail:

| | |
|---|---|
| **Department:** | Central Services |

| | |
|---|---|
| **Program Title:** | ADMINISTRATION |
| **Requested Title Change:** | _(optional)_ |

**Program Description:**

This program provides leadership and administrative support for the Central Services Division. It also includes the Strategic Projects Analysis and Reporting (SPAR) team that provides strategic project management, change management, and management analysis to major Citywide projects.

_**Is there more than one program within this activity code?  If so, please list them here:**_
1) Admin 2) SPAR

## Budgetary Data:

**General Ledger Account:** 1000  245 410810        **Cost Recovery %**  — %

**Program Summary Budget:**

| | | **Associated Revenues:** | | | |
|---|---|---|---|---|---|
| Personnel | 554,221 | **Revenue Description:** | **Fund** | **Account** | |
| O&M | 208,814 | | | | — |
| Debt | — | | | | — |
| Grant | — | | | | — |
| Transfers | — | | | | — |
| Capital | — | | | | — |
| Total | 763,035 | | | | — |
| | | | | | — |
| | | | | | — |

**Staffing Information:**

| | **FY26** |
|---|---|
| FTEs | 4.00 |

_(Your FY26 Payroll Template may be a helpful resource.)_

## Basic Program Attributes:

**Mandate:** Is there a third party requirement to provide this program (ie state or federal law, city charter)?
No
Please describe the mandate in more detail:

**Service Level Requirement:** Is the level of service requirement set by a third party (ie – permitting agency, bond holders)
No
Please indicate who sets the level of service requirement and what that required level of service is:

**Reliance & Interdependencies:** Does the program provide a service necessary for the completion of mandated or high priority goals?  If so, what is the level reliance?
High
If reliance is high, please provide additional information:
Internal Organizational (City) Dependence

**Cost Recovery:** Is a portion of this Program is supported by non-property tax revenue?
Yes        ( If 'Yes', please be sure to fill out the associated revenues above. Budgetary data collection forms may be a helpful resource.)

**Mayoral Priorities:** Is this program associated with one of the Mayor's 2026 priorities?  If so, please describe how the program directly supports or is specified in one of the below priorities.
This small team supports critical operations across the organization (legislative coordination, policy development, community reporting, and more) and impacts the operational efficiency of our local government (laying the foundations for automation and AI in future).
**Mayoral Priority:**
Responsive Local Government for Better Public Service

**Strategic Goal:** Is the program specifically identified as an action item in the City's strategic plan?
Yes
**If so, which Strategic Goal?**
Organizational Excellence and Resilience
**Which Action Items relate to this program?**
Establish mechanisms to formally incorporate strategic lenses into structured decision-making.

**Additional Action Items relate to this program?**
Optimize the allocation, use, and financing of technology and space across the City.

**Additional Action Items relate to this program?**
Incorporate zero waste practices into all City operations.

**Trend (Demand)** What are the trends of the program? Is there demand for additional services? Is the service facing pressure to evolve? Is the service facing low demand but is required?
Demand for service is increasing
Please describe the trends in more detail:
There is both an upward trend in the need for administraive support for the Central Services Dept. as well as an increasing desire for the project management support of the SPAR team.

**Risk** Is there substantial risk to the programs ability to continue because of lost funding, legislative changes, etc.
Financial Risk
Please describe the risks in more detail:
Specifically focused on SPAR, as resources become more scarce, there is a risk that funding isn't available to support our in-house strategic proejct support team.

# City of Missoula
## Inventory of Programs
### Fiscal Year 2026

| | |
|---|---|
| **Department:** | Facilities Maintenance |

| | |
|---|---|
| **Program Title:** | ADMINISTRATION |
| **Requested Title Change:** | Facility Operations _(optional)_ |

**Program Description:**

Funds City Facilities Management and Operations. Costs include Administration, Maintenance, Utilities, and Service Contracts for the following sites: 435 Ryman, 140 Pine, 400 Ryman, 412-414-416 Ryman, 109 Catlin, 1305 Scott st. A-B-C-D. We are working with finance to combine 411810, 430220 and 431350 Finance will update once finished to the proper activity code.

_**Is there more than one program within this activity code? If so, please list them here:**_

---

## Budgetary Data:

**General Ledger Account:** 1000  246 411810          **Cost Recovery %** — %

**Program Summary Budget:**

| | |
|---|---|
| Personnel | 351,124 |
| O&M | 809,515 |
| Debt | — |
| Grant | — |
| Transfers | — |
| Capital | — |
| Total | 1,160,639 |

**Associated Revenues:**

| Revenue Description: | Fund | Account | |
|---|---|---|---|
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |

**Staffing Information:**
_(Your FY26 Payroll Template may be a helpful resource.)_

| | FY26 |
|---|---|
| FTEs | 1.00 |

---

## Basic Program Attributes:

**Mandate:** **Is there a third party requirement to provide this program (ie state or federal law, city charter)?**
No

Please describe the mandate in more detail:

**Service Level Requirement:** **Is the level of service requirement set by a third party (ie – permitting agency, bond holders)**
No

Please indicate who sets the level of service requirement and what that required level of service is:

**Reliance & Interdependencies:** **Does the program provide a service necessary for the completion of mandated or high priority goals? If so, what is the level reliance?**
High
**If reliance is high, please provide additional information:**
High level of disruption if this program were discontinued

**Cost Recovery:** **Is a portion of this Program is supported by non-property tax revenue?**
No          _( If 'Yes', please be sure to fill out the associated revenues above. Budgetary data collection forms may be a helpful resource.)_

**Mayoral Priorities:** **Is this program associated with one of the Mayor's 2026 priorities? If so, please describe how the program directly supports or is specified in one of the below priorities.**

**Mayoral Priority:**

**Strategic Goal:** **Is the program specifically identified as an action item in the City's strategic plan?**
Yes
**If so, which Strategic Goal?**
Organizational Excellence and Resilience
**Which Action Items relate to this program?**
Coordinate the planning and execution of necessary facility improvement projects to support operations and service delivery for Police, Public Works & Mobility, Parks and Recreation and Fire

**Additional Action Items relate to this program?**
In partnership with Missoula County, effectively manage the rehabilitation of the Missoula Federal Building and provide for a well-organized transition from City Hall to the former Missoula Federal Building.

**Additional Action Items relate to this program?**

**Trend (Demand)** **What are the trends of the program? Is there demand for additional services? Is the service facing pressure to evolve? Is the service facing low demand but is required?**
Demand for service is increasing
Please describe the trends in more detail:
Service costs are rising due to aging infrastructure, defered maintenance and limited Facility space with increases in staff and rising cost associated with utility rates, material costs and service contract increases.

**Risk** **Is there substantial risk to the programs ability to continue because of lost funding, legislative changes, etc.**
Low/No Risk
Please describe the risks in more detail:

| Department: | Facilities Maintenance |
|---|---|

**Program Title:** ART MUSEUM
**Requested Title Change:** _____ *(optional)*

**Program Description:**

This activity supports repair and maintenance cost for the City owned Missoula art Museum facility. Supports HVAC, Elevator and Janitorial service contracts.

*Is there more than one program within this activity code? If so, please list them here:*

---

**Budgetary Data:**

**General Ledger Account:** 1000   246 460452

**Cost Recovery %** — %

**Program Summary Budget:**

| | |
|---|---|
| Personnel | — |
| O&M | — |
| Debt | — |
| Grant | 45,862 |
| Transfers | — |
| Capital | — |
| Total | 45,862 |

**Associated Revenues:**

| Revenue Description: | Fund | Account | |
|---|---|---|---|
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |

**Staffing Information:**
*(Your FY26 Payroll Template may be a helpful resource.)*

| | FY26 |
|---|---|
| FTEs | |

---

**Basic Program Attributes:**

**Mandate:** Is there a third party requirement to provide this program (ie state or federal law, city charter)?
No

Please describe the mandate in more detail:

**Service Level Requirement:** Is the level of service requirement set by a third party (ie – permitting agency, bond holders)
No

Please indicate who sets the level of service requirement and what that required level of service is:

**Reliance & Interdependencies:** Does the program provide a service necessary for the completion of mandated or high priority goals? If so, what is the level reliance?
Medium
**If reliance is high, please provide additional information:**

**Cost Recovery:** Is a portion of this Program is supported by non-property tax revenue?
No      *( If 'Yes', please be sure to fill out the associated revenues above. Budgetary data collection forms may be a helpful resource.)*

**Mayoral Priorities:** Is this program associated with one of the Mayor's 2026 priorities? If so, please describe how the program directly supports or is specified in one of the below priorities.

**Mayoral Priority:**

**Strategic Goal:** Is the program specifically identified as an action item in the City's strategic plan?
No
**If so, which Strategic Goal?**

**Which Action Items relate to this program?**

**Additional Action Items relate to this program?**

**Additional Action Items relate to this program?**

**Trend (Demand)** What are the trends of the program? Is there demand for additional services? Is the service facing pressure to evolve? Is the service facing low demand but is required?
Demand for service is stable

Please describe the trends in more detail:

**Risk** Is there substantial risk to the programs ability to continue because of lost funding, legislative changes, etc.
Low/No Risk

Please describe the risks in more detail:

**Department:** Central Services

**Program Title:** FACILITIES ADMINISTRATION
**Requested Title Change:** JOHN ENGEN LOCAL GOVERNMENT BUILDING _(optional)_

**Program Description:**
This activity supports the City's operating costs for administration of the JELGB.

_Is there more than one program within this activity code? If so, please list them here:_

---

## Budgetary Data:

**General Ledger Account:** 1000   248 411200          **Cost Recovery %** — %

**Program Summary Budget:**

| | | **Associated Revenues:** | | | |
|---|---|---|---|---|---|
| Personnel | — | **Revenue Description:** | **Fund** | **Account** | |
| O&M | 20,875 | | | | — |
| Debt | — | | | | — |
| Grant | — | | | | — |
| Transfers | — | | | | — |
| Capital | — | | | | — |
| Total | 20,875 | | | | — |
| | | | | | — |
| | | | | | — |
| | | | | | — |

**Staffing Information:**
_(Your FY26 Payroll Template may be a helpful resource.)_

| | **FY26** |
|---|---|
| FTEs | 0.00 |

---

## Basic Program Attributes:

**Mandate:** Is there a third party requirement to provide this program (ie state or federal law, city charter)?
No

Please describe the mandate in more detail:

**Service Level Requirement:** Is the level of service requirement set by a third party (ie – permitting agency, bond holders)
Yes

Please indicate who sets the level of service requirement and what that required level of service is:
City/County MOU

**Reliance & Interdependencies:** Does the program provide a service necessary for the completion of mandated or high priority goals? If so, what is the level reliance?
High
**If reliance is high, please provide additional information:**

**Cost Recovery:** Is a portion of this Program is supported by non-property tax revenue?
No        _( If 'Yes', please be sure to fill out the associated revenues above. Budgetary data collection forms may be a helpful resource.)_

**Mayoral Priorities:** Is this program associated with one of the Mayor's 2026 priorities? If so, please describe how the program directly supports or is specified in one of the below priorities.

**Mayoral Priority:**

**Strategic Goal:** Is the program specifically identified as an action item in the City's strategic plan?
Yes
**If so, which Strategic Goal?**
Organizational Excellence and Resilience
**Which Action Items relate to this program?**
Optimize the allocation, use, and financing of technology and space across the City.

**Additional Action Items relate to this program?**
In partnership with Missoula County, effectively manage the rehabilitation of the Missoula Federal Building and provide for a well-organized transition from City Hall to the former Missoula Federal Building.

**Additional Action Items relate to this program?**
Implement climate action policies to reduce greenhouse gas emissions through energy efficiency and electrification of City-owned buildings and fleet vehicles.

**Trend (Demand)** What are the trends of the program? Is there demand for additional services? Is the service facing pressure to evolve? Is the service facing low demand but is required?
Demand for service is evolving
Please describe the trends in more detail:
The operations costs of the JELGB will evolve further both during construction and after occupation of the building.

**Risk** Is there substantial risk to the programs ability to continue because of lost funding, legislative changes, etc.
Financial Risk
Please describe the risks in more detail:
This is a challenging project to fund. It is large and does not have dedicated, non-general fund money.

# City of Missoula
## Inventory of Programs
### Fiscal Year 2026

**Department:** Fleet Maintenance

**Program Title:** EQUIPMENT MAINTENANCE
**Requested Title Change:** FLEET MAINTENANCE *(optional)*

**Program Description:**

Fleet Maintenance handles all aspects related to equipment and vehicle maintenance and the procurement/replacement processes.  This includes diagnostics, repair, preventative maintenance, welding and fabrication, record keeping, fuel and insurance management for the city fleet.  The fleet replacement program, which is part of the CIP (Capital Improvement Program), is managed and implemented by the Fleet Director in accordance with city policy. Fleet Maintenance prioritizes  providing these services in cost and time-effective way.

*Is there more than one program within this activity code?  If so, please list them here:*

This activity includes personnel wages and support, operating supplies related to the repair and maintenance of the City fleet, including but not limited to: parts, bulk fluids, diagnostic and data collection software, training, mechanics tools and clothing allowances, and  fleet services fuel.

## Budgetary Data:

**General Ledger Account:** 1000    321 431330

**Cost Recovery %** 5.090 %

**Program Summary Budget:**

| | |
|---|---|
| Personnel | 1,232,501 |
| O&M | 142,747 |
| Debt | — |
| Grant | — |
| Transfers | — |
| Capital | — |
| Total | 1,375,248 |

**Associated Revenues:**

| Revenue Description: | Fund | Account | |
|---|---|---|---|
| Enterprise Funds Repair Cost Allocation | 1000 | 343002 | 70,000.00 |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |

**Staffing Information:**
*(Your FY26 Payroll Template may be a helpful resource.)*

| | FY26 |
|---|---|
| FTEs | 10.75 |

## Basic Program Attributes:

**Mandate:** **Is there a third party requirement to provide this program (ie state or federal law, city charter)?**
No

Please describe the mandate in more detail:

**Service Level Requirement:** **Is the level of service requirement set by a third party (ie – permitting agency, bond holders)**
No

Please indicate who sets the level of service requirement and what that required level of service is:

**Reliance & Interdependencies:** **Does the program provide a service necessary for the completion of mandated or high priority goals?  If so, what is the level reliance?**
High

If reliance is high, please provide additional information:
Internal Organizational (City) Dependence

**Cost Recovery:** **Is a portion of this Program is supported by non-property tax revenue?**
Yes  *( If 'Yes', please be sure to fill out the associated revenues above. Budgetary data collection forms may be a helpful resource.)*

**Mayoral Priorities:** **Is this program associated with one of the Mayor's 2026 priorities?  If so, please describe how the program directly supports or is specified in one of the below priorities.**

**Mayoral Priority:**

**Strategic Goal:** **Is the program specifically identified as an action item in the City's strategic plan?**
Yes

**If so, which Strategic Goal?**
Organizational Excellence and Resilience

**Which Action Items relate to this program?**
Implement climate action policies to reduce greenhouse gas emissions through energy efficiency and electrification of City-owned buildings and fleet vehicles.

**Additional Action Items relate to this program?**
Invest in renewable energy opportunities.

**Additional Action Items relate to this program?**
Establish mechanisms to formally incorporate strategic lenses into structured decision-making.

**Trend (Demand)** **What are the trends of the program? Is there demand for additional services? Is the service facing pressure to evolve? Is the service facing low demand but is required?**
Demand for service is evolving

Please describe the trends in more detail:
Changes in technology specifically with diesel and electric/hybrid equipment/vehicles has created needs for increased infrustructure, training and costs as well as an overall increase in the amount of vehicles in the fleet.

**Risk** **Is there substantial risk to the programs ability to continue because of lost funding, legislative changes, etc.**
Changes in the Operating Environment

Please describe the risks in more detail:
Ability to obtain needed additional mechanics.

# City of Missoula
## Inventory of Programs
### Fiscal Year 2026

**Department:** Non Departmental

**Program Title:** TERMINATION PAY
**Requested Title Change:** _____ *(optional)*

**Program Description:**
Contingency budget for termination pay associated with General Fund employees.

*Is there more than one program within this activity code? If so, please list them here:*

---

## Budgetary Data:

**General Ledger Account:** 1000   390 410555          **Cost Recovery %** — %

**Program Summary Budget:**

| | |
|---|---:|
| Personnel | 25,000 |
| O&M | — |
| Debt | — |
| Grant | — |
| Transfers | — |
| Capital | — |
| Total | 25,000 |

**Associated Revenues:**

| Revenue Description: | Fund | Account | |
|---|---|---|---|
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |

**Staffing Information:**
*(Your FY26 Payroll Template may be a helpful resource.)*

| | FY26 |
|---|---|
| FTEs | 0.00 |

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## Basic Program Attributes:

**Mandate:** Is there a third party requirement to provide this program (ie state or federal law, city charter)?
No

Please describe the mandate in more detail:

**Service Level Requirement:** Is the level of service requirement set by a third party (ie – permitting agency, bond holders)
No

Please indicate who sets the level of service requirement and what that required level of service is:

**Reliance & Interdependencies:** Does the program provide a service necessary for the completion of mandated or high priority goals? If so, what is the level reliance?
Low
If reliance is high, please provide additional information:

**Cost Recovery:** Is a portion of this Program is supported by non-property tax revenue?
No          *( If 'Yes', please be sure to fill out the associated revenues above. Budgetary data collection forms may be a helpful resource.)*

**Mayoral Priorities:** Is this program associated with one of the Mayor's 2026 priorities? If so, please describe how the program directly supports or is specified in one of the below priorities.

Mayoral Priority:

**Strategic Goal:** Is the program specifically identified as an action item in the City's strategic plan?

If so, which Strategic Goal?

Which Action Items relate to this program?

Additional Action Items relate to this program?

Additional Action Items relate to this program?

**Trend (Demand)** What are the trends of the program? Is there demand for additional services? Is the service facing pressure to evolve? Is the service facing low demand but is required?

Please describe the trends in more detail:

**Risk** Is there substantial risk to the programs ability to continue because of lost funding, legislative changes, etc.

Please describe the risks in more detail:

# City of Missoula
## Inventory of Programs
## Fiscal Year 2026

**Department:** Non Departmental

**Program Title:** SPECIAL IMPROVEMENT ASSESSMENTS
**Requested Title Change:** _____ *(optional)*

**Program Description:**
The payment of SID assessments on City owned properties.

*Is there more than one program within this activity code?  If so, please list them here:*

---

## Budgetary Data:

**General Ledger Account:** 1000   390 411860          **Cost Recovery %** — %

**Program Summary Budget:**

| | | **Associated Revenues:** | | | |
|---|---|---|---|---|---|
| Personnel | — | **Revenue Description:** | **Fund** | **Account** | |
| O&M | 131,915 | | | | — |
| Debt | — | | | | — |
| Grant | — | | | | — |
| Transfers | — | | | | — |
| Capital | — | | | | — |
| Total | 131,915 | | | | — |
| | | | | | — |
| | | | | | — |
| | | | | | — |

**Staffing Information:**
*(Your FY26 Payroll Template may be a helpful resource.)*

| | **FY26** |
|---|---|
| **FTEs** | 0.00 |

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## Basic Program Attributes:

**Mandate:** Is there a third party requirement to provide this program (ie state or federal law, city charter)?
No

Please describe the mandate in more detail:

**Service Level Requirement:** Is the level of service requirement set by a third party (ie – permitting agency, bond holders)
No

Please indicate who sets the level of service requirement and what that required level of service is:

**Reliance & Interdependencies:** Does the program provide a service necessary for the completion of mandated or high priority goals?  If so, what is the level reliance?
Low
**If reliance is high, please provide additional information:**

**Cost Recovery:** Is a portion of this Program is supported by non-property tax revenue?
No          *( If 'Yes', please be sure to fill out the associated revenues above. Budgetary data collection forms may be a helpful resource.)*

**Mayoral Priorities:** Is this program associated with one of the Mayor's 2026 priorities?  If so, please describe how the program directly supports or is specified in one of the below priorities.

**Mayoral Priority:**

**Strategic Goal:** Is the program specifically identified as an action item in the City's strategic plan?

**If so, which Strategic Goal?**

**Which Action Items relate to this program?**

**Additional Action Items relate to this program?**

**Additional Action Items relate to this program?**

**Trend (Demand)** What are the trends of the program? Is there demand for additional services? Is the service facing pressure to evolve? Is the service facing low demand but is required?

Please describe the trends in more detail:

**Risk** Is there substantial risk to the programs ability to continue because of lost funding, legislative changes, etc.

Please describe the risks in more detail:

# City of Missoula
## Inventory of Programs
## Fiscal Year 2026

**Department:** Community Planning, Development, & Innovation

**Program Title:** PROTECTIVE INSPECTIONS
**Requested Title Change:** _____ *(optional)*

**Program Description:**
This activity accounts for the reimbursement of the building account, for the building division inspectors time spent performing VRIP inspections, since they are not actual inspections associated with a permit that would fall under the traditional purview of a building department.

*Is there more than one program within this activity code? If so, please list them here:*

---

## Budgetary Data:

**General Ledger Account:** 1000   390 420500          **Cost Recovery %** — %

**Program Summary Budget:**

| | |
|---|---|
| Personnel | — |
| O&M | 5,000 |
| Debt | — |
| Grant | — |
| Transfers | — |
| Capital | — |
| Total | 5,000 |

**Associated Revenues:**

| Revenue Description: | Fund | Account | |
|---|---|---|---|
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |

**Staffing Information:**
*(Your FY26 Payroll Template may be a helpful resource.)*

| | FY26 |
|---|---|
| FTEs | |

---

## Basic Program Attributes:

**Mandate:** Is there a third party requirement to provide this program (ie state or federal law, city charter)?
No

Please describe the mandate in more detail:

**Service Level Requirement:** Is the level of service requirement set by a third party (ie – permitting agency, bond holders)
No

Please indicate who sets the level of service requirement and what that required level of service is:

**Reliance & Interdependencies:** Does the program provide a service necessary for the completion of mandated or high priority goals? If so, what is the level reliance?
Low
If reliance is high, please provide additional information:

**Cost Recovery:** Is a portion of this Program is supported by non-property tax revenue?
No    *( If 'Yes', please be sure to fill out the associated revenues above. Budgetary data collection forms may be a helpful resource.)*

**Mayoral Priorities:** Is this program associated with one of the Mayor's 2026 priorities? If so, please describe how the program directly supports or is specified in one of the below priorities.

Mayoral Priority:

**Strategic Goal:** Is the program specifically identified as an action item in the City's strategic plan?
No
If so, which Strategic Goal?

Which Action Items relate to this program?

Additional Action Items relate to this program?

Additional Action Items relate to this program?

**Trend (Demand)** What are the trends of the program? Is there demand for additional services? Is the service facing pressure to evolve? Is the service facing low demand but is required?
Demand for service is stable

Please describe the trends in more detail:

**Risk** Is there substantial risk to the programs ability to continue because of lost funding, legislative changes, etc.
Low/No Risk

Please describe the risks in more detail:

# City of Missoula
## Inventory of Programs
### Fiscal Year 2026

**Department:** Health Department

**Program Title:** HEALTH DEPT CONTRIBUTIONS
**Requested Title Change:** _____ *(optional)*

**Program Description:**

*Is there more than one program within this activity code?  If so, please list them here:*

---

## Budgetary Data:

**General Ledger Account:** 1000    390 440190          **Cost Recovery %**    — %

**Program Summary Budget:**

| | |
|---|---:|
| Personnel | — |
| O&M | — |
| Debt | — |
| Grant | 2,662,166 |
| Transfers | — |
| Capital | — |
| Total | 2,662,166 |

**Associated Revenues:**

| Revenue Description: | Fund | Account | |
|---|---|---|---|
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |

**Staffing Information:**
*(Your FY26 Payroll Template may be a helpful resource.)*

| | FY26 |
|---|---|
| FTEs | |

---

## Basic Program Attributes:

**Mandate:** Is there a third party requirement to provide this program (ie state or federal law, city charter)?

Please describe the mandate in more detail:

**Service Level Requirement:** Is the level of service requirement set by a third party (ie – permitting agency, bond holders)

Please indicate who sets the level of service requirement and what that required level of service is:

**Reliance & Interdependencies:** Does the program provide a service necessary for the completion of mandated or high priority goals?  If so, what is the level reliance?

If reliance is high, please provide additional information:

**Cost Recovery:** Is a portion of this Program is supported by non-property tax revenue?

*( If 'Yes', please be sure to fill out the associated revenues above. Budgetary data collection forms may be a helpful resource.)*

**Mayoral Priorities:** Is this program associated with one of the Mayor's 2026 priorities?  If so, please describe how the program directly supports or is specified in one of the below priorities.

Mayoral Priority:

**Strategic Goal:** Is the program specifically identified as an action item in the City's strategic plan?

If so, which Strategic Goal?

Which Action Items relate to this program?

Additional Action Items relate to this program?

Additional Action Items relate to this program?

**Trend (Demand)** What are the trends of the program? Is there demand for additional services? Is the service facing pressure to evolve? Is the service facing low demand but is required?

Please describe the trends in more detail:

**Risk** Is there substantial risk to the programs ability to continue because of lost funding, legislative changes, etc.

Please describe the risks in more detail:

# City of Missoula
### Inventory of Programs
### Fiscal Year 2026

**Department:** Health Department

**Program Title:** ANIMAL CONTROL SERVICES
**Requested Title Change:** _____ (optional)

**Program Description:**

*Is there more than one program within this activity code? If so, please list them here:*

---

## Budgetary Data:

**General Ledger Account:** 1000    390 440600      **Cost Recovery %** — %

**Program Summary Budget:**

| | |
|---|---|
| Personnel | — |
| O&M | — |
| Debt | — |
| Grant | 522,135 |
| Transfers | — |
| Capital | — |
| Total | 522,135 |

**Associated Revenues:**

| Revenue Description: | Fund | Account | |
|---|---|---|---|
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |

**Staffing Information:**
*(Your FY26 Payroll Template may be a helpful resource.)*

| | FY26 |
|---|---|
| FTEs | |

---

## Basic Program Attributes:

**Mandate:** Is there a third party requirement to provide this program (ie state or federal law, city charter)?

Please describe the mandate in more detail:

**Service Level Requirement:** Is the level of service requirement set by a third party (ie – permitting agency, bond holders)

Please indicate who sets the level of service requirement and what that required level of service is:

**Reliance & Interdependencies:** Does the program provide a service necessary for the completion of mandated or high priority goals? If so, what is the level reliance?

If reliance is high, please provide additional information:

**Cost Recovery:** Is a portion of this Program is supported by non-property tax revenue?

*( If 'Yes', please be sure to fill out the associated revenues above. Budgetary data collection forms may be a helpful resource.)*

**Mayoral Priorities:** Is this program associated with one of the Mayor's 2026 priorities? If so, please describe how the program directly supports or is specified in one of the below priorities.

Mayoral Priority:

**Strategic Goal:** Is the program specifically identified as an action item in the City's strategic plan?

If so, which Strategic Goal?

Which Action Items relate to this program?

Additional Action Items relate to this program?

Additional Action Items relate to this program?

**Trend (Demand)** What are the trends of the program? Is there demand for additional services? Is the service facing pressure to evolve? Is the service facing low demand but is required?

Please describe the trends in more detail:

**Risk** Is there substantial risk to the programs ability to continue because of lost funding, legislative changes, etc.

Please describe the risks in more detail:

# City of Missoula
### Inventory of Programs
### Fiscal Year 2026

**Department:** Community Based Organization

**Program Title:** UNITED WAY CONTRIBUTION
**Requested Title Change:** Missoula Child Care Advantage Contribution    *(optional)*

**Program Description:**

*Is there more than one program within this activity code?  If so, please list them here:*

---

## Budgetary Data:

**General Ledger Account:** 1000    390 450610          **Cost Recovery %** — %

**Program Summary Budget:**

| | |
|---|---|
| Personnel | — |
| O&M | — |
| Debt | — |
| Grant | 30,000 |
| Transfers | — |
| Capital | — |
| Total | 30,000 |

**Associated Revenues:**

| Revenue Description: | Fund | Account | |
|---|---|---|---|
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |

**Staffing Information:**
*(Your FY26 Payroll Template may be a helpful resource.)*

| | FY26 |
|---|---|
| FTEs | |

---

## Basic Program Attributes:

**Mandate:** Is there a third party requirement to provide this program (ie state or federal law, city charter)?

Please describe the mandate in more detail:

**Service Level Requirement:** Is the level of service requirement set by a third party (ie – permitting agency, bond holders)

Please indicate who sets the level of service requirement and what that required level of service is:

**Reliance & Interdependencies:** Does the program provide a service necessary for the completion of mandated or high priority goals?  If so, what is the level reliance?

If reliance is high, please provide additional information:

**Cost Recovery:** Is a portion of this Program is supported by non-property tax revenue?

*( If 'Yes', please be sure to fill out the associated revenues above. Budgetary data collection forms may be a helpful resource.)*

**Mayoral Priorities:** Is this program associated with one of the Mayor's 2026 priorities?  If so, please describe how the program directly supports or is specified in one of the below priorities.

Mayoral Priority:

**Strategic Goal:** Is the program specifically identified as an action item in the City's strategic plan?

If so, which Strategic Goal?

Which Action Items relate to this program?

Additional Action Items relate to this program?

Additional Action Items relate to this program?

**Trend (Demand)** What are the trends of the program? Is there demand for additional services? Is the service facing pressure to evolve? Is the service facing low demand but is required?

Please describe the trends in more detail:

**Risk** Is there substantial risk to the programs ability to continue because of lost funding, legislative changes, etc.

Please describe the risks in more detail:

| | |
|---|---|
| **Department:** | Non Departmental |

**Program Title:** MERCHANT SERVICES
**Requested Title Change:** _____ (optional)

**Program Description:**
Payment of merchant service fees for gereral fund revenues collected.

*Is there more than one program within this activity code?  If so, please list them here:*

---

**Budgetary Data:**

**General Ledger Account:** 1000   390 510110          **Cost Recovery %** — %

**Program Summary Budget:**

| | | **Associated Revenues:** | | | |
|---|---|---|---|---|---|
| Personnel | — | **Revenue Description:** | **Fund** | **Account** | |
| O&M | 55,000 | | | | — |
| Debt | — | | | | — |
| Grant | — | | | | — |
| Transfers | — | | | | — |
| Capital | — | | | | — |
| Total | 55,000 | | | | — |
| | | | | | — |
| | | | | | — |
| | | | | | — |

**Staffing Information:**
*(Your FY26 Payroll Template may be a helpful resource.)*

| | **FY26** |
|---|---|
| **FTEs** | 0.00 |

---

**Basic Program Attributes:**

**Mandate:**   **Is there a third party requirement to provide this program (ie state or federal law, city charter)?**
No

Please describe the mandate in more detail:

**Service Level Requirement:**   **Is the level of service requirement set by a third party (ie – permitting agency, bond holders)**
No

Please indicate who sets the level of service requirement and what that required level of service is:

**Reliance & Interdependencies:**   **Does the program provide a service necessary for the completion of mandated or high priority goals?  If so, what is the level reliance?**
Low

**If reliance is high, please provide additional information:**

**Cost Recovery:**   **Is a portion of this Program is supported by non-property tax revenue?**
No                  *( If 'Yes', please be sure to fill out the associated revenues above. Budgetary data collection forms may be a helpful resource.)*

**Mayoral Priorities:**   **Is this program associated with one of the Mayor's 2026 priorities?  If so, please describe how the program directly supports or is specified in one of the below priorities.**

**Mayoral Priority:**

**Strategic Goal:**   **Is the program specifically identified as an action item in the City's strategic plan?**
No
**If so, which Strategic Goal?**

**Which Action Items relate to this program?**

**Additional Action Items relate to this program?**

**Additional Action Items relate to this program?**

**Trend (Demand)**   **What are the trends of the program? Is there demand for additional services? Is the service facing pressure to evolve? Is the service facing low demand but is required?**
Demand for service is stable

Please describe the trends in more detail:

**Risk**   **Is there substantial risk to the programs ability to continue because of lost funding, legislative changes, etc.**
Low/No Risk

Please describe the risks in more detail:

| | |
|---|---|
| **Department:** | Non Departmental |

| | |
|---|---|
| **Program Title:** | REIMBURSABLE LOSSES |
| **Requested Title Change:** | *(optional)* |

**Program Description:**

Unanticipated expenditures that will be reimbursed by private parties or insurance.

*Is there more than one program within this activity code?  If so, please list them here:*

## Budgetary Data:

**General Ledger Account:**  1000   390 510250

**Cost Recovery %** 100.000 %

**Program Summary Budget:**

| Personnel | — |
|---|---|
| O&M | 25,000 |
| Debt | — |
| Grant | — |
| Transfers | — |
| Capital | — |
| Total | 25,000 |

**Associated Revenues:**

| Revenue Description: | Fund | Account | |
|---|---|---|---|
| Insurance & Damage Recovery | 1000 | 364040 | 25,000.00 |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |

**Staffing Information:**
*(Your FY26 Payroll Template may be a helpful resource.)*

| | FY26 |
|---|---|
| FTEs | |

## Basic Program Attributes:

**Mandate:**  Is there a third party requirement to provide this program (ie state or federal law, city charter)?
No

Please describe the mandate in more detail:

**Service Level Requirement:**  Is the level of service requirement set by a third party (ie – permitting agency, bond holders)
No

Please indicate who sets the level of service requirement and what that required level of service is:

**Reliance & Interdependencies:**  Does the program provide a service necessary for the completion of mandated or high priority goals?  If so, what is the level reliance?
Low
If reliance is high, please provide additional information:

**Cost Recovery:**  Is a portion of this Program is supported by non-property tax revenue?
Yes      *( If 'Yes', please be sure to fill out the associated revenues above. Budgetary data collection forms may be a helpful resource.)*

**Mayoral Priorities:**  Is this program associated with one of the Mayor's 2026 priorities?  If so, please describe how the program directly supports or is specified in one of the below priorities.

Mayoral Priority:

**Strategic Goal:**  Is the program specifically identified as an action item in the City's strategic plan?
No

If so, which Strategic Goal?

Which Action Items relate to this program?

Additional Action Items relate to this program?

Additional Action Items relate to this program?

**Trend (Demand)**  What are the trends of the program? Is there demand for additional services? Is the service facing pressure to evolve? Is the service facing low demand but is required?
Demand for service is stable

Please describe the trends in more detail:

**Risk**  Is there substantial risk to the programs ability to continue because of lost funding, legislative changes, etc.
Low/No Risk

Please describe the risks in more detail:

| Department: | Non Departmental |
|---|---|

**Program Title:** CONTINGENCY
**Requested Title Change:** _____ *(optional)*

**Program Description:**
Contingency budget for unanticipated general fund activities.

*Is there more than one program within this activity code? If so, please list them here:*

---

**Budgetary Data:**

**General Ledger Account:** 1000    390 510300          **Cost Recovery %**  — %

**Program Summary Budget:**

| | |
|---|---|
| Personnel | — |
| O&M | 80,425 |
| Debt | — |
| Grant | — |
| Transfers | — |
| Capital | — |
| Total | 80,425 |

**Associated Revenues:**

| Revenue Description: | Fund | Account | |
|---|---|---|---|
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |

**Staffing Information:**
*(Your FY26 Payroll Template may be a helpful resource.)*

| | FY26 |
|---|---|
| FTEs | 0.00 |

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**Basic Program Attributes:**

**Mandate:** Is there a third party requirement to provide this program (ie state or federal law, city charter)?
No

Please describe the mandate in more detail:

**Service Level Requirement:** Is the level of service requirement set by a third party (ie – permitting agency, bond holders)
No

Please indicate who sets the level of service requirement and what that required level of service is:

**Reliance & Interdependencies:** Does the program provide a service necessary for the completion of mandated or high priority goals? If so, what is the level reliance?
Low
**If reliance is high, please provide additional information:**

**Cost Recovery:** Is a portion of this Program is supported by non-property tax revenue?
No          *( If 'Yes', please be sure to fill out the associated revenues above. Budgetary data collection forms may be a helpful resource.)*

**Mayoral Priorities:** Is this program associated with one of the Mayor's 2026 priorities? If so, please describe how the program directly supports or is specified in one of the below priorities.

**Mayoral Priority:**

**Strategic Goal:** Is the program specifically identified as an action item in the City's strategic plan?

**If so, which Strategic Goal?**

**Which Action Items relate to this program?**

**Additional Action Items relate to this program?**

**Additional Action Items relate to this program?**

**Trend (Demand)** What are the trends of the program? Is there demand for additional services? Is the service facing pressure to evolve? Is the service facing low demand but is required?

Please describe the trends in more detail:

**Risk** Is there substantial risk to the programs ability to continue because of lost funding, legislative changes, etc.

Please describe the risks in more detail:

Department: Non Departmental

Program Title: COMPREHENSIVE LIABILITY INSURANCE
Requested Title Change: _____ *(optional)*

Program Description:
This activity accounts for the payment of Comprehensive insurance including Property Insuance, Liability Insurance, and deductible Recovery Invoices.

*Is there more than one program within this activity code? If so, please list them here:*

---

**Budgetary Data:**

General Ledger Account: 1000 390 510330     Cost Recovery % — %

**Program Summary Budget:**

| | |
|---|---|
| Personnel | — |
| O&M | 1,700,060 |
| Debt | — |
| Grant | — |
| Transfers | — |
| Capital | — |
| Total | 1,700,060 |

**Associated Revenues:**

| Revenue Description: | Fund | Account | |
|---|---|---|---|
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |

**Staffing Information:**
*(Your FY26 Payroll Template may be a helpful resource.)*

| | FY26 |
|---|---|
| FTEs | 0.00 |

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**Basic Program Attributes:**

**Mandate:** Is there a third party requirement to provide this program (ie state or federal law, city charter)?
Yes     Required by State Law
Please describe the mandate in more detail:

**Service Level Requirement:** Is the level of service requirement set by a third party (ie – permitting agency, bond holders)
No
Please indicate who sets the level of service requirement and what that required level of service is:

**Reliance & Interdependencies:** Does the program provide a service necessary for the completion of mandated or high priority goals? If so, what is the level reliance?
High
If reliance is high, please provide additional information:
Internal Organizational (City) Dependence

**Cost Recovery:** Is a portion of this Program is supported by non-property tax revenue?
No     *( If 'Yes', please be sure to fill out the associated revenues above. Budgetary data collection forms may be a helpful resource.)*

**Mayoral Priorities:** Is this program associated with one of the Mayor's 2026 priorities? If so, please describe how the program directly supports or is specified in one of the below priorities.

Mayoral Priority:

**Strategic Goal:** Is the program specifically identified as an action item in the City's strategic plan?
No
If so, which Strategic Goal?

Which Action Items relate to this program?

Additional Action Items relate to this program?

Additional Action Items relate to this program?

**Trend (Demand)** What are the trends of the program? Is there demand for additional services? Is the service facing pressure to evolve? Is the service facing low demand but is required?
Demand for service is stable
Please describe the trends in more detail:

**Risk** Is there substantial risk to the programs ability to continue because of lost funding, legislative changes, etc.
Low/No Risk
Please describe the risks in more detail:

Department: Transfers

Program Title: TRANSFER TO CIP
Requested Title Change: _____ (optional)

Program Description:
This activity accounts for the transfer of funds to make the debt service payments made out of Fund 4060 related to General Fund Activity.

*Is there more than one program within this activity code?  If so, please list them here:*

---

**Budgetary Data:**

General Ledger Account: 1000  390 521001          Cost Recovery %  — %

Program Summary Budget:

| | | Associated Revenues: | | | |
|---|---|---|---|---|---|
| Personnel | — | Revenue Description: | Fund | Account | |
| O&M | — | | | | — |
| Debt | — | | | | — |
| Grant | — | | | | — |
| Transfers | 3,523,784 | | | | — |
| Capital | — | | | | — |
| Total | 3,523,784 | | | | — |
| | | | | | — |
| | | | | | — |
| | | | | | — |

Staffing Information:
*(Your FY26 Payroll Template may be a helpful resource.)*

| | FY26 |
|---|---|
| FTEs | 0.00 |

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**Basic Program Attributes:**

**Mandate:**  Is there a third party requirement to provide this program (ie state or federal law, city charter)?
Yes          Other Requirement
Please describe the mandate in more detail:

**Service Level Requirement:**  Is the level of service requirement set by a third party (ie – permitting agency, bond holders)
Yes          Bond holders
Please indicate who sets the level of service requirement and what that required level of service is:

**Reliance & Interdependencies:**  Does the program provide a service necessary for the completion of mandated or high priority goals?  If so, what is the level reliance?
Low
If reliance is high, please provide additional information:

**Cost Recovery:**  Is a portion of this Program is supported by non-property tax revenue?
No          *( If 'Yes', please be sure to fill out the associated revenues above. Budgetary data collection forms may be a helpful resource.)*

**Mayoral Priorities:**  Is this program associated with one of the Mayor's 2026 priorities?  If so, please describe how the program directly supports or is specified in one of the below priorities.

Mayoral Priority:

**Strategic Goal:**  Is the program specifically identified as an action item in the City's strategic plan?
No
If so, which Strategic Goal?

Which Action Items relate to this program?

Additional Action Items relate to this program?

Additional Action Items relate to this program?

**Trend (Demand)**  What are the trends of the program? Is there demand for additional services? Is the service facing pressure to evolve? Is the service facing low demand but is required?
Demand for service is stable
Please describe the trends in more detail:

**Risk**  Is there substantial risk to the programs ability to continue because of lost funding, legislative changes, etc.
Low/No Risk
Please describe the risks in more detail:

# City of Missoula
## Inventory of Programs
### Fiscal Year 2026

**Department:** Transfers

**Program Title:** HEALTH INSURANCE TRANSFER
**Requested Title Change:** City's Contribution to Retiree's Health Insurance Premium *(optional)*

**Program Description:**
This activity accounts for the transfer from the General Fund to the Employee Health Insurance fund (6050) for the City's 15% contribution to retiree's health insurance premiums.

*Is there more than one program within this activity code? If so, please list them here:*

---

## Budgetary Data:

**General Ledger Account:** 1000 390 521006

**Cost Recovery %** — %

**Program Summary Budget:**

| | |
|---|---|
| Personnel | — |
| O&M | — |
| Debt | — |
| Grant | — |
| Transfers | 90,000 |
| Capital | — |
| Total | 90,000 |

**Associated Revenues:**

| Revenue Description: | Fund | Account | |
|---|---|---|---|
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |
| | | | — |

**Staffing Information:**
*(Your FY26 Payroll Template may be a helpful resource.)*

| | FY26 |
|---|---|
| FTEs | 0.00 |

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## Basic Program Attributes:

**Mandate:** Is there a third party requirement to provide this program (ie state or federal law, city charter)?
No

Please describe the mandate in more detail:

**Service Level Requirement:** Is the level of service requirement set by a third party (ie – permitting agency, bond holders)
No

Please indicate who sets the level of service requirement and what that required level of service is:

**Reliance & Interdependencies:** Does the program provide a service necessary for the completion of mandated or high priority goals? If so, what is the level reliance?
Low

If reliance is high, please provide additional information:

**Cost Recovery:** Is a portion of this Program is supported by non-property tax revenue?
No     *( If 'Yes', please be sure to fill out the associated revenues above. Budgetary data collection forms may be a helpful resource.)*

**Mayoral Priorities:** Is this program associated with one of the Mayor's 2026 priorities? If so, please describe how the program directly supports or is specified in one of the below priorities.

Mayoral Priority:

**Strategic Goal:** Is the program specifically identified as an action item in the City's strategic plan?

If so, which Strategic Goal?

Which Action Items relate to this program?

Additional Action Items relate to this program?

Additional Action Items relate to this program?

**Trend (Demand)** What are the trends of the program? Is there demand for additional services? Is the service facing pressure to evolve? Is the service facing low demand but is required?
Demand for service is stable

Please describe the trends in more detail:

**Risk** Is there substantial risk to the programs ability to continue because of lost funding, legislative changes, etc.
Low/No Risk

Please describe the risks in more detail: