Department New Request Form
Fiscal Year 2023

Program	**Public Safety**	***Title of New Request:***	***Rank:*** 3
Department	Police	Officer Wellness - Subscription & Treatment	
Request Category	**New**		
Request Rating	**Urgent**		
Department Goal	Goal #3 - Enhance Internal Trust - Objective 3a - Demonstrate agency commitment to officer health and wellness by investing in officers and their families.		

1. How will request assist in achieving Department Goal and benefit the customer

Purchase subscription to an officer wellness solution that will enable officers to access wellness toolkits, self-assessment tools as well as peer support. In addition, increase baseline to be able to provide officers with issues related to mental health and wellness such as PTSD. The City's Workers' Compensation provider does not cover the costs associated with this treatment.

2. What specifically is needed to achieve this goal?

This subscription and baseline increase will move us toward meeting our Strategic Goal of demonstrating agency commitment to officer health and wellness as well as the City's Operating Principle - "We continually assess and enhance programs that support the wellness of our employees, especially our frontline workers and first responders."

3. Cost Impact of New Program:

Account #	Item	Qnty	Unit Cost	Requested One-Time	Requested Ongoing	FY 2023 Unfunded	FY 2023 Funded	Proposed FY 2024 Ongoing
Ongoing Expenses								
1000.290.429000.350	Treatment	1	25000		25,000	-	25,000	
					-	-	-	
					-	-	-	
					-	-	-	
					-	-	-	
					-	-	-	
					-	-	-	
					-	-	-	
					-	-	-	
					-	-	-	
One-time Expenses								
1000.290.429000.330	Subscription	1	25000	25,000		25,000	-	
				-		-	-	
				-		-	-	
				-		-	-	
				-		-	-	
			Expense Sub-Total	**25,000**	**25,000**	**25,000**	**25,000**	**-**

Revenue Offset:

Account #		Revenue Description	Proposed Onetime Revenue	Proposed Ongoing Revenue
1000	N	ARPA		25,000
		Revenue Sub-Total	**-**	**25,000**

4. What sort of data will be used to report results and outcomes of request?

Requested/Proposed Funding Source		
	One-time	**Ongoing**
Tax or Assessment	-	-
Non-tax	-	**25,000**
Fund Balance	-	-
Total	-	**25,000**