



# FY 2025 NEW OR EXPANDED PROGRAM/CAPITAL/PERSONNEL REQUEST FORM

*There are numerous financing alternatives that can be used to provide funding for a project. The County Administrator, subject to final approval by the County Board, may match a proposed project, program, or personnel request with the financing alternative that best meets the needs of the County.*

---

Title: ASSISTANT DIRECTOR

Date: December 09, 2024

Requesting Department: Lake County Public Works

---

## 1. Executive Summary

*The executive summary should provide a **high-level** description of the need, justification, staffing impacts, and how this relates to County goals and strategies. Please be sure to incorporate the sections below.*

### A. The Problem and Background

*What is the current issue or problem, if any, that is being addressed? Please provide any background information that has resulted in the problem or issue that this is meant to address.*

*The department has experienced significant growth over the past three years and there is a need to review the current workload and determine the correct staffing. The growth has stemmed from new funding sources (ARPA, Congressional), New Regulations, Sewer System Consolidation, and Failing infrastructure.*

### B. Recommendation

*Describe the proposed solution and rationale for the choice. Include statistics, population served, performance measures, operational improvements, and historical perspective to illustrate and support your request.*

Lake County Public Works (LCPW) Department operates and maintains over 290 miles of water main, 23 wells, 10 water reservoirs, 8 water towers, 3 water reclamation facilities, over 470 miles of sanitary sewer pipe, 107 sanitary lift stations, 5 major pump stations, 1 excess flow facility and a 1-mile-long levee. Ensuring the reliability and capability of the critical infrastructure within Public Water and Wastewater systems has been increasingly emphasized by legislation and regulatory agencies, including the Environmental Protection Agency (EPA). Recently we received tentative approval from the USEPA for our Pretreatment Program. One condition of the final approval is the requirement for the department to upgrade all expired Intergovernmental Agreement (IGA). We have over 75 agreements with at least 25% of those at or beyond the agreement expiration date. Adding

## FY 2024 New or Expanded Program/Capital/Personnel Request Form

---

a second Assistant Director position will ensure USEPA compliance, improve our ability to address some of our current challenges, and create proper work-load balance for the management team.

### C. Program Priority 2 of 3

*If submitting multiple requests, please rank them in order of importance.*

**N/A**

### D. Required Criteria

*A new program request will only be considered if it meets (at least) one of the following criteria. Please select the applicable criteria below. Please select all that apply.*

- Reduction of expenses in an exact offsetting amount*
- Increase in revenues that is equal to or greater than increased expenses*
- New Mandate (County, State, or Federal)*

*Please provide an explanation of your "Required Criteria" selection. (i.e. – What is the reduction or increase? How will it be offset? What is the New Mandate per specified level of Government?)*

The USEPA is requiring the department to have a formal Pretreatment Program. Additionally, this requirement is outlined in each Treatment Plant's (Mill Creek, Des Plaines, New Century Town) IEPA Permit. Upgrading our IGA's will be one of the keys to having a successful Pretreatment Program. We have been working with USEPA over the past year to address this matter. It would be beneficial to the department to have someone on staff who can oversee this project as opposed to using an outside consultant.

### E. Inter-Organization Cooperation

*Have you discussed your applicable needs with the following Departments (please check all that apply):*

- Facilities & Construction Services*
- Finance*
- Information Technology*
- Human Resources*

## 2. Strategic Alignment

### A. County Goal/Target

*Which, if any, of the County's strategic goals does this address?*

*This supports Goal 3 of the Lake County Strategic Plan to improve infrastructure, as well as Goal 4 to promote a sustainable environment.*

## B. Departmental Objectives

*Which departmental objective(s) does this address?*

Department Compliance with regulatory requirements, work-load balance, and maintaining an efficient succession plan.

## C. Intergovernmental/Shared Services Impact

*What impact does this have on any other governmental units? Does this duplicate other public/private services?*

This position will not duplicate any other services but will enhance the collaboration that we have with other municipalities and wholesale partners.

## D. Sustainability & Alternatives

*What is this proposal's impact on Countywide greenhouse gas emissions and waste production? Consider all emissions and waste, including those of stakeholders.*

This addition will require use of a vehicle, but the emissions increase will not be significant.

## E. Risk Mitigation

*Does this project provide better management of (known) risks or liabilities to the County?*

Yes. The Pretreatment Program is critical as it will protect the County's investment in its infrastructure, protect the environment by ensuring that we have clean discharges to our receiving streams, and protect the health and safety of our staff and residents. The IGA will outline the County's legal authority to enforce the standards contained in our ordinances.

## 4. Assumptions

Include all assumptions that have been made in putting forth this request (e.g., the State will continue to share the 1% portion of sales tax with local governments, it is not possible to use the system that Department x uses because...).

This request assumes revenues from the Enterprise Funds will be budgeted as supported by the FY23 Rate Study to pay for the identified need and to gain some offsetting cost by not using an outside consultant.

## 5. Fiscal Alternatives Analysis

*List the alternatives and provide justification for why they were not recommended to solve this problem. Please include cost and other relevant information to explain and support the decision.*

Alternative 1 is to create a position with the value of \$128,228.

Alternative 2 is to increase the use of Outside Consultants who will impact program cost, limit the effective transfer of knowledge, slow succession planning. In addition, this alternative to leveraging an outside consultant is neither functional nor cost-efficient - EST: \$191/hr, \$397,280/yr).

**FY 2024 New or Expanded Program/Capital/Personnel Request Form**

Alternative 3 is to maintain the current staffing model and jeopardize our program goals and employee work-life-balance.

## 6. Performance Measures

*Please document in the following table what changes in outputs or outcomes can be expected if this request is funded? For example, "payment processing time will decrease by 20%", "customer satisfaction will increase by 40%", "cost per unit will decrease by 25%". When can these new performance levels be expected?*

Performance Measure	Current Output/Outcome	Expected Output/Outcome
% of IGA worked on and completed.	60%	90%

## 7.

### Detailed Financial Information

#### A. Detailed Line Items

*Identify the proposed line item(s) that would be required to implement this request. Include all personnel, benefits, commodities, contractual expenses, and capital items that would be required to implement the request. These include direct, indirect, and recurring costs to provide a full picture. Indicate the grade, status (FT, PT, seasonal, etc.) and entry level salary of new employees.*

Line Item	Description	Amount
610-4887799-51110	Assistant Director	\$128,228

**FY 2024 New or Expanded Program/Capital/Personnel Request Form**

---

**B. Ongoing Expenses**

*For FY2024, summarize the detailed line items above by category, in the chart below. Indicate ongoing expenses, providing a five-year expense and revenue projection of the request. Subtract revenues from expenses in the last row to identify the total fiscal impact of the request.*

Expense Type	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
Personnel	\$128,228	\$132,074	\$136,037	\$140,118	\$144,322	\$680,780
Benefits	\$37,034	\$37,561	\$38,104	\$38,663	\$39,239	\$190,602
Commodities						
Contractuals						
Capital Outlay						
<b>Total Expense</b>	\$165,262	\$169,636	\$174,141	\$178,781	\$183,561	\$871,382

Revenue Type	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
610 Acct 47140	\$165,262	\$169,636	\$174,141	\$178,781	\$183,561	\$871,382
Enter Source						
<b>Total Revenues</b>	\$165,262	\$169,636	\$174,141	\$178,781	\$183,561	\$871,382

Fiscal Impact	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
Expense less Revenue	\$0	\$0	\$0	\$0	\$0	\$0

**C. Expected Life of New Program**

*Estimate the lifespan that can be expected along with the estimated start and completion dates.*

**D. Funding sources**

*What, if any, funding sources are available to offset the costs? This can include cost reductions (in the form of foregone expenses) in the case of efficiencies created by technology, for example.*

Enterprise Fund revenues and potential proceeds from new service areas.

**E. Personnel Detailed Cost (if applicable)**

*If you are requesting personnel or a change in staffing (increase in hours or a conversion from part-time to full-time) as part of your request, please complete the following information. **Please add more rows to the following table as needed.***

**FY 2024 New or Expanded Program/Capital/Personnel Request Form**

FT/PT	# of Positions	Position Grade	Title	Annual Salary
FT	1	Pay Grade 20	Asst. Director	128,228
<b>Totals</b>				

FICA (7.65% of total earnings)	\$ 9,809
IMRF (5.48% of total earnings)	\$ 7,758
SLEP (22.44% of total earnings) (Sheriff only)	\$ NA
Health/Life/Dental Insurance (Use \$19,467 per position)	\$ 19,467
<b>Total Fringe Benefits:</b>	\$ 37,034
<b>Total Salary and Fringe Benefits:</b>	\$ 165,262