



CAPITAL ITEM BUDGET FORM

Submitted by:

Logan Eberly

Department

Fire Department

Date

08/25/2025

Email

leberly@cityoffoley.org

Select item type

Capital Purchase

Item Listed in Budget

Item Not Budgeted

Capital item description

ProCare Service Agreement for Lucas Device

Will this capital item replace a current capital asset?

No

Is there a Grant associated with this capital item?

No

CAPITAL PURCHASE/PROJECT EXPENDITURE

Budget Information

Budgeted Capital Purchase: Approved and funds are appropriated by the City Council as part of the adoption of the Current Fiscal Year Budget.

Planned Capital Purchase: Included in the 10-Year Capital Purchases Plan within the Current Fiscal Year Budget, but funds are not appropriated at the time of budget adoption.

Capital Project: Included in the 10-Year Capital Projects Plan within the Current Fiscal Year Budget, but funds are not appropriated at the time of budget adoption.

The approved current fiscal year budget shows the capital item expenditure is budgeted/planned in fiscal year(s) (1) N/A and/or (2) N/A.

Please Select

Please Select

Budgeted Amount (1)	\$0
Planned Amount (2)	\$ 0
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Budget/Plan Total (1+2)	\$0
Budgeted Grant Amount	\$0
Projected Cost/Expenditure	\$7,561
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Excess/(Deficiency)	\$-7,561
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Funding Information

Appropriated Amount	\$0
Approved Grant Amount	\$0
Projected Cost/Expenditure	\$7,561
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Excess(Deficient) Funds	\$-7,561
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Explanation for deficient funds or other important information:

Not included in capital budget, but using available opioid money.

Request the following budget impact:

Increase Budget by APPROPRIATING Funds

Budget Category appropriating funds to:

Capital Purchase



Budget Appropriation Detail:

Amount of Funds	Account Number	Account Name
7560.75	100-2020-5100	Capital Purchase - Fire

Explanation for budget appropriation and/or transfer:

Council approved the use of opioid funding to purchase two Lucas devices for the Fire Department. Since receiving the (2) Lucas devices that were purchased, Stryker has realized that their quote was incorrect for the ProCare service agreement. The quote with the (2) devices only covered 1 device service agreement. The Fire Department requests permission to utilize the opioid funding to pay for the second ProCare service agreement that should have been included with the original purchase.

Approval Activity History

Actor	Actions	Date
mthompson@cityoffoley.org	<div>Approve</div> <div>Michael Thompson</div>	Monday, August 25, 2025
Notification	Approve & Sign request sent to group approval: Require response from one person To: wtrawick@trawickb.com, trawickb@gulftel.com, wtrawick@cityoffoley.org	Monday, August 25, 2025
wtrawick@trawickb.com	<div>Approve</div> <div> wtrawick@trawickb.com's signature  Approve & Sign</div>	Monday, August 25, 2025
Group Approval	<div>Approve</div>	Monday, August 25, 2025
Notification	Email sent. (Your request has been approved.) leberly@cityoffoley.org	Monday, August 25, 2025

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