

***RESOLUTION NO.: 44—2014-15***

TO THE HONORABLE, THE OUTAGAMIE COUNTY BOARD OF SUPERVISORS

LADIES AND GENTLEMEN:

***2/3 MAJORITY – 24 VOTES***

1 The Highway Department recently lost a dump truck to a fire in the engine of the truck.  
2 Due to the upcoming winter season, the department needs to replace this truck as soon as  
3 possible. A replacement truck has been found at a net cost of \$85,000 (\$154,500 gross  
4 cost less the \$69,500 insurance reimbursement). The department is requesting to utilize  
5 the excess funds generated in the highway machinery cost pool to fund this purchase.  
6 This resolution approves increasing the capital outlay in the equipment cost capital  
7 account and applying fund balance in the machinery account to fund the purchase of the  
8 dump truck.  
9

10 NOW THEREFORE, the undersigned members of the Highway, Recycling and Solid Waste  
11 Committee recommend adoption of the following resolution.

12 BE IT RESOLVED, that the Outagamie County Board of Supervisors does approve funding the  
13 purchase of the dump truck from fund balance in the Machinery account, as noted on the attached fiscal  
14 note which by reference is made a part hereof, and

15 BE IT FINALLY RESOLVED, that the Outagamie County Clerk be directed to forward a copy  
16 of this resolution to the Outagamie County Highway Commissioner and the Outagamie County Finance  
17 Director.

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19 Dated this \_\_\_\_ day of October 2014

20 Respectfully Submitted,

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22 HIGHWAY, RECYCLING & SOLID WASTE  
23 COMMITTEE  
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Don DeGroot

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James McDaniel

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Ken VandenHeuvel

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Ralph Thern

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Bob Buchman

Duly and officially adopted by the County Board on: \_\_\_\_\_

Signed: \_\_\_\_\_  
Board Chairperson

\_\_\_\_\_  
County Clerk

Approved: \_\_\_\_\_

Vetoed: \_\_\_\_\_

Signed: \_\_\_\_\_  
County Executive

**INTRODUCTION:** This form must be attached to any resolution or ordinance which contains a spending or revenue proposal. The form should be completed by an individual within the department initiating the resolution or ordinance with assistance from the Financial Services Department. Contact the Finance Director (1674), Controller (1675) or Staff Accountant (1681) for assistance. Once completed, forward a copy of the form to the Financial Services Department for their review. Financial Services will forward a reviewed copy of the fiscal note to Legislative Services.

1. **Subject:** Request funding for the purchase of a replacement dump truck due to a fire

2. **Description:** This section must be completed for all fiscal notes. Briefly and concisely describe the request. State assumptions used and discuss any current year and long-term fiscal impacts. (A separate attachment can be used)

The Highway Department recently lost a dump truck to a fire in the engine of the truck. Due to the upcoming winter season, the department needs to replace this truck as soon as possible. They have researched a replacement truck and have been able to find a replacement dump truck at a net cost of \$85,000 (\$154,500 gross cost less the \$69,500 insurance reimbursement). The department is requesting to use excess funds generated in the highway machinery cost pool to fund this purchase. Therefore, we will increase the capital outlay in the equipment cost capital account and apply fund balance in the machinery account to fund the purchase.

**Current Year Budget Impact (Check one or more of the following boxes)**

Revenues                       Expenses (Cost)                       None

3. Is the specific cost or revenue included in the current year's budget?                      yes ( )    no (X)    partially ( )
4. If the proposal requests additional spending, can the additional cost be absorbed within the current year's line item?                      yes ( )    no (X)    n/a ( )
5. Is the proposal to accept additional revenues only?                      yes ( )    no (X)
6. Does this request modify/adjust the current year budget?                      yes (X)    no ( )  
If no, skip to question 8 below.


7. Detail current year budget changes. Please list cost center name, line item, account number and either the increase or decrease amount. (Please note that all budget adjustments must balance. For example, an increase in an expenditure account must be offset by a decrease in another expenditure account or the contingency fund or an increase in a revenue account or other funding sources such as fund balance applied.)

COST CENTER NAME	LINE ITEM (i.e. Salaries, Supplies, Etc.)	ACCOUNT NUMBER INCLUDING COST CENTER (i.e. 1004100.5100, 1004100.5400, etc.)	INCREASE (DECREASE) AMOUNT
Equipment Account	Capital Outlay	6001010.6000	85,000
Machinery Account	Fund Balance Applied	6001000.8955	85,000

**Annual and Long-Term Impact**

8. Is the above Increase/Decrease a nonrecurring one-time expense or revenue?                      yes ( x )    no ( )    n/a ( )
9. What is the anticipated annual and/or long-term cost or revenue impact?                      Annual Cost                      0.00  
Annual Revenue                      0.00

Fiscal Note Prepared by: John Wilson

For Financial Services purposes only	
Reviewed By: 	If expenditures are recorded in the financial system at a level of detail lower than the level 6 as shown above, indicate the specific account numbers and amounts below: Detail Expenditure Account Number                      Amount
Comments: <u>9/25/14</u>	