

RESOLUTION NO.: 55—2016-17

TO THE HONORABLE, THE OUTAGAMIE COUNTY BOARD OF SUPERVISORS

LADIES AND GENTLEMEN:

2/3 MAJORITY- 24 VOTES

1 Due to the confidentiality of records, the need to quickly destroy the portion of marriage
2 records that have sensitive information, and for efficiency in the office; the county clerk
3 is in need of a desktop scanner, especially during peak season when other staff are
4 handling election duties and county board functions. The cost of the scanner is \$1,300
5 and was not included in the 2016 budget. An employee had a change (reduction) in
6 fringe benefits budgeted in 2016. Therefore, budgeted funds are available in that line
7 item. This resolution approves a request to transfer funds from the fringe benefits line
8 item to the supplies line item for the purchase of a desktop scanner. There is no overall
9 budget increase resulting from this request.

10
11 NOW THEREFORE, the undersigned members of the Finance Committee recommend adoption
12 of the following resolution.

13 BE IT RESOLVED, that the Outagamie County Board of Supervisors does approve of the
14 \$1,300 budget transfer from fringe benefits to supplies for the purchase of a desktop scanner, as noted
15 on the attached fiscal note which by reference is made a part hereof, and

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

18 Dated this ____ day of October 2016

19
20 Respectfully Submitted,
21 FINANCE COMMITTEE

22
23
24
25
26 _____
Kevin Sturn

26 _____
James Pleuss

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28
29
30
31 _____
Nadine Miller

30 _____
Peter Stueck

1 _____
2 Vacant

3 Duly and officially adopted by the County Board on: _____
4

5 Signed: _____
6 Board Chairperson County Clerk

7
8 Approved: _____ Vetoed: _____
9

10 Signed: _____
11 County Executive

OUTAGAMIE COUNTY FISCAL NOTE

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:** County Clerk Request for 2016 Budget Transfer

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)

Due to the confidentiality of records, the need to quickly destroy the portion of marriage records that has sensitive information, and for efficiency in the office; the county clerk is in need of a desktop scanner, especially during peak season when other staff are handling election duties, county board functions and taking marriage applications. The \$1,300 cost of the scanner was not included in the 2016 budget, so a budget transfer is being requested. An employee had a change (reduction) in a fringe benefit budgeted in 2016. Therefore, budgeted funds are available in that line item to transfer out. We are requesting to transfer funding from the fringe benefits line item to the supplies line item. There is no overall budget increase resulting from this request.

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
County Clerk	Supplies	1001800.5400	1,300
County Clerk	Fringe Benefits	1001800.5200	(1,300)

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-
Annual Revenue -0-

Fiscal Note Prepared by: Lori O'Bright / Julie Beauchamp

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: <u>Detail Expenditures Account Number</u> <u>Amount</u> _____ _____ _____ _____
Date: <u>9/23/16</u>	
Comments:	