

RESOLUTION NO.: 120—2016-17

TO THE HONORABLE, THE OUTAGAMIE COUNTY BOARD OF SUPERVISORS

LADIES AND GENTLEMEN:

2/3 MAJORITY – 24 VOTES

1 Each year Brewster Village requires a number of budgetary transfers to account for actual
2 financial activity during the year. This resolution moves the authorized funds to the applicable
3 line items and cost centers where expenditures incurred exceed amounts originally projected
4 either through increased revenues or reductions in other budgeted line items.
5

6 NOW THEREFORE, the undersigned members of the Health & Human Services Committee
7 recommend adoption of the following resolution.

8 BE IT RESOLVED, the Outagamie County Board of Supervisors does approve the various
9 Brewster Village budgetary transfers as noted on the attached fiscal note and worksheet, which by
10 reference are made a part hereof, and

11 BE IT FINALLY RESOLVED, that the Outagamie County Clerk be directed to forward a copy
12 of this resolution to the Brewster Village Administrator and the Outagamie County Finance Director.

13 Dated this _____ day of December 2016

14 Respectfully Submitted,

15 HEALTH & HUMAN SERVICES COMMITTEE

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20 Barney Lemanski

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26 Dan Gabrielson

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32 Christine Lamers

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Duly and officially adopted by the County Board on: _____

Signed: _____
Board Chairperson County Clerk

Approved: _____ Vetoed: _____

Signed: _____
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:** Brewster Village Budget Transfers 2016 - no net fiscal impact

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).

Each year Brewster Village requires a number of budgetary transfers to account for actual financial activity during the year. This resolution moves the authorized funds to the applicable line items and cost centers where expenditures incurred exceed amounts originally projected either through increased revenues or reductions in other budgeted line items. See the attached worksheet for the accounts and explanations of transfers.

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

Revenues Expenses (Cost) None

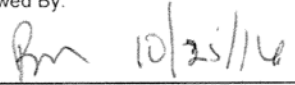
- 3. Is the specific cost or revenue included in the current year's budget? yes () no () partially (x)
- 4. If the proposal requests additional spending, can the additional cost be absorbed within the current year's line item? yes () no (x) n/a ()
- 5. Is the proposal to accept additional revenues only? 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
	See Listing on separate attachment.		

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: Amber Schroeder

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:	
Comments:	

BREWSTER VILLAGE Budget Transfer Resolution Detail 2016

Cost Center	Account Description	Account Number	Expenditure Increase (Decr) Dollar Amount	Revenue Increase (Decr) Dollar Amount	Explanation
Private Pay Oxygen	Purchased Service	5017100.5415.51	5,550		Increased Private Pay census resulting in increase in oxygen services provided
Revenue	Private Pay Revenue	5010100.4450.52		5,550	Increased Private Pay revenue do to increase in oxygen charges
Other Medical	Purchased Service	5017100.5562.50	12,000		Lab services no longer provided by one provider resulting in increase in lab expenses
Revenue	Private Pay Revenue	5010100.4450.30		12,000	Increased Private Pay revenue
Medicare Oxygen	Purchased Service	5017100.5415.49	1,500		Increased Medicare census resulting in increase in oxygen services provided
Medicare Other	Purchased Service	5017100.5516.33	14,500		Increased Medicare census resulting in higher wound care and other services provided
Radiology	Purchased Service	5017222.5515.12	3,000		Increased Medicare census resulting in increase in x-ray services provided
Pharmacy	Supplies	5017223.5415.20	48,000		Increased Medicare census resulting in increase in pharmacy supplies
Physical Therapy	Purchased Service	5017224.5516.54	20,000		Increased Medicare census resulting in increase in therapy services provided
Revenue	Medicare Revenue	5010100.4410.21		87,000	Increased Medicare revenue due to the increased Medicare census
Totals			<u>104,550</u>	<u>104,550</u>	
Net Budget Impact				<u>0</u>	