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Chris Croatt

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Duly and officially adopted by the County Board on: _____

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10 Signed: _____
11 Board Chairperson County Clerk

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13 Approved: _____ Vetoed: _____

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15 Signed: _____
16 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: Request for Intra-budget transfer for County Executive's office – Purchased Services to Supplies

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 County Executive's office is requesting a budget transfer of \$2,000 from the Purchased Services account to the Supplies account. Funds are available in Purchased Services due to no special contract expenditures in 2016. The Supplies account was utilized to cover significant unanticipated costs of responding to multiple open records requests in 2016. While the county can bill \$0.25/page for such requests, that amount doesn't come close to fully recovering the actual costs (paper, toner, copier service, etc.) The Supplies account is currently insufficient to rollover the dedicated Sustainability Supplies fund balance.

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
County Executive	Purchased Services	1002200.5500	(2,000)
County Executive	Supplies	1002200.5400	2,000

Annual and Long-Term Impact

- 8. Is the above Increase/Decrease a nonrecurring one-time expense or revenue? yes () no () n/a (x)
- 9. What is the anticipated annual and/or long-term cost or revenue impact? Annual Cost -0-
Annual Revenue -0-

Fiscal Note Prepared by: Craig Moser/Dan Jensen

For Financial Services purposes only	
Reviewed By: <u>Dan Jensen</u> <i>DJ</i>	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>11/29/16</u>	_____
Comments:	_____