

RESOLUTION NO.: 121—2016-17

TO THE HONORABLE, THE OUTAGAMIE COUNTY BOARD OF SUPERVISORS

LADIES AND GENTLEMEN:

2/3 MAJORITY – 24 VOTES

1 With passage of Resolution 125-2015-16, the County Board approved the creation of the
2 Small Department Vacation and Sick Leave Payout Fund. The county has recently
3 received an unanticipated/unbudgeted one-time payment from the City of New London
4 for a TIF close-out in the amount of \$45,171. This resolution requests that these funds be
5 added to the Small Department Vacation and Sick Leave Payout Fund leaving a year-end
6 estimated fund balance of \$100,100 and that the Treasurer’s Department budget be
7 adjusted to accept this unanticipated one-time revenue.
8

9 NOW THEREFORE, the undersigned members of the Legislative/Audit and Human Resources
10 Committee recommend adoption of the following resolution.

11 BE IT RESOLVED, that the Outagamie County Board of Supervisors does approve depositing
12 the New London TIF close-out funds in the amount of \$45,171 into the Small Department Vacation and
13 Sick Leave Payout Fund as noted on the attached fiscal note, which by reference is made a part hereof,
14 and

15 BE IT FURTHER RESOLVED, that the Outagamie County Board of Supervisors does approve
16 adjusting the Treasurer’s Department budget to accept this one-time revenue, and

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

19 Dated this ____ day of December 2016

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21
22 Respectfully Submitted,

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24 LEGISLATIVE/AUDIT &
25 HUMAN RESOURCES COMMITTEE
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30 _____
Travis Thyssen

30 _____
Cathy Spears
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John Foss

Shane Griesbach

Justin Krueger

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:** Request to Add \$45,171 to the Small Department Vacation and Sick Leave Payout Fund from an unanticipated one-time revenue received.

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 Board approved the creation of a Small Department Vacation and Sick Leave Payout Fund in the amount of \$72,479 in 2015 from an unanticipated one-time payment from the City of Appleton from a TIF close-out. Currently, an estimated amount of \$17,500 has been set aside from a 2016 request from this fund leaving a balance of \$54,979. The County has just recently received an unanticipated/unbudgeted one-time payment from the City of New London for a TIF close-out in the amount of \$45,171. We are requesting that this unanticipated one-time amount be added to the current balance in this Small Department Vacation and Sick Leave Payout Fund leaving a year-end estimated balance of \$100,100 and the budget be adjusted for the Treasurer's Department to accept this unanticipated one-time revenue.

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) and partially ()
- 4. If the proposal requests additional spending, can the additional cost be absorbed within the current year's line item? yes () no () n/a (X)
- 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 Treasurer	Miscellaneous Revenues	1002400.4510.12	45,171
General Funds Applied	Fund Balance Applied	1002223.8955	(45,171)
BALANCE SHEET ENTRY - 2016			
General Fund	Committed Fund Balance for	1000000.3870	45,171
	Small Depts Vac/Sick Payouts		
General Fund	Fund Balance Unassigned	1000000.3891	(45,171)

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 To be determined annually
Annual Revenue -0-

Fiscal Note Prepared by: Brian Massey

For Financial Services purposes only	
Reviewed By: <i>Bm 10/21/16</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: Detail Expenditures Account Number Amount
Comments:	