

RESOLUTION NO.: 128—2016-17

TO THE HONORABLE, THE OUTAGAMIE COUNTY BOARD OF SUPERVISORS

LADIES AND GENTLEMEN:

2/3 MAJORITY – 24 VOTES

1 The Emergency Management Department is requesting various budgetary transfers to
2 account for actual financial activity. This resolution approves the various 2016 year end
3 transfers.
4

5 NOW THEREFORE, the undersigned members of the Public Safety Committee recommend
6 adoption of the following resolution.

7 BE IT RESOLVED, that the Outagamie County Board of Supervisors does approve transferring
8 the authorized funds to the line items and cost centers, to account for actual financial activity, as noted
9 on the attached fiscal note, which by reference is made a part hereof, and

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

13 Dated this ____ day of December 2016

Respectfully Submitted,

PUBLIC SAFETY COMMITTEE

20 _____
21 James Duncan

20 _____
21 Lee W. Hammen

26 _____
27 Katrin Patience

26 _____
27 Tony Krueger

32 _____
33 Mike Thomas

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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 (1675), Controller (1674) 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:** Emergency Management Request for 2016 Budget Adjustments

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)

Emergency Management has reviewed our 2016 budget and projected operating results. The department is requesting adjustments to transfer travel/training and purchased services from the EPCRA cost center (1003602) to travel/training and supplies in the Emergency Management cost center (1003600) due to grant requirements of expenses to assure that we are meeting the grant plan of work needs. The detail of the adjustments are shown below. The net budget effect is zero between the two cost centers.

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

Revenues Expenses (Cost) None

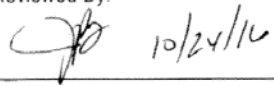
- 3. Is the specific cost or revenue included in the current year's budget? yes () no () partially (X)
- 4. If the proposal requests additional spending, can the additional cost be absorbed within the current year's line item? yes () no () n/a (X)
- 5. Is the proposal to accept additional revenues only? 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
Emergency Mgmt.	Travel/Training	1003600.5300	800
Emergency Mgmt.	Supplies	1003600.5400	2,000
EPCRA	Travel/Training	1003602.5300	(800)
EPCRA	Purchased Services	1003602.5500	(2,000)

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
Annual Revenue 0

Fiscal Note Prepared by: Lisa Van Schyndel

For Financial Services purposes only									
Reviewed By:  10/24/16	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: <table border="1"> <thead> <tr> <th>Detail Expenditures Account Number</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>1003600.5420.09</td> <td>2,000</td> </tr> <tr> <td>1003602.5570.15</td> <td>(1,000)</td> </tr> <tr> <td>1003602.5538.06</td> <td>(1,000)</td> </tr> </tbody> </table>	Detail Expenditures Account Number	Amount	1003600.5420.09	2,000	1003602.5570.15	(1,000)	1003602.5538.06	(1,000)
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Comments:									