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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:** SHERIFF'S DEPARTMENT REQUEST TO ACCEPT AND EXPEND GOLD AWARD FROM GOVERNOR'S CONFERENCE ON HIGHWAY SAFETY

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 Sheriff's Department requests approval to accept and expend a Gold award from the Governor's Conference on Highway Safety thru the Wisconsin Department of Transportation. The \$4,000 award will be used for the purchase of equipment. The Sheriff's Department will purchase collapsible traffic cones, Alco-sensor preliminary breath test devices, and traffic safety vests. There is no county match required to receive this funding. Please adjust the 2017 budget for this funding as shown below.

**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 ( )    no ( X )    2017 Budget  
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.)

<u>COST CENTER NAME</u>	<u>LINE ITEM</u> <small>(i.e. Salaries, Supplies, Etc.)</small>	<u>ACCOUNT NUMBER INCLUDING COST CENTER</u> <small>(i.e. 1004100.5100, 1004100.5400, etc.)</small>	<u>INCREASE (DECREASE) AMOUNT</u>
PATROL	INTERGOVERNMENTAL REVENUE	1008007.4215.01	\$4,000
PATROL	SUPPLIES	1008007.5400	\$4,000

**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 DOERFLER

For Financial Services purposes only							
Reviewed By:   Date: <u>11/14/16</u>	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 style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"><u>Detail Expenditures Account Number</u></td> <td style="width: 30%; text-align: right;"><u>Amount</u></td> </tr> <tr> <td>1008007.5420.11</td> <td style="text-align: right;">4,000</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	<u>Detail Expenditures Account Number</u>	<u>Amount</u>	1008007.5420.11	4,000		
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1008007.5420.11	4,000						
Comments:							