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James Duncan

Lee W. Hammen

Katrin Patience

Mike Thomas

Dan Grady

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.

- Subject:** Request to accept and expend the awarded grant for the 2018 Dark Sky Full Scale Exercise.
- 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 Emergency Management Department requests approval to accept and expend the awarded grant for an exercise for the 2018 Dark Sky Full Scale Exercise. The awarded grant funding of \$6,166 will cover the costs related to a designed exercise that will be facilitated and evaluated, with an AAR (after action report) written. The exercise will include five EOC (Emergency Operation Centers) locations all active at the same time. The grant is through WEM (Wisconsin Emergency Management) and FEMA (Federal Emergency Management Agency). For this grant, the Department is requesting an increase in Intergovernmental Revenue with an offsetting increase in Purchased Services, both in the amount of \$6,166. The Emergency Management Department is working with a contracted exercise planner.

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

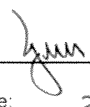
Revenues Expenses (Cost) None

- Is the specific cost or revenue included in the current year's budget? yes () no (X) partially ()
- If the proposal requests additional spending, can the additional cost be absorbed within the current year's line item? yes () no (X) n/a ()
- Is the proposal to accept additional revenues only? yes () no (X)
- Does this request modify/adjust the current year budget? yes (X) no ()
If no, skip to question 8 below.
- 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 Management	Intergovernmental Revenues	1003600.4200	6,166
Emergency Management	Purchased Services	1003600.5500	6,166

Annual and Long-Term Impact

- Is the above Increase/Decrease a nonrecurring one-time expense or revenue? yes (X) no () n/a ()
 - 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: 	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:	
Date: <u>2/16/18</u>	<u>Detail Expenditures Account Number</u>	<u>Amount</u>
	1003600.4240.04	6,166
	1003600.5525.04	6,166
Comments:		