

RESOLUTION NO.: 91—2023-24

TO THE HONORABLE, THE OUTAGAMIE COUNTY BOARD OF SUPERVISORS

LADIES AND GENTLEMEN:

2/3 MAJORITY – 24 VOTES

1 During the Mosquito Hill Nature Center remodel project, contractors discovered leaks in
2 the roof, which includes multiple waterproofing failures. In order to protect the newly
3 remodeled space and prevent further damage, the Outagamie County Parks Department is
4 requesting the work to commence as soon as possible. Issues range from lack of ridge trim,
5 additional ice and water shield needed, ridge vent opening repairs, and application of cap
6 steel in areas as needed. The Parks Department is a small department with a limited budget,
7 therefore, do not have budgeted funds to cover the repairs. A quote of \$14,000 has been
8 received. This resolution approves a \$14,000 transfer from the Contingency Fund to cover
9 the roof repair costs.

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11 NOW THEREFORE, the undersigned members of the Property, Airport, Recreation and
12 Economic Development Committee recommend adoption of the following resolution.

13 BE IT RESOLVED, that the Outagamie County Board of Supervisors does authorize and approve
14 transferring \$14,000 from the Reserve for Contingency Purchased Services line item to the Nature Center
15 Purchased Services line item, said monies to be used for roof repairs at the Mosquito Hill Nature Center,
16 as detailed in the attached fiscal note which is made a part hereof, and

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

19 Dated this ____ day of January 2024

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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:** Request for Transfer from Contingency Fund for Mosquito Hill Roof Leak

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)

While the remodel work was taking place at the nature center, the contractors brought some roof leaks to our attention. Multiple waterproofing failures were reported during the interior remodeling work by the contractor at the nature center. In order to protect the newly remodeled space and prevent further damage, we are requesting this work to commence as soon as possible issues range from lack of ridge trim, additional ice and water shield needed, ridge vent opening repairs, and apply cap steel in areas as needed. Since we are a small department with a limited budget, we do not have the funds to cover the repairs. A quote was provided of approximately \$14,000. In order to protect the newly remodeled area from further damage, the Parks department is requesting a \$14,000 transfer from contingency funds.

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

Revenues

Expenses (Cost)

None – 2024 Budget

3. Is the specific cost or revenue included in the current year's budget? yes () no () 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 ()

5. Is the proposal to accept additional revenues only? yes () no ()

6. Does this request modify/adjust the current year budget? If no, skip to question 8 below yes () no ()

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
Nature Center	Purchased Services	1006900.5500	14,000
Reserve for Contingency	Purchased Services	1002247.5500	(14,000)

Annual and Long-Term Impact

8. Is the above Increase/Decrease a nonrecurring one-time expense or revenue? yes () no () n/a ()

9. What is the anticipated annual and/or long-term cost or revenue impact? Annual Cost _____
Annual Revenue _____

Fiscal Note Prepared by: _____

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:

<u>Detail Expenditures Account Number</u>	<u>Amount</u>

Date: 11/16/2023

Comments: