

RESOLUTION NO.: 133—2024-25

TO THE HONORABLE, THE OUTAGAMIE COUNTY BOARD OF SUPERVISORS

LADIES AND GENTLEMEN:

2/3 MAJORITY – 24 VOTES

1 The Outagamie County Zoning Department is requesting the following adjustments
2 to the 2024 budget:

- 3 • Increase Salaries by \$17,000 to cover overage due to Total Rewards
- 4 • Decrease Fringe Benefits by \$46,000 to cover Salaries and Purchased
5 Services
- 6 • Decrease Travel/Training by \$6,000 to cover Purchased Services
- 7 • Increase Purchased Services by \$35,000 due to more engineering review
8 and consulting

9
10 The department is able to absorb these adjustment internally, therefore, no additional
11 county funding is required.

12 NOW THEREFORE, the undersigned members of the Agriculture, Extension Education,
13 Zoning, and Land Conservation Committee recommend adoption of the following resolution.

14 BE IT RESOLVED, that the Outagamie County Board of Supervisors does hereby
15 authorize and approve of increasing the 2024 Zoning Administration Salaries line item by \$17,000;
16 decreasing the Fringe Benefits line item by \$46,000; decreasing the Travel/Training line item by
17 \$6,000; and increasing the Purchased Services line item by \$35,000 as detailed on the attached
18 fiscal note, which by reference is made a part hereof, and

19 BE IT FINALLY RESOLVED, that the Outagamie County Clerk be directed to forward a
20 copy of this resolution to the Outagamie County Development and Land Services Director and the
21 Outagamie County Finance Director.

22 Dated this ____ day of March 2025

23

24

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34

Respectfully Submitted,
AGRICULTURE, EXTENSION
EDUCATION, ZONING AND LAND
CONSERVATION COMMITTEE

Debbie VanderHeiden

Mike Janke

Jayme Heiser

Mark Mitchell

Daniel Rettler

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:** 2024 Budget adjustment request for Zoning

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)

Cost Center 1009300

- Increase Salaries \$17,000 to cover coverage due to Total Rewards
- Decrease Fringe \$46,000 to cover salaries and purchased services
- Decrease Travel/Training to cover purchased services \$6,000
- Increase Purchased Services due to more engineering review and consulting \$35,000

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 (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 (x) no () 2024 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.)

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
Zoning Administration	Salaries	1009300.5100	\$17,000
Zoning Administration	Fringe Benefits	1009300.5200	(\$46,000)
Zoning Administration	Travel/Training	1009300.5300	(\$6,000)
Zoning Administration	Purchased Services	1009300.5500	\$35,000

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 _____
Annual Revenue _____

Fiscal Note Prepared by: Kevin Englebert/MLU

For Financial Services purposes only	
Reviewed By: <i>Michelle Vitenbrook</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: <u>Detail Expenditures Account Number</u> <u>Amount</u> _____ _____
Date: 2/10/2025	
Comments:	