

# ***RESOLUTION NO.: 105—2023-24***

TO THE HONORABLE, THE OUTAGAMIE COUNTY BOARD OF SUPERVISORS

LADIES AND GENTLEMEN:

*2/3 MAJORITY – 24 VOTES*

1           The Outagamie County Department of Health and Human Services submitted a request  
2           for nine new employees for fiscal year 2024 which was approved at the November 6,  
3           2023 County Board meeting. The new employees will need office equipment, however,  
4           the costs currently do not meet the County’s Capital Outlay threshold level of \$5,000  
5           per item and should not have been approved within the Capital Outlay section of the  
6           Department’s budget. This resolution approves moving budgeted expenditures from  
7           the Capital Outlay line item to the Supplies line item for minor office equipment.  
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9           NOW THEREFORE, the undersigned members of the Health and Human Services Committee  
10          recommend adoption of the following resolution.

11           BE IT RESOLVED, that the Outagamie County Board of Supervisors does authorize and approve  
12          of increasing the following Supply line items in the 2024 budget: HHS Child Youth Family (2062040)  
13          by \$2,342; Aging Services (2063090) by \$2,342; Child Support (2064050) by \$2,342; Mental Health  
14          (2066090) by \$3,668; and decreasing the following Capital Outlay line items in the 2024 budget: HHS  
15          Child Youth Family (2062040) by \$2,342; Aging Services (2063090) by \$2,342; Child Support  
16          (2064050) by \$2,342; Mental Health (2066090) by \$3,668 as noted on the attached fiscal note, which by  
17          reference is made a part hereof, and

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

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Dated this \_\_\_\_ day of February 2024

Respectfully Submitted,  
  
HEALTH AND HUMAN SERVICES  
COMMITTEE

\_\_\_\_\_  
Dan Gabrielson

\_\_\_\_\_  
Justin Krueger

\_\_\_\_\_  
Jeff McCabe

\_\_\_\_\_  
Cathy Thompson

\_\_\_\_\_  
Kelly Schroeder

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:** Request for 2024 Budget Adjustment for HHS New Employee Office Equipment from Capital to Operating

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)

Outagamie County HHS submitted a request for nine new employees for fiscal year 2024 which was approved on the November 6, 2023 board meeting. The new employees would need office equipment which the amounts currently do not meet the County's capital threshold level of \$5000 per item and should not have been approved within the Capital Outlay section of the Department. This request is to move the approved budgeted expenditures from Capital Outlay to the Supplies line item budget for minor office equipment which is where these items are normally expended from.

**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 (  )
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?                      yes (  )    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	INCREASE
		COST CENTER (i.e. 1004100.5100, 1004100.5400, etc.)	(DECREASE) AMOUNT
HHS Child Youth Family (2062040)	Supplies	2062040.5400	2,342
HHS Child Youth Family (2062040)	Capital Outlay	2062040.6000	(2,342)
Aging Services (2063090)	Supplies	2063090.5400	2,342
Aging Services (2063090)	Capital Outlay	2063090.6000	(2,342)
Child Support (2064050)	Supplies	2064050.5400	2,342
Child Support (2064050)	Capital Outlay	2064050.6000	(2,342)
Mental Health (2066090)	Supplies	2066090.5400	3,668
Mental Health (2066090)	Capital Outlay	2066090.6000	(3,668)

**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                      \$0.00  
Annual Revenue                      \$0.00

Fiscal Note Prepared by: Kay L Hamilton

For Financial Services purposes only	
Reviewed By: <i>Trent Woelfel</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: 1/11/2024	_____
Comments:	_____