

RESOLUTION NO.: 106—2024-25

TO THE HONORABLE, THE OUTAGAMIE COUNTY BOARD OF SUPERVISORS

LADIES AND GENTLEMEN:

2/3 MAJORITY – 24 VOTES

1 Each year the Outagamie County Department of Health and Human Services budget
2 requires a number of budgetary transfers to account for actual financial activity.

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4 This resolution authorizes transferring funds approved in the 2024 adopted budget to
5 line items and cost centers where changes in activity occurred during 2024. No
6 additional county funding is requested as the net adjustment is budget neutral.
7

8 NOW THEREFORE, the undersigned members of the Health and Human Services Committee
9 recommend adoption of the following resolution.

10 BE IT RESOLVED, that the Outagamie County Board of Supervisors does authorize and approve
11 of various budget transfers and alterations to the 2024 Health and Human Services budget as noted on
12 the attached fiscal note and Outagamie County Department of Human Services 2024 Budget Transfers
13 worksheet, which by reference are made a part hereof, and

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

17 Dated this ____ day of December 2024

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Respectfully Submitted,

HEALTH AND HUMAN SERVICES
COMMITTEE

Jeff McCabe

Justin Krueger

Dustin Koury

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 (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:** Fiscal Year 2024 Health and Human Services Department Year End Budget Adjustments

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)

Refer to the attached PDF for explanations of FY2024 Budget Adjustments

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.)

<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>
Refer to attached PDF for budget entries			

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 _____

Fiscal Note Prepared by: Betty Gehring, HHS Finance Manager

For Financial Services purposes only	
Reviewed By: <i>Michelle Uttenbroel</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: <u>11/14/2024</u>	
Comments:	

