

**GREEN LAKE COUNTY  
DEPARTMENT OF HEALTH & HUMAN SERVICES**

**HEALTH & HUMAN SERVICES**

571 County Road A

PO Box 588

Green Lake WI 54941-0588

VOICE: 920-294-4070

FAX: 920-294-4139

Email: [glcdhhs@co.green-lake.wi.us](mailto:glcdhhs@co.green-lake.wi.us)



**FOX RIVER INDUSTRIES**

222 Leffert St.

PO Box 69

Berlin WI 54923-0069

VOICE: 920-361-3484

FAX: 920-361-1195

Email: [fri@co.green-lake.wi.us](mailto:fri@co.green-lake.wi.us)

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**AMENDED II  
Post Date: 4/7/17**

**The following documents are included in the packet for the Department of Health & Human Services Board held on Tuesday, April 18, 2017**

- April 18, 2017 DHHS meeting agenda 8:30 a.m.
- Budget Adjustment (Behavioral Health Services Unit) Drug Court Grant
- Budget Adjustment (Health Unit) ZIKA Virus
- \*\*Budget Adjustment (Health Unit) Bioterror Grant
- Laptop/Docking Station Drug Court Coordinator
- \*Request for Line Item Transfer - CCS Contracted Services

Thanks

Karen

# GREEN LAKE COUNTY

## Notice of Budgetary Adjustment

Unanticipated Revenue or Expense Increase or Decrease Not Budgeted

Date: March 28, 2017  
 Department: Behavioral Health/ DHHS  
 Amount: \$134,840.00  
 Budget Year Amended: 2017

Source of Increase / Decrease and affect on Program:  
 (If needed attached separate brief explanation.)

Drug Court Grant we received for 2017

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**Revenue Budget Lines Amended:**

Account #	Account Name	Current Budget	Budget Adjustment	Final Budget
17-207-36-46146-000-000	Drug Court Grant	\$ -	\$ 134,840.00	\$ 134,840.00
				\$ -
				\$ -
				\$ -
Total Adjustment			\$ 134,840.00	

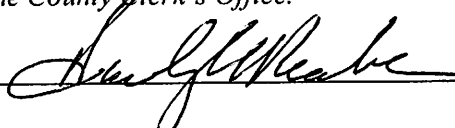
**Expenditure Budget Lines Amended:**

Account #	Account Name	Current Budget	Budget Adjustment	Final Budget
17-207-36-51235-110-084	Salaries	\$ -	\$ 33,027.60	\$ 33,027.60
17-207-36-51235-151-084	Social Security	\$ -	\$ 3,910.00	\$ 3,910.00
17-207-36-51235-310-084	Office Supplies	\$ -	\$ 500.00	\$ 500.00
17-207-36-51235-340-084	Operating Supplies	\$ -	\$ 30,497.61	\$ 30,497.61
17-207-36-51235-325-084	Training	\$ -	\$ 15,280.04	\$ 15,280.04
17-207-36-51235-215-084	Contractual Services	\$ -	\$ 46,624.75	\$ 46,624.75
17-207-36-51235-330-084	Travel	\$ -	\$ 5,000.00	\$ 5,000.00
Total Adjustment			\$ 134,840.00	

Department Head Approval: 

Date Approved by Committee of Jurisdiction: \_\_\_\_\_

*Following this approval please forward to the County Clerk's Office.*

Date Approved by Finance Committee:  3/29/17

Date Approved by County Board: \_\_\_\_\_

*Per WI Stats 65.90(5)(a) must be authorized by a vote of two-thirds of the entire membership of the governing body.*

Date of publication of Class 1 notice of budget amendment: \_\_\_\_\_

# GREEN LAKE COUNTY

## Notice of Budgetary Adjustment

Unanticipated Revenue or Expense Increase or Decrease Not Budgeted

Date: March 28, 2017  
 Department: Public Health/DHHS  
 Amount: \$8,427.00  
 Budget Year Amended: 2017

Source of Increase / Decrease and affect on Program:  
 (If needed attached separate brief explanation.)

ZIKA Grant

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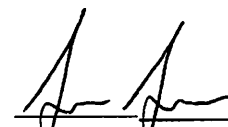
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**Revenue Budget Lines Amended:**

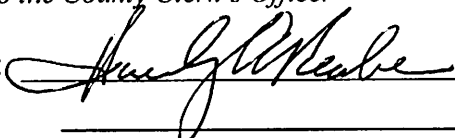
Account #	Account Name	Current Budget	Budget Adjustment	Final Budget
17-207-31-43551-550-000	CARS-ZIKA Grant	\$ -	\$ 8,427.00	\$ 8,427.00
				\$ -
				\$ -
				\$ -
Total Adjustment			\$ 8,427.00	

**Expenditure Budget Lines Amended:**

Account #	Account Name	Current Budget	Budget Adjustment	Final Budget
17-207-31-54102-347-115	Eudcation Supplies-ZIKA	\$ -	\$ 275.00	\$ 275.00
17-207-31-54102-209-115	Contractual Services-ZIKA	\$ -	\$ 8,152.00	\$ 8,152.00
				\$ -
				\$ -
				\$ -
				\$ -
Total Adjustment			\$ 8,427.00	

Department Head Approval:   
 Date Approved by Committee of Jurisdiction: \_\_\_\_\_

*Following this approval please forward to the County Clerk's Office.*

Date Approved by Finance Committee:  3/29/17  
 Date Approved by County Board: \_\_\_\_\_

*Per WI Stats 65.90(5)(a) must be authorized by a vote of two-thirds of the entire membership of the governing body.*

Date of publication of Class 1 notice of budget amendment: \_\_\_\_\_

# GREEN LAKE COUNTY

## Notice of Budgetary Adjustment

Unanticipated Revenue or Expense Increase or Decrease Not Budgeted

Date: April 11, 2017  
 Department: Public Health/ DHHS  
 Amount: \$5,018.00  
 Budget Year Amended: 2017

Source of Increase / Decrease and affect on Program:  
 (If needed attached separate brief explanation.)

DHHS was awarded additional Bioterrorism Grant Money.

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**Revenue Budget Lines Amended:**

Account #	Account Name	Current Budget	Budget Adjustment	Final Budget
17-207-33-43551-501-000	CARS Bioterror Grant	\$ -	\$ 5,018.00	\$ 5,018.00
				\$ -
				\$ -
				\$ -
Total Adjustment			\$ 5,018.00	

**Expenditure Budget Lines Amended:**

Account #	Account Name	Current Budget	Budget Adjustment	Final Budget
17-207-31-54102-307-015	Training Bioterror	\$ -	\$ 5,018.00	\$ 5,018.00
				\$ -
				\$ -
				\$ -
				\$ -
Total Adjustment			\$ 5,018.00	

Department Head Approval:   
 Date Approved by Committee of Jurisdiction: \_\_\_\_\_

*Following this approval please forward to the County Clerk's Office.*

Date Approved by Finance Committee: \_\_\_\_\_

Date Approved by County Board: \_\_\_\_\_

*Per WI Stats 65.90(5)(a) must be authorized by a vote of two-thirds of the entire membership of the governing body.*

Date of publication of Class 1 notice of budget amendment: \_\_\_\_\_



# Order Confirmation

SHI International Corp.  
290 Davidson Ave.  
Somerset, NJ 08873  
Phone: 888-235-3871

**Sales order** S45335767  
Order date 3/16/2017  
Customer Account 1009428  
Customer PO 15110  
Customer Reference  
Payment Net 30 Days

**SHI Account Executive** Ryan Baicher/Ent-SLED  
**SHI Account Manager** Ryan S Baicher

**Bill To**  
Deb Sweeney  
WI GREEN LAKE COUNTY  
PO BOX 3188  
PURCHASING DEPARTMENT  
GREEN LAKE, WI 54941  
US

**Ship To**  
WI GREEN LAKE COUNTY  
571 County Rd A  
Info Tech Dept  
GREEN LAKE, WI 54941  
US  
15110/Deb Sweeney

Item No. Mfg Part No.	Description	Qty Ordered	Unit Price	Extended Price
31691125 20FH001RUS Lenovo	ThinkPad T560 20FH - Core i5 6300U - 2.4 GHz - Win 7 Pro Hardware Hardware Contract number: ncr Maintenance From date: 3/16/2017 Maintenance To date: 3/15/2020	1	1,376.72	1,376.72
27943392 5WS0F31381 Lenovo	Lenovo TopSeller Onsite Warranty - Ext Srv Agreement - 3Y Hardware Wrnty/Srvce Service Contract number: ncr Maintenance From date: 3/16/2017 Maintenance To date: 3/15/2020	1	62.37	62.37

Quote: 13140083

<b>Sales Balance</b>	1,439.09
<b>Freight</b>	0.00
<b>Recycling Fee</b>	0.00
<b>Sales Tax</b>	0.00
<b>Total</b>	<b>1,439.09</b>
<b>Currency</b>	<b>USD</b>

**\* This Is Not An Invoice \***  
**Thank You for Your Order**

The Products offered under this order confirmation are subject to the SHI Return Policy posted at [www.shi.com/returnpolicy](http://www.shi.com/returnpolicy), unless there is an existing agreement between SHI and the Customer.

REMIT PAYMENT TO: \_\_\_\_\_

**INVOICE**

ACH INFORMATION:  
 THE NORTHERN TRUST  
 50 SOUTH LASALLE STREET  
 CHICAGO, IL 60675

E-mail Remittance To: gachremittance@cdw.com  
 ROUTING NO.: 071000152  
 ACCOUNT NAME: CDW GOVERNMENT  
 ACCOUNT NO.: 91057



**CDW Government**  
 75 Remittance Drive, Suite 1515  
 Chicago, IL 60675-1515



RETURN SERVICE REQUESTED

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER
FSM2751	10/21/16	5020421
SUBTOTAL	SHIPPING	SALES TAX
\$223.94	\$0.00	\$0.00
DUE DATE		AMOUNT DUE
11/20/16		<b>\$223.94</b>

GREEN LAKE COUNTY  
 PURCHASING OFFICE  
 PO BOX 3188  
 GREEN LAKE WI 54941-3188  
 USA

CDW Government  
 75 Remittance Drive  
 Suite 1515  
 Chicago, IL 60675-1515

**PLEASE RETURN THIS PORTION WITH YOUR PAYMENT**

INVOICE DATE	INVOICE NUMBER	PAYMENT TERMS				DUE DATE
10/21/16	FSM2751	Net 30 Days				11/20/16
ORDER DATE	SHIP VIA	PURCHASE ORDER NUMBER				CUSTOMER NUMBER
10/20/16	FEDEX Ground	14966				5020421
ITEM NUMBER	DESCRIPTION	QTY ORD	QTY SHIP	QTY B/O	UNIT PRICE	TOTAL
3118456	LVO TP ULTRA DOCK 90W US Manufacturer Part Number: 40A20090US Serial No: SM3A04HAG	1	1	0	223.94	223.94

**GO GREEN!**  
 CDW is happy to announce that paperless billing is now available! If you would like to start receiving your invoices as an emailed PDF, please email CDW at [paperlessbilling@cdw.com](mailto:paperlessbilling@cdw.com). Please include your Customer number or an Invoice number in your email for faster processing.  
**REDUCE PROCESSING COSTS AND ELIMINATE THE HASSLE OF PAPER CHECKS!**  
 Begin transmitting your payments electronically via ACH using CDW's bank and remittance information located at the top of the attached payment coupon. Email [credit@cdw.com](mailto:credit@cdw.com) with any questions.

ACCOUNT MANAGER	SHIPPING ADDRESS:	SUBTOTAL	AMOUNT
AMANDA FISCHER 847-968-9523 amanfis@cdwg.com	GREEN LAKE COUNTY DEB SWEENEY 571 COUNTY ROAD A GREEN LAKE WI 54941-8630		<b>\$223.94</b>
SALES ORDER NUMBER		SHIPPING	<b>\$0.00</b>
HLRG730		SALES TAX	<b>\$0.00</b>
		AMOUNT DUE	<b>\$223.94</b>

Cage Code Number 1KH72  
 DUNS Number 02-615-7235

ISO 9001 and ISO 14001 Certified  
 CDW GOVERNMENT FEIN 36-4230110

**HAVE QUESTIONS ABOUT YOUR ACCOUNT?  
 PLEASE EMAIL US AT [credit@cdw.com](mailto:credit@cdw.com)  
 VISIT US ON THE INTERNET AT [www.cdw.com](http://www.cdw.com)**



# REQUEST FOR LINE ITEM TRANSFER

Office Use Only

Department: Behavioral Health/ DHHS  
 Budget Year Amended: 2017

No. _____
Date: _____

**From Account**

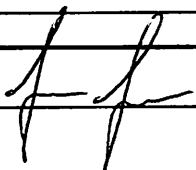
Account #	Account Name	Current Budget	Transfer Amount	YTD Expenditures	New Budget
17-207-36-54307-209-674	CCS Contracted Services	\$ 119,524.00	\$ 1,000.00	\$ 9,113.74	\$ 118,524.00
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
<b>Total Transfer</b>			\$ 1,000.00		

**To Account**

Account #	Account Name	Current Budget	Transfer Amount	YTD Expenditures	New Budget
17-207-36-54307-140-674	Coordinating Committee- CCS	-	\$ 1,000.00	\$ 120.00	\$ 1,000.00
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
<b>Total Transfer</b>			\$ 1,000.00		

**Explanation for Transfer:**  
 This money is being transferred to pay for the people that attend the Coordinating Committee CCS meetings quarterly. We currently have two outside people that are attending, but we are anticipating to have up to four people in the future. The current Per Diem amount is \$40.00 a time.

Department Head Approval

 3/30/17

Governing Committee Approval

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 If < \$500:

Send to County Administrator's Office

COUNTY ADMINISTRATOR Approval: \_\_\_\_\_

If > \$500:

Send to County Clerk's Office

FINANCE COMMITTEE Approval given on : \_\_\_\_\_

Date

# Transfer

## Purpose

To transfer budgeted expense/revenue amounts from one line item to another within the same budget so as not to exceed adopted budget.

## Policy

A transfer of funds should be made prior to an individual line item balance exceeding the line item budget as adopted.

No transactions should be posted to any budget line item if there are not adequate budgeted funds available to cover those transactions during that fiscal year.

In the event a department has insufficient line item budgeted funds available to cover the balance of proposed transactions, a transfer of budget funds from another individual line item within that department's budget to cover those transactions may be initiated with prior approval.

All transactions shall be charged to the appropriate revenue/expenditure account, not arbitrarily charged to accounts where unused budget funds are available.

## Procedure

To initiate the line item transfer process, the department head shall notice the review, discussion & action of this completed and signed form on the next monthly meeting agenda of their committee of jurisdiction.

If the Line Item Transfer is approved by the committee of jurisdiction ***AND IS FOR AN AMOUNT OF \$500 OR LESS*** the signed copy of this form along with a copy of the meeting minutes shall be forwarded to the County Administrator for approval.

If the Line Item Transfer is approved by the committee of jurisdiction ***AND IS FOR AN AMOUNT OF \$500 OR MORE*** the signed copy of this form along with a copy of the meeting minutes shall be forwarded to the County Clerk to be noticed on the Finance Committee agenda for review, discussion and action.