

REQUEST TO USE CERTIFIED ROLLOVER FUNDS

Department: Health Department

Fiscal Target Budgeting Unit (if other than Dept.): _____

SUMMARY:

	Carried From Previous Years	2015 Certified Rollover	Total Available
Available Surplus Funds:	\$336,805.00	\$81,543.00	\$418,348.00
1) Funds requested for use in 2017 (must match Total Current Year Request below):			\$150,000.00
2) Funds requested for use in 2018 (to be submitted as an OTR):			\$0.00
3) Other requested use of funds:			\$0.00
		Total Requested	\$150,000.00
CURRENT YEAR REQUEST(S):	Remainder (available to carry forward):		\$268,348.00

FOR FUNDS REQUESTED IN THIS YEAR'S BUDGET, DESCRIBE THE PLANNED USE, please be specific (please attach additional information, if necessary):

Planned use of rollover:	Funct. Unit	Account No.	Dollar Amt.
1) Electronic Health Record for Early Intervention	4047	54442	\$150,000.00
2)			\$0.00
3)			\$0.00
4)			\$0.00
5)			\$0.00
6)			\$0.00
7)			\$0.00
8)			\$0.00
9)			\$0.00
10)			\$0.00

FUTURE USES:

Total Current Year Request (must match Summary line #1):	\$150,000.00
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Does the Department plan to use rollover funds in future years, beyond 2018? If so, what is the plan?

The department is continuing the review of our processes and procedures to determine if software programs may improve work flow. Further reviews will continue over the next several years. Additional costs may be incurred for current projects.

Is the Department in a position to return all or part of rollover to the general fund? (Please be specific)

Not at this time.

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SOURCE OF FUNDS:

County Fiscal Policy requires that sources of unspent funds for reappropriation (Certified Rollover) "be explicitly identified for Legislature review." (Please complete this section by explaining the specific source of your department's certified rollover funds for this year in the space(s) provided in the applicable section(s) and providing the corresponding dollar amount at right (below).)

	Source(s) of Rollover Funds and Explanation	Dollar Amt.
1)	Grant with mismatched fiscal year: Please indicate what grant and for which years.	
2)	Decision to postpone an expense or activity: Which expense or activity was postponed and why?	
3)	Position(s) temporarily vacant: What positions were vacant and why?	
4)	Bid price on contract lower than budgeted: What was contract for and why was it lower than budget?	
5)	Funds reserved for future equipment purchase: What equipment are you anticipating purchasing?	
6)	Savings resulting from new efficiencies: What were the new efficiencies? How did they come about?	
7)	Revenue over budget: Where did the excess revenue come from?	
	Vital Records and Environmental Health exceeded revenue projections.	
		\$20,580.00
8)	Revenue under budget: What caused the reduction in anticipated revenue?	

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9)	Other, please explain: Nearly all OTPS lines had small residual amounts left at year end.	
		\$60,963.00
Total Certified Rollover Funds by Source (should match 2015 Certified Rollover amount from previous page):		\$81,543.00

APPROVALS:

Department Head Name	Date Submitted:
Frank Kruppa	7/31/2017
<i>FOR ADMINISTRATION USE ONLY</i>	
County Administrator recommendation for current year use in 2017:	\$ 150,000.00
County Administrator recommendation for use in 2018 Budget:	\$ -
Total Request Recommended:	\$ 150,000.00
Administrator Explanation:	
Appropriate use of rollover.	