

REQUEST TO USE CERTIFIED ROLLOVER FUNDS

Department: Health Department

Date: 8/15/2018

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

SUMMARY:

	Carried From Previous Years	2017 Certified Rollover	Total Available
Available Surplus Funds:	\$268,348.00	\$89,829.00	\$358,177.00
1) Funds requested for use in 2018 (must match Total Current Year Request below):			\$217,400.00
2) Funds requested for use in 2019 (to be submitted as an OTR):			\$105,788.00
3) Other requested use of funds:			\$0.00
		Total Requested	\$323,188.00
CURRENT YEAR REQUEST(S):		Remainder (available to carry forward):	\$34,989.00

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) Purchase of five vehicles (3 electric/gas; 2 electric only).	4010	52231	\$170,400.00
2) NYSERDA Grant	4010	42771	(\$25,000.00)
3)			
4) Electric Project for vehicles	4010	54440	\$60,000.00
5) Mental Health First Aid Training for staff	4010	54412	\$2,000.00
6) Ergonomic Program for staff - education, training, equipment and supplies	4010	54442	\$7,500.00
7) Ergonomic equipment/supplies for staff	4010	52214	\$2,500.00
8)			
9)			\$0.00
10)			\$0.00
		Total Current Year Request (must match Summary line #1):	\$217,400.00

FUTURE USES:

Does the Department plan to use rollover funds in future years, beyond 2019? If so, what is the plan?

The Department will be evaluating the use of electric/electric-gas vehicles in 2018 and 2019 as well as the use of vehicles overall in the department. Additional vehicles may be requested in 2020.

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, Environmental Health and Children With Special Care Needs exceeded revenue projections.	\$59,562.00
8)	Revenue under budget: What caused the reduction in anticipated revenue?	

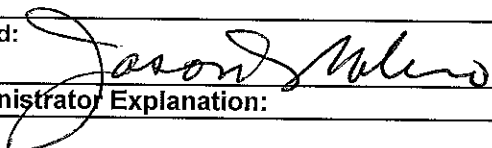
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9)	Other, please explain: Nearly all OTPS lines had small residual amounts left at year end.	
		\$30,267.00
Total Certified Rollover Funds by Source (should match 2015 Certified Rollover amount from previous page):		\$89,829.00

APPROVALS:

Department Head Name	Date Submitted:
Frank Kruppa	8/15/2018

FOR ADMINISTRATION USE ONLY

County Administrator recommendation for current year use in 2018:	\$ 217,400
County Administrator recommendation for use in 2019 Budget:	\$ 105,788
Signed: 	Total Request Recommended: \$ 323,188

Administrator Explanation: