

**DANE COUNTY  
POLICY AND FISCAL NOTE**

<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Update	Substitute No. _____
Sponsor: <b>Miles</b>		Resolution No. _____
Vote Required: Majority _____		Ordinance Amendment No. _____
Two-Thirds <input checked="" type="checkbox"/>	3/4 <input type="checkbox"/>	

Title of Resolution or Ord. Amd.:

**AMENDING THE CAPITAL BUDGET TO FUND ELECTIONWARE SERVER UPGRADE- DANE COUNTY CLERK OFFICE**

**Policy Analysis Statement:**

Brief Description of Proposal -

This resolution creates a new capital budget line item to fund upgrades to the election server systems and transfers funds from a line for a completed capital project.

Current Policy or Practice -

Amendments to the budget require approval of the County Board

Impact of Adopting Proposal -

**Fiscal Estimate:**

<b>Fiscal Effect (check all that apply) -</b>	<b>Budget Effect (check all that apply)</b>
<input type="checkbox"/> No Fiscal Effect	<input type="checkbox"/> No Budget Effect
<input type="checkbox"/> Results in Revenue Increase	<input type="checkbox"/> Increases Rev. Budget
<input checked="" type="checkbox"/> Results in Expenditure Increase	<input checked="" type="checkbox"/> Increases Exp. Budget
<input type="checkbox"/> Results in Revenue Decrease	<input type="checkbox"/> Decreases Rev. Budget
<input type="checkbox"/> Results in Expenditure Decrease	<input checked="" type="checkbox"/> Decreases Exp. Budget
	<input type="checkbox"/> Increases Position Authority
	<input type="checkbox"/> Decreases Position Authority
	Note: if any budget effect, 2/3 vote is required

**Narrative/Assumptions about long range fiscal effect:**

None

**Expenditure/Revenue Changes:**

	Current Year		Annualized			Current Year		Annualized	
	Increase	Decrease	Increase	Decrease		Increase	Decrease	Increase	Decrease
Expenditures -					Revenues -				
Personal Services					County Taxes				
Operating Expenses					Federal				
Contractual Services					State				
Capital	\$45,000				Other				
<b>Total</b>	\$45,000	\$0	\$0	\$0	<b>Total</b>	\$0	\$0	\$0	\$0

**Personnel Impact/FTE Changes:**

**Prepared By:**

Agency:	Division:	
Prepared by:	Date:	Phone:
Reviewed by:	Date:	Phone: