

**DANE COUNTY
POLICY AND FISCAL NOTE**

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

Title of Resolution or Ord. Amd.:

CHANGE ORDER #1 TO CONTRACT FOR CAMOSY INCORPORATED. FOR CONSTRUCTION OF MEDICAL EXAMINER OFFICE BUILDING 3562 COUNTY HIGHWAY AB

Policy Analysis Statement:

Brief Description of Proposal -
 This resolution approves a change order to remove the purchase of construction materials from the contract. The county will then purchase the materials directly on a tax-exempt basis.

Current Policy or Practice -
 Change orders in an amount over \$20,000 require approval of the County Board.

Impact of Adopting Proposal -
 The cost of the project will be reduced by approximately \$137,000.

Fiscal Estimate:

<u>Fiscal Effect (check all that apply) -</u> <input type="checkbox"/> No Fiscal Effect <input type="checkbox"/> Results in Revenue Increase <input checked="" type="checkbox"/> Results in Expenditure Increase <input type="checkbox"/> Results in Revenue Decrease <input type="checkbox"/> Results in Expenditure Decrease	<u>Budget Effect (check all that apply)</u> <input checked="" type="checkbox"/> No Budget Effect <input type="checkbox"/> Increases Rev. Budget <input type="checkbox"/> Increases Exp. Budget <input type="checkbox"/> Decreases Rev. Budget <input 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
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Narrative/Assumptions about long range fiscal effect:

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					Other				
Total	\$0	\$0	\$0	\$0	Total	\$0	\$0	\$0	\$0

Personnel Impact/FTE Changes:

Prepared By:

Agency: _____	Division: _____
Prepared by: Chuck Hicklin	Date: 8/13/15
Reviewed by: _____	Phone: _____
	Date: _____
	Phone: _____