

**DANE COUNTY
POLICY AND FISCAL NOTE**

| | |
|---|--|
| Original _____ Update _____ | Substitute No. _____ |
| Sponsor: Supv. McCarville | Resolution No. _____ |
| Vote Required: | Ordinance Amendment No. <u>2021 OA-050</u> |
| Majority _____ Two-Thirds <input checked="" type="checkbox"/> | |

Title of Resolution or Ord. Amd.:

AMENDING CHAPTER 62 OF THE DANE COUNTY CODE OF ORDINANCES, REGARDING MEDICAL EXAMINER FEES

Policy Analysis Statement:

Brief Description of Proposal -
Increases Cremation Permit fee as allowed by statute

Current Policy or Practice -
Currently the cremation permit fee is \$302.00. Statute allows this fee to be increased by the amount of the CPI for the 12 months prior.

Impact of Adopting Proposal -
The increase in the Cremation Permit fee will generate approximately \$10,800.00 in additional revenue.

Fiscal Estimate:

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

Narrative/Assumptions about long range fiscal effect:

This minor increase in the permit fee will allow the department to cover the costs of providing the service. If the County does not take action to approve the increased fee it will not be statutorily allowed to recover this opportunity in subsequent years. This revenue is assumed in the Department's 2022 revenue request.

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 | | | \$10,800 | |
| Total | \$0 | \$0 | \$0 | \$0 | Total | \$0 | \$0 | \$10,800 | \$0 |

Personnel Impact/FTE Changes:

None

Prepared By:

| | | |
|-----------------------------|---------------|---------------------|
| Agency: Medical Examiner | Division: | |
| Prepared by: Barry E. Irmen | Date: 9/30/21 | Phone: 608-284-6000 |
| Reviewed by: Barry E. Irmen | Date: 9/30/21 | Phone: 608-284-6000 |