

Kenosha



County

BOARD OF SUPERVISORS
RESOLUTION NO. _____

Subject: Establishment of Donation Policy for the Dept of Human Services.	
Original <input checked="" type="checkbox"/> Corrected <input type="checkbox"/> 2 nd Correction <input type="checkbox"/> Resubmitted <input type="checkbox"/>	
Date Submitted: 3/3/20	Date Resubmitted:
Submitted by: Tammy Capito	
Fiscal Note Attached <input type="checkbox"/>	Legal Note Attached <input type="checkbox"/>
Prepared by: Tammy Capito	Signature: <i>Tammy Capito</i>

WHEREAS, from time to time there is the desire on the part of individuals, groups or units of government to gift, donate, or otherwise provide to the Kenosha County Department of Human Services monetary and/or non-monetary assets; and

WHEREAS, recognizing that there are times where such gifts or donations, while appreciated, may have associated costs for which the current year's budget did not anticipate or account for, particularly when such gifts or donations are given for a specified and identified purpose; and

WHEREAS, the County Board, being proper stewards of the County's finances, wishes to ensure that such well-intended gifts do not result in significant adjustments of carefully planned and approved budgets;

NOW, THEREFORE BE IT RESOLVED, that the Kenosha County Board of Supervisors authorizes the Director of Human Services to accept gifts or donations of non-monetary or monetary assets where such gifts or donations are not covered by any other policy and where any intended use of the gift or donation does not violate any other County policy, ordinance, work rule, or State or Federal law; and

BE IT FURTHER RESOLVED, that the Kenosha County Board of Supervisors authorizes expenses for Human Services operations by budget modification if necessary not to exceed the amount of \$50,000 for individual gifts or donations resulting in no levy impact.

Respectfully Submitted:

HUMAN SERVICES COMMITTEE:

	<u>Aye</u>	<u>No</u>	<u>Abstain</u>	<u>Excused</u>
_____ William Grady, Chairman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Andy Berg, Vice-Chairman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Laura Belsky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ David Celebre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Amy Maurer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Gabe Nudo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Zach Rodriguez	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FINANCE/ADMINISTRATION COMMITTEE

	<u>Aye</u>	<u>No</u>	<u>Abstain</u>	<u>Excused</u>
_____ Terry W. Rose, Chairman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Ronald J Frederick, Vice-Chairman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Jeffrey Gentz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Edward Kubicki	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ John O'Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ John Poole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Jeff Wamboldt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Kenosha County
Administrative Proposal Form

1. Proposal Overview

Division: _____ Department: Human Services

Proposal Summary (attach explanation and required documents):

For the Dept of Human Services to establish a Donation Policy to accept donations of monetary or non-monetary assets.

Dept./Division Head Signature: _____ Date: _____

2. Department Head Review

Comments:

Recommendation: Approval Non-Approval

Department Head Signature: Jan Jansen Date: 1/29/2020

3. Finance Division Review

Comments:

Recommendation: Approval Non-Approval

Finance Signature: D.M. [Signature] Date: 1/29/20

4. County Executive Review

Comments:

Action: Approval Non-Approval

Executive Signature: [Signature] Date: 1/31/20