

Developmental Disabilities Board P.O. Box 1867 Janesville, WI 53547-1867 Phone 608/757-5050 Fax 608/758-8482

DEVELOPMENTAL DISABILITIES BOARD MEETING

Wednesday, October 12, 2011 - 6:30 P.M.

Rock County Health Care Center Classroom – Room 136 3530 North County Trunk Highway F Janesville, Wisconsin 53545

AGENDA

- 1. CALL TO ORDER
- 2. INTRODUCTION OF BOARD MEMBERS
- 3. INTRODUCTION OF GUESTS
- 4. CITIZENS SUGGESTIONS TO THE BOARD
- 5. APPROVAL OF AGENDA
- 6. APPROVAL OF MINUTES
- 7. APPROVAL OF BILLS
- 8. APPROVAL OF CONTRACTS/ADDENDUMS ENCUMBRANCES AND/OR LINE ITEM TRANSFERS
- 9. DIRECTOR'S REPORT
 - A. REPORT ON PROGRAM ACTIVITIES
- 10. BOARD MEMBERS SUGGESTIONS TO THE BOARD
- 11. ADDITIONAL CITIZENS SUGGESTIONS TO THE BOARD
- 12. CORRESPONDENCE
- 13. NEW BUSINESS
- 14. ADJOURNMENT

Rock County - Prod	duction	10/05/11	(COMMITTEE	APPROVAL REPOR	T			Page 1
Account Number	Name		Yearly Pro iation Spe		YTD nditure		Unencumb Balance	Inv/Enc Amount	Tota1
3333100000-62604	NURSING HM-C	P1100012-PO#	10/01/11 - 10/01/11 -	-VN#023658 -VN#050404	ALTERNA ARC EAU	TIVE HOMECARE	INC	5,865.00 334.24 285.73 4,210.72 75.00	
					CLOSING BALANC	E E	4,805,126.62		10,770.69
3333100000-62620	COMM.INTEG				8,676.95 ALTERNA			2,760.00	
				I	CLOSING BALANCI	E	811,960.73		2.760.00
3333100000-62633	CLTW	P1100057-P0#	10/01/11 -	-VN#034691	0,833.34 INDEPENI RIVERFRO	DENT DISABILI	12.266.11 TY SERVICE	3,548.33 127.31	
				+	CLOSING BALANCE	=	8,590.47		3,675.64
3333100000-64200	TRAINING EXP				940.00 DD NETWO		1,569,99	20.00	
				(CLOSING BALANCE	Ē	1,549.99		20.00
			D.D.BOARD	1	PROG-TOTAL-PO			17.226.33	
I HAVE EXAMINED TH	IF PRECEDING F	BILLS AND ENCU	MBRANCES T	N THE TOTA	AL AMOUNT OF \$1	17 226 33			

I HAVE EXAMINED THE PRECEDING BILLS AND ENCUMBRANCES IN THE TOTAL AMOUNT OF \$17,226.33 INCURRED BY DEVELOPMENTAL DISABILITIES. CLAIMS COVERING THE ITEMS ARE PROPER AND HAVE BEEN PREVIOUSLY FUNDED. THESE ITEMS ARE TO BE TREATED AS FOLLOWS

- A. BILLS AND ENCUMBRANCES OVER \$10,000 REFERRED TO THE COUNTY BOARD.
- B. BILLS UNDER \$10,000 TO BE PAID.

C.	ENCUMBRA	NCES UNDER \$10,000	TO BE PAID UPON ACCEPT	ANCE BY T	THE DEPARTMENT	HEAD.	
DEVE	LOPMENTAL	DISABILITIES	COMMITTEE APPROVES 1	HE ABOVE.			DEPT-HEAD

OCT 1 2 2011

DATE_

CHAIR

ROCK COUNTY

SUPPLEMENTA	SUPPLEMENTAL APPROPRIATIONS - TRANSFERS	11-47
		Transfer No.
Requested by Developmental Disabilities	John Hanewall	9/21/11
Department	Department Head	Date

ACCOUNT # DESCRIPTION AMOUNT 33-3310-0000-62620 CIP 1A 59,988			
CIP 1A	ACCOUNT #	NOI	AMOUNT
	33-3310-0000-62620	CIP 1A	59,988
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ACCOUNT #	DESCRIPTION
33-3310-0000-62604	CIP 1B
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	Design

FISCAL NOTE:

for the requested transfer. Sufficient funds are available in the above object code

ADMINISTRATIVE NOTE:

Recommended.



REQUIRED APPROVAL:

Governing Co

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Committee

Finance Committee

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COMMITTEE CHAIR

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TRANSFER REQUESTS ROCK COUNTY

Ö FINANCE DIRECTOR

REQUESTED BY: Developmental Disabilities Board Department

department Head Signature

FINANCE DIRECTOR

DATE: 9/21/2011

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Ü	ACCOUNT #: 33-3310-0000-62620 DESCRIPTION: Community Integration Prog. (CIP 1A) 02 / /	\$59,988
	PROVIDED BY THE FINANCE DIRECTOR (172)	
2)	ACCOUNT #: DESCRIPTION:	
	CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	
త్ర	ACCOUNT #: DESCRIPTION:	
	CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	
.	ACCOUNT #: DESCRIPTION:	
	CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	

	AMOUNT
ACCOUNT #: 33-3310-0000-62604 DESCRIPTION: Nursing Home Relocation (CIP 1B)	\$59,988
ACCOUNT #: DESCRIPTION:	
ACCOUNT #: DESCRIPTION:	
ACCOUNT #: DESCRIPTION:	

REASON FOR TRANSFER - BE SPECIFIC:

- 1) Additional funds are needed in Nursing Home Relocation (CIP IB) due to 1 CIP IB client moving into residential services.
- Funds are available from the Community Integration Program (CIP IA) because funds were budgeted to cover residential residential slot. services for a now deceased CIP 1A client. The CIP IB client mentioned above is filling the vacated CIP 1A