

Macoupin County Animal Control

Buzie Bertagnolli

PO Box 107

Carlinville, IL 62626

217-854-4024

MEMORANDUM

To: Mayors and City Council Members

From: Buzie Bertagnolli, Administrator

Macoupin County Animal Control

Date: June 27, 2008

Re: Minimum Standards for Animal Control

cc: Andrew Manar, Macoupin County Board Chairman

Joe Novak, Macoupin County Board Animal Control Committee Chairman

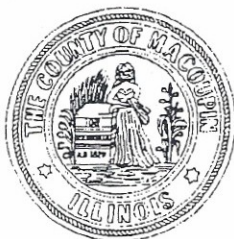
Enclosed, please find a copy of the amended Macoupin County Animal Control Ordinance recently adopted by the Macoupin County Board. At this time, the County is asking all municipalities to consider adopting this ordinance as a minimum standard for enforcing animal control laws within each corporate municipal boundary. Of course, each municipality retains the right to adopt more stringent measures. Adopting the minimum standards as contained in this ordinance will ensure that the Macoupin County Animal Control Department and each municipality will have an agreement to work together by enforcing uniform standards for animal control throughout the County.

Following the passage of the ordinance, I will need you to send a) written verification that you have accepted the ordinance and b) a signed copy of the ordinance that has been adopted. To help with compliance and reporting with the Department of Agriculture, I will be keeping a copy of each municipal ordinance on file in my office.

Please have these items to my office by September 1, 2008. The aforementioned information can be mailed to my office located at 21486 Route 4, P. O. Box 107, Carlinville, IL 62626.

As the State continues to change animal control laws that all local governments are required to enforce, we feel that by working together, we can better serve all of the citizens of Macoupin County. Thank you for your consideration.

If you have any questions, please feel free to call me at 217-854-4024.



ANDREW MANAR
CHAIRMAN

JULIA WATSON
VICE CHAIRPERSON

MICHELE A. ZIPPAY
CLERK

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LARRY LUX
ROBERT VOJAS

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OLIVER SCHWALLENSTECKER
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District 9
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LYNDAL HERSCHELMAN
CHRISTOPHER YOWELL

MACOUPIN COUNTY BOARD

215.SOUTH EAST STREET • P.O. Box 535 • CARLINVILLE, IL 62626 • TELEPHONE 217/854/3341
FAX 217/854/6015

MEMORANDUM

June 24, 2008

To: Elected Officials & Department Heads
From: Macoupin County Board Finance Committee
Re: Annual Budget Request Forms
Fiscal Year 2008-2009

FY 2008-2009 Budget Requests

As was started last fiscal year, the Finance Committee is asking that the budget requests for the 2008-2009 fiscal year be made in a uniform manner between all offices. This process will help the Finance Committee and the Board organize information in a way that is easier to interpret as we again face financial challenges. Enclosed are copies of the budget forms that will be used.

Please contact Char in the Board office to receive the electronic excel document containing the pre-formatted tables that self-calculate increases & decreases. Char can send the excel file via e-mail. We hope that you will find that these tables will make the math incredibly easy and should decrease the time required to put together information.

Deadline:

Please have your signed budget request submitted to Char in the County Board Office no later than July 16th. After the requests have been compiled, the Finance Committee will meet to begin discussions.

Calculating Salaries:

At this time, for the purposes of the budget request to the Finance Committee, assume that there will be no change in salaries for employees. When union negotiations conclude, we will have precise figures to calculate the correct amount for the salary line-item in each office.

County Budget Outlook:

While it would be an understatement to say that the past year has been difficult of the County's finances, we haven't completed the task of a post-mine budget that is balanced.

Health Insurance:

The Finance Committee was recently informed that the County's health insurance premiums will rise by approximately 5.7% beginning September 1, 2008. Dental insurance rates will rise



by approximately 11.1% beginning September 1, 2008. Combined, these increases are expected to cost an additional \$50,000 next fiscal year. The Finance Committee will begin to explore options, as we have been successful in past years, to find ways to mitigate these costs.

Questions:

As always, please contact Chairman Manar should you have any questions or suggestions as we move forward.

Chairman Manar:
awmanar@yahoo.com / cell: 618.520.3561

Charlene Taylor: 217.854.3341
ctaylor@macoupincountyonline.net

Macoupin County Board

Fiscal Year 2008-2009 Budget Request Forms

Office / Department Name

Fund: All Funds Combined Request

Table 1

Summary of All Funds

	<i>Final</i>		<i>Request</i>	<i>Change</i>	
	1	2	3	4	5
	Previous Year FY 06 - 07	Current Year FY 07 - 08	Budget Year FY 08- 09	Change CY to BY	% Change
General Fund	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Special Fund 1	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Special Fund 2	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Special Fund 3	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Special Fund 4	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Special Fund 5	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Special Fund 6	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Special Fund 7	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Special Fund 8	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Total:	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!

Note 1:

Note 2:

Note 3:

Note 4:

Date

Signature of Official / Department Head

Office / Department Name

Fund: Indicate fund name

Table 2

Summary of Budget Request by Fund

	Final		Request	Change	
	1 Previous Year FY 06 - 07	2 Current Year FY 07 - 08	3 Budget Year FY 08 - 09	4 Change CY to BY	5 % Change
Salaries	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Office Supplies	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Postage	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Travel	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Telephone	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Insurance	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Equipment	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Training	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Other #1	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Other #2	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Other #3	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Other #4	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Other #5	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Other #6	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Other #7	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Total:	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!

Note 1:

Note 2:

Note 3:

Note 4:

Office / Department Name

Fund: General Fund Only

Table 3

General Fund Salaries Calculation

	Final		Request	Change	
	1 Previous Year FY 06 - 07	2 Current Year FY 07 - 08	3 Budget Year FY 08- 09	4 Change CY to BY	5 % Change
Employee Name*	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Employee Name*	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Employee Name	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Employee Name	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Employee Name	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Employee Name	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Employee Name	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Employee Name	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Employee Name	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Employee Name	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Employee Name	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Employee Name	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Total:	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!

*Denotes employee covered by union contract

* NOTE: For the purposes of the budget submission, assume no salary adjustments during the upcoming fiscal year.

Note 1:

Note 2:

Note 3:

Note 4:

Note 5:

Office / Department Name

Fund:

Special Fund Name

Table 4

Special Fund Salaries Calculation

	Final		Request	Change	
	1 Previous Year FY 06 - 07	2 Current Year FY 07 - 08	3 Budget Year FY 08- 09	4 Change CY to BY	5 % Change
Employee Name*	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Employee Name*	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Employee Name	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Employee Name	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Employee Name	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Employee Name	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Employee Name	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Employee Name	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Employee Name	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Employee Name	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Employee Name	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Employee Name	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!
Total:	\$0.0	\$0.0	\$0.0	\$0.0	#DIV/0!

*Denotes employee covered by union contract

Note 1:

Note 2:

Note 3:

Note 4:

Note 5:

Office / Department Name

☐ Check box if this table does not apply.

Table 5

Vehicle Detail

1

2

3

4

5

Current Vehicle Stock:

Vehicle Make/Model Year	Purpose of Use	Assigned User	Mileage
			-
			-
			-
			-
			-
			-
			-
			-

Requested New Vehicles:

Vehicle Make/Model Year	Purpose of Use	Assigned User	Mileage	Est. Cost
			-	
			-	
			-	
			-	
			-	
			-	
Total Request for New Vehicles:				\$0.0

Note 1:

Note 2:

Office / Department Name

Table 6

Summary of Special Fund Transfers to the General Fund

The purpose of this form is to help the Finance Committee account for all transfers from special funds into the general fund for revenue estimating purposes. Any fee collected that is deposited into a special fund and then transferred to the general fund should be listed below. Any funds received including grants or other sources that is deposited into a special fund and then transferred into the general fund during the course of the fiscal year should be listed below.

1 Estimated Amount to be Transferred to the General Fund:

\$0.0

Special fund from which the transfer is taking place:

Purpose of Transfer:

2 Estimated Amount to be Transferred to the General Fund:

\$0.0

Special fund from which the transfer is taking place:

Purpose of Transfer:

3 Estimated Amount to be Transferred to the General Fund:

\$0.0

Special fund from which the transfer is taking place:

Purpose of Transfer:

4 Estimated Amount to be Transferred to the General Fund:

\$0.0

Special fund from which the transfer is taking place:

Purpose of Transfer:

REFERENCE

Table 1 Summary of All Funds Being Requested

1. The purpose of this table is to outline the total request for each department by fund. The general fund request should be listed first followed by each special fund if special funds are being requested for the fiscal year. 2. Use the note boxes to provide further detail if necessary. 3. This form should be signed prior to submittal by the official/department head.

Table 2 Summary of Budget Request by Fund

1. The purpose of this table to provide further detail from the funds being requested in Table 1. This table should be completed separately for the general fund and each fund being requested in Table 1. 2. The figures provided should match the summary provided in table 1. 3. Use the Note boxes at the bottom to provide further detail if necessary.

Table 3 General Fund Salaries Calculation

1. This table outlines a detailed walk-up to the request for salaries from the General Fund. 2. Union employees should be noted with a "**". 3. The total salaries requested should match the salary total listed in Table 2 for the General Fund.

Table 4 Special Fund Salaries Calculation

1. The Fund should be filled in at the top of the page. 2. This table outlines a detailed walk-up to the request for salaries from the special funds. 3. Union employees should be noted with a "**". 4. The total salaries requested should match the salary total listed in Table 2 for the special fund. 5. A separate Table 4 should be filled out for each special fund salaries are being requested from.

Table 5 Vehicle Detail

1. For most offices/department, this table will not apply. If it does not, check the box at the top of the page. 2. Lines can be added if necessary to account for current vehicles.

Table 6 Summary of Special Fund Transfers to the General Fund

1. The purpose of this table is to help the Finance Committee better estimate revenues from transfers from special funds to the general fund to cover the cost of operations. Any fee or income that is collected and deposited into a special fund and is then transferred to the general fund should be listed with a corresponding purpose.