

Exhibit A

Delegation of Financial Budget Authority Form

Area Extension Directors play an important part in county Extension offices as they manage the faculty and staff within that county, and many times, that includes the county support staff. Area Directors also work with county partners to develop a departmental budget and provide oversight to that budget on an annual basis in cooperation with corresponding county financial departments and county board committees. The Delegation of Financial Budget Authority allows Area Directors, hired, and managed by Extension as state employees, to manage county fiscal resources in service to the people of those counties.

To be completed by the county administrator or county official delegating signature/budget authority.

County hereby delegates to the Area Extension Director for Sauk County and _____ (no other person, if blank) authority to approve/authorize the following financial budget matters on behalf of County, provided, however, that such delegation is limited to the extent that such matters are directly related to County's authority under section 59.22(2)(d) and 59.56(3) of the Wisconsin Statutes and subject to any conditions/limitations indicated by County below.

Invoices	Travel Reimbursements	Supply & Expense Reimbursements
Time/Leave Approvals	Purchase Requisitions	Internal Budget Transfers
Inter- departmental transfers	County specific space agreements for educational programs	Bank account signatory
Other items:		
Conditions:		

This authorization is effective until either party (UW-Madison Extension or Sauk County) requests a change to the document

Budget Authority signature: I am aware this constitutes a delegation of budget authority allowing the Extension Area Director, and any other position mentioned above, to manage county fiscal resources in service to the Extension office and residents of Sauk County. I understand that delegating authority does not release Sauk County, from full responsibility as Budget Authority.

County Administrator/County Official(s):

Name: _____

Title: _____

Signature: _____

Date: _____