



HUMAN RESOURCES, FINANCE, & PROPERTY COMMITTEE MEETING AGENDA

Date & Time of Meeting: **Wednesday, June 8, 2022, 3:00 P.M.**

Meeting Location: **WebEx/ Courthouse Assembly Room, 500 Forest Street, Wausau WI**

Committee Members: John Robinson, Alyson Leahy, Kurt Gibbs, Gayle Marshall, Kody Hart, Ann Lemmer, Yee Leng Xiong

Marathon County Mission Statement: *Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly or in cooperation with other public and private partners provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12-20-05)*

Committee Mission Statement: *Provide leadership for the implementation of the County Strategic Plan, monitoring outcomes, reviewing and recommending to the County Board policies related to the human resources initiatives, finance and property of the County.*

Persons wishing to attend the meeting by phone may call into the **telephone conference beginning five (5) minutes prior to the start time indicated above using the following number:**

Phone #: 1-408-418-9388

Access Code: 146 235 4571

When you enter the telephone conference, **PLEASE PUT YOUR PHONE ON MUTE!**

The meeting will also be broadcast on Public Access or at <https://tinyurl.com/MarathonCountyBoard>

1. **Call Meeting to Order**
2. **Pledge of Allegiance**
3. **Public Comment (15 Minutes)** *(Any person who wishes to address the County Board, or one of its committees, during the "Public Comment" portion of meetings, must provide his or her name, address, and the topic he or she wishes to present to the Marathon County Clerk, or chair of the committee, no later than five minutes before the start of the meeting.)*
4. **Approval of the May 12 & 24, 2022, Human Resources, Finance, & Property Committee meeting minutes.**
5. **Policy Issues Discussion and Potential Committee Determination:** None
6. **Operational Functions required by Statute, Ordinance, or Resolution:**
 - A. **Discussion and Possible Action by HRFC:**
 1. Approval of May 2022 Claims and Questioned Costs
 - B. **Discussion and Possible Action by HRFC to Forward to County Board for Consideration:**
 1. 2022 Intergovernmental Budget Transfers
7. **Educational Presentations and Committee Discussion**
 - A. 2023 Budget Timeline for Payroll and Operational Functions
 - B. Presentation on the Delivery of Jail Medical Services
 - C. Potential Updates to the [2018-2022 Strategic Plan](#)
 1. What new strategies need to be added to the existing Objectives in the plan?
 2. Should any of the strategies under your Objectives be prioritized?
 3. Are there any Objectives and/or Strategies from the [2016 Comprehensive Plan](#) be added to the Strategic Plan?
 - D. Presentations Relative to Applications for American Rescue Plan Act funding:
 1. Village of Marathon City Business Park
 2. City of Mosinee – historic Library Window Restoration
 3. Fire Department Communication / Alerting Infrastructure Upgrade
 4. Digital Forensics Lab Faraday Enclosure and Forensic Tools Upgrade
 5. Jail Property and Person Scanner
 6. Sheriff's Office Taser Replacement
 7. HVAC Replacement – Jail Administration

- 8. Air Handler and Duct Cleaning – Juvenile Detention Center
- 9. Courthouse Duct Cleaning
- 10. Library Duct Cleaning
- 11. Sheriff’s Office Training and Resource Center Replacement

8. Next Meeting Time, Location, Announcements and Agenda Items:

- 1. Committee members are asked to bring ideas for future discussion
- 2. Next Scheduled Meeting June 21, 2022: **at 3:00 p.m.**

9. Adjournment

**Any person planning to attend this meeting who needs some type of special accommodation to participate should call the County Clerk's Office at 261-1500 or e-mail countyclerk@co.marathon.wi.us one business day before the meeting*

SIGNED /s/ John Robinson
 Presiding Officer or Designee

EMAILED TO: Wausau Daily Herald, City Pages, and other Media Groups
 EMAILED BY: _____
 DATE & TIME: _____

NOTICE POSTED AT COURTHOUSE _____
 BY: _____
 DATE & TIME: _____



HUMAN RESOURCES, FINANCE, & PROPERTY COMMITTEE MEETING AGENDA WITH MINUTES

Date & Time of Meeting: **Tuesday, May 24, 2022, 3:00 P.M.**

Meeting Location: **WebEx/ Courthouse Assembly Room, 500 Forest Street, Wausau WI**

Committee Members:

John Robinson	Present
Alyson Leahy	Present
Kurt Gibbs	Present
Gayle Marshall	WebEx
Kody Hart	Present
Ann Lemmer	Present
Yee Leng Xiong	Absent

Staff Present: Lance Leonhard, Kristi Palmer, Kim Trueblood, Connie Beyersdorff, Dean Stratz, Terry Kaiser, Molly Adzic, Dejan Adzic, Sam Krasowski

Others Present: None

Call Meeting to Order

- 1. Pledge of Allegiance**
- 2. Public Comment:** None
- 3. Policy Issues Discussion and Potential Committee Determination:** None
- 4. Operational Functions required by Statute, Ordinance, or Resolution:**

A. Discussion and Possible Action by HRFC:

B. Discussion and Possible Action by HRFC to Forward to County Board for Consideration

Finance Director, Kristi Palmer, gave an overview of the bidding that took place this morning on the bonds. Kristin Hanson, investment director at PFM, went through the Day of Sale presentation. The bond amount was able to be reduced. All the relevant information is included in the packet for the meeting. Questions were asked and answered

regarding the impact of failing to pass these borrowing resolutions at the full board. Administrator Leonhard also addressed the rating of Marathon County related to other counties in Wisconsin.

- 1. Resolution Awarding the Sale Of \$24,165,000 General Obligation Capital Improvement Bonds, Series 2022A**

Motion by Gibbs, Second by Lemmer to award the sale of \$23,915,000 General Obligation Bonds to FHN Financial Capital Markets. Motion carried on a voice vote unanimously.

- 2. Resolution Awarding the Sale Of \$19,225,000 General Obligation Health Care Project Building Bonds, Series 2022B**

Motion by Gibbs, Second by Hart to award the sale of \$19,225,000 General Obligation Bonds to FHN Financial Capital Markets. Motion carried on a voice vote, unanimously.

5. Educational Presentations and Committee Discussion

A. The Process for the Issuance of General Obligation Debt and Continuing Disclosure

See 4B above – this item was discussed earlier in the agenda. Kristi Palmer did an overview of continuing disclosure and what that entails.

B. Committee Reporting Relationships Overview – Administrator Leonhard gave an overview of the

reporting relationships between the HRFC and the departments below. He mentioned the specific statutes that relate to each of the elected department heads and their responsibilities. Chair Robinson

explained why the HRFC is scheduled to meet twice monthly.

1. Clerk's Office – County Clerk Kim Trueblood summarized some of the things that are going on in the Clerk's office related to staffing, elections, and taking over the minutes and agendas for six of the standing committees.
 2. Treasurer's Office – County Treasurer Connie Beyersdorff gave the committee an overview of her responsibilities and how those are carried out in her office. They are currently working with the assessors to do the annual review and open book process.
 3. Register of Deeds – Dean Stratz talked about how busy his office has been over the last couple of years. They have been able to complete some updates that allow them to work more efficiently.
 4. Corporation Counsel – Deputy Corporation Counsel Dejan Adzic spoke about what the office does regarding providing legal services to County departments and the County Board. They also administer several intergovernmental agreements, and several other statutorily required legal services for the County and for North Central Health Care.
 5. Facilities & Capital Management – Director Terry Kaiser talked about what his department does and the projects he oversees. Funding for the NCHC campus is one of their main priorities. The department is able to do most remodeling and maintenance in-house, which is a significant cost savings to the County. Chair Robinson asked Terry to work through the process he uses to address and prioritize capital improvement needs and deferred maintenance since the CIP Committee is no longer in place. Administrator Leonhard also addressed the move from the CIP process to the 5-year and 1-year capital plan process that is being adopted currently.
 6. Finance Department – Finance Director Kristi Palmer gave an overview of what her department does and the various departments they interface with on a regular basis. She talked about the Workday ERP implementation and how much that will increase the efficiency of the County related to budgeting and capital management. Administrator Leonhard expanded on some of those functions as well.
 7. Employee Resources Department – Department Director Molly Adzic talked about what the ER Department does and where their work is focused. Recruiting and retaining employees continues to be a major focus. They are also closely working on the ERP software rollout, Workday. The Department is also currently involved in a comprehensive wage and class comp study, which should greatly improve the ability to recruit and retain staff.
- C. Review of Committee Workplan from last term – Chair Robinson referenced the workplan document in the packet, both as an introduction and a challenge in forming the list for the upcoming term. Reminder of the need to consider ARPA funding in the workplan going forward.
- 6. Next Meeting Time, Location, Announcements and Agenda Items:**
- A. Committee members are asked to bring ideas for future discussion – Chair Gibbs mentioned the ongoing planning and work that will need to be done relative to the funds received from the opioid settlement. WCA is holding discussions related to some options that are available. This topic will be the subject of a future meeting.
 - B. Next Scheduled Meeting June 8, 2022 at 3:00 p.m.
- 7. Adjournment** – Motion by Gibbs, Second by Hart to adjourn. Motion carried on a voice vote, unanimously. Meeting adjourned at 4:50 p.m.

Minutes prepared by Kim Trueblood, Marathon County Clerk

MARATHON COUNTY

Budget Transfer Authorization Request Form

This form must be completed electronically and emailed to **Season Welle, Kristi Palmer**, and to your Department Head. This email will confirm that your Department Head acknowledges and approves this transfer. Forms that are incomplete, incorrect, out-of-balance, or that have not been sent to your Department Head will be returned. The Finance Department will forward completed forms to the Marathon County Human Resources, Finance & Property Committee.

DEPARTMENT: ADRC-CW

BUDGET YEAR: 2022

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DAH DAH 8 23XX	ADRC CW ARPA IIIB SUPPORTIVE SERVICES	174724

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DAH DAH 9 1110	SAL/PERM/REG/FT	67724
Expenditure Increase	DAH DAH 9 1210	WAGES/PERM/REG/FT	30000
Expenditure Increase	DAH DAH 9 1510	SOCIAL SECURITY EMPLOYER	5000
Expenditure Increase	DAH DAH 9 1520	RETIREMENT ER	4000
Expenditure Increase	DAH DAH 9 1540	HOSPITAL/HEALTH INS	6000
Expenditure Increase	DAH DAH 9 1541	DENTAL INS	1000
Expenditure increase	DAH DAH 9 1545	PEHP	1000
Expenditure Increase	DAH DAH 9 1550	LIFE INS	1000
Expenditure Increase	DAH DAH 9 1560	WORKERS COMP	500
Expenditure Increase	DAH DAH 9 1580	UNEMPLOYMENT COMP	500
Expenditure Increase	DAH DAH 9 2130	ACCOUNTING AUDIT FEES	5000
Expenditure Increase	DAH DAH 9 2250	TELEPHONE	10000
Expenditure Increase	DAH DAH 9 2995	COMPUTER MAINT CONTRACT	10000
Expenditure Increase	DAH DAH 9 3143	OFFICE EQUIPMENT	10000

Expenditure Increase	DAH DAH 9 3190	OFFICE SUPPLIES	3000
Expenditure Increase	DAH DAH 9 3260	ADVERTISING	10000
Expenditure Increase	DAH DAH 9 5930	FEES AND PERMITS	10000

I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Steve Prell **Date Completed:** 5/20/2022

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____ Date Transferred: _____

MARATHON COUNTY

Budget Transfer Authorization Request – Supplemental Information

Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department or the Budget Transfer Authorization Request Form will be returned.

- 1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)
ADRC CW ARPA IIIB SUPPORTIVE SERVICES
- 2) Provide a brief (2-3 sentence) description of what this program does.
ARPA funds for ADRC CW aging programs. Each ARPA grant has the same purpose as each of our Aging grants to be used within each of our aging programs. These funds will run through September of 2023.
- 3) This program is: (Check one)
 - An Existing Program.
 - A New Program.
- 4) What is the reason for this budget transfer?
 - Carry-over of Fund Balance.
 - Increase/Decrease in Grant Funding for Existing Program.
 - Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
 - Set up Initial Budget for New Grant Program.
 - Set up Initial Budget for New Non-Grant Program
 - Other. Please explain: [Click here to enter description](#)
- 5) If this Program is a Grant, is there a “Local Match” Requirement?
 - This Program is not a Grant.
 - This Program is a Grant, but there is no Local Match requirement.
 - This Program is a Grant, and there is a Local Match requirement of: (Check one)
 - Cash (such as tax levy, user fees, donations, etc.)
 - Non-cash/In-Kind Services: (Describe) Match can be cash match and/or in kind match. We will use existing cash and in-kind match to meet this requirement.

6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)

- No.
- Yes, the Amount is Less than \$30,000.
- Yes, the Amount is \$30,000 or more AND: (Check one)
 - The capital request HAS been approved by the CIP Committee.
 - The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? _____

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY

Budget Transfer Authorization Request Form

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DEPARTMENT: ADRC-CW

BUDGET YEAR: 2022

TRANSER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DAK DAK 8 9900	TRANSFERS FROM FUND BALANCE	7381
Revenue Increase	DAK DAK 8 8410	DONATIONS FROM PRIVATE ORG	2000

TRANSER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DAK DAK 9 2997	SUBCONTRACTED SERVICE	2000
Expenditure Increase	DAK DAK 9 3490	OTHER OPERATING SUPPLIES	7381

I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Steve Prell

Date Completed: 5/20/2022

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY

Budget Transfer Authorization Request – Supplemental Information

Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department or the Budget Transfer Authorization Request Form will be returned.

1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)

ADRC CW SECURITY HEALTH

2) Provide a brief (2-3 sentence) description of what this program does.

Security Health provides funds for our prevention programs to cover the cost of class leaders, training and supplies.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: [Click here to enter description](#)

5) If this Program is a Grant, is there a "Local Match" Requirement?

This Program is not a Grant.

This Program is a Grant, but there is no Local Match requirement.

This Program is a Grant, and there is a Local Match requirement of: (Check one)

Cash (such as tax levy, user fees, donations, etc.)

Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)

6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)

No.

Yes, the Amount is Less than \$30,000.

Yes, the Amount is \$30,000 or more AND: (Check one)

The capital request HAS been approved by the CIP Committee.

The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? _____

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY

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DEPARTMENT: ADRC-CW

BUDGET YEAR: 2022

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DAN DAN 8 23YY	ADRC CW ARPA C1 CONG MEAL PROG	118945

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DAN DAN 9 2180	FOOD SERVICES	118945

I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Steve Prell

Date Completed: 5/20/2022

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY

Budget Transfer Authorization Request – Supplemental Information

Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department or the Budget Transfer Authorization Request Form will be returned.

1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)

ADRC CW ARPA C1 CONG MEAL PROGRAM

2) Provide a brief (2-3 sentence) description of what this program does.

ARPA funds to be used within ADRC CW Congregate Meal program, funds available through September 2023. Funds will be used to pay for increase in food costs for the nutrition program.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: [Click here to enter description](#)

5) If this Program is a Grant, is there a “Local Match” Requirement?

This Program is not a Grant.

This Program is a Grant, but there is no Local Match requirement.

This Program is a Grant, and there is a Local Match requirement of: (Check one)

Cash (such as tax levy, user fees, donations, etc.)

Non-cash/In-Kind Services: (Describe) Match can be cash and/or in kind. We will use existing cash and in kind to meet this requirement.

6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)

No.

Yes, the Amount is Less than \$30,000.

Yes, the Amount is \$30,000 or more AND: (Check one)

The capital request HAS been approved by the CIP Committee.

The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? _____

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY
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DEPARTMENT: ADRC-CW

BUDGET YEAR: 2022

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DAO DAO 8 23ZZ	ADRC CW ARPA C2 HOME DELIVERED MEALS	166048

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DAO DAO 9 2180	FOOD SERVICES	166048

I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Steve Prell

Date Completed: 5/20/2022

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY

Budget Transfer Authorization Request – Supplemental Information

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- 1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)

ADRC CW ARPA C2 HOME DELIVERED MEALS

- 2) Provide a brief (2-3 sentence) description of what this program does.

ARPA funds to be used within ADRC CW Home Delivered Meals program, funds available through September 2023. Funds will be used to pay for increase in food costs for the nutrition program.

- 3) This program is: (Check one)

An Existing Program.

A New Program.

- 4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: [Click here to enter description](#)

- 5) If this Program is a Grant, is there a “Local Match” Requirement?

This Program is not a Grant.

This Program is a Grant, but there is no Local Match requirement.

This Program is a Grant, and there is a Local Match requirement of: (Check one)

Cash (such as tax levy, user fees, donations, etc.)

Non-cash/In-Kind Services: (Describe) Match can be cash and/or in kind. We will use existing cash and in kind to meet this requirement.

- 6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)

No.

Yes, the Amount is Less than \$30,000.

Yes, the Amount is \$30,000 or more AND: (Check one)

The capital request HAS been approved by the CIP Committee.

The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? _____

Is a Budget Transfer Resolution Required? _____

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DEPARTMENT: ADRC-CW

BUDGET YEAR: 2022

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DAP DAP 8 23AA	ADRC CW ARPA IID PREVENTIVE HEALTH	19659

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DAP DAP 9 1110	SAL/PERM/REG/FT	12000
Expenditure Increase	DAP DAP 9 1510	SOCIAL SECURITY EMPLOYER	1000
Expenditure Increase	DAP DAP 9 1520	RETIREMENT EMPLOYERS SHARE	1000
Expenditure Increase	DAP DAP 9 1540	HEALTH INSURANCE	3000
Expenditure Increase	DAP DAP 9 1541	DENTAL INSURANCE	100
Expenditure increase	DAP DAP 9 1545	PEHP	300
Expenditure Increase	DAP DAP 9 1550	LIFE INS	100
Expenditure Increase	DAP DAP 9 1560	WORKERS COMP	200
Expenditure Increase	DAP DAP 9 1580	UNEMPLOYMENT COMP	100
Expenditure Increase	DAP DAP 9 3432	TRAINING EXERCISE FOOD SUPPLIES	1859

I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Steve Prell

Date Completed: 5/20/2022

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY

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- 1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)
ADRC CW ARPA IIID PREVENTIVE HEALTH
- 2) Provide a brief (2-3 sentence) description of what this program does.
ARPA funds for ADRC CW aging programs to be used for the same purpose as our OAA grants. Funding will be available through September 2023.
- 3) This program is: (Check one)
 An Existing Program.
 A New Program.
- 4) What is the reason for this budget transfer?
 Carry-over of Fund Balance.
 Increase/Decrease in Grant Funding for Existing Program.
 Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
 Set up Initial Budget for New Grant Program.
 Set up Initial Budget for New Non-Grant Program
 Other. Please explain: [Click here to enter description](#)
- 5) If this Program is a Grant, is there a "Local Match" Requirement?
 This Program is not a Grant.
 This Program is a Grant, but there is no Local Match requirement.
 This Program is a Grant, and there is a Local Match requirement of: (Check one)
 Cash (such as tax levy, user fees, donations, etc.)
 Non-cash/In-Kind Services: (Describe) Match can be cash and/or in kind. We will be using existing cash and in kind to meet this requirement
- 6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)
 No.
 Yes, the Amount is Less than \$30,000.
 Yes, the Amount is \$30,000 or more AND: (Check one)
 The capital request HAS been approved by the CIP Committee.
 The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? _____

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY

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DEPARTMENT: ADRC-CW

BUDGET YEAR: 2022

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DAQ DAQ 8 23BB	ADRC CW ARPA III E FAMILY CARGIVER	54276

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DAQ DAQ 9 7190	OTHER DIRECT RELIEF	54276

I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Steve Prell

Date Completed: 5/20/2022

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

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1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)

ADRC CW ARPA IIIIE FAMILY CAREGIVER

2) Provide a brief (2-3 sentence) description of what this program does.

ARPA funds for ADRC CW aging programs to be used for the same purpose as the Older Americans Act funds. The ARPA funds will be used for direct services for those with dementia, available through September 2023

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: [Click here to enter description](#)

5) If this Program is a Grant, is there a “Local Match” Requirement?

This Program is not a Grant.

This Program is a Grant, but there is no Local Match requirement.

This Program is a Grant, and there is a Local Match requirement of: (Check one)

Cash (such as tax levy, user fees, donations, etc.)

Non-cash/In-Kind Services: (Describe) The State Alzheimer’s grant is allowed match for this grant

6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)

No.

Yes, the Amount is Less than \$30,000.

Yes, the Amount is \$30,000 or more AND: (Check one)

The capital request HAS been approved by the CIP Committee.

The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? _____

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY

Budget Transfer Authorization Request Form

This form must be completed electronically and emailed to **Season Welle, Kristi Palmer**, and to your Department Head. This email will confirm that your Department Head acknowledges and approves this transfer. Forms that are incomplete, incorrect, out-of-balance, or that have not been sent to your Department Head will be returned. The Finance Department will forward completed forms to the Marathon County Human Resources, Finance & Property Committee.

DEPARTMENT: ADRC-CW

BUDGET YEAR: 2022

TRANSER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	EAR EAR 8 9900	TRANSFERS FROM FB 250A	100000

TRANSER TO:

Ref#00092

Action	Account Number	Account Description	Amount
Expenditure Increase	EAR EAR 9 3490	OTHER OPERATING SUPPLIES	10000
Expenditure Increase	EAR EAR 9 9130	INCREASE FB FOR SUBSEQUENT 250R	90000

I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Steve Prell

Date Completed: 4/12/2022

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: 5/4/22 srw

MARATHON COUNTY

Budget Transfer Authorization Request – Supplemental Information

Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department or the Budget Transfer Authorization Request Form will be returned.

- 1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)
ADRC MC BURNS FAMILY TRUST
- 2) Provide a brief (2-3 sentence) description of what this program does.
ADRC received funds from the Burns Family Trust to provide services for Marathon County residents affected by dementia.
- 3) This program is: (Check one)
 An Existing Program.
 A New Program.
- 4) What is the reason for this budget transfer?
 Carry-over of Fund Balance.
 Increase/Decrease in Grant Funding for Existing Program.
 Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
 Set up Initial Budget for New Grant Program.
 Set up Initial Budget for New Non-Grant Program
 Other. Please explain: [Click here to enter description](#)
- 5) If this Program is a Grant, is there a “Local Match” Requirement?
 This Program is not a Grant.
 This Program is a Grant, but there is no Local Match requirement.
 This Program is a Grant, and there is a Local Match requirement of: (Check one)
 Cash (such as tax levy, user fees, donations, etc.)
 Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)
- 6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)
 No.
 Yes, the Amount is Less than \$30,000.
 Yes, the Amount is \$30,000 or more AND: (Check one)
 The capital request HAS been approved by the CIP Committee.
 The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? _____

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY

Budget Transfer Authorization Request Form

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DEPARTMENT: Finance

BUDGET YEAR: 2022

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	602-937-9-8290	790A Other Capital Improvements	\$1,268,188

TRANSFER TO: Ref#00103

Action	Account Number	Account Description	Amount
Expenditure Increase	602-939-9-8447	79JD LVPP HVAC Control	\$812,188
Expenditure Increase	602-938-9-8481	79JC UW Elevator	\$385,000
Expenditure Increase	602-938-9-8265	79JF UW Wall Covering	\$71,000

I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Season Welle for CIP

Date Completed: 5/11/2022

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: 5/12/22

MARATHON COUNTY

Budget Transfer Authorization Request – Supplemental Information

Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department or the Budget Transfer Authorization Request Form will be returned.

- 1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)
CIP
- 2) Provide a brief (2-3 sentence) description of what this program does.
Move money from general CIP budget line to specific project accounts.
- 3) This program is: (Check one)
 - An Existing Program.
 - A New Program.
- 4) What is the reason for this budget transfer?
 - Carry-over of Fund Balance.
 - Increase/Decrease in Grant Funding for Existing Program.
 - Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
 - Set up Initial Budget for New Grant Program.
 - Set up Initial Budget for New Non-Grant Program
 - Other. Please explain: Shift budget to correct project/account number
- 5) If this Program is a Grant, is there a “Local Match” Requirement?
 - This Program is not a Grant.
 - This Program is a Grant, but there is no Local Match requirement.
 - This Program is a Grant, and there is a Local Match requirement of: (Check one)
 - Cash (such as tax levy, user fees, donations, etc.)
 - Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)
- 6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)
 - No.
 - Yes, the Amount is Less than \$30,000.
 - Yes, the Amount is \$30,000 or more AND: (Check one)
 - The capital request HAS been approved by the CIP Committee.
 - The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? _____

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY

Budget Transfer Authorization Request Form

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DEPARTMENT: Emergency Management

BUDGET YEAR: 2022

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	494- 842 8-2481	607G EMRGY GOV SARA STATE GRANT	\$8,393
Revenue Increase	494- 841 8-9900 494-890	TRANSFERS FROM FUND BALANCE	\$1,160

TRANSFER TO: Ref#00100

Action	Account Number	Account Description	Amount
Expenditure Increase	494- 930 9-3490 494-890	607H Other Operating Supplies	\$9,553

I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: JAMES WILLIAMS

Date Completed: 5/9/2022

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: 5/10/22 srw

MARATHON COUNTY

Budget Transfer Authorization Request – Supplemental Information

Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department or the Budget Transfer Authorization Request Form will be returned.

- 1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)

Emergency Planning Community Right to Know Act (EPCRA)

- 2) Provide a brief (2-3 sentence) description of what this program does.

The Emergency Planning and Community Right-to-Know Act (EPCRA) was passed in 1986 in response to concerns regarding the environmental and safety hazards posed by the storage and handling of toxic chemicals. To reduce the likelihood of a disaster in the United States relating to extremely hazardous substances (EHS), Congress imposed requirements for federal, state and local governments, tribes, and industry. This account helps to pay for employees to create off site response plans for facilities with EHS, work with the first responder community, and also cover corresponding expenses.

- 3) This program is: (Check one)

An Existing Program.

A New Program.

- 4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: [Click here to enter description](#)

- 5) If this Program is a Grant, is there a "Local Match" Requirement?

This Program is not a Grant.

This Program is a Grant, but there is no Local Match requirement.

This Program is a Grant, and there is a Local Match requirement of: (Check one)

Cash (such as tax levy, user fees, donations, etc.)

Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)

- 6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)

No.

Yes, the Amount is Less than \$30,000.

Yes, the Amount is \$30,000 or more AND: (Check one)

The capital request HAS been approved by the CIP Committee.

The capital request HAS NOT been approved by the CIP Committee.

MARATHON COUNTY

Budget Transfer Authorization Request Form

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DEPARTMENT: Health

BUDGET YEAR: 2022

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	TBD-TBD-8-8410 310-350	Donations from Private Organization 673D	\$72,974

TRANSFER TO: Ref#00105

Action	Account Number	Account Description	Amount
Expenditure Increase	TBD-TBD-9-1110	673A Salaries, Permanent, Regular	\$51,720
Expenditure Increase	TBD-TBD-9-1540	Health Insurance	\$19,498
Expenditure Increase	TBD-TBD-9-3190	Certifications & Licenses	\$456
Expenditure Increase	TBD-TBD-9-3360	Lodging	\$619
Expenditure Increase	TBD-TBD-9-3350	Meals	\$186
Expenditure Increase	TBD-TBD-9-3321	Mileage	\$495

I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Kim Wieloch

Date Completed: 5/12/2022

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: 5/19/22 srw

MARATHON COUNTY

Budget Transfer Authorization Request – Supplemental Information

Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department or the Budget Transfer Authorization Request Form will be returned.

- 1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)

Advancing Behavioral Health Initiative Phase III – Sustainable Transformation

- 2) Provide a brief (2-3 sentence) description of what this program does.

This is the 3rd phase of a multi-year program designed to improve youth mental health by expanding school-based mental health in Marathon County school districts. Phase III is intended to institutionalize the Marathon County School-Based Counseling Consortium, embed school-based mental health in Marathon County School Districts, and expand on education and advocacy opportunities for youth mental health at a local and statewide level. This program is funded by the Advancing a Healthier Wisconsin Endowment at the Medical College of Wisconsin.

- 3) This program is: (Check one)

An Existing Program.

A New Program.

- 4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: [Click here to enter description](#)

- 5) If this Program is a Grant, is there a “Local Match” Requirement?

This Program is not a Grant.

This Program is a Grant, but there is no Local Match requirement.

This Program is a Grant, and there is a Local Match requirement of: (Check one)

Cash (such as tax levy, user fees, donations, etc.)

Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)

- 6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)

No.

Yes, the Amount is Less than \$30,000.

Yes, the Amount is \$30,000 or more AND: (Check one)

The capital request HAS been approved by the CIP Committee.

The capital request HAS NOT been approved by the CIP Committee.

MARATHON COUNTY

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DEPARTMENT: Sheriff

BUDGET YEAR: 2022

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	143-8670289900	Transfers from Fund Balance 594K	4,054

TRANSFER TO:

Ref#00107

Action	Account Number	Account Description	Amount
Expenditure Increase	143-8670293250	Registration Fees / Tuition 594L	4,054

I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Kristin Williams

Date Completed: 5/10/2022

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: 5/25/22 srw

MARATHON COUNTY

Budget Transfer Authorization Request – Supplemental Information

Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department or the Budget Transfer Authorization Request Form will be returned.

- 1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)
24 Hour Recertification Reimbursement
- 2) Provide a brief (2-3 sentence) description of what this program does.
Reimbursements for the State of WI for 24 Hour Recertification Training
- 3) This program is: (Check one)
 An Existing Program.
 A New Program.
- 4) What is the reason for this budget transfer?
 Carry-over of Fund Balance.
 Increase/Decrease in Grant Funding for Existing Program.
 Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
 Set up Initial Budget for New Grant Program.
 Set up Initial Budget for New Non-Grant Program
 Other. Please explain: [Click here to enter description](#)
- 5) If this Program is a Grant, is there a “Local Match” Requirement?
 This Program is not a Grant.
 This Program is a Grant, but there is no Local Match requirement.
 This Program is a Grant, and there is a Local Match requirement of: (Check one)
 Cash (such as tax levy, user fees, donations, etc.)
 Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)
- 6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)
 No.
 Yes, the Amount is Less than \$30,000.
 Yes, the Amount is \$30,000 or more AND: (Check one)
 The capital request HAS been approved by the CIP Committee.
 The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? _____

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY

Budget Transfer Authorization Request Form

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DEPARTMENT: Sheriff

BUDGET YEAR: 2022

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	101-2301089900	Transfers from Fund Balance Y503	377

Ref#00106

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	101-2301093490	Other Operating Expenses Z503	377

I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Kristin Williams

Date Completed: 5/20/2022

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: 5/25/22 srw

MARATHON COUNTY

Budget Transfer Authorization Request – Supplemental Information

Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department or the Budget Transfer Authorization Request Form will be returned.

- 1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)
Crime Prevention and Safety
- 2) Provide a brief (2-3 sentence) description of what this program does.
Funding for Hunter Safety Program and other Community Safety Educational Supplies
- 3) This program is: (Check one)
 - An Existing Program.
 - A New Program.
- 4) What is the reason for this budget transfer?
 - Carry-over of Fund Balance.
 - Increase/Decrease in Grant Funding for Existing Program.
 - Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
 - Set up Initial Budget for New Grant Program.
 - Set up Initial Budget for New Non-Grant Program
 - Other. Please explain: [Click here to enter description](#)
- 5) If this Program is a Grant, is there a “Local Match” Requirement?
 - This Program is not a Grant.
 - This Program is a Grant, but there is no Local Match requirement.
 - This Program is a Grant, and there is a Local Match requirement of: (Check one)
 - Cash (such as tax levy, user fees, donations, etc.)
 - Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)
- 6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)
 - No.
 - Yes, the Amount is Less than \$30,000.
 - Yes, the Amount is \$30,000 or more AND: (Check one)
 - The capital request HAS been approved by the CIP Committee.
 - The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? _____

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY

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DEPARTMENT: Sheriff

BUDGET YEAR: 2022

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	480-88489900	Transfers from Fund Balance 621H	28,638

TRANSFER TO:

Ref#00111

Action	Account Number	Account Description	Amount
Expenditure Increase	480-88493190	Office Supplies	10,000
Expenditure Increase	480-88493480	Educational Supplies 621I	18,638

I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Kristin Williams

Date Completed: 5/20/2022

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: 5/25/22 srw

MARATHON COUNTY

Budget Transfer Authorization Request – Supplemental Information

Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department or the Budget Transfer Authorization Request Form will be returned.

1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)

DNA Sample Collection Reimbursement

2) Provide a brief (2-3 sentence) description of what this program does.

DNA Samples are collected from convicted felony offenders and felons on probation, then forwarded to the Department of Justice. They send us an annual reimbursement to help offset our costs of collection.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: [Click here to enter description](#)

5) If this Program is a Grant, is there a "Local Match" Requirement?

This Program is not a Grant.

This Program is a Grant, but there is no Local Match requirement.

This Program is a Grant, and there is a Local Match requirement of: (Check one)

Cash (such as tax levy, user fees, donations, etc.)

Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)

6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)

No.

Yes, the Amount is Less than \$30,000.

Yes, the Amount is \$30,000 or more AND: (Check one)

The capital request HAS been approved by the CIP Committee.

The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? _____

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY

Budget Transfer Authorization Request Form

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DEPARTMENT: Sheriff

BUDGET YEAR: 2022

TRANSER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	101-83993190	Office Supplies Z510 Adjust Estimated Carry Over to Actual	14,061

TRANSER TO: Ref#00114

Action	Account Number	Account Description	Amount
Revenue Decrease	101-83989900	Transfers From Fund Balance Y510	14,061

I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Kristin Williams

Date Completed: 5/10/2022

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: 5/25/22 ssw

MARATHON COUNTY

Budget Transfer Authorization Request – Supplemental Information

Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department or the Budget Transfer Authorization Request Form will be returned.

- 1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)
Donation - Drug Endangered Children
- 2) Provide a brief (2-3 sentence) description of what this program does.
Provides Community Education about Drug Endangered Children.
- 3) This program is: (Check one)
 An Existing Program.
 A New Program.
- 4) What is the reason for this budget transfer?
 Carry-over of Fund Balance.
 Increase/Decrease in Grant Funding for Existing Program.
 Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
 Set up Initial Budget for New Grant Program.
 Set up Initial Budget for New Non-Grant Program
 Other. Please explain: [Click here to enter description](#)
- 5) If this Program is a Grant, is there a "Local Match" Requirement?
 This Program is not a Grant.
 This Program is a Grant, but there is no Local Match requirement.
 This Program is a Grant, and there is a Local Match requirement of: (Check one)
 Cash (such as tax levy, user fees, donations, etc.)
 Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)
- 6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)
 No.
 Yes, the Amount is Less than \$30,000.
 Yes, the Amount is \$30,000 or more AND: (Check one)
 The capital request HAS been approved by the CIP Committee.
 The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? _____

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY

Budget Transfer Authorization Request Form

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DEPARTMENT: Sheriff

BUDGET YEAR: 2022

TRANSER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	148-23889900	Transfers from Fund Balance Y507	11,285
		Carry Over Adjustment	

TRANSER TO: Ref#00109

Action	Account Number	Account Description	Amount
Expenditure Increase	148-23893490	Other Operating Supplies Z507	11,285

I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Kristin Williams

Date Completed: 5/10/2022

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: 5/25/22 srw

MARATHON COUNTY

Budget Transfer Authorization Request – Supplemental Information

Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department or the Budget Transfer Authorization Request Form will be returned.

- 1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)
Federal Forfeitures
- 2) Provide a brief (2-3 sentence) description of what this program does.
Assets seized in drug related activities are adjudicated through the Federal Department of Justice, and a portion of the funds are returned to law enforcement to assist with expenses related to fighting drug activity.
- 3) This program is: (Check one)
 An Existing Program.
 A New Program.
- 4) What is the reason for this budget transfer?
 Carry-over of Fund Balance.
 Increase/Decrease in Grant Funding for Existing Program.
 Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
 Set up Initial Budget for New Grant Program.
 Set up Initial Budget for New Non-Grant Program
 Other. Please explain: [Click here to enter description](#)
- 5) If this Program is a Grant, is there a “Local Match” Requirement?
 This Program is not a Grant.
 This Program is a Grant, but there is no Local Match requirement.
 This Program is a Grant, and there is a Local Match requirement of: (Check one)
 Cash (such as tax levy, user fees, donations, etc.)
 Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)
- 6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)
 No.
 Yes, the Amount is Less than \$30,000.
 Yes, the Amount is \$30,000 or more AND: (Check one)
 The capital request HAS been approved by the CIP Committee.
 The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? _____

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY

Budget Transfer Authorization Request Form

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DEPARTMENT: Sheriff

BUDGET YEAR: 2002

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	XXX-XXX82320 159-844	Public Safety – Federal Grant 5920	2,000

TRANSFER TO:

Ref#00101

Action	Account Number	Account Description	Amount
Expenditure Increase	XXX-XXX93350	592N Meals	65
Expenditure Increase	XXX-XXX93360	Lodging	360
Expenditure Increase	XXX-XXX93250 159-844	Registration Fees / Tuition	1575

I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Kristin Williams

Date Completed: 5/6/2022

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: 5/10/22 srw

MARATHON COUNTY

Budget Transfer Authorization Request – Supplemental Information

Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department or the Budget Transfer Authorization Request Form will be returned.

- 1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)

HS ALERT Bomb Explosive Breaching Training 2021

- 2) Provide a brief (2-3 sentence) description of what this program does.

Fund will be used for one person assigned to Marathon County SWAT team to attend an explosive breach certification training. This will allow the team to expand their capabilities and add an additional explosive breacher certified member. This will increase the safe use of the technique due to cross check between breachers that will occur when employing the technique.

- 3) This program is: (Check one)

An Existing Program.

A New Program.

- 4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: [Click here to enter description](#)

- 5) If this Program is a Grant, is there a "Local Match" Requirement?

This Program is not a Grant.

This Program is a Grant, but there is no Local Match requirement.

This Program is a Grant, and there is a Local Match requirement of: (Check one)

Cash (such as tax levy, user fees, donations, etc.)

Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)

- 6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)

No.

Yes, the Amount is Less than \$30,000.

Yes, the Amount is \$30,000 or more AND: (Check one)

The capital request HAS been approved by the CIP Committee.

The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? _____

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY
Budget Transfer Authorization Request Form

This form must be completed electronically and emailed to **Alicia Richmond** and to your Department Head. This email will confirm that your Department Head acknowledges approval of this transfer. Forms that are incomplete, incorrect, out-of-balance, or that have not been sent to your Department Head will be returned. The Finance Department will forward completed forms to the Marathon County Human Resources, Finance & Property Committee.

DEPARTMENT: Sheriff

BUDGET YEAR: 2021

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	162-84982320	Click here to enter account description	
Revenue Increase	162-84989900	Transfer from Fund Balance	10,576

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	162-84993490	Other Operating Supplies	10,576

I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Kristin Williams, Administrative Services Manager

Date Completed: 4/15/2021

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department, or the Budget Transfer Authorization Request Form will be returned.

- 1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)
2020 Edward Bryne Memorial Justice Assistance Grant (JAG) Program

- 2) Provide a brief (2-3 sentence) description of what this program does.
To provide law enforcement agencies additional resources to enhance their ability to provide community initiatives, provide officer and community safety and enhance crime response.

- 3) This program is: (Check one)
 An Existing Program.
 A New Program.

- 4) What is the reason for this budget transfer?
 Carry-over of Fund Balance.
 Increase/Decrease in Grant Funding for Existing Program.
 Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
 Set up Initial Budget for New Grant Program.
 Set up Initial Budget for New Non-Grant Program
 Other. Please explain: [Click here to enter description](#)

- 5) If this Program is a Grant, is there a “Local Match” Requirement?
 This Program is not a Grant.
 This Program is a Grant, but there is no Local Match requirement.
 This Program is a Grant, and there is a Local Match requirement of: (Check one)
 Cash (such as tax levy, user fees, donations, etc.)
 Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)

- 6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)
 No.
 Yes, the Amount is Less than \$30,000.
 Yes, the Amount is \$30,000 or more AND: (Check one)
 The capital request HAS been approved by the CIP Committee.
 The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? _____

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Sheriff

BUDGET YEAR: 2022

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	101-25192193	Educational Expenses	8,051
		Adjust Estimated Carry Over to Actual	

TRANSFER TO:

Action	Account Number	Account Description	Amount
Revenue Decrease	101-25189900	Transfer from Fund Balance	8,051

I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Kristin Williams

Date Completed: 5/10/2022

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department or the Budget Transfer Authorization Request Form will be returned.

- 1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)
Jail Commissary
- 2) Provide a brief (2-3 sentence) description of what this program does.
Proceeds from inmate purchases of commissary items are used for the benefit of inmates.
- 3) This program is: (Check one)
 An Existing Program.
 A New Program.
- 4) What is the reason for this budget transfer?
 Carry-over of Fund Balance.
 Increase/Decrease in Grant Funding for Existing Program.
 Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
 Set up Initial Budget for New Grant Program.
 Set up Initial Budget for New Non-Grant Program
 Other. Please explain: [Click here to enter description](#)
- 5) If this Program is a Grant, is there a "Local Match" Requirement?
 This Program is not a Grant.
 This Program is a Grant, but there is no Local Match requirement.
 This Program is a Grant, and there is a Local Match requirement of: (Check one)
 Cash (such as tax levy, user fees, donations, etc.)
 Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)
- 6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)
 No.
 Yes, the Amount is Less than \$30,000.
 Yes, the Amount is \$30,000 or more AND: (Check one)
 The capital request HAS been approved by the CIP Committee.
 The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? _____

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY

Budget Transfer Authorization Request Form

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DEPARTMENT: Sheriff

BUDGET YEAR: 2022

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	124-98689900	Transfers from Find Balance Y500	467

TRANSFER TO:

Ref#00115

Action	Account Number	Account Description	Amount
Expenditure Increase	124-98692190	Other Professional Services Z500	467

I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Kristin Williams

Date Completed: 5/12/2022

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: 5/25/22 srw

MARATHON COUNTY

Budget Transfer Authorization Request – Supplemental Information

Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department or the Budget Transfer Authorization Request Form will be returned.

- 1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)
K-9 Donations / Expenses
- 2) Provide a brief (2-3 sentence) description of what this program does.
Record expenses and donations for the Sheriff's Office K-9s
- 3) This program is: (Check one)
 - An Existing Program.
 - A New Program.
- 4) What is the reason for this budget transfer?
 - Carry-over of Fund Balance.
 - Increase/Decrease in Grant Funding for Existing Program.
 - Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
 - Set up Initial Budget for New Grant Program.
 - Set up Initial Budget for New Non-Grant Program
 - Other. Please explain: [Click here to enter description](#)
- 5) If this Program is a Grant, is there a "Local Match" Requirement?
 - This Program is not a Grant.
 - This Program is a Grant, but there is no Local Match requirement.
 - This Program is a Grant, and there is a Local Match requirement of: (Check one)
 - Cash (such as tax levy, user fees, donations, etc.)
 - Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)
- 6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)
 - No.
 - Yes, the Amount is Less than \$30,000.
 - Yes, the Amount is \$30,000 or more AND: (Check one)
 - The capital request HAS been approved by the CIP Committee.
 - The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? _____

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Sheriff

BUDGET YEAR: 2021

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	286-90389900	Fund Balance	280
		Adjust Carry-Over Fund Balance SCAAP 2019/2020	

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	286-90393490	Other Operating Supplies	280

I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Kristin Williams – Administrative Services Manager

Date Completed: 3/19/2021

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department, or the Budget Transfer Authorization Request Form will be returned.

1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)

State Criminal Alien Assistance Program (SCAAP)

2) Provide a brief (2-3 sentence) description of what this program does.

SCAAP provides federal payments to states and localities that incurred correctional officer salary costs for incarcerating undocumented criminal aliens who have at least one felony or two misdemeanor convictions for violations of state and local law, and who are incarcerated for at least 4 consecutive days during the reporting period.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: [Click here to enter description](#)

5) If this Program is a Grant, is there a “Local Match” Requirement?

This Program is not a Grant.

This Program is a Grant, but there is no Local Match requirement.

This Program is a Grant, and there is a Local Match requirement of: (Check one)

Cash (such as tax levy, user fees, donations, etc.)

Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)

6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)

No.

Yes, the Amount is Less than \$30,000.

Yes, the Amount is \$30,000 or more AND: (Check one)

The capital request HAS been approved by the CIP Committee.

The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? _____

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY

Budget Transfer Authorization Request Form

This form must be completed electronically and emailed to **Season Welle, Kristi Palmer**, and to your Department Head. This email will confirm that your Department Head acknowledges and approves this transfer. Forms that are incomplete, incorrect, out-of-balance, or that have not been sent to your Department Head will be returned. The Finance Department will forward completed forms to the Marathon County Human Resources, Finance & Property Committee.

DEPARTMENT: Sheriff

BUDGET YEAR: 2022

TRANSER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	101-15889900	Transfers from Fund Balance 590Z CARRY-OVER 2021 Balance	2,669

TRANSER TO:

Ref#00112

Action	Account Number	Account Description	Amount
Expenditure Increase	101-15893190	Office Supplies 590X	2,669

I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Kristin Williams

Date Completed: 5/6/2022

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: 5/25/22 srw

MARATHON COUNTY

Budget Transfer Authorization Request – Supplemental Information

Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department or the Budget Transfer Authorization Request Form will be returned.

1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)

Shop With a Cop / Cops & Bobbers

2) Provide a brief (2-3 sentence) description of what this program does.

To provide a positive interaction between law enforcement and the community helping economically disadvantaged children shop for gifts for their families during the holiday season and spend time outdoors fishing.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: [Click here to enter description](#)

5) If this Program is a Grant, is there a "Local Match" Requirement?

This Program is not a Grant.

This Program is a Grant, but there is no Local Match requirement.

This Program is a Grant, and there is a Local Match requirement of: (Check one)

Cash (such as tax levy, user fees, donations, etc.)

Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)

6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)

No.

Yes, the Amount is Less than \$30,000.

Yes, the Amount is \$30,000 or more AND: (Check one)

The capital request HAS been approved by the CIP Committee.

The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? _____

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY

Budget Transfer Authorization Request Form

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DEPARTMENT: Sheriff

BUDGET YEAR: 2022

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	149-23989900	Transfers from Fund Balance Y508 Carry Over Adjustment	5,922

TRANSFER TO:

Ref#00110

Action	Account Number	Account Description	Amount
Expenditure Increase	149-23993140	Small Item Equipment Z508	5,922

I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Kristin Williams

Date Completed: 5/10/2022

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: 5/25/22 srw

MARATHON COUNTY

Budget Transfer Authorization Request – Supplemental Information

Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department or the Budget Transfer Authorization Request Form will be returned.

1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)

State Forfeitures and Voluntary Transfer of Assets

2) Provide a brief (2-3 sentence) description of what this program does.

Assets seized in drug related activities are adjudicated through the state, and a portion of the funds are returned to law enforcement to assist with expenses related to fighting drug activity. Some funds are voluntarily transferred by the defendant to law enforcement.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: [Click here to enter description](#)

5) If this Program is a Grant, is there a “Local Match” Requirement?

This Program is not a Grant.

This Program is a Grant, but there is no Local Match requirement.

This Program is a Grant, and there is a Local Match requirement of: (Check one)

Cash (such as tax levy, user fees, donations, etc.)

Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)

6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)

No.

Yes, the Amount is Less than \$30,000.

Yes, the Amount is \$30,000 or more AND: (Check one)

The capital request HAS been approved by the CIP Committee.

The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? _____

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Sheriff

BUDGET YEAR: 2021

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	101-22693490	Other Operating Supplies	248

TRANSFER TO:

Action	Account Number	Account Description	Amount
Revenue Decrease	101-22689900	Transfers from Fund Balance	248

I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Kristin Williams – Administrative Services Manager

Date Completed: 3/12/2021

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department, or the Budget Transfer Authorization Request Form will be returned.

1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)

Vending Machine Commission

2) Provide a brief (2-3 sentence) description of what this program does.

Commissions from department vending machines, mostly from employees, utilized for meeting expenses, kitchen supplies, etc.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: [Click here to enter description](#)

5) If this Program is a Grant, is there a "Local Match" Requirement?

This Program is not a Grant.

This Program is a Grant, but there is no Local Match requirement.

This Program is a Grant, and there is a Local Match requirement of: (Check one)

Cash (such as tax levy, user fees, donations, etc.)

Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)

6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)

No.

Yes, the Amount is Less than \$30,000.

Yes, the Amount is \$30,000 or more AND: (Check one)

The capital request HAS been approved by the CIP Committee.

The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? _____

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY

Budget Transfer Authorization Request Form

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DEPARTMENT: Sheriff

BUDGET YEAR: 2022

TRANSER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	101-21789900	Transfers From Fund Balance 590C	7,944

TRANSER TO:

Ref#00113

Action	Account Number	Account Description	Amount
Expenditure Increase	101-21793140	Small Items Equipment 590D	7,944

I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Kristin Williams

Date Completed: 5/10/2022

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: 5/25/22 srw

MARATHON COUNTY

Budget Transfer Authorization Request – Supplemental Information

Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department or the Budget Transfer Authorization Request Form will be returned.

1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)

WI River Valley Regional Lab

2) Provide a brief (2-3 sentence) description of what this program does.

Marathon County Sheriff Office's strong Forensic team will be building partnerships with other law enforcement agencies working with the Wisconsin River Valley Regional Lab. This is a valuable opportunity to share experiences and expertise that will not only benefit Marathon County but all of Central Wisconsin.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: [Click here to enter description](#)

5) If this Program is a Grant, is there a "Local Match" Requirement?

This Program is not a Grant.

This Program is a Grant, but there is no Local Match requirement.

This Program is a Grant, and there is a Local Match requirement of: (Check one)

Cash (such as tax levy, user fees, donations, etc.)

Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)

6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)

No.

Yes, the Amount is Less than \$30,000.

Yes, the Amount is \$30,000 or more AND: (Check one)

The capital request HAS been approved by the CIP Committee.

The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? _____

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY

Budget Transfer Authorization Request Form

This form must be completed electronically and emailed to **Season Welle, Kristi Palmer**, and to your Department Head. This email will confirm that your Department Head acknowledges and approves this transfer. Forms that are incomplete, incorrect, out-of-balance, or that have not been sent to your Department Head will be returned. The Finance Department will forward completed forms to the Marathon County Human Resources, Finance & Property Committee.

DEPARTMENT: UW-Extension

BUDGET YEAR: 2022

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	101-731-8-9900	745Z Fund Balance	\$9,000

TRANSFER TO: Ref#00123

Action	Account Number	Account Description	Amount
Expenditure Increase	101-731-9-3190	745B Office Supplies	\$9,000

I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Kathy Johnson

Date Completed: 5/27/2022

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: 5/31/22 srw

MARATHON COUNTY

Budget Transfer Authorization Request – Supplemental Information

Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department or the Budget Transfer Authorization Request Form will be returned.

- 1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)
Family Living-moving closed program funds to 4-H.
- 2) Provide a brief (2-3 sentence) description of what this program does.
4-H program offers opportunities to youth in Marathon County.
- 3) This program is: (Check one)
 - An Existing Program.
 - A New Program.
- 4) What is the reason for this budget transfer?
 - Carry-over of Fund Balance.
 - Increase/Decrease in Grant Funding for Existing Program.
 - Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
 - Set up Initial Budget for New Grant Program.
 - Set up Initial Budget for New Non-Grant Program
 - Other. Please explain: Family Living program is no longer.
- 5) If this Program is a Grant, is there a "Local Match" Requirement?
 - This Program is not a Grant.
 - This Program is a Grant, but there is no Local Match requirement.
 - This Program is a Grant, and there is a Local Match requirement of: (Check one)
 - Cash (such as tax levy, user fees, donations, etc.)
 - Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)
- 6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)
 - No.
 - Yes, the Amount is Less than \$30,000.
 - Yes, the Amount is \$30,000 or more AND: (Check one)
 - The capital request HAS been approved by the CIP Committee.
 - The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? _____

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY

Budget Transfer Authorization Request Form

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DEPARTMENT: UW-Extension

BUDGET YEAR: 2022

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	101-740-9-3290	Other pub, subs, and dues Z746	\$700

TRANSFER TO: Ref#00124

Action	Account Number	Account Description	Amount
Revenue Decrease	101-740-8-5172	Sales and publications Y746	\$700

I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Kathy Johnson

Date Completed: 5/27/2022

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: 5/31/22 srw

MARATHON COUNTY

Budget Transfer Authorization Request – Supplemental Information

Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department or the Budget Transfer Authorization Request Form will be returned.

1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)

UWX – Resource Materials

2) Provide a brief (2-3 sentence) description of what this program does.

This line in the budget is no longer needed.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: No longer needs in budget

5) If this Program is a Grant, is there a “Local Match” Requirement?

This Program is not a Grant.

This Program is a Grant, but there is no Local Match requirement.

This Program is a Grant, and there is a Local Match requirement of: (Check one)

Cash (such as tax levy, user fees, donations, etc.)

Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)

6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)

No.

Yes, the Amount is Less than \$30,000.

Yes, the Amount is \$30,000 or more AND: (Check one)

The capital request HAS been approved by the CIP Committee.

The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? _____

Is a Budget Transfer Resolution Required? _____

Approved Projects*	Cost (Encumbered Amount)	Cost (Actual)
PTO Balance Liability Reduction	\$500,000	\$159,836.68
Uniquely Wisconsin Tourism Campaign	\$60,000	
Lease of Space Within Community Partners Campus	\$42,900	
Courtroom and Jail Audio/Video Enhancements	\$630,000	
Broadband Expansion	\$3,950,835	
Pending Projects		
Digital Forensics Lab Faraday Enclosure and Mobile Device Forensic Tools Upgrade	\$341,000	
HVAC Replacement for Jail Administration, Booking, and Kitchen	\$1,011,765	
Marathon County Jail Property and Person Scanner	\$280,000	
Lake View Plaza HVAC Control Upgrades	\$812,188	
NextRequest Public Records Request Platform	\$36,000	
Marathon County Veterans Service Commission Fund	\$24,000	
Veteran Small Business Project	\$150,000	
Courthouse Duct Cleaning	\$13,000	
Marathon County Fire Department Communication/Alerting Infrastructure Upgrade	\$30,000	
Air Handler and Duct Cleaning at Marathon Juvenile Detention Center	\$13,000	
Library Duct Cleaning	\$17,000	
Marathon City North Business Park	\$1,000,000	
North Central Health Care Fund Balance	\$6,300,000	
The Fenwood Pilot Project	\$3,660,000	
City of Mosinee Request	\$75,000	
District Attorney's Office Staffing	\$320,087	
Library 3rd Floor Employment Assistance and Multimedia Training Area	\$750,000	
Regional Forensic Science Center Project	\$2,000,000	
Sheriff's Office - Taser Replacement	\$77,231.70	
Big Eau Pleine Shower/Restroom Facility Enhancements	\$750,000	
Dells of Eau Claire Restroom/Shower Facility, Lift Station and Camper Cabins	\$675,000	
Nine Mile Chalet Renovation Including Water and Sewer Infrastructure Enhancements	\$850,000	
Sheriff's Office Training and Resource Center Replacement	\$3,200,000	
Pending Projects Total	\$22,385,272	
Approved Projects Total	\$5,183,735	

Total ARPA Allocation to Marathon County	Received Total to Date	Remaining From Total Allocation	Remaining From First Tranche of Funds
\$26,316,628	\$13,178,290	\$21,132,893	\$7,994,555



ARPA Project Request Form

- Project Requestor should complete Section 1 and submit draft ideas to County Administration for review.
- If County Administration supports further review of the project, Department Heads will be asked to review and provide additional feedback to County Administration.
- All projects must be completed by December 31, 2024, in order to be considered, unless it is contracted until December 31, 2026.

SECTION 1 – To Be Completed by Project Requestor Before Submitting to County Administration

Project Requestor: _____ **Date:** _____

Name of ARPA Project: _____

New Project Expansion of Existing Project (*identify below*) Replace Future CIP Project (*identify below*)
Identify: _____

Estimated Start Date of Project: _____ **Estimated Date of Completion:** _____

Identify the Category for Eligible Use: (*see pages 4-5 for list from the US Treasury*)

Responding to the Public Health Emergency Addressing Negative Economic Impacts
 Serving the Hardest Hit Improving Access to Infrastructure Revenue Loss

What expenditure category does this project qualify under? (*See list on pages 5-6. Example.: 7.1 Administrative Expenses*)

Please explain how the project qualifies under the expenditure category noted above:

Description – *Provide an explanation about what the project entails.*

How does this project directly address the negative impacts of the pandemic? (e.g. economic impacts, disproportionately impacted communities, public health, etc.)

How does this project benefit the citizens of Marathon County and align with the goals within the [strategic](#) and [comprehensive](#) plans?

Estimated Total Cost of Project: \$ _____

Amount of Marathon County ARPA Funds Requested: \$ _____

Budget Year: 2022 2023 2024 2025 2026

Note: ARPA Funds are to be obligated by December 31, 2024, and spent by December 31, 2026.

Are matching funds available from another organization/municipality? Yes No

If yes, identify who and amount:

Are there other funding opportunities available such as pandemic-related grants that would reduce the amount of ARPA funding needed? Yes No

If yes, please identify source, amount and timeline of funding awards:

Please identify, if any, ongoing costs the project will incur and how those costs would be funded?

(examples: building maintenance, replacement costs, or ongoing maintenance/cleaning)

Will this project result in savings for a county department or the community beyond 2026?

Yes No

If yes, please specify how much and in what areas these savings will be realized?

Do you anticipate this project to increase future revenues for Marathon County in general?

Yes No

If yes, what revenues will be affected?

Do you anticipate this project to increase future revenues for a county department or Marathon County

Government? Yes No

If yes, what revenues will be affected?

Is there a current program/service that will no longer be offered as a result of this project? Yes No

If yes, please identify the program and costs of the current program:

Will this new project require additional staff only for the duration of the project? (example: project management resources) Yes No

If yes, how many staffing hours are anticipated? _____

Please email completed form to the County Administrator at administrator@co.marathon.wi.us

Andrew R Kurtz

Signature of Project Requestor

Date

SECTION 2 – To Be Completed by the County Administrator

- Approved for HRFP Committee Review
- Denied
- Forwarded to Department Head for Review
- More Information Needed

Category for Eligible Use:

- Responding to the Public Health Emergency
- Addressing Negative Economic Impacts
- Serving the Hardest Hit
- Improving Access to Infrastructure
- Revenue Loss

Project Budget Year: 2022 2023 2024 2025 2026

County Administrator

Date

Comments for HRFP Committee:

SECTION 3 – Additional Action and/or Comments from HRFP Committee

HRFP Committee Meeting Date: _____ Approved Denied More Information Needed

Total Amount of Marathon County ARPA Funding Recommended by Committee: \$ _____

Comments for County Board:

SECTION 4 – County Board Action

County Board Meeting Date: _____ Approved Denied More Information Needed

Total Amount of Marathon County ARPA Funding Approved by County Board: \$ _____

Additional follow-up items:

**Appendix 1: Expenditure Categories**

The Expenditure Categories (EC) listed below must be used to categorize each project as noted in Part 2 above. The term “Expenditure Category” refers to the detailed level (e.g., 1.1 COVID-10 Vaccination). When referred to as a category (e.g., EC 1) it includes all Expenditure Categories within that level.

1: Public Health	
1.1	COVID-19 Vaccination ^
1.2	COVID-19 Testing ^
1.3	COVID-19 Contact Tracing
1.4	Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, etc.)*
1.5	Personal Protective Equipment
1.6	Medical Expenses (including Alternative Care Facilities)
1.7	Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency
1.8	Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)
1.9	Payroll Costs for Public Health, Safety, and Other Public Sector Staff Responding to COVID-19
1.10	Mental Health Services*
1.11	Substance Use Services*
1.12	Other Public Health Services
2: Negative Economic Impacts	
2.1	Household Assistance: Food Programs* ^
2.2	Household Assistance: Rent, Mortgage, and Utility Aid* ^
2.3	Household Assistance: Cash Transfers* ^
2.4	Household Assistance: Internet Access Programs* ^
2.5	Household Assistance: Eviction Prevention* ^
2.6	Unemployment Benefits or Cash Assistance to Unemployed Workers*
2.7	Job Training Assistance (e.g., Sectoral job-training, Subsidized Employment, Employment Supports or Incentives)* ^
2.8	Contributions to UI Trust Funds
2.9	Small Business Economic Assistance (General)* ^
2.10	Aid to Nonprofit Organizations*
2.11	Aid to Tourism, Travel, or Hospitality
2.12	Aid to Other Impacted Industries
2.13	Other Economic Support* ^
2.14	Rehiring Public Sector Staff
3: Services to Disproportionately Impacted Communities	
3.1	Education Assistance: Early Learning* ^
3.2	Education Assistance: Aid to High-Poverty Districts ^
3.3	Education Assistance: Academic Services* ^
3.4	Education Assistance: Social, Emotional, and Mental Health Services* ^
3.5	Education Assistance: Other* ^
3.6	Healthy Childhood Environments: Child Care* ^
3.7	Healthy Childhood Environments: Home Visiting* ^
3.8	Healthy Childhood Environments: Services to Foster Youth or Families Involved in Child Welfare System* ^



3.9	Healthy Childhood Environments: Other* ^
3.10	Housing Support: Affordable Housing* ^
3.11	Housing Support: Services for Unhoused Persons* ^
3.12	Housing Support: Other Housing Assistance* ^
3.13	Social Determinants of Health: Other* ^
3.14	Social Determinants of Health: Community Health Workers or Benefits Navigators* ^
3.15	Social Determinants of Health: Lead Remediation ^
3.16	Social Determinants of Health: Community Violence Interventions* ^
4: Premium Pay	
4.1	Public Sector Employees
4.2	Private Sector: Grants to Other Employers
5: Infrastructure²⁴	
5.1	Clean Water: Centralized Wastewater Treatment
5.2	Clean Water: Centralized Wastewater Collection and Conveyance
5.3	Clean Water: Decentralized Wastewater
5.4	Clean Water: Combined Sewer Overflows
5.5	Clean Water: Other Sewer Infrastructure
5.6	Clean Water: Stormwater
5.7	Clean Water: Energy Conservation
5.8	Clean Water: Water Conservation
5.9	Clean Water: Nonpoint Source
5.10	Drinking water: Treatment
5.11	Drinking water: Transmission & Distribution
5.12	Drinking water: Transmission & Distribution: Lead Remediation
5.13	Drinking water: Source
5.14	Drinking water: Storage
5.15	Drinking water: Other water infrastructure
5.16	Broadband: "Last Mile" projects
5.17	Broadband: Other projects
6: Revenue Replacement	
6.1	Provision of Government Services
7: Administrative	
7.1	Administrative Expenses
7.2	Evaluation and Data Analysis
7.3	Transfers to Other Units of Government
7.4	Transfers to Non-entitlement Units (States and territories only)

*Denotes areas where recipients must identify the amount of the total funds that are allocated to evidence-based interventions (see Use of Evidence section above for details)

^Denotes areas where recipients must report on whether projects are primarily serving disadvantaged communities (see Project Demographic Distribution section above for details)

²⁴ Definitions for water and sewer Expenditure Categories can be found in the EPA's handbooks. For "clean water" expenditure category definitions, please see: <https://www.epa.gov/sites/production/files/2018-03/documents/cwdefinitions.pdf>. For "drinking water" expenditure category definitions, please see: <https://www.epa.gov/dwsrf/drinking-water-state-revolving-fund-national-information-management-system-reports>.



ARPA Project Request Form

- Project Requestor should complete Section 1 and submit draft ideas to County Administration for review.
- If County Administration supports further review of the project, Department Heads will be asked to review and provide additional feedback to County Administration.
- All projects must be completed by December 31, 2024, in order to be considered, unless it is contracted until December 31, 2026.

SECTION 1 – To Be Completed by Project Requestor Before Submitting to County Administration

Project Requestor: City of Mosinee Date: April 1, 2022

Name of ARPA Project: Joseph Dessert Historical Library - Window Restoration & Wall Tuck-pointing Project.

New Project Expansion of Existing Project (*identify below*) Replace Future CIP Project (*identify below*)
Identify: Restoration of building windows and brick tuck-pointing in accordance with National Register standards.

Estimated Start Date of Project: June 15, 2022 Estimated Date of Completion: November 15, 2022

Identify the Category for Eligible Use: (*see pages 4-5 for list from the US Treasury*)

- Responding to the Public Health Emergency Addressing Negative Economic Impacts
- Serving the Hardest Hit Improving Access to Infrastructure Revenue Loss

What expenditure category does this project qualify under? (*See list on pages 5-6. Example.: 7.1 Administrative Expenses*)
6.1 Provision of government services.

Please explain how the project qualifies under the expenditure category noted above:

Providing a library facility to the greater Mosinee area has been one of the primary government services of the City of Mosinee since Joseph Dessert deeded the library building to the then Village of Mosinee on January 8, 1906, "because of his desire that they (the inhabitants) and their descendants may enjoy the benefits of the library.." (noted on the Warranty Deed)

The library building was originally constructed in 1898 and was expanded in 1928. The library building was listed on the National Register of Historic Places in 1980.

Description – *Provide an explanation about what the project entails.*

The restoration of the original building windows will involve the following steps that will be done in accordance with the Secretary of the Interior's Standards for Rehabilitation of historic buildings:

1. Paint removal.
2. Sash removal & repair.
3. Frame repair.
4. Weatherstripping & installation of sash.
5. Repainting.

The City intends to hire a window contractor that is experienced with window restoration projects on historical listed buildings. The estimated cost for the window restoration is \$50,000.

The City intends on hiring an experienced masonry contractor to complete tuck-pointing of the original exterior brick walls on the building where needed. The tuck-pointing will include the removal of deteriorated joint mortar and installing new mortar in its place. The tuck-pointing of the brick is needed to ensure the physical integrity of the historic library building walls and the estimated cost for the tuck-pointing work is \$25,000.

How does this project directly address the negative impacts of the pandemic? (e.g. economic impacts, disproportionately impacted communities, public health, etc.)

The building restoration project will address the negative economic impacts of the pandemic. National Trust Chief Preservation officer Katherine Malone-France stated in a June 19, 2020 Architectural Digest article that, "historic preservation is a tremendously important tool for economic revitalization and recovery and that is going to be the case even more, as the country recovers from the pandemic."

How does this project benefit the citizens of Marathon County and align with the goals within the [strategic and comprehensive](#) plans?

The Marathon County Comprehensive Plan includes an objective to "encourage the protection of historically significant buildings.." (p. 149), and the Plan also indicates that the Dessert Library is only one of seven National Register of Historic Place listings within Marathon County that is located outside of Wausau. (p. 145)

The provision of library services and all that it entails certainly falls within the Health & Human Services Goal of the County's Strategic Plan by fostering a healthy community. The Marathon County's Comprehensive Plan states that "libraries promote lifelong learning, supporting populations not reached by traditional education including very young children and older adults. Libraries also increase access to computers and technology." (p. 120)

Estimated Total Cost of Project: \$ 75,000
Amount of Marathon County ARPA Funds Requested: \$75,000
Budget Year: 2022 2023 2024 2025 2026

Note: ARPA Funds are to be obligated by December 31, 2024, and spent by December 31, 2026.

Are matching funds available from another organization/municipality? Yes No

If yes, identify who and amount:

Are there other funding opportunities available such as pandemic-related grants that would reduce the amount of ARPA funding needed? Yes No

If yes, please identify source, amount and timeline of funding awards:

Please identify, if any, ongoing costs the project will incur and how those costs would be funded?
(examples: building maintenance, replacement costs, or ongoing maintenance/cleaning)

The City of Mosinee will continue to fund ongoing building maintenance after the project is completed.

Will this project result in savings for a county department or the community beyond 2026?

Yes No

If yes, please specify how much and in what areas these savings will be realized?

By having the library windows restored and brick tuck-pointing completed, there will be less city staff time for making periodic maintenance repairs to these areas, thereby reducing the County Library's future building maintenance contribution expenses to the City. The project will also eliminate the possibility of major expenses and/or injuries from occurring due to structural failure of the library windows and/or exterior building walls. This will be certainly benefit both the City and the County from a potential liability standpoint.

Do you anticipate this project to increase future revenues for Marathon County in general?

Yes No

If yes, what revenues will be affected?

Do you anticipate this project to increase future revenues for a county department or Marathon County Government? Yes No

If yes, what revenues will be affected?


Is there a current program/service that will no longer be offered as a result of this project? Yes No

If yes, please identify the program and costs of the current program:

Will this new project require additional staff only for the duration of the project? (example: project management resources) Yes No

If yes, how many staffing hours are anticipated? _____

Please email completed form to the County Administrator at administrator@co.marathon.wi.us



Signature of Project Requestor

April 1, 2022

Date

SECTION 2 – To Be Completed by the County Administrator

- Approved for HRFP Committee Review
- Denied
- Forwarded to Department Head for Review
- More Information Needed

Category for Eligible Use:

- Responding to the Public Health Emergency
- Addressing Negative Economic Impacts
- Serving the Hardest Hit
- Improving Access to Infrastructure
- Revenue Loss

Project Budget Year: 2022 2023 2024 2025 2026

County Administrator

Date

Comments for HRFP Committee:

SECTION 3 – Additional Action and/or Comments from HRFP Committee

HRFP Committee Meeting Date: _____ Approved Denied More Information Needed

Total Amount of Marathon County ARPA Funding Recommended by Committee: \$ _____

Comments for County Board:

SECTION 4 – County Board Action

County Board Meeting Date: _____ Approved Denied More Information Needed

Total Amount of Marathon County ARPA Funding Approved by County Board: \$ _____

Additional follow-up items:



Appendix 1: Expenditure Categories

The Expenditure Categories (EC) listed below must be used to categorize each project as noted in Part 2 above. The term "Expenditure Category" refers to the detailed level (e.g., 1.1 COVID-10 Vaccination). When referred to as a category (e.g., EC 1) it includes all Expenditure Categories within that level.

1: Public Health	
1.1	COVID-19 Vaccination ^
1.2	COVID-19 Testing ^
1.3	COVID-19 Contact Tracing
1.4	Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, etc.)*
1.5	Personal Protective Equipment
1.6	Medical Expenses (including Alternative Care Facilities)
1.7	Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency
1.8	Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)
1.9	Payroll Costs for Public Health, Safety, and Other Public Sector Staff Responding to COVID-19
1.10	Mental Health Services*
1.11	Substance Use Services*
1.12	Other Public Health Services
2: Negative Economic Impacts	
2.1	Household Assistance: Food Programs* ^
2.2	Household Assistance: Rent, Mortgage, and Utility Aid* ^
2.3	Household Assistance: Cash Transfers* ^
2.4	Household Assistance: Internet Access Programs* ^
2.5	Household Assistance: Eviction Prevention* ^
2.6	Unemployment Benefits or Cash Assistance to Unemployed Workers*
2.7	Job Training Assistance (e.g., Sectoral job-training, Subsidized Employment, Employment Supports or Incentives)* ^
2.8	Contributions to UI Trust Funds
2.9	Small Business Economic Assistance (General)* ^
2.10	Aid to Nonprofit Organizations*
2.11	Aid to Tourism, Travel, or Hospitality
2.12	Aid to Other Impacted Industries
2.13	Other Economic Support* ^
2.14	Rehiring Public Sector Staff
3: Services to Disproportionately Impacted Communities	
3.1	Education Assistance: Early Learning* ^
3.2	Education Assistance: Aid to High-Poverty Districts ^
3.3	Education Assistance: Academic Services* ^
3.4	Education Assistance: Social, Emotional, and Mental Health Services* ^
3.5	Education Assistance: Other* ^
3.6	Healthy Childhood Environments: Child Care* ^
3.7	Healthy Childhood Environments: Home Visiting* ^
3.8	Healthy Childhood Environments: Services to Foster Youth or Families Involved in Child Welfare System* ^



3.9	Healthy Childhood Environments: Other* ^
3.10	Housing Support: Affordable Housing* ^
3.11	Housing Support: Services for Unhoused Persons* ^
3.12	Housing Support: Other Housing Assistance* ^
3.13	Social Determinants of Health: Other* ^
3.14	Social Determinants of Health: Community Health Workers or Benefits Navigators* ^
3.15	Social Determinants of Health: Lead Remediation ^
3.16	Social Determinants of Health: Community Violence Interventions* ^
4: Premium Pay	
4.1	Public Sector Employees
4.2	Private Sector: Grants to Other Employers
5: Infrastructure²⁴	
5.1	Clean Water: Centralized Wastewater Treatment
5.2	Clean Water: Centralized Wastewater Collection and Conveyance
5.3	Clean Water: Decentralized Wastewater
5.4	Clean Water: Combined Sewer Overflows
5.5	Clean Water: Other Sewer Infrastructure
5.6	Clean Water: Stormwater
5.7	Clean Water: Energy Conservation
5.8	Clean Water: Water Conservation
5.9	Clean Water: Nonpoint Source
5.10	Drinking water: Treatment
5.11	Drinking water: Transmission & Distribution
5.12	Drinking water: Transmission & Distribution: Lead Remediation
5.13	Drinking water: Source
5.14	Drinking water: Storage
5.15	Drinking water: Other water infrastructure
5.16	Broadband: "Last Mile" projects
5.17	Broadband: Other projects
6: Revenue Replacement	
6.1	Provision of Government Services
7: Administrative	
7.1	Administrative Expenses
7.2	Evaluation and Data Analysis
7.3	Transfers to Other Units of Government
7.4	Transfers to Non-entitlement Units (States and territories only)

*Denotes areas where recipients must identify the amount of the total funds that are allocated to evidence-based interventions (see Use of Evidence section above for details)

^Denotes areas where recipients must report on whether projects are primarily serving disadvantaged communities (see Project Demographic Distribution section above for details)

²⁴ Definitions for water and sewer Expenditure Categories can be found in the EPA's handbooks. For "clean water" expenditure category definitions, please see: <https://www.epa.gov/sites/production/files/2018-03/documents/cwdefinitions.pdf>. For "drinking water" expenditure category definitions, please see: <https://www.epa.gov/dwsrf/drinking-water-state-revolving-fund-national-information-management-system-reports>.





JOSEPH DESSERT PUBLIC LIBRARY

Joseph Dessert Library
123 Main St
Established in 1899

LIBRARY HOURS
MON 10-5
TUE 10-5
WED 10-5
THUR 10-5
FRI 10-4



ARPA Project Request Form

- Project Requestor should complete Section 1 and submit draft ideas to County Administration for review.
- If County Administration supports further review of the project, Department Heads will be asked to review and provide additional feedback to County Administration.
- All projects must be completed by December 31, 2024, in order to be considered, unless it is contracted until December 31, 2026.

SECTION 1 – To Be Completed by Project Requestor Before Submitting to County Administration

Project Requestor: Captain William Millhausen **Date:** 3/03/22

Name of ARPA Project: Marathon County Fire Department Communicaiton/Alerting Infrastructure Upgrade

New Project Expansion of Existing Project *(identify below)* Replace Future CIP Project *(identify below)*
Identify: Wausau Fire, SAFER Fire and Riverside Fire are all using this technology to better serve the citizens with response times and communications with dispatch

Estimated Start Date of Project: June 1, 2022 **Estimated Date of Completion:** December 31, 2022

Identify the Category for Eligible Use: *(see pages 4-5 for list from the US Treasury)*
 Responding to the Public Health Emergency Addressing Negative Economic Impacts
 Serving the Hardest Hit Improving Access to Infrastructure Revenue Loss

What expenditure category does this project qualify under? *(See list on pages 5-6. Example.: 7.1 Administrative Expenses)*
1.8 and 1.12

Please explain how the project qualifies under the expenditure category noted above:
If the Fire/Ambulance Departments and emergency responders have the Freedom App equipment, it will allow for better communication when being dispatched to medical emergencies to include COVID 19 patients. Responders will be able to see "Call Notes" in live time so they can be aware of possible communicable disease (COVID 19) without this confidential information being transmitted over open air. With the Phoenix G2 Station Alerting equipment, emergecny responders will be dispatched quicker and on a consistent basis allowing for quicker patient care.

Description – *Provide an explanation about what the project entails.*
This project will provide Marathon County Fire/Ambulance Departments many benefits. The first part of the project is called Freedom App. Freedom will allow the responder units in the field (Ambulance, Fire Truck) to have a tablet connected to the 911 Centers CAD to see calls for service, put themselves enrout, on-scene and clear themselves. This will also allow for them to see call notes in "live time" as the dispatcher is entering them. This process has proven to provided better communication when responding to calls for service all while streamlining our process. This will also allow for the 911 dispatchers to better serve our citizens more timely.

The second part of the project is Phoenix G2 Station Alerting. This will allow emergency units to be dispatched faster and more consistently resulting in quicker response times and better service to patients and citizens. This will also improve our notificaion system to emergency responders as it will augment the county paging system which has limitations.

How does this project directly address the negative impacts of the pandemic? (e.g. economic impacts, disproportionately impacted communities, public health, etc.)

This would allow for a means to send notes (ie call information) to emergency responders regarding confidential patient information directly from the CAD without it being transmitted over open radio air. Having this information will better protect our emergency responders from the risks of communicable diseases.

How does this project benefit the citizens of Marathon County and align with the goals within the [strategic](#) and [comprehensive](#) plans?

This would reduce dispatching times thus also reducing response times for emergency responders. It will allow for more consistent information being dispatched and all the emergency responders to see the CAD call live as they responder to a scene. This will streamline our 911 Centers operations which result in the dispatchers to being able to serve our citizens in a more timely manner. In an emergency, seconds are valuable. All of these improvements go directly to the county's commitment to be the Healthiest, Safest and most Prosperous county in the state.

Estimated Total Cost of Project: \$ 30,000.00

Amount of Marathon County ARPA Funds Requested: \$ 30,000.00

Budget Year: 2022 2023 2024 2025 2026

Note: ARPA Funds are to be obligated by December 31, 2024, and spent by December 31, 2026.

Are matching funds available from another organization/municipality? Yes No

If yes, identify who and amount:

Are there other funding opportunities available such as pandemic-related grants that would reduce the amount of ARPA funding needed? Yes No

If yes, please identify source, amount and timeline of funding awards:

Please identify, if any, ongoing costs the project will incur and how those costs would be funded?

(examples: building maintenance, replacement costs, or ongoing maintenance/cleaning)

There will be an annual fee of \$120 per licence for the Freedom App and a monthly cellular bill. Both of these will be the responsibility of the respective departments.

There will be an annual fee of \$1000 per users for the Phoenix G2 Station Alerting. This will be funded by either the existing county funding allocated for "I Am Responding" or the respective departments. With this system, I Am Responding would be replaced thus freeing up those funds

Will this project result in savings for a county department or the community beyond 2026?

Yes No

If yes, please specify how much and in what areas these savings will be realized?

Do you anticipate this project to increase future revenues for Marathon County in general?

Yes No

If yes, what revenues will be affected?

Do you anticipate this project to increase future revenues for a county department or Marathon County Government? Yes No

If yes, what revenues will be affected?

Is there a current program/service that will no longer be offered as a result of this project? Yes No


If yes, please identify the program and costs of the current program:

Maybe - "I Am Responding (IAR)" software would possibly be replaced by this. The current annual bill for IAR this is budgeted at \$22,000

Will this new project require additional staff only for the duration of the project? (example: project management resources) Yes No

If yes, how many staffing hours are anticipated? _____

Please email completed form to the County Administrator at administrator@co.marathon.wi.us



Signature of Project Requestor

03/03/2022

Date

SECTION 2 – To Be Completed by the County Administrator

- Approved for HRFP Committee Review
- Denied
- Forwarded to Department Head for Review
- More Information Needed

Category for Eligible Use:

- Responding to the Public Health Emergency
- Addressing Negative Economic Impacts
- Serving the Hardest Hit
- Improving Access to Infrastructure
- Revenue Loss

Project Budget Year: 2022 2023 2024 2025 2026

County Administrator

Date

Comments for HRFP Committee:

SECTION 3 – Additional Action and/or Comments from HRFP Committee

HRFP Committee Meeting Date: _____ Approved Denied More Information Needed

Total Amount of Marathon County ARPA Funding Recommended by Committee: \$ _____

Comments for County Board:

SECTION 4 – County Board Action

County Board Meeting Date: _____ Approved Denied More Information Needed

Total Amount of Marathon County ARPA Funding Approved by County Board: \$ _____

Additional follow-up items:

Appendix 1: Expenditure Categories

The Expenditure Categories (EC) listed below must be used to categorize each project as noted in Part 2 above. The term "Expenditure Category" refers to the detailed level (e.g., 1.1 COVID-10 Vaccination). When referred to as a category (e.g., EC 1) it includes all Expenditure Categories within that level.

1: Public Health	
1.1	COVID-19 Vaccination ^
1.2	COVID-19 Testing ^
1.3	COVID-19 Contact Tracing
1.4	Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, etc.)*
1.5	Personal Protective Equipment
1.6	Medical Expenses (including Alternative Care Facilities)
1.7	Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency
1.8	Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)
1.9	Payroll Costs for Public Health, Safety, and Other Public Sector Staff Responding to COVID-19
1.10	Mental Health Services*
1.11	Substance Use Services*
1.12	Other Public Health Services
2: Negative Economic Impacts	
2.1	Household Assistance: Food Programs* ^
2.2	Household Assistance: Rent, Mortgage, and Utility Aid* ^
2.3	Household Assistance: Cash Transfers* ^
2.4	Household Assistance: Internet Access Programs* ^
2.5	Household Assistance: Eviction Prevention* ^
2.6	Unemployment Benefits or Cash Assistance to Unemployed Workers*
2.7	Job Training Assistance (e.g., Sectoral job-training, Subsidized Employment, Employment Supports or Incentives)* ^
2.8	Contributions to UI Trust Funds
2.9	Small Business Economic Assistance (General)* ^
2.10	Aid to Nonprofit Organizations*
2.11	Aid to Tourism, Travel, or Hospitality
2.12	Aid to Other Impacted Industries
2.13	Other Economic Support* ^
2.14	Rehiring Public Sector Staff
3: Services to Disproportionately Impacted Communities	
3.1	Education Assistance: Early Learning* ^
3.2	Education Assistance: Aid to High-Poverty Districts ^
3.3	Education Assistance: Academic Services* ^
3.4	Education Assistance: Social, Emotional, and Mental Health Services* ^
3.5	Education Assistance: Other* ^
3.6	Healthy Childhood Environments: Child Care* ^
3.7	Healthy Childhood Environments: Home Visiting* ^
3.8	Healthy Childhood Environments: Services to Foster Youth or Families Involved in Child Welfare System* ^



3.9	Healthy Childhood Environments: Other* ^
3.10	Housing Support: Affordable Housing* ^
3.11	Housing Support: Services for Unhoused Persons* ^
3.12	Housing Support: Other Housing Assistance* ^
3.13	Social Determinants of Health: Other* ^
3.14	Social Determinants of Health: Community Health Workers or Benefits Navigators* ^
3.15	Social Determinants of Health: Lead Remediation ^
3.16	Social Determinants of Health: Community Violence Interventions* ^
4: Premium Pay	
4.1	Public Sector Employees
4.2	Private Sector: Grants to Other Employers
5: Infrastructure²⁴	
5.1	Clean Water: Centralized Wastewater Treatment
5.2	Clean Water: Centralized Wastewater Collection and Conveyance
5.3	Clean Water: Decentralized Wastewater
5.4	Clean Water: Combined Sewer Overflows
5.5	Clean Water: Other Sewer Infrastructure
5.6	Clean Water: Stormwater
5.7	Clean Water: Energy Conservation
5.8	Clean Water: Water Conservation
5.9	Clean Water: Nonpoint Source
5.10	Drinking water: Treatment
5.11	Drinking water: Transmission & Distribution
5.12	Drinking water: Transmission & Distribution: Lead Remediation
5.13	Drinking water: Source
5.14	Drinking water: Storage
5.15	Drinking water: Other water infrastructure
5.16	Broadband: "Last Mile" projects
5.17	Broadband: Other projects
6: Revenue Replacement	
6.1	Provision of Government Services
7: Administrative	
7.1	Administrative Expenses
7.2	Evaluation and Data Analysis
7.3	Transfers to Other Units of Government
7.4	Transfers to Non-entitlement Units (States and territories only)

*Denotes areas where recipients must identify the amount of the total funds that are allocated to evidence-based interventions (see Use of Evidence section above for details)

^Denotes areas where recipients must report on whether projects are primarily serving disadvantaged communities (see Project Demographic Distribution section above for details)

²⁴ Definitions for water and sewer Expenditure Categories can be found in the EPA's handbooks. For "clean water" expenditure category definitions, please see: <https://www.epa.gov/sites/production/files/2018-03/documents/cwdefinitions.pdf>. For "drinking water" expenditure category definitions, please see: <https://www.epa.gov/dwsrf/drinking-water-state-revolving-fund-national-information-management-system-reports>.



ARPA Project Request Form

- > Project Requestor should complete Section 1 and submit draft ideas to County Administration for review.
- > If County Administration supports further review of the project, Department Heads will be asked to review and provide additional feedback to County Administration.
- > All projects must be completed by December 31, 2024, in order to be considered, unless it is contracted until December 31, 2026.

SECTION 1 – To Be Completed by Project Requestor Before Submitting to County Administration

Project Requestor: Jeff Stefonek - Sheriff's Office **Date:** 02/14/2022

Name of ARPA Project: Digital Forensics Lab Faraday Enclosure and Mobile Device Forensic Tools Upgrade

New Project Expansion of Existing Project (*identify below*) Replace Future CIP Project (*identify below*)
Identify: _____

Estimated Start Date of Project: March 14, 2022 **Estimated Date of Completion:** May 20, 2022

Identify the Category for Eligible Use: (*see pages 4-5 for list from the US Treasury*)
 Responding to the Public Health Emergency Addressing Negative Economic Impacts
 Serving the Hardest Hit Improving Access to Infrastructure Revenue Loss

What expenditure category does this project qualify under? (*See list on pages 5-6. Example.: 7.1 Administrative Expenses*)
6.1 Provision of Government Services

Please explain how the project qualifies under the expenditure category noted above:
U.S. Department of Treasury guidance on usage of funds specifically lists "Provision of police, fire, and other public safety services." (Coronavirus State & Local Fiscal Recovery Funds: Overview of the Final Rule, page 6)
Recovery and preservation of evidence to be used for the investigation and prosecution of crimes is exclusively a government service.

Description – Provide an explanation about what the project entails.

Funding is for the upgrade/update of digital forensic capabilities by the addition of a Faraday enclosure to the Wisconsin River Valley Regional Forensics Lab (WVRFL) and an upgrade to the Cellebrite Premium Universal Forensic Extraction Device. The WVRFL is a digital forensics lab within the Marathon County Sheriff's Office staffed with sworn law enforcement officers with specialized training and equipment for recovery, extraction, analysis and recovery of digital evidence. Digital evidence is ubiquitous in criminal cases which commonly involve mobile devices, laptop and desktop computers, digital video recorders, vehicle infotainment systems, and other sources recovered from suspects, victims, and witnesses.

Digital evidence is perishable and great care must be taken by law enforcement to preserve the evidence for investigation and prosecution. Proactive attempts by crime suspects to remotely erase digital evidence and increasingly advanced technology which aids their ability to do so creates a need for additional measures by law enforcement to protect it.

Faraday enclosures are of a construction which blocks transmission of electromagnetic waves emitted to and from mobile devices via cellular data networks, Wi-fi, and Bluetooth. Blocking wireless signals to and from mobile devices allows law enforcement to extract and preserve digital evidence without fear of the evidence being erased remotely by a suspect, an accomplice, or network setting.

This request is for procurement of a Faraday enclosure purpose-built for digital forensics which can be erected inside an existing interior space within the Marathon County Sheriff's Office. The proposed 8' x 8' x 6 1/2', modular, Faraday enclosure is large enough for two analysts and the necessary equipment for mobile device forensic analysis.

The second part of this project includes procurement of a Cellebrite Premium Universal Forensic Extraction Device. The WRVFL currently uses a lesser version of Cellebrite which works on unlocked or older devices. Late model mobile devices which are pass-code locked are inaccessible by current WRVFL equipment and necessitate frequent trips to Madison for our analysts to use a Cellebrite Premium in a State lab.

The investment of ARPA funds for this purpose will increase the capability of the Marathon County Sheriff's Office to investigate and assist in the prosecution of crimes committed against our citizens while minimizing travel and handling of evidence by multiple individuals.

How does this project directly address the negative impacts of the pandemic? (e.g. economic impacts, disproportionately impacted communities, public health, etc.)

Increasing and updating the capabilities of the WRVFL will eliminate the need for our analysts to travel across the State and have the devices be handled by multiple individuals, curbing the potential for virus transmission.

Negative impacts of the pandemic have significantly increased the backlog of criminal cases awaiting trial, which has increased the inmate population in our jail. Good investigations with solid evidence helps cases resolve quickly, without going to trial, and minimizes the backlog exacerbated by the pandemic.

How does this project benefit the citizens of Marathon County and align with the goals within the strategic and comprehensive plans?

The strategic goal of being the safest county in the State and Objective 7.1 in the Strategic Plan which aims to provide cost-effective and high-quality public safety services are directly affected by this funding project. The Central Wisconsin Narcotics Task Force is by far the biggest customer of the WRVFL and their investigations are most affected by remotely wiped digital evidence. Adding this capability would aid in their efforts outlined in the Strategic Plan to curb the impacts of the heroin and methamphetamine epidemics in Marathon County. In addition, the existence of the WRVFL is a direct result of addressing an issue identified in Chapter 7 of the 2016 Marathon County Comprehensive Plan which recognizes that having one forensic technology expert serving the entire county is not adequate. The new WRVFL is a regional lab in partnership with the Wisconsin Department of Justice - DCI, Wausau PD and other local and regional partners. This funding would further objectives put forth in the the Comprehensive Plan and build upon steps taken by establishment of the WRVFL.

Estimated Total Cost of Project: \$ 341,000
Amount of Marathon County ARPA Funds Requested: \$ 341,000
Budget Year: 2022 2023 2024 2025 2026

Note: ARPA Funds are to be obligated by December 31, 2024, and spent by December 31, 2026.

Are matching funds available from another organization/municipality? Yes No
If yes, identify who and amount:

Are there other funding opportunities available such as pandemic-related grants that would reduce the amount of ARPA funding needed? Yes No
If yes, please identify source, amount and timeline of funding awards:

Please identify, if any, ongoing costs the project will incur and how those costs would be funded?
(examples: building maintenance, replacement costs, or ongoing maintenance/cleaning)
Procurement of the Cellebrite Premium Universal Forensic Extraction Device includes a three year license. Once the license expires, lab supervisors would have to re-evaluate needs of the lab and available tools at that time. The rate of change in the arena of digital forensics necessitates short-term commitments for digital forensic tools. The Faraday enclosure should serve our purposes for several years without a need for maintenance or replacement.

Will this project result in savings for a county department or the community beyond 2026?
 Yes No
If yes, please specify how much and in what areas these savings will be realized?
The Faraday enclosure will eliminate the need for trips to other labs around the State for the next several years.

Do you anticipate this project to increase future revenues for Marathon County in general?
 Yes No
If yes, what revenues will be affected?

Do you anticipate this project to increase future revenues for a county department or Marathon County Government? Yes No

If yes, what revenues will be affected?

Is there a current program/service that will no longer be offered as a result of this project? Yes No

If yes, please identify the program and costs of the current program:

Will this new project require additional staff only for the duration of the project? (example: project management resources) Yes No

If yes, how many staffing hours are anticipated? _____

Please email completed form to the County Administrator at administrator@co.marathon.wi.us

 _____

Signature of Project Requestor

02/18/22
_____ Date

SECTION 2 – To Be Completed by the County Administrator

- Approved for HRFP Committee Review
- Denied
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- More Information Needed

Category for Eligible Use:

- Responding to the Public Health Emergency
- Addressing Negative Economic Impacts
- Serving the Hardest Hit
- Improving Access to Infrastructure
- Revenue Loss

Project Budget Year: 2022 2023 2024 2025 2026

County Administrator

Date

Comments for HRFP Committee:

SECTION 3 – Additional Action and/or Comments from HRFP Committee

HRFP Committee Meeting Date: _____ Approved Denied More Information Needed

Total Amount of Marathon County ARPA Funding Recommended by Committee: \$ _____

Comments for County Board:

SECTION 4 – County Board Action

County Board Meeting Date: _____ Approved Denied More Information Needed

Total Amount of Marathon County ARPA Funding Approved by County Board: \$ _____

Additional follow-up items:



Appendix 1: Expenditure Categories

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²⁴ Definitions for water and sewer Expenditure Categories can be found in the EPA's handbooks. For "clean water" expenditure category definitions, please see: <https://www.epa.gov/sites/production/files/2018-03/documents/cwdefinitions.pdf>. For "drinking water" expenditure category definitions, please see: <https://www.epa.gov/dwsrf/drinking-water-state-revolving-fund-national-information-management-system-reports>

QUOTE



Faraday Defense Corporation

Jared Scholten

PO Box 491, Paw Paw, MI 49079, UNITED STATES

Tax ID: 30-1153448

sales@faradaydefense.com; Website: faradaydefense.com

Quote No# : 584392

Quote Date : Feb 10, 2022

\$55,197.00

AMOUNT DUE

BILL TO

Marathon County Sheriff's Office
 Jeffrey Stefonek
 500 Forest St., Wausau 54403, UNITED STATES
 Jeffrey.Stefonek@co.marathon.wi.us

SHIP TO

Marathon County Sheriff's Office
 Jeffrey Stefonek
 500 Forest St., Wausau 54403, UNITED STATES

#	ITEMS & DESCRIPTION	QTY/HRS	PRICE	AMOUNT(\$)
1	Faraday Defense Hard Panel Enclosure 6'x8'x8' EMI Modular Hard Panel Enclosure. Includes: Series 700 aluminum rail frame, (1) 32"W x 70"H door and a heavy-duty vinyl floor. Average shielding effectiveness of -90dB attenuation in the range of 30MHz to 10GHz and average - 92dB attenuation in the range of 11GHz to 40GHz.	1	\$48,227.00	\$48,227.00
2	Ventilation System Includes (2) 120mm x 120mm Dual Honeycomb Vent Panels w/ 12VDC fans for Intake and (1) 6" x 12" Dual Honeycomb Vent Panel for Exhaust. Includes 90-240VAC/12VDC power supply. Air Flow: 204CFM.	1	\$0.00	\$0.00
3	IO Plate Wall mounted high performance IO plate with 10/100/1000 gigabit ethernet. Includes 250 VAC/500VDC/30A facility filter (-100 dB 100kHz to 40GHz) w/ w/ (2) 10/100/1000 gigabit ethernet media converters with cables and connectors and (1) USA 120VAC/15A 5 outlet power strips rated for max 15A and a 5-15P 120V /15A line cord.	1	\$2,525.00	\$2,525.00
4	IO Plate 2 Wall mounted high performance IO plate with USB2.0 filtered interface, USB 3.0HP filter, and USB C-Speed.	1	\$4,445.00	\$4,445.00
			Subtotal	\$55,197.00
			Shipping	\$0.00
			TOTAL	\$55,197.00 USD

NOTES TO CUSTOMER

Thank you for the opportunity to quote.

TERMS AND CONDITIONS

- Lead time: 10-12 weeks after receipt of order.
- Quote is in USD and valid for 90 days / Free shipping.
- Engineering drawing to be approved prior to production.
- 50% downpayment required / 50% NET30

Cellebrite Inc.
 7 Campus Drive
 Suite 210
 Parsippany New Jersey 07054
 United States



Digital intelligence
 for a safer world

Tel. +1 800 942 3415
 Fax. +1 201 848 9982
 Tax ID#: 22-3770059
 DUNS: 033095568
 CAGE: 4C9Q7
 Company Website:
<http://www.cellebrite.com>

Quote

Quote# Q-231630-1
Date: Feb 02, 2022

Billing Information
 Marathon County Sheriff's
 Department
 500 Forest St
 Wausau, Wisconsin 54403
 United States
Contact: Dan McGhee
Phone: 715-261-1067

Delivery Information
 Marathon County Sheriff's Dept
 500 Forest St
 Wausau, WI 54403
 United States
Contact: Dan McGhee
Phone: 715-261-1067

End Customer: Marathon County Sheriff's Department

Click [here](#) to process with Credit Card payment
 By clicking the link above and accepting this quote,
 You are expressing your agreement and compliance to and with the terms contained on this quote.

Customer ID	Good Through	Payment Terms	Currency	Sales Rep
SF-00071266	Mar 04, 2022	Net 30	USD	Nick Piacenza

Product Code	Product Name	Qty	Start Date	End Date	Serial Number	Net Price/Unit	Net Price
B-AIS-02-070	Premium Unlimited Package	1	Feb 02, 2022	Feb 01, 2025		0.00	0.00
U-AIS-02-025	Premium System	1				6,108.17	6,108.17
F-KAS-00-001	UFED Dongle Kit	1				61.08	61.08
U-AIS-02-030	Premium iOS AFU Adapter	1				423.50	423.50
U-AIS-02-063	Premium Unlimited iOS	1	Feb 02, 2022	Feb 01, 2025		58,638.48	58,638.48
U-AIS-02-065	Premium Unlimited Android	1	Feb 02, 2022	Feb 01, 2025		188,131.78	188,131.78
U-AIS-04-004	Remote Premium Training	1				1,636.99	1,636.99

SubTotal	USD 255,000.00
Shipping & Handling	USD 0.00
Sales Tax	USD 0.00
Total	USD 255,000.00

Comments:

Annex B
Prerequisites

1. **General**

1.1. The parties acknowledge and agree that the fulfillment of the prerequisites set forth in this Annex B to the License Agreement are conditions precedent for the receipt of license to use the Products and receipt of any services from Cellebrite under the License Agreement (the "**Prerequisites**").

2. **Product Prerequisites**

2.1. The Licensee shall only use the Cellebrite Premium Product in a designated room that can be locked from the outside (the "**Designated Room**").

2.2. Access to the Cellebrite Premium Product shall be restricted only to such personnel of the Licensee that was/were trained and certified by Cellebrite to operate and run the Cellebrite Premium product ("**Authorized Personnel**"). Only such personnel of the Licensee who have signed and delivered a confidentiality undertaking in the form approved by Cellebrite shall be recognized and regarded as Authorized personnel.

2.3. The Licensee shall ensure that up to three (3) of his personnel that will be pre-approved by Cellebrite in writing will be trained and certified as Authorized Personnel by Cellebrite to operate and run the Cellebrite Premium product.

2.4. The Designated Room is not video-taped and/or monitored in any manner except for entry/exit monitoring which is allowed and encouraged.

2.5. The process will not be observed, by anyone other than such personnel of the Licensee that was trained and certified. Process will not be recorded, documented or otherwise narrated by anyone and for any purpose.

2.6. The Licensee agrees not to engage in any deceptive, misleading, illegal or unethical practices that may be detrimental to Cellebrite or to any of Cellebrite's products, including but not limited to the Cellebrite Premium product, and agrees to comply with all applicable laws, rules and regulations (including, without limitation, data protection, privacy, computer misuse, telecommunications interception, intellectual property, and import and export compliance laws and regulations) while using the Products.

2.7. The Licensee agrees to comply with the terms of the End User License Agreement set forth in <http://legal.cellebrite.com/End-User-License-Agreement.html>, as may be updated from time to time ("**EULA**").

3. **CAS Services Prerequisites**

3.1. **General**

3.1.1. Licensee acknowledges that in the event that any of the CAS Services Prerequisites are not met, achieved or maintained throughout the Term of the Agreement by Licensee, Cellebrite will not be able to provide the CAS Services to Licensee and shall be entitled to terminate the Agreement forthwith.

3.1.2. Licensee further acknowledges that Cellebrite's non-performance of the CAS Services which is due to a default of Licensee to meet the CAS Services Prerequisites will not be deemed as breach of the Agreement and Licensee will not be entitled to any refund of payments made to Cellebrite and Cellebrite will be entitled to charge any direct expenses it incurred in preparation and anticipation for the service provision.

Cellebrite Premium Unlimited Package Agreement

This Cellebrite Premium Unlimited Package Agreement (the “**Agreement**”) is made and entered into effective on the date of the last signature adjacent to the signatures below (the “**Effective Date**”), by and between **Cellebrite Inc.**, a corporation organized and existing under the laws of the State of Delaware, having its principal place of business at 7 Campus Dr #210, Parsippany, NJ 07054 (“**Cellebrite**”) and [add name of the licensee], a limited liability company organized and existing under the laws of [add country], having its principal place of business at [add address] (the “**Licensee**”). Each of Cellebrite and the Licensee may be referred to as “Party” and together “Parties”.

RECITALS

WHEREAS Cellebrite is engaged in the design, research and development of the Product as described below

WHEREAS the Licensee wishes to purchase from Cellebrite and Cellebrite wishes to sell to the Licensee a bundled solution which includes a license to use the Product and the provision of certain CAS Services, all subject to the terms and conditions specified in this Agreement;

NOW THEREFORE THE PARTIES HERETO HAVE AGREED AS FOLLOWS:

1. Product	Cellebrite Premium Software together with the hardware on which it might be preinstalled on by Cellebrite.
2. Services	<p>During the License Term, the Licensee shall be entitled to receive from Cellebrite certain services under which Cellebrite shall use its best efforts to reveal the user lock passcode and extract the data from certain supported mobile devices (the “Device(s)”) provided by the Customer (the “CAS Services”).</p> <p>The Licensee shall be entitled to receive such number of Instances of Services as set forth in the Quote attached hereto as Annex A. The parties acknowledge and agree that any unused Instance of Services, whether due to non-consummation or due to failure to achieve a Successful Completion, is non-refundable and not renewable.</p> <p>The parties agree that the Licensee may be entitled to receive the abovementioned Services subject to the terms and conditions found at: https://legal.cellebrite.com/premium-unlimited-package.html (the “GTC”) and the full satisfaction of the Conditions Precedent found therein.</p>
3. Term	<p>The term of a paid subscription to an instance of Software or a unit of Product and any renewal thereof (the “License Term”).</p> <p>The license to use the Product, the consummation of any Actions and the consummation of the Services may only be made during the License Term.</p> <p>Please note the license to use the Product and may be terminated and the Services may be denied if the Licensee has not paid any invoice sixty (60) days after such invoice is due.</p>
4. Prerequisites	The Product is being licensed and the CAS Services shall be rendered to the Licensee subject to the full satisfaction and compliance by the Licensee of the Prerequisites set forth in Annex B . The Licensee acknowledges and agrees that in the event that the Licensee would

	<p>not comply with any of the Prerequisites, Cellebrite may terminate the license to use the Product forthwith.</p>
<p>5. Entire Agreement</p>	<p>This Agreement, the Prerequisites, the EULA and the GTC contains all the terms agreed between the parties regarding their subject matter and supersede and replace any prior agreement, understanding or arrangement between the parties, whether oral or in writing. No representation, undertaking or promise shall be taken to have been given or be implied from anything said or written in negotiations between the parties prior to the Effective Date.</p> <p>In the event of any conflict, ambiguity, or inconsistency between the provisions of the Agreement and any other document, such as a Licensee-issued PO, the following order of precedence shall apply: (1) the Agreement; (2) the Quote; (3) a Confirmed PO; and (3) the terms of any other Cellebrite-issued document relating to the Product. Licensee's preprinted terms, URL's, or hyperlinks in any document shall not be binding on the Parties nor modify this Agreement, and are expressly rejected, regardless of when issued by Licensee and/or received by Cellebrite, or even if signed by Cellebrite. Should such document contain language that purports to supersede and/or control over this Agreement, the Parties expressly acknowledge and agree that such document shall have no such legal effect between the Parties. Any deviations from the Agreement, unless they are made in writing and executed by a duly authorized officer of Cellebrite, shall be void and unenforceable.</p>

3.2. Prerequisites for CAS Services performed at Cellebrite's premises or to Cellebrite's designated laboratory.

3.2.1. After submitting the fully executed 'Device Data' form to Cellebrite and prior to sending any Device(s) to Cellebrite, Licensee is to receive a written confirmation and consent from Cellebrite to sending the Devices. Cellebrite's approval or denial for sending the Device shall be based, among others, on Cellebrite's internal list of the then-current CAS Services supported devices.

3.3. Prerequisites for CAS Services performed at Licensee premises

3.3.1. After submitting the fully executed 'Device Data' form to Cellebrite, Licensee will work with Cellebrite's designated person to coordinate timeframe for arrival to perform the CAS Services.

3.3.2. Licensee shall provide written confirmation of Licensee's allocation of a designated room (the "Designated Room") to performance of the CAS Services. Until Successful Completion of the CAS Services, the access to such Designated Room should be restricted to Cellebrite's personnel only.

3.3.3. The Designated Room is to be suitable for 1-2 people conveniently working and be equipped with at least 4 power outlets.

3.3.4. Cellebrite shall have the right to inspect the Designated Room prior to the commencement of provision of the CAS Services. In the event that Cellebrite finds the Designated Room not suitable for the performance of the CAS Services, Licensee shall either make the room suitable or designate a different room.

3.3.5. Licensee shall assure and approve in writing that the Designated Room is not videotaped and/or monitored in any manner except for entry/exit monitoring which is allowed and encouraged.

3.3.6. Licensee shall provide written confirmation approving Cellebrite's personnel to carry into Licensee's premises and in the Designated Room, the required equipment in a sealed packaging and assure that the equipment will not be inspected before, during or after performance of the CAS Services.

3.3.7. Licensee shall obtain, at Licensee's expense, and provide to Cellebrite's personnel any documents, permit (including but not limited to visa), approvals or invitations which are required by Licensee or by the laws of the country in which Licensee and/or the Designated Room is located.

Terms and conditions:

- Freight Terms: DAP

- Limited Warranty: Hardware: 12 Months; Software: 60 days; Touch Screen: 30 days

- Quote is subjected to regulation approval.

- General: Purchases of any products sold by Cellebrite are governed by

<http://legal.cellebrite.com/us/index.html>

- EULA: Software is licensed by Cellebrite in accordance with an end user license agreement available at <https://legal.cellebrite.com/End-User-License-Agreement.html>

- Advanced Services (CAS): Purchases of Cellebrite Advanced Services are governed by <https://legal.cellebrite.com/CB-us-us/index.html>

- Premium: The following terms apply only to the following products: Cellebrite Premium <http://legal.cellebrite.com/intl/PremiumUS.htm>

- Pathfinder: <https://legal.cellebrite.com/AE-Addendum.html>

- Training Services: Subject to the terms and conditions at <http://legal.cellebrite.com/intl/Training.htm>

- SaaS: <https://legal.cellebrite.com/Cellebrite-SaaS-Terms-of-Service-October-18-2021.htm>

In the event of any dispute as to which terms apply, Cellebrite shall have the right to reasonably determine which terms apply to a given purchase order.

*SALES TAX DISCLAIMER: Cellebrite Inc. is required to collect Sales and Use Tax for purchases made from the following certain U.S. States. Orders are accepted with the understanding that such taxes and charges shall be added, as required by law. Where applicable,

Quote Number: Q-231630-1

Prepared by Nick Piacenza

Page 5 of 6

Cellebrite Inc. will charge sales tax unless you have a valid sales tax exemption certificate on file with Cellebrite Inc. Cellebrite Inc. will not refund tax amounts collected in the event a valid sales tax certificate is not provided. If you are exempt from sales tax, you must provide us with your sales tax exempt number and fax a copy of your sales tax exempt certificate to Cellebrite Inc.

Please include the following information on your PO for Cellebrite UFED purchase:

- Please include the ORIGINAL QUOTE NUMBER (For example - Q-XXXXX) on your PO
- CONTACT NAME & NUMBER of individual purchasing and bill to address
- E-MAIL ADDRESS of END USER for monthly software update as this is critical for future functionality

I, the undersigned, hereby confirm that I am authorized to sign this Order on behalf the engaging company ("Company"), and I hereby approve that my signature is legally binding upon the Company. By signing this Order I hereby confirm and approve that the terms and conditions with respect to the services described in this Order are the only terms and conditions that apply in this regard, and no other documents and/or forms and/or other terms and conditions shall apply.

Signature & Stamp: _____

Effective Date: _____

Name (Print): _____

Title: _____

Please sign and email to Nick Piacenza at nick.piacenza@cellebrite.com



ARPA Project Request Form

- Project Requestor should complete Section 1 and submit draft ideas to County Administration for review.
- If County Administration supports further review of the project, Department Heads will be asked to review and provide additional feedback to County Administration.
- All projects must be completed by December 31, 2024, in order to be considered, unless it is contracted until December 31, 2026.

SECTION 1 – To Be Completed by Project Requestor Before Submitting to County Administration

Project Requestor: Marathon County Sheriff's Office - Jail Division **Date:** 02/03/2022

Name of ARPA Project: Marathon County Jail Property and Person Scanner

New Project Expansion of Existing Project (*identify below*) Replace Future CIP Project (*identify below*)
Identify: Move inmate property, add body scanner, add property scanner, expand medical staff operational space.

Estimated Start Date of Project: 03/14/20022 **Estimated Date of Completion:** 09/01/2022

Identify the Category for Eligible Use: (*see pages 4-5 for list from the US Treasury*)

- Responding to the Public Health Emergency Addressing Negative Economic Impacts
 Serving the Hardest Hit Improving Access to Infrastructure Revenue Loss

What expenditure category does this project qualify under? (*See list on pages 5-6. Example.: 7.1 Administrative Expenses*)

1.7 Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency 1.8 Other COVID-19 Public Health Expenses

Please explain how the project qualifies under the expenditure category noted above:

The project qualifies to allow for safer space utilization, in a confined setting, for staff and customers. Although access is set by security and is need based, the jail is nonetheless a public building.

Description – *Provide an explanation about what the project entails.*

This is a multiphase project that would ultimately result in allowing medical staff, and corrections staff, as well as arrestees, a safer environment. In particular, it will create more space for operations and allow for additional resources (body and property scanners) to create less exposure to possibly contaminated items and sick persons.

The Marathon County Jail would remove the current property system to make room for a body scanner for incoming inmates. This will also allow for greater distance between staff and arrestees/inmates; there is a thermal/temp reader which will alert staff in the event of elevated body temperature. The current space is 8 X 10 of unrestricted floor space, requiring staff to be in less than 6 feet of contact with every intake. In addition, staff is screening a significant amount of property for inmates and visitors. The placement of a property scanner would allow for staff to stop physical public interactions with visitors.

The new system would be moved to another location, and expanded. This will allow for the multiple property rooms in the jail to be combined.

The 2nd property room is located adjacent to the nursing office. The wall between the two spaces can be breached, with one 4X7 opening being placed in the wall, allowing for staff to expand their work space. Currently 5 full time employees share 4 work stations in a room that is less than 14 X 14 (when considering counter and computer space, the inside office area is reduced to 10 X 10 for chair space and staff). The 5th employee is working out of the medication and storage area with a make-shift desk. Such tight quarters has led to more exposures, when a staff member has been found to have Covid, which created a staffing shortage and concerns for care for those whom are in our charge. Further, other corrections staff and mental health providers have to enter the area, which only increases the number of people in such a small location.

How does this project directly address the negative impacts of the pandemic? (e.g. economic impacts, disproportionately impacted communities, public health, etc.)

Corrections staff are routinely in the presence of persons whom are positive for the virus. Because their duties are not able to be done from home, or performed by non-certified personnel, there is a need for the staff to be full and present in order to care for the inmates. Inmates, because they are housed in the facility, have a greater likelihood of exposure based upon the confined setting. These changes allow for greater awareness and staff health and safety, so that operations can continue and medical services can be afforded to those in our charge.

How does this project benefit the citizens of Marathon County and align with the goals within the strategic and comprehensive plans?

The safe operation of the jail reduces liability. In addition, essential employees with a very targeted skillset are permitted a higher level of safety. The County wants to be the "healthiest, safest and most prosperous county in Wisconsin." This meets two of the goals by providing enhanced health and safety for staff and customers. Further, objective 7.1 is to provide cost-effective and high-quality public safety services. The use of the body scanners in Wisconsin Corrections, is the norm at this time, and the enhancements of the project would move the jail facility towards the gold standard.

Estimated Total Cost of Project: \$ 280,000

Amount of Marathon County ARPA Funds Requested: \$ \$280,000

Budget Year: 2022 2023 2024 2025 2026

Note: ARPA Funds are to be obligated by December 31, 2024, and spent by December 31, 2026.

Are matching funds available from another organization/municipality? Yes No

If yes, identify who and amount:

Are there other funding opportunities available such as pandemic-related grants that would reduce the amount of ARPA funding needed? Yes No

If yes, please identify source, amount and timeline of funding awards:

Please identify, if any, ongoing costs the project will incur and how those costs would be funded?

(examples: building maintenance, replacement costs, or ongoing maintenance/cleaning)

There would be yearly warranty costs that would need to be covered. There may be some available funding in the current corrections budget, based upon some changes made with service contracts.

Will this project result in savings for a county department or the community beyond 2026?

Yes No

If yes, please specify how much and in what areas these savings will be realized?

Do you anticipate this project to increase future revenues for Marathon County in general?

Yes No


If yes, what revenues will be affected?

Do you anticipate this project to increase future revenues for a county department or Marathon County Government? Yes No
If yes, what revenues will be affected?

Is there a current program/service that will no longer be offered as a result of this project? Yes No
If yes, please identify the program and costs of the current program:

Will this new project require additional staff only for the duration of the project? (example: project management resources) Yes No
If yes, how many staffing hours are anticipated? _____

Please email completed form to the County Administrator at administrator@co.marathon.wi.us



Signature of Project Requestor

02/04/2022

Date

SECTION 2 – To Be Completed by the County Administrator

- Approved for HRFP Committee Review
- Denied
- Forwarded to Department Head for Review
- More Information Needed

Category for Eligible Use:

- Responding to the Public Health Emergency
- Addressing Negative Economic Impacts
- Serving the Hardest Hit
- Improving Access to Infrastructure
- Revenue Loss

Project Budget Year: 2022 2023 2024 2025 2026

County Administrator

Date

Comments for HRFP Committee:

SECTION 3 – Additional Action and/or Comments from HRFP Committee

HRFP Committee Meeting Date: _____ Approved Denied More Information Needed

Total Amount of Marathon County ARPA Funding Recommended by Committee: \$ _____

Comments for County Board:

SECTION 4 – County Board Action

County Board Meeting Date: _____ Approved Denied More Information Needed

Total Amount of Marathon County ARPA Funding Approved by County Board: \$ _____

Additional follow-up items:

**Appendix 1: Expenditure Categories**

The Expenditure Categories (EC) listed below must be used to categorize each project as noted in Part 2 above. The term "Expenditure Category" refers to the detailed level (e.g., 1.1 COVID-10 Vaccination). When referred to as a category (e.g., EC 1) it includes all Expenditure Categories within that level.

1: Public Health	
1.1	COVID-19 Vaccination ^
1.2	COVID-19 Testing ^
1.3	COVID-19 Contact Tracing
1.4	Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, etc.)*
1.5	Personal Protective Equipment
1.6	Medical Expenses (including Alternative Care Facilities)
1.7	Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency
1.8	Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)
1.9	Payroll Costs for Public Health, Safety, and Other Public Sector Staff Responding to COVID-19
1.10	Mental Health Services*
1.11	Substance Use Services*
1.12	Other Public Health Services
2: Negative Economic Impacts	
2.1	Household Assistance: Food Programs* ^
2.2	Household Assistance: Rent, Mortgage, and Utility Aid* ^
2.3	Household Assistance: Cash Transfers* ^
2.4	Household Assistance: Internet Access Programs* ^
2.5	Household Assistance: Eviction Prevention* ^
2.6	Unemployment Benefits or Cash Assistance to Unemployed Workers*
2.7	Job Training Assistance (e.g., Sectoral job-training, Subsidized Employment, Employment Supports or Incentives)* ^
2.8	Contributions to UI Trust Funds
2.9	Small Business Economic Assistance (General)* ^
2.10	Aid to Nonprofit Organizations*
2.11	Aid to Tourism, Travel, or Hospitality
2.12	Aid to Other Impacted Industries
2.13	Other Economic Support* ^
2.14	Rehiring Public Sector Staff
3: Services to Disproportionately Impacted Communities	
3.1	Education Assistance: Early Learning* ^
3.2	Education Assistance: Aid to High-Poverty Districts ^
3.3	Education Assistance: Academic Services* ^
3.4	Education Assistance: Social, Emotional, and Mental Health Services* ^
3.5	Education Assistance: Other* ^
3.6	Healthy Childhood Environments: Child Care* ^
3.7	Healthy Childhood Environments: Home Visiting* ^
3.8	Healthy Childhood Environments: Services to Foster Youth or Families Involved in Child Welfare System* ^

Coronavirus State and Local Fiscal Recovery Funds
Compliance and Reporting Guidance



3.9	Healthy Childhood Environments: Other* ^
3.10	Housing Support: Affordable Housing* ^
3.11	Housing Support: Services for Unhoused Persons* ^
3.12	Housing Support: Other Housing Assistance* ^
3.13	Social Determinants of Health: Other* ^
3.14	Social Determinants of Health: Community Health Workers or Benefits Navigators* ^
3.15	Social Determinants of Health: Lead Remediation ^
3.16	Social Determinants of Health: Community Violence Interventions* ^
4: Premium Pay	
4.1	Public Sector Employees
4.2	Private Sector: Grants to Other Employers
5: Infrastructure²⁴	
5.1	Clean Water: Centralized Wastewater Treatment
5.2	Clean Water: Centralized Wastewater Collection and Conveyance
5.3	Clean Water: Decentralized Wastewater
5.4	Clean Water: Combined Sewer Overflows
5.5	Clean Water: Other Sewer Infrastructure
5.6	Clean Water: Stormwater
5.7	Clean Water: Energy Conservation
5.8	Clean Water: Water Conservation
5.9	Clean Water: Nonpoint Source
5.10	Drinking water: Treatment
5.11	Drinking water: Transmission & Distribution
5.12	Drinking water: Transmission & Distribution: Lead Remediation
5.13	Drinking water: Source
5.14	Drinking water: Storage
5.15	Drinking water: Other water infrastructure
5.16	Broadband: "Last Mile" projects
5.17	Broadband: Other projects
6: Revenue Replacement	
6.1	Provision of Government Services
7: Administrative	
7.1	Administrative Expenses
7.2	Evaluation and Data Analysis
7.3	Transfers to Other Units of Government
7.4	Transfers to Non-entitlement Units (States and territories only)

*Denotes areas where recipients must identify the amount of the total funds that are allocated to evidence-based interventions (see Use of Evidence section above for details)

^Denotes areas where recipients must report on whether projects are primarily serving disadvantaged communities (see Project Demographic Distribution section above for details)

²⁴ Definitions for water and sewer Expenditure Categories can be found in the EPA's handbooks. For "clean water" expenditure category definitions, please see: <https://www.epa.gov/sites/production/files/2018-03/documents/cwdefinitions.pdf>. For "drinking water" expenditure category definitions, please see: <https://www.epa.gov/dwsrf/drinking-water-state-revolving-fund-national-information-management-system-reports>

DRAFT



13495 Gregg Street
Poway, CA 92064
www.Tek84.com

Sheriff Brent Waak
Polk County Sheriff's Office
1005 West Main Street
Balsam Lake, WI 54810

27 August 2020

Expiration Date: October 31, 2020

Quote#: 2020-08-44

Qty	Part Number	Description	MSRP	Net Price
1	SSD-017-1000	Tek84 Intercept Whole Body Security Scanning System High Strength Aluminum Unibody Frame 160Kv Monoblock Oil Cooled Generator Ultra-compact 34" x 72" footprint <4 Second Scan Time Variable Scanning Dosage from .25uSv to 2.0uSv Adheres to ANSI/HPS N43-17-2009 Regulations Mobile Workstation 27" Mounted Touch Screen Monitor One Million Image Storage Capacity. Transportable on Built In Heavy Duty Caster System 16 Million Gray Scale Levels 110V/15 A	\$225,000	\$149,000
1	INT- INSTALL	Installation and Calibration	INC	INC
1	INT- TRAINING	3 Days On Site Initial Operator Training-adhering to ANSI/ HPS N43.17-2009 Section 8.1.5. Administrator, Super User, Standard User Training Programs.	INC	INC
1	INT-WARRANTY-3	Three (3) Year Parts and Labor on Entire System from time of Installation .	INC	INC
1	SHIPPING	Destination-Polk County Jail-WI	INC	INC
SPECIAL SITE PRICING:			TOTAL:	\$149,000

1	INT-WARRANTY	Additional Yearly parts and Labor Warranty on Entire System	\$7,500/yr
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By execution of this Agreement by an authorized signature, the Customer agrees to purchase the Products specified subject to the terms and conditions set forth in the Agreement and subject to Tek84 Terms and Conditions available at www.Tek84.com

Terms: Net 30 Days from Delivery
Taxes: All sales are subject to applicable sales tax. Please provide a Tax-Exempt Certificate if applicable.

Accepted By: _____ **Tek84:** _____
Printed Name and Title: _____ Printed Name and Title: _____

Authorized Signature: _____ Authorized Signature: _____

Date: _____ Date: _____

ADANI SYSTEMS

Innovate the Future

13631 Poplar Circle, Conroe, TX 77304
 (936) 588-2064 office / (303) 931-5505 mobile

Marathon County Sheriff's Office
 Sandra La Du/715-261-1701
 500 Forest Street
 Wausau, WI 54401
Sandra.LaDu@co.marathon.wi.us

Date 2/2/2022
Quote # ABC123
RE: Product Type

Quotation valid until: 3/4/2022
Prepared by: LRicards

Comments or Special Instructions

1. Customer must supply a dedicated 110VAC/20AMP circuit at the installation locations.
2. These prices do not include sales tax if applicable.
3. Purchase Orders to be written to: ADANI Systems, Inc., 13631 Poplar Circle, Conroe, TX 77304
4. Late fees may be applied to past due invoices

Part Number	Description	Quantity	Unit Price	Amount
ADN BV6045	ADANI BV6045 X-ray Inspection System:	1	\$ 21,471.00	\$ 21,471.00
	System Includes all hardware and software			\$ -
	necessary for complete operational functions			\$ -
ENTRY ROLLER	.5Meter Entry Roller	1	\$ 650.00	\$ 650.00
EXIT ROLLER	1Meter Exit Roller	1	\$ 900.00	\$ 900.00
INSTTRN	Installation and On-site Training	1	\$ 1,066.00	INCLUDED
EXT SVC CONTRACT	1 Year Extended Service Contract at Time of Sale	2	\$ 3,000.00	RECOMMENDED
	Web-based training licenses			\$ -
RPP	RADIATION PROTECTION PROGRAM - State specific	1	\$ 895.00	RECOMMENDED
RSOT	RADIATION SAFETY OFFICER TRAINING/person	2	\$ 895.00	RECOMMENDED
ROT	RADIATION OPERATOR TRAINING/person	5	\$ 175.00	RECOMMENDED
				\$ -
				\$ -

Payment Terms: Net 30 Days
Ship Date: 30 Days / ARO
Terms of delivery: FOB Origin PrePay and ADD
Warranty Terms: 12 Month Warranty - Covers Parts, Labor, Preventative Maintenance, Software Updates, Radiation Survey

Subtotal	\$ 23,021.00
Shipping	\$ 500.00
TOTAL	\$ 23,521.00

OPTIMAL SOLUTION
FOR QUICK AND ACCURATE INSPECTION
OF PARCELS, SMALL AND MID-SIZE BAGGAGE



X-RAY BAGGAGE INSPECTION SYSTEMS

BV 6045

The BV 6045 is a reliable, optimal and cost-effective security solution which provides enhanced threat and contraband detection capabilities. The system is intended to make security screening process effective, fast and automated.

Due to its optimal tunnel size, the system can be used at any facilities and within any application scenario. It does not require any additional security infrastructure and can be easily relocated as appropriate.

High image quality in combination with advanced image processing tools and threat detection assistance software allows the operator to quickly and effectively evaluate any luggage content without any negative impact on throughput capacity.



**BORDER CROSSINGS
TRANSPORTATION FACILITIES**



**SECURITY CHECKPOINTS
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**GOVERNMENTAL BUILDINGS
COURT HOUSES**



**BANKS
HOTEL COMPLEXES**



**CRUISE SHIPS
CRITICAL INFRASTRUCTURE**



ADANI
www.adanisystems.com
info@adanisystems.com



ADANI
from ideas to solutions

X-RAY BAGGAGE INSPECTION SYSTEMS

BV 6045

KEY FEATURES

- ▶ COST-EFFECTIVE SOLUTION
- ▶ PROVEN RELIABILITY
- ▶ SIMPLE INTERFACE
- ▶ AUTOMATIC IDENTIFICATION OF SUSPICIOUS OBJECTS
- ▶ AUTOMATIC GUN DETECTION SOFTWARE
- ▶ MULTILANGUAGE INTERFACE
- ▶ QUICK START-UP AND SHUTDOWN
- ▶ THE FAULT-TOLERANT CONFIGURATION OF THE SYSTEM

OPTIONS

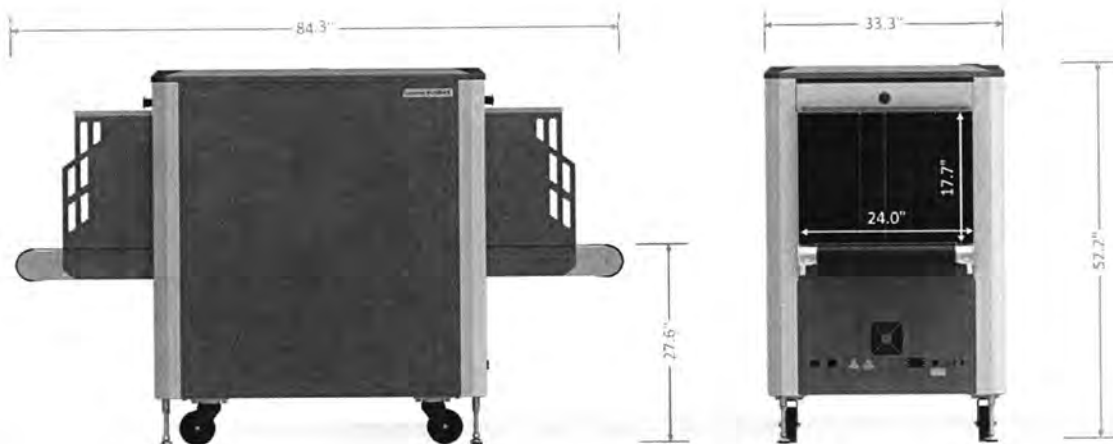
- ▶ ENTRY / EXIT ROLLERS OF VARIOUS LENGTH
- ▶ OPERATOR'S DESK
- ▶ SET OF TEST OBJECTS
- ▶ TWO MONITORS FUNCTIONALITY
- ▶ TOUCHSCREEN OPERATION
- ▶ UNINTERRUPTIBLE POWER SUPPLY

Specifications

Tunnel dimensions (WxH)	24.0" x 17.7"	
Conveyor speed	0.49 ± 0.06 mph	
Load on the conveyer	397 lbs	
Anode	Standard 140 kV /High 160 kV	
Steel penetration in high mode	GUARANTEED 1.42"	TYPICAL 1.46"
Wire detectability	40 AWG	
Dual-energy detector	Yes	
Number of colors within the X-ray image	7 and 3	
Dimensions (LxWxH)	84.3" x 33.3" x 57.7"	
Weight	904 lbs	
Power Supply	230 V AC± 10% / 120 V AC± 5%, 50/60 Hz	
Power Consumption	Max 0,9 kW	
Operating temperature	from 32 to 104 °F	
Humidity (at + 35 °C)	up to 98%, non condensing	

List of software features available to an operator

- ▶ Automatically calibrating and normalizing the X-ray detector
- ▶ Highlighting optically dense objects
- ▶ Adjusting contrast of strongly absorbing objects
- ▶ Inverting images
- ▶ Gamma-correction of images
- ▶ Optimizing the overall contrast
- ▶ Coloring substances with atomic numbers from a selected range
- ▶ Pseudocoloring of images
- ▶ Displaying organic objects with atomic numbers equal to 7, 8, and 9
- ▶ Displaying substances according to a selected range of signal strength
- ▶ Zooming images up to 96x
- ▶ Automatically saving X-ray images in archive
- ▶ Browsing the image (JPEG format) archive
- ▶ Copying images on external storage media
- ▶ Threat Image Projection (TIP)
- ▶ Counting inspected baggage
- ▶ Real-time self diagnostics

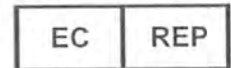


0391-SA29082018

Compliant with standards for cabinet X-ray systems (USFDA, Center for Devices and Radiation Health, 21-CFR 1020.40) Typical radiation leakage is less than 0.1 mR/hr (1 µSv/hr) (Leakage less than 0.5 mR/hr permitted by the Federal Standard) Guaranteed even for high speed films up to ISO 1600 (33 DIN)



Authorized Representative in EU/EC



ADANI Systems, Inc.
13631 Poplar Circle
Conroe, TX 77304
(936) 588-2064

With continual development of our products ADANI reserves the right to make changes to the design and specifications at any moment and without notice.



157156 Buck Trail Road
 Wausau WI 54403
 E-Mail: VersaConstruct@gmail.com
 (715) 675-5304 Cell: (715) 551-0130

Proposal

DATE	Proposal No.
1/25/2022	2008

SHEET__OF__

NAME / ADDRESS
Marathon Co. Facilities & Capital Management 1000 Lakeview DR. ste 300 Wausau WI. 54403

DESCRIPTION	TOTAL
<p>Price to cut and remove concrete block for one 4'x7' opening in the block wall at the Marathon Co. Jail . Also includes Dark gray metal around opening.</p> <p>As required by the Wisconsin Construction Lien Law, Versatile Construction, LLC (Contractor) hereby notifies you as the owner that persons or companies furnishing labor or materials for customers on the owner's land may have lien rights on owner's land and buildings if not paid. Those entitled to lien rights, in addition to the contractor, are those who contract directly with the owner or those who give the owner notice within sixty (60) days after they first furnished labor or materials for the construction. Accordingly, owner probably will receive notice from those that furnished labor or materials for the construction, and should give a copy of each notice received to the mortgage lender, if any. Contractor agrees to cooperate with the owner and the owner's lender, if any, to see that all potential lien claimants are duly paid.</p>	1,840.00
Total Due on Completion	TOTAL \$1,840.00

Acceptance of Proposal:
 The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to complete this contract as specified. Payments will be made as outlined.

SIGNATURE _____

Quotation

Date:	February 2, 2022	Quotation No.:	28992R0
Attention:	Craig Christians	Telephone:	715-581-9595
Company:	Marathon County Wausau, WI 54403 USA	E-mail:	craig.christians@co.marathon.wi.us
Ship to:	Same as above	Reference:	Pacline J20964 System Extension
		Pages:	7 (including this page)

Pacline is pleased to submit a quotation for the subject project as outlined herein.

Scope of Supply by Pacline:

One PAC-LINE™ enclosed chain conveyor system extension, approximately **80 ft. long (total system length of approximately 160 ft.)**, per the attached list of components and subject to the clarifications and exceptions, and general terms and conditions attached.

Scope of Supply by Others:

Power Supply to New Electrical Panel Location
Mechanical installation (Optional)
Electrical disconnection and re-installation
Safety guarding and other safety equipment
Electrical equipment not shown on equipment list
Receiving and unloading of equipment at site
Freight (Optional)

Conveyor System Cost (US Funds): \$ 25,034.00
Non-Union Mechanical Installation Cost (US Funds): \$ 20,960.00
Pacline-Arranged Freight Cost (US Funds): \$ 3,000.00

*Pacline has assumed all equipment, posts, crates, etc. will fit down hallways from loading dock to installation area.

Clarifications and Exceptions

1. Pricing:

- a. The above price is FIRM to you.
- b. This quotation has been based on information supplied by the customer. This information included past **Pacline Job#20964** and a system extension layout drawing, as provided by Craig Christians on January 28th, 2022.
- c. Shipping of equipment is not included.
- d. Taxes are not included. Customer is requested to forward a copy of its "sales tax exemption certificate", or other evidence of exemption from payment of sales taxes, with its order. Notwithstanding, if Pacline determines that it is legally required to collect sales taxes from the customer related to this sale, then same shall be deemed added to the quoted price.
- e. The quoted pricing is valid for **30** days.
- f. We have enclosed drawing 28992-1 Rev A for your reference.
- g. Engineer stamped drawings are not included.
- h. Application, securing and payment of building permits or similar are not included.
- i. Bonds, wage-scale or any other union requirements are not included.

2. Items To Be Handled:

- a. The subject system will be used to carry inmate property storage bags, approximately 20" W x 57" H. Overall thickness of inmate property storage bags has not been discussed, and may reduce the maximum number of bags held on the conveyor system.
- b. Part orientation or description was not provided but is assumed as garments loaded perpendicular to conveyor travel.
- c. Maximum load per pendant not to exceed 50 lbs.
- d. Conveyor loading is not expected to exceed 30 lbs per foot. This loading has been used to estimate chain pull and support spacing.
- e. Customer is responsible to check for part clearance around curves, future support structure, adjacent equipment and adjacent parts.
- f. Special parts carriers are not included.
- g. 3-slot storage racks are included, at 12" center-to-center spacing, for the additional system length of the extension (approximately 77 ft.). The design is based on past **Pacline Job#20964** and changes in design may result in a corresponding cost change to be issued to the customer in the form of a "Change Order".

3. Mechanical Equipment:

- a. This is a single drive system.
- b. 10'-0" long pre-flanged tracks are standard. Additional track flanges are shipped loose for field cutting and welding.
- c. Elevations are not included. This is a monoplane system.
- d. The drive unit, curves, track clamps and chain will be zinc-plated.
- e. This system will operate at a variable speed range of 8 FPM to 40 FPM, when wired to a VFD.
- f. The conveyor chain must be properly lubricated in order to avoid premature wear. Pre-greased conveyor chain is included. A suitable maintenance schedule outlining chain lubrication intervals should be established and implemented by the customer.
- g. The design of overhead chain conveyors is such that lubricant or debris may fall on products below. This may occur due to over-lubrication or a dusty environment. For this purpose, Pacline has provided drip trays that will safeguard against contamination of customer products.

4. Supports:

- a. This quotation includes track clamps.
- b. This quotation includes floor supports, based on a track elevation of 6'-5" or less. Floor supports will be painted Pacline Blue.
- c. Floor supports will be anchored to the concrete floor using wedge anchors that penetrate the customer's concrete floor by at least 4-1/2".
- d. Pacline accepts no responsibility for building strength and integrity. At the customer's request, Pacline can supply estimated loads and loading points to customer for approval during project engineering.

5. Safety Guarding:

- a. Safety guarding is not included.
- b. As safety regulations vary with location, region and customer, Pacline accepts no responsibility for meeting safety codes with regard to safety guarding. Changes in design may result in a corresponding cost change to be issued to the customer in the form of a "Change Order".

PACLINE CONVEYOR COMPONENTS

<u>QTY</u>	<u>TYP</u>	<u>PART & DESCRIPTION</u>	<u>WEIGHT</u>
160	ft.	Pac-Line Conveyor Chain with Rivets, 10 ft. Long (PRE-GREASED CHAIN)	248
80	ft.	T-250 Straight Track, 10 ft. Long sections	192
30		TH-200 Track Hanger Clamp with 6" rod	39
15		TF-204 Track Flange Bare No Zinc Plating (For field cutting of track)	4.65
1		Spray Can - Silver for Bare Track Flanges	1
9		HC-103 12" Rad. 90 Deg. Horiz. Curve	40.5
1		HC-104 12" Rad. 180 Deg. Horiz. Curve	8.5
2		HC-304 24" Rad. 45 Deg. Horiz. Curve	9.6
1		CC-500-2000 H.D. Cat Chain Assembly w/ 9 Drive Dogs	16
12		Basic Floor Stand 8' tall or less, 3" HSS	1224
60		Wedge Anchors	15
80		Special Carriers	160
80		DS-975A Dust Shield c/w bottom clevis	72
1		Engineering Manual	2.5
Total Weight - crating extra (lbs.).....			2033

the customer will be charged as an extra by Pacline at Pacline's prevailing rates. Pacline reserves the right to subcontract out to third party installers, any part or the whole of any installation work which Pacline has agreed to undertake. Where Pacline has agreed in this quotation to install, electrical wiring of the equipment is not the responsibility of Pacline, unless otherwise specified. If Pacline is unable to fully commission the equipment at the time of installation because electrical connections are not completed, a later service call at the customer's expense to commission the equipment may result.

10. Installation by Others.

If the equipment described in this quotation is installed by others, Pacline assumes no responsibility for improper operation of equipment which Pacline determines to be a result of faulty installation. Service calls by Pacline in such situations will be at the customer's expense.

11. Safety Devices Including Guarding.

The provision and installation of safety devices, including but not limited to conveyor guarding, required by law or otherwise in relation to the operation of the equipment is the sole responsibility of the customer, unless otherwise specified. The customer shall indemnify and hold Pacline harmless against all claims, damages, injuries, losses, costs and expenses arising out of the inadequate or improper installation of required or appropriate safety devices which are not expressly agreed in writing by Pacline to be its contractual responsibility.

12. Roof Loading.

Pacline assumes no responsibility for determining and ensuring the structural capacity of roof construction in relation to the work described in this quotation. The customer shall indemnify and hold Pacline harmless against all claims, damages, injuries, losses, costs and expenses arising out of inadequate or improper roof support for the work.

13. Hangers/Carriers.

The design and supply of product hangers/carriers is the responsibility of the customer, unless otherwise specified.

14. Ownership of Design.

All drawings and specifications of equipment created by Pacline in relation to or as a result of the acceptance of this quotation are and shall remain the property of Pacline, unless otherwise specified.

15. Changes.

Any changes or additions to the work, including changes to drawings, designs or specifications, material changes to delivery time and changes in the amount or type of equipment being purchased, will be considered an amendment to this quotation, and will be priced in accordance with Pacline's prevailing rates. If a customer drawing, upon which Pacline relies in preparing this quotation, contains a material inaccuracy or omission, the corrective measures required will be deemed to be a

change hereunder and Pacline will be indemnified by customer at Pacline's prevailing rates for the additional costs and expenses to take such corrective measures.

16. Title and Risk.

Title to the equipment described in this quotation shall pass from Pacline to the customer upon payment by the customer of all amounts payable under the terms of its agreement with Pacline. The customer will assume all risk in respect to the equipment upon delivery of the equipment to the customer.

17. Termination by Pacline.

Pacline may by written notice, at its option, terminate its agreement with the customer, in whole or in part, for default if the customer fails to perform and comply with any provision of the agreement, including without limitation non-payment of amounts due, or is or becomes insolvent, files for or is petitioned into bankruptcy, makes an assignment for the benefit of creditors or otherwise seeks protection from creditors. Such termination will be without liability to Pacline, except for the return to the customer of monies paid which are in excess of the damages to Pacline.

18. Assignment.

The customer may not assign any of its rights or obligations under this quotation and/or the agreement resulting from the acceptance of this quotation without Pacline's prior written consent that may be unreasonably withheld.

19. Severability.

The invalidity of any part of the agreement between Pacline and the customer does not affect the remaining provisions.

20. Entire Agreement.

Pacline shall not be bound by any standard terms and conditions forming part of the customer's purchase order which conflict with or are supplemented to the terms and conditions contained in this quotation, unless agreed to in writing by Pacline. Upon acceptance of this quotation, this quotation and the customer's purchase order that accepts this quotation (excluding such conflicting/ supplemental terms and conditions) will constitute the entire agreement between Pacline and the customer. Any prior agreements, promises, negotiations or representations not expressly included in this quotation are of no force and effect. Any amendments will be ineffective unless in writing and signed by an authorized representative of Pacline.

21. Governing Law.

This quotation and its acceptance by the customer is governed by and construed in accordance with the laws of the state of New York and the customer hereby expressly submits to the non-exclusive jurisdiction of the courts of New York.

22. Terms of Payment.

Payment terms are shown on page 2 of this agreement. Late payments will be assessed at 2% per month and 24% per annum beyond the stated terms for each installment.



ARPA Project Request Form

- Project Requestor should complete Section 1 and submit draft ideas to County Administration for review.
- If County Administration supports further review of the project, Department Heads will be asked to review and provide additional feedback to County Administration.
- All projects must be completed by December 31, 2024, in order to be considered, unless it is contracted until December 31, 2026.

SECTION 1 – To Be Completed by Project Requestor Before Submitting to County Administration

Project Requestor: Captain Sean D. McCarthy **Date:** 03/17/2022

Name of ARPA Project: Sheriff's Office - Taser Replacement

New Project Expansion of Existing Project (*identify below*) Replace Future CIP Project (*identify below*)
Identify: _____

Estimated Start Date of Project: April 2022 **Estimated Date of Completion:** April 2026 (or sooner if entire contract is paid at once)

Identify the Category for Eligible Use: (*see pages 4-5 for list from the US Treasury*)
 Responding to the Public Health Emergency Addressing Negative Economic Impacts
 Serving the Hardest Hit Improving Access to Infrastructure Revenue Loss

What expenditure category does this project qualify under? (*See list on pages 5-6. Example.: 7.1 Administrative Expenses*)
6.1 Provision of Government Services

Please explain how the project qualifies under the expenditure category noted above:
U.S. Department of Treasury guidance on usage of funds specifically lists "Provision of police, fire, and other public safety services." The Taser program enhances our public safety function as these devices are utilized by our corrections officers as well as the law enforcement officers in court security, investigations and patrol.

Description – Provide an explanation about what the project entails.

This project request is for the full replacement of 46 Taser X26 electronic devices. Between the staff in Corrections and the sworn law enforcement officers within Patrol, Investigations and Court Security, the sheriff's office maintains a total of 115 Taser devices. As has been demonstrated many times, the Taser is an important tool in the use of force continuum for corrections officers and law enforcement officers alike.

Annually, the sheriff's office budgets Taser-related expenses in the amount of \$12,000. This is used for cartridges (training and duty use) as well as the replacement of devices and batteries. While we have been able to maintain and upgrade our inventory as necessary over time, we have arrived at the point where there is a real need to replace 46 of our X26 devices. Axon Enterprise, Inc., producer/distributor of the Taser devices, has discontinued the production and sales of the model X26 and its compatible battery.

Since the inception of our Taser program, the sheriff's office has put the X26's to good use and have done our best to maintain an operational inventory. To put this into perspective, the X26 model has been used by the sheriff's office since May 2005. Some of those devices remain in use today. We have 35 X26's that were purchased prior to 2010 and another 11 procured thereafter. These units will only endure as long as we have batteries, which are in low supply. The impending end-of-life on these devices necessitates a full replacement to the model X26P.

If approved, this request would ensure our Taser programs operational effectiveness for years to come.

How does this project directly address the negative impacts of the pandemic? (e.g. economic impacts, disproportionately impacted communities, public health, etc.)

In general, violent crime is on the rise in the area. This has been evident by the number of use of force incidents within the confines of the jail and out in the community. Our staff are amongst the best-trained to effectively deal with these incidents. It is imperative that they also have the proper equipment available to carry out the public safety mission. This tool affords your law enforcement professionals an option to gain compliance from a suspect without the need to escalate the use of force required to take them into custody.

How does this project benefit the citizens of Marathon County and align with the goals within the [strategic](#) and [comprehensive](#) plans?

The strategic goal of being the safest county in the State and Objective 7.1 in the Strategic Plan which aims to provide cost-effective and high-quality public safety services are directly affected by this funding project. As stated in the 2016 comprehensive plan, the goal of public safety is that Marathon County is a safe and secure community for all residents and visitors. To align with these goals, there is a real need to provide the best and relevant equipment to our corrections and law enforcement officers.

Estimated Total Cost of Project: \$ _____

Amount of Marathon County ARPA Funds Requested: \$ 77,231.70 (cost of entire 60-month contract)

Budget Year: 2022 2023 2024 2025 2026

Note: ARPA Funds are to be obligated by December 31, 2024, and spent by December 31, 2026.

Are matching funds available from another organization/municipality? Yes No

If yes, identify who and amount:

Are there other funding opportunities available such as pandemic-related grants that would reduce the amount of ARPA funding needed? Yes No

If yes, please identify source, amount and timeline of funding awards:

Please identify, if any, ongoing costs the project will incur and how those costs would be funded?

(examples: building maintenance, replacement costs, or ongoing maintenance/cleaning)

The annual line-item for Tasers presently within the sheriff's office budget will only fund the ongoing maintenance, device and/or battery replacements and the cartridges needed for duty and training applications. Replacement of this number of devices is not within our budget.

Will this project result in savings for a county department or the community beyond 2026?

Yes No

If yes, please specify how much and in what areas these savings will be realized?

Some of our present Tasers were issued in 2005, nearly 17 years ago. If this request is approved, it would bring our entire operational inventory current and defray from using other funding for this same purpose, which is necessitated by the looming end-of-life of the model X26 devices.

Do you anticipate this project to increase future revenues for Marathon County in general?

Yes No

If yes, what revenues will be affected?

Do you anticipate this project to increase future revenues for a county department or Marathon County Government? Yes No
If yes, what revenues will be affected?

Is there a current program/service that will no longer be offered as a result of this project? Yes No
If yes, please identify the program and costs of the current program:

Will this new project require additional staff only for the duration of the project? (example: project management resources) Yes No
If yes, how many staffing hours are anticipated? _____

Please email completed form to the County Administrator at administrator@co.marathon.wi.us



Signature of Project Requestor

03/18/2022

Date

SECTION 2 – To Be Completed by the County Administrator

- Approved for HRFP Committee Review
- Denied
- Forwarded to Department Head for Review
- More Information Needed

Category for Eligible Use:
 Responding to the Public Health Emergency Addressing Negative Economic Impacts
 Serving the Hardest Hit Improving Access to Infrastructure Revenue Loss

Project Budget Year: 2022 2023 2024 2025 2026

County Administrator

Date

Comments for HRFP Committee:

SECTION 3 – Additional Action and/or Comments from HRFP Committee

HRFP Committee Meeting Date: _____ Approved Denied More Information Needed

Total Amount of Marathon County ARPA Funding Recommended by Committee: \$ _____

Comments for County Board:

SECTION 4 – County Board Action

County Board Meeting Date: _____ Approved Denied More Information Needed

Total Amount of Marathon County ARPA Funding Approved by County Board: \$ _____

Additional follow-up items:

Appendix 1: Expenditure Categories

The Expenditure Categories (EC) listed below must be used to categorize each project as noted in Part 2 above. The term "Expenditure Category" refers to the detailed level (e.g., 1.1 COVID-10 Vaccination). When referred to as a category (e.g., EC 1) it includes all Expenditure Categories within that level.

1: Public Health	
1.1	COVID-19 Vaccination ^
1.2	COVID-19 Testing ^
1.3	COVID-19 Contact Tracing
1.4	Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, etc.)*
1.5	Personal Protective Equipment
1.6	Medical Expenses (including Alternative Care Facilities)
1.7	Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency
1.8	Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)
1.9	Payroll Costs for Public Health, Safety, and Other Public Sector Staff Responding to COVID-19
1.10	Mental Health Services*
1.11	Substance Use Services*
1.12	Other Public Health Services
2: Negative Economic Impacts	
2.1	Household Assistance: Food Programs* ^
2.2	Household Assistance: Rent, Mortgage, and Utility Aid* ^
2.3	Household Assistance: Cash Transfers* ^
2.4	Household Assistance: Internet Access Programs* ^
2.5	Household Assistance: Eviction Prevention* ^
2.6	Unemployment Benefits or Cash Assistance to Unemployed Workers*
2.7	Job Training Assistance (e.g., Sectoral job-training, Subsidized Employment, Employment Supports or Incentives)* ^
2.8	Contributions to UI Trust Funds
2.9	Small Business Economic Assistance (General)* ^
2.10	Aid to Nonprofit Organizations*
2.11	Aid to Tourism, Travel, or Hospitality
2.12	Aid to Other Impacted Industries
2.13	Other Economic Support* ^
2.14	Rehiring Public Sector Staff
3: Services to Disproportionately Impacted Communities	
3.1	Education Assistance: Early Learning* ^
3.2	Education Assistance: Aid to High-Poverty Districts ^
3.3	Education Assistance: Academic Services* ^
3.4	Education Assistance: Social, Emotional, and Mental Health Services* ^
3.5	Education Assistance: Other* ^
3.6	Healthy Childhood Environments: Child Care* ^
3.7	Healthy Childhood Environments: Home Visiting* ^
3.8	Healthy Childhood Environments: Services to Foster Youth or Families Involved in Child Welfare System* ^



3.9	Healthy Childhood Environments: Other* ^
3.10	Housing Support: Affordable Housing* ^
3.11	Housing Support: Services for Unhoused Persons* ^
3.12	Housing Support: Other Housing Assistance* ^
3.13	Social Determinants of Health: Other* ^
3.14	Social Determinants of Health: Community Health Workers or Benefits Navigators* ^
3.15	Social Determinants of Health: Lead Remediation ^
3.16	Social Determinants of Health: Community Violence Interventions* ^
4: Premium Pay	
4.1	Public Sector Employees
4.2	Private Sector: Grants to Other Employers
5: Infrastructure²⁴	
5.1	Clean Water: Centralized Wastewater Treatment
5.2	Clean Water: Centralized Wastewater Collection and Conveyance
5.3	Clean Water: Decentralized Wastewater
5.4	Clean Water: Combined Sewer Overflows
5.5	Clean Water: Other Sewer Infrastructure
5.6	Clean Water: Stormwater
5.7	Clean Water: Energy Conservation
5.8	Clean Water: Water Conservation
5.9	Clean Water: Nonpoint Source
5.10	Drinking water: Treatment
5.11	Drinking water: Transmission & Distribution
5.12	Drinking water: Transmission & Distribution: Lead Remediation
5.13	Drinking water: Source
5.14	Drinking water: Storage
5.15	Drinking water: Other water infrastructure
5.16	Broadband: "Last Mile" projects
5.17	Broadband: Other projects
6: Revenue Replacement	
6.1	Provision of Government Services
7: Administrative	
7.1	Administrative Expenses
7.2	Evaluation and Data Analysis
7.3	Transfers to Other Units of Government
7.4	Transfers to Non-entitlement Units (States and territories only)

*Denotes areas where recipients must identify the amount of the total funds that are allocated to evidence-based interventions (see Use of Evidence section above for details)

^Denotes areas where recipients must report on whether projects are primarily serving disadvantaged communities (see Project Demographic Distribution section above for details)

²⁴ Definitions for water and sewer Expenditure Categories can be found in the EPA's handbooks. For "clean water" expenditure category definitions, please see: <https://www.epa.gov/sites/production/files/2018-03/documents/cwdefinitions.pdf>. For "drinking water" expenditure category definitions, please see: <https://www.epa.gov/dwsrf/drinking-water-state-revolving-fund-national-information-management-system-reports>.

Coronavirus State and Local Fiscal Recovery Funds
Compliance and Reporting Guidance



ARPA Project Request Form

- Project Requestor should complete Section 1 and submit draft ideas to County Administration for review.
- If County Administration supports further review of the project, Department Heads will be asked to review and provide additional feedback to County Administration.
- All projects must be completed by December 31, 2024, in order to be considered, unless it is contracted until December 31, 2026.

SECTION 1 – To Be Completed by Project Requestor Before Submitting to County Administration

Project Requestor: Troy Torgerson - Facilities and Capital Management **Date:** 1/27/2022

Name of ARPA Project: HVAC Replacement for Jail Administration, Booking and Kitchen

New Project Expansion of Existing Project (*identify below*) Replace Future CIP Project (*identify below*)
Identify: 22BM02C HVAC Replacement for Jail Administration, Booking and Kitchen

Estimated Start Date of Project: March 1st, 2022 **Estimated Date of Completion:** December 31st, 2022

Identify the Category for Eligible Use: (*see pages 4-5 for list from the US Treasury*)
 Responding to the Public Health Emergency Addressing Negative Economic Impacts
 Serving the Hardest Hit Improving Access to Infrastructure Revenue Loss

What expenditure category does this project qualify under? (*See list on pages 5-6. Example.: 7.1 Administrative Expenses*)
1.7 Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency

Please explain how the project qualifies under the expenditure category noted above:
This project replaces an HVAC system that is non functioning. The new system will provide the air exchange and proper filtration for COVID-19 as well as required fresh air exchange for the jail administration, booking area, and kitchen.

Description – *Provide an explanation about what the project entails.*

- In Scope:
- All general construction and mechanical construction needed for replacement of HVAC System.
 - Demolition and disposal of existing equipment.
 - Install new HVAC unit to meet DSPS Chapter SPS 364 HVAC. This will provide the necessary filtration and air exchanges for COVID-19.
 - Replace outdated Pneumatic controls with digital controls
 - Install new Building Automation System and monitoring capability
 - Remove existing unused duct work

How does this project directly address the negative impacts of the pandemic? (e.g. economic impacts, disproportionately impacted communities, public health, etc.)

This will provide the fresh air and filtration required for the inmates and staff in the county jail, as well as visitors and contractors, while they are in the areas, and protect the public health in the jail and adjoining areas of the courthouse.

How does this project benefit the citizens of Marathon County and align with the goals within the [strategic](#) and [comprehensive](#) plans?

This project meets Marathon County strategic and comprehensive plans as well as state, county and local codes regarding HVAC. This project will promote the health and safety of the general public, jail staff, inmates, county employees in the facility and the citizens of Marathon County from COVID-19 and other airborne viruses and pathogens.

Estimated Total Cost of Project: \$ 1,011,765.00

Amount of Marathon County ARPA Funds Requested: \$ 1,011,765.00

Budget Year: 2022 2023 2024 2025 2026

Note: ARPA Funds are to be obligated by December 31, 2024, and spent by December 31, 2026.

Are matching funds available from another organization/municipality? Yes No
If yes, identify who and amount:

Are there other funding opportunities available such as pandemic-related grants that would reduce the amount of ARPA funding needed? Yes No

If yes, please identify source, amount and timeline of funding awards:

Please identify, if any, ongoing costs the project will incur and how those costs would be funded?

(examples: building maintenance, replacement costs, or ongoing maintenance/cleaning)

Building maintenance funds to maintain the HVAC unit including replacing filters, and monitoring the air quality in the booking, administrative and kitchen areas of the jail. This funding will be out of the Facilities and Capital Management budget.

Will this project result in savings for a county department or the community beyond 2026?

Yes No

If yes, please specify how much and in what areas these savings will be realized?

Do you anticipate this project to increase future revenues for Marathon County in general?

Yes No

If yes, what revenues will be affected?

Do you anticipate this project to increase future revenues for a county department or Marathon County

Government? Yes No

If yes, what revenues will be affected?

Is there a current program/service that will no longer be offered as a result of this project? Yes No

If yes, please identify the program and costs of the current program:

Will this new project require additional staff only for the duration of the project? (example: project management resources) Yes No

If yes, how many staffing hours are anticipated? _____

Please email completed form to the County Administrator at administrator@co.marathon.wi.us



Signature of Project Requestor

1/27/2022

Date

SECTION 2 – To Be Completed by the County Administrator

Approved for HRFP Committee Review

Denied

Forwarded to Department Head for Review

More Information Needed

Category for Eligible Use:

Responding to the Public Health Emergency

Addressing Negative Economic Impacts

Serving the Hardest Hit

Improving Access to Infrastructure

Revenue Loss

Project Budget Year: 2022 2023 2024 2025 2026

County Administrator

Date

Comments for HRFP Committee:

SECTION 3 – Additional Action and/or Comments from HRFP Committee

HRFP Committee Meeting Date: _____ Approved Denied More Information Needed

Total Amount of Marathon County ARPA Funding Recommended by Committee: \$ _____

Comments for County Board:

SECTION 4 – County Board Action

County Board Meeting Date: _____ Approved Denied More Information Needed

Total Amount of Marathon County ARPA Funding Approved by County Board: \$ _____

Additional follow-up items:

**Appendix 1: Expenditure Categories**

The Expenditure Categories (EC) listed below must be used to categorize each project as noted in Part 2 above. The term “Expenditure Category” refers to the detailed level (e.g., 1.1 COVID-10 Vaccination). When referred to as a category (e.g., EC 1) it includes all Expenditure Categories within that level.

1: Public Health	
1.1	COVID-19 Vaccination ^
1.2	COVID-19 Testing ^
1.3	COVID-19 Contact Tracing
1.4	Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, etc.)*
1.5	Personal Protective Equipment
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2.8	Contributions to UI Trust Funds
2.9	Small Business Economic Assistance (General)* ^
2.10	Aid to Nonprofit Organizations*
2.11	Aid to Tourism, Travel, or Hospitality
2.12	Aid to Other Impacted Industries
2.13	Other Economic Support* ^
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3: Services to Disproportionately Impacted Communities	
3.1	Education Assistance: Early Learning* ^
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3.5	Education Assistance: Other* ^
3.6	Healthy Childhood Environments: Child Care* ^
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3.9	Healthy Childhood Environments: Other* ^
3.10	Housing Support: Affordable Housing* ^
3.11	Housing Support: Services for Unhoused Persons* ^
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3.15	Social Determinants of Health: Lead Remediation ^
3.16	Social Determinants of Health: Community Violence Interventions* ^
4: Premium Pay	
4.1	Public Sector Employees
4.2	Private Sector: Grants to Other Employers
5: Infrastructure²⁴	
5.1	Clean Water: Centralized Wastewater Treatment
5.2	Clean Water: Centralized Wastewater Collection and Conveyance
5.3	Clean Water: Decentralized Wastewater
5.4	Clean Water: Combined Sewer Overflows
5.5	Clean Water: Other Sewer Infrastructure
5.6	Clean Water: Stormwater
5.7	Clean Water: Energy Conservation
5.8	Clean Water: Water Conservation
5.9	Clean Water: Nonpoint Source
5.10	Drinking water: Treatment
5.11	Drinking water: Transmission & Distribution
5.12	Drinking water: Transmission & Distribution: Lead Remediation
5.13	Drinking water: Source
5.14	Drinking water: Storage
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7: Administrative	
7.1	Administrative Expenses
7.2	Evaluation and Data Analysis
7.3	Transfers to Other Units of Government
7.4	Transfers to Non-entitlement Units (States and territories only)

*Denotes areas where recipients must identify the amount of the total funds that are allocated to evidence-based interventions (see Use of Evidence section above for details)

^Denotes areas where recipients must report on whether projects are primarily serving disadvantaged communities (see Project Demographic Distribution section above for details)

²⁴ Definitions for water and sewer Expenditure Categories can be found in the EPA's handbooks. For "clean water" expenditure category definitions, please see: <https://www.epa.gov/sites/production/files/2018-03/documents/cwdefinitions.pdf>. For "drinking water" expenditure category definitions, please see: <https://www.epa.gov/dwsrf/drinking-water-state-revolving-fund-national-information-management-system-reports>.



ARPA Project Request Form

- Project Requestor should complete Section 1 and submit draft ideas to County Administration for review.
- If County Administration supports further review of the project, Department Heads will be asked to review and provide additional feedback to County Administration.
- All projects must be completed by December 31, 2024, in order to be considered, unless it is contracted until December 31, 2026.

SECTION 1 – To Be Completed by Project Requestor Before Submitting to County Administration

Project Requestor: Craig Christians FCM **Date:** 3-1-22

Name of ARPA Project: Library Duct Cleaning

New Project Expansion of Existing Project *(identify below)* Replace Future CIP Project *(identify below)*
Identify: Air Handler and Duct Cleaning at Marathon County Library

Estimated Start Date of Project: June 1, 2022 **Estimated Date of Completion:** December 31st, 2022

Identify the Category for Eligible Use: *(see pages 4-5 for list from the US Treasury)*
 Responding to the Public Health Emergency Addressing Negative Economic Impacts
 Serving the Hardest Hit Improving Access to Infrastructure Revenue Loss

What expenditure category does this project qualify under? *(See list on pages 5-6. Example.: 7.1 Administrative Expenses)*
1.7 Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency

Please explain how the project qualifies under the expenditure category noted above:
This project would clean the the HVAC duct systems supplying fresh air to the basement, 1st and 2nd floors of the Library.

Description – *Provide an explanation about what the project entails.*
In Scope:
• Cleaning of the (3) Air Handlers in the Library along with all ductwork attached to them feeding the basement, 1st and 2nd floors.

How does this project directly address the negative impacts of the pandemic? (e.g. economic impacts, disproportionately impacted communities, public health, etc.)

This will help provide the fresh air and filtration required for staff and public that utilize the Library. The ducts haven't been cleaned in 26 plus years.

How does this project benefit the citizens of Marathon County and align with the goals within the [strategic](#) and [comprehensive](#) plans?

This project meets Marathon County strategic and comprehensive plans as well as state, county and local codes regarding HVAC. This project will promote the health and safety of the general public and county employees in the facility and the citizens of Marathon County from COVID-19 and other airborne viruses and pathogens.

Estimated Total Cost of Project: \$ 17,000.00

Amount of Marathon County ARPA Funds Requested: \$ 17,000.00

Budget Year: 2022 2023 2024 2025 2026

Note: ARPA Funds are to be obligated by December 31, 2024, and spent by December 31, 2026.

Are matching funds available from another organization/municipality? Yes No

If yes, identify who and amount:

Are there other funding opportunities available such as pandemic-related grants that would reduce the amount of ARPA funding needed? Yes No

If yes, please identify source, amount and timeline of funding awards:

Please identify, if any, ongoing costs the project will incur and how those costs would be funded?

(examples: building maintenance, replacement costs, or ongoing maintenance/cleaning)

Building maintenance funds to maintain the HVAC units including replacing filters, and monitoring the air quality in the Courthouse. This funding will be out of the Facilities and Capital Management budget.

Will this project result in savings for a county department or the community beyond 2026?

Yes No

If yes, please specify how much and in what areas these savings will be realized?

Do you anticipate this project to increase future revenues for Marathon County in general?

Yes No

If yes, what revenues will be affected?

Do you anticipate this project to increase future revenues for a county department or Marathon County Government? Yes No

If yes, what revenues will be affected?

Is there a current program/service that will no longer be offered as a result of this project? Yes No

If yes, please identify the program and costs of the current program:

Will this new project require additional staff only for the duration of the project? (example: project management resources) Yes No

If yes, how many staffing hours are anticipated? _____

Please email completed form to the County Administrator at administrator@co.marathon.wi.us

Craig Christians
Signature of Project Requestor

3-1-2022
Date

SECTION 2 – To Be Completed by the County Administrator

- Approved for HRFP Committee Review
- Denied
- Forwarded to Department Head for Review
- More Information Needed

Category for Eligible Use:

- Responding to the Public Health Emergency
- Addressing Negative Economic Impacts
- Serving the Hardest Hit
- Improving Access to Infrastructure
- Revenue Loss

Project Budget Year: 2022 2023 2024 2025 2026

County Administrator

Date

Comments for HRFP Committee:

SECTION 3 – Additional Action and/or Comments from HRFP Committee

HRFP Committee Meeting Date: _____ Approved Denied More Information Needed

Total Amount of Marathon County ARPA Funding Recommended by Committee: \$ _____

Comments for County Board:

SECTION 4 – County Board Action

County Board Meeting Date: _____ Approved Denied More Information Needed

Total Amount of Marathon County ARPA Funding Approved by County Board: \$ _____

Additional follow-up items:



Appendix 1: Expenditure Categories

The Expenditure Categories (EC) listed below must be used to categorize each project as noted in Part 2 above. The term "Expenditure Category" refers to the detailed level (e.g., 1.1 COVID-10 Vaccination). When referred to as a category (e.g., EC 1) it includes all Expenditure Categories within that level.

1: Public Health	
1.1	COVID-19 Vaccination ^
1.2	COVID-19 Testing ^
1.3	COVID-19 Contact Tracing
1.4	Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, etc.)*
1.5	Personal Protective Equipment
1.6	Medical Expenses (including Alternative Care Facilities)
1.7	Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency
1.8	Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)
1.9	Payroll Costs for Public Health, Safety, and Other Public Sector Staff Responding to COVID-19
1.10	Mental Health Services*
1.11	Substance Use Services*
1.12	Other Public Health Services
2: Negative Economic Impacts	
2.1	Household Assistance: Food Programs* ^
2.2	Household Assistance: Rent, Mortgage, and Utility Aid* ^
2.3	Household Assistance: Cash Transfers* ^
2.4	Household Assistance: Internet Access Programs* ^
2.5	Household Assistance: Eviction Prevention* ^
2.6	Unemployment Benefits or Cash Assistance to Unemployed Workers*
2.7	Job Training Assistance (e.g., Sectoral job-training, Subsidized Employment, Employment Supports or Incentives)* ^
2.8	Contributions to UI Trust Funds
2.9	Small Business Economic Assistance (General)* ^
2.10	Aid to Nonprofit Organizations*
2.11	Aid to Tourism, Travel, or Hospitality
2.12	Aid to Other Impacted Industries
2.13	Other Economic Support* ^
2.14	Rehiring Public Sector Staff
3: Services to Disproportionately Impacted Communities	
3.1	Education Assistance: Early Learning* ^
3.2	Education Assistance: Aid to High-Poverty Districts ^
3.3	Education Assistance: Academic Services* ^
3.4	Education Assistance: Social, Emotional, and Mental Health Services* ^
3.5	Education Assistance: Other* ^
3.6	Healthy Childhood Environments: Child Care* ^
3.7	Healthy Childhood Environments: Home Visiting* ^
3.8	Healthy Childhood Environments: Services to Foster Youth or Families Involved in Child Welfare System* ^

Coronavirus State and Local Fiscal Recovery Funds
Compliance and Reporting Guidance



3.9	Healthy Childhood Environments: Other* ^
3.10	Housing Support: Affordable Housing* ^
3.11	Housing Support: Services for Unhoused Persons* ^
3.12	Housing Support: Other Housing Assistance* ^
3.13	Social Determinants of Health: Other* ^
3.14	Social Determinants of Health: Community Health Workers or Benefits Navigators* ^
3.15	Social Determinants of Health: Lead Remediation ^
3.16	Social Determinants of Health: Community Violence Interventions* ^
4: Premium Pay	
4.1	Public Sector Employees
4.2	Private Sector: Grants to Other Employers
5: Infrastructure²⁴	
5.1	Clean Water: Centralized Wastewater Treatment
5.2	Clean Water: Centralized Wastewater Collection and Conveyance
5.3	Clean Water: Decentralized Wastewater
5.4	Clean Water: Combined Sewer Overflows
5.5	Clean Water: Other Sewer Infrastructure
5.6	Clean Water: Stormwater
5.7	Clean Water: Energy Conservation
5.8	Clean Water: Water Conservation
5.9	Clean Water: Nonpoint Source
5.10	Drinking water: Treatment
5.11	Drinking water: Transmission & Distribution
5.12	Drinking water: Transmission & Distribution: Lead Remediation
5.13	Drinking water: Source
5.14	Drinking water: Storage
5.15	Drinking water: Other water infrastructure
5.16	Broadband: "Last Mile" projects
5.17	Broadband: Other projects
6: Revenue Replacement	
6.1	Provision of Government Services
7: Administrative	
7.1	Administrative Expenses
7.2	Evaluation and Data Analysis
7.3	Transfers to Other Units of Government
7.4	Transfers to Non-entitlement Units (States and territories only)

*Denotes areas where recipients must identify the amount of the total funds that are allocated to evidence-based interventions (see Use of Evidence section above for details)

^Denotes areas where recipients must report on whether projects are primarily serving disadvantaged communities (see Project Demographic Distribution section above for details)

²⁴ Definitions for water and sewer Expenditure Categories can be found in the EPA's handbooks. For "clean water" expenditure category definitions, please see: <https://www.epa.gov/sites/production/files/2018-03/documents/cwdefinitions.pdf>. For "drinking water" expenditure category definitions, please see: <https://www.epa.gov/dwsrf/drinking-water-state-revolving-fund-national-information-management-system-reports>.



ARPA Project Request Form

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SECTION 1 – To Be Completed by Project Requestor Before Submitting to County Administration

Project Requestor: Craig Christians FCM **Date:** 3-1-22

Name of ARPA Project: Courthouse Duct Cleaning

New Project Expansion of Existing Project *(identify below)* Replace Future CIP Project *(identify below)*
Identify: Duct Cleaning of the 1st and 2nd Floor of the Courthouse South Wings

Estimated Start Date of Project: June 1, 2022 **Estimated Date of Completion:** December 31st, 2022

Identify the Category for Eligible Use: *(see pages 4-5 for list from the US Treasury)*
 Responding to the Public Health Emergency Addressing Negative Economic Impacts
 Serving the Hardest Hit Improving Access to Infrastructure Revenue Loss

What expenditure category does this project qualify under? *(See list on pages 5-6. Example.: 7.1 Administrative Expenses)*
1.7 Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency

Please explain how the project qualifies under the expenditure category noted above:
This project would clean the the HVAC duct systems supplying fresh air on the 1st and 2nd floors of the Courthouse South Wings. The areas covered in this project are Courtrooms, Finance and Administration.

Description – *Provide an explanation about what the project entails.*

In Scope:

- Cleaning of the (2) Air Handlers in the Courthouse Penthouse along with all ductwork attached to them feeding the 1st and 2nd Floors of the South Wings of the Courthouse.

How does this project directly address the negative impacts of the pandemic? (e.g. economic impacts, disproportionately impacted communities, public health, etc.)

This will help provide the fresh air and filtration required for staff and public that utilize the South Wings of the Courthouse. The ducts haven't been cleaned in 25 plus years.

How does this project benefit the citizens of Marathon County and align with the goals within the [strategic](#) and [comprehensive](#) plans?

This project meets Marathon County strategic and comprehensive plans as well as state, county and local codes regarding HVAC. This project will promote the health and safety of the general public and county employees in the facility and the citizens of Marathon County from COVID-19 and other airborne viruses and pathogens.

Estimated Total Cost of Project: \$ 13,000.00

Amount of Marathon County ARPA Funds Requested: \$ 13,000.00

Budget Year: 2022 2023 2024 2025 2026

Note: ARPA Funds are to be obligated by December 31, 2024, and spent by December 31, 2026.

Are matching funds available from another organization/municipality? Yes No

If yes, identify who and amount:

Are there other funding opportunities available such as pandemic-related grants that would reduce the amount of ARPA funding needed? Yes No

If yes, please identify source, amount and timeline of funding awards:

Please identify, if any, ongoing costs the project will incur and how those costs would be funded?

(examples: building maintenance, replacement costs, or ongoing maintenance/cleaning)

Building maintenance funds to maintain the HVAC units including replacing filters, and monitoring the air quality in the Courthouse. This funding will be out of the Facilities and Capital Management budget.

Will this project result in savings for a county department or the community beyond 2026?

Yes No

If yes, please specify how much and in what areas these savings will be realized?

Do you anticipate this project to increase future revenues for Marathon County in general?

Yes No

If yes, what revenues will be affected?

Do you anticipate this project to increase future revenues for a county department or Marathon County Government? Yes No

If yes, what revenues will be affected?

Is there a current program/service that will no longer be offered as a result of this project? Yes No

If yes, please identify the program and costs of the current program:

Will this new project require additional staff only for the duration of the project? (example: project management resources) Yes No

If yes, how many staffing hours are anticipated? _____

Please email completed form to the County Administrator at administrator@co.marathon.wi.us

Craig Christians

Signature of Project Requestor

3-1-2022

Date

SECTION 2 – To Be Completed by the County Administrator

Approved for HRFP Committee Review

Denied

Forwarded to Department Head for Review

More Information Needed

Category for Eligible Use:

Responding to the Public Health Emergency Addressing Negative Economic Impacts

Serving the Hardest Hit

Improving Access to Infrastructure

Revenue Loss

Project Budget Year: 2022 2023 2024 2025 2026

County Administrator

Date

Comments for HRFP Committee:

SECTION 3 – Additional Action and/or Comments from HRFP Committee

HRFP Committee Meeting Date: _____ Approved Denied More Information Needed

Total Amount of Marathon County ARPA Funding Recommended by Committee: \$ _____

Comments for County Board:

SECTION 4 – County Board Action

County Board Meeting Date: _____ Approved Denied More Information Needed

Total Amount of Marathon County ARPA Funding Approved by County Board: \$ _____

Additional follow-up items:

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The Expenditure Categories (EC) listed below must be used to categorize each project as noted in Part 2 above. The term "Expenditure Category" refers to the detailed level (e.g., 1.1 COVID-10 Vaccination). When referred to as a category (e.g., EC 1) it includes all Expenditure Categories within that level.

1: Public Health	
1.1	COVID-19 Vaccination ^
1.2	COVID-19 Testing ^
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1.4	Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, etc.)*
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2.12	Aid to Other Impacted Industries
2.13	Other Economic Support* ^
2.14	Rehiring Public Sector Staff
3: Services to Disproportionately Impacted Communities	
3.1	Education Assistance: Early Learning* ^
3.2	Education Assistance: Aid to High-Poverty Districts ^
3.3	Education Assistance: Academic Services* ^
3.4	Education Assistance: Social, Emotional, and Mental Health Services* ^
3.5	Education Assistance: Other* ^
3.6	Healthy Childhood Environments: Child Care* ^
3.7	Healthy Childhood Environments: Home Visiting* ^
3.8	Healthy Childhood Environments: Services to Foster Youth or Families Involved in Child Welfare System* ^



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3.10	Housing Support: Affordable Housing* ^
3.11	Housing Support: Services for Unhoused Persons* ^
3.12	Housing Support: Other Housing Assistance* ^
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5.5	Clean Water: Other Sewer Infrastructure
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Marathon County Sheriff's Office Training and Response Center Project Proposal

Proposed Structure: Eight-bay vehicle storage facility with vehicle wash bay, attached classroom, kitchen and bathroom facilities, and administrative space, approximately 13,000 sq/ft. total.

Site: 12-acre parcel located at the southeast corner of S. 72nd Ave. and Packer Dr. in the City of Wausau (Parent Parcel ID: 291-2907-313-0994)

Proposed Improvements: Paved driveway and parking, exterior lighting, signage, natural privacy barriers

Concept Structure Example:



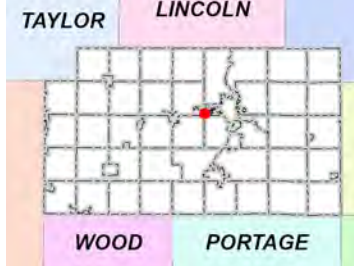
Concept photo credit, Delaware Engineering, D.P.C.: <http://delawareengineering.com/project/town-of-windham-2/>

Proposed Site Map:





Land Information Mapping System



Legend

- Road Names
- Owner Last Names
- Parcels
- Parcel Lot Lines
- Land Hooks
- Section Lines/Numbers
- Right Of Ways
- County-wide Buildings 2020
- Named Places
- Municipalities
- 2020 Orthos Countywide
 - Red: Band_1
 - Green: Band_2
 - Blue: Band_3

144.99 0 144.99 Feet



NAD_1983_HARN_WISCRS_Marathon_County_Feet

DISCLAIMER: The information and depictions herein are for informational purposes and Marathon County-City of Wausau specifically disclaims accuracy in this reproduction and specifically admonishes and advises that if specific and precise accuracy is required, the same should be determined by procurement of certified maps, surveys, plats, Flood Insurance Studies, or other official means. Marathon County-City of Wausau will not be responsible for any damages which result from third party use of the information and depictions herein or for use which ignores this warning.

THIS MAP IS NOT TO BE USED FOR NAVIGATION

Notes