



# MARATHON COUNTY HUMAN RESOURCES, FINANCE & PROPERTY COMMITTEE MEETING AGENDA

Date & Time of Meeting: **Tuesday, April 6, 2021 3:30 p.m.**

Meeting Location: **Marathon County Courthouse, County Board Assembly Room 500 Forest Street, Wausau WI 54403**

Members: John Robinson, Chair; Alyson Leahy, Vice-Chair; Craig McEwen, Kurt Gibbs, Yee Leng Xiong, Jonathan Fisher, EJ Stark

**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)*

The meeting site identified above will be open to the public. However, due to the COVID-19 pandemic and associated public health directives, Marathon County encourages Public Safety Committee members and the public to attend this meeting remotely. Instead of attendance in person, Committee members and the public may attend this meeting by **telephone conference**. If Committee members or members of the public cannot attend remotely, Marathon County requests that appropriate safety measures, including adequate social distancing, be utilized by all in-person attendees.

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: 146 078 0067**

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

1. **Call Meeting to Order**
2. **Public Comment Period**
3. **Approval of the Minutes of the March 23, 2021 Human Resources, Finance and Property Committee Meeting**
4. **Educational Presentations/Outcome Monitoring Reports**
  - A. American Rescue Plan-[WI Legislative Fiscal Bureau paper](#)
  - B. Presentation/Update on the NCHC Renovation Project and Upcoming Financial Next Steps
5. **Operational Functions required by Statute, Ordinance, or Resolution:**
  - A. Discussion and Possible Action by Human Resources and Finance and Property Committee
    1. Tax Deed Bid Opening/Approval
    2. Approval of March Claims and Questioned Costs
    3. Potential Grant Opportunity-Social Services Department Position Working Closely with Wausau Police Department-Tylka
    4. Request for Funding from the Wausau Regional Chamber of Commerce for an Economic Impact Analysis as Part of a Recreational Needs Assessment for Rib Mountain State Park-Robinson
    5. Consideration to continue face covering policy at County Facilities-Leonhard
  - B. Discussion and Possible Action by Committee to Forward to the County Board for its consideration
    1. Intergovernmental Budget Transfers
6. **Policy Issues Discussion and Committee Determination**
  - A. Update from *Capital Improvement Plan* workgroup and consideration of next steps
    1. Hybrid work arrangements and impact on Facility Planning efforts – what direction does this Committee wish to provide
    2. Westside Master Planning – recent discussion at the Infrastructure Committee
7. **Announcements:**

Next Meeting Date- **April 27, 2021 at 4:00 p.m.**
8. **Adjourn**

**Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715 261-1500 or e-mail [infomarathon@mail.co.marathon.wi.us](mailto:infomarathon@mail.co.marathon.wi.us) one business day before the meeting.**

**SIGNED** J Robinson/s/K Palmer  
Presiding Officer or Designee  
NOTICE POSTED AT COURTHOUSE

FAXED TO: Wausau Daily Herald, City Pages, and  
FAXED TO: Other Media Groups, Record Review  
FAXED BY: K. Palmer  
FAXED DATE: 4/2/2021 at 11:00 am  
FAXED TIME: \_\_\_\_\_

BY: K. Palmer  
DATE: 4-2-2021 at 11:00 am  
TIME: \_\_\_\_\_

**Posted to the County Website: <https://www.co.marathon.wi.us/Home/Calendar.aspx>**



# MARATHON COUNTY HUMAN RESOURCES, FINANCE & PROPERTY COMMITTEE MEETING MINUTES

Tuesday, March 23, 2021 4:00 p.m.

WebEx/Marathon County Courthouse, County Board Assembly Room 500 Forest Street, Wausau WI 54403

Members	Present/Web-Phone	Absent
Chair John Robinson	W	
Vice Chair Alyson Leahy	W	
Craig McEwen	P	
Kurt Gibbs		X
Yee Leng Xiong	W	
Jonathan Fisher	W	
EJ Stark	W	

**Also Present:** Lance Leonhard, Kristi Palmer, Frank Matel, Scott Corbett

**VIA Web or Phone:** Molly Adzic, Paul Daigle, Meleesa Johnson, Terry Kaiser Jean Maszk, Dejan Adzic, Kim Trueblood, Mike Puerner

**1. Call Meeting to Order**

Chair Robinson called the meeting to order at 4:00 pm and acknowledged Frank Matel for his 19 years of outstanding leadership with Marathon County as the Employee Resources Director.

**2. Public Comment Period - None**

**3. MOTION BY FISHER; SECOND BY LEAHY TO APPROVE THE MARCH 9, 2021 HUMAN RESOURCES, FINANCE AND PROPERTY COMMITTEE MEETING MINUTES; MOTION CARRIED.**

Robinson requested that the committee move forward with item 5B1 at this time. There was no opposition to this change.

**5 Operational Functions required by Statute, Ordinance, or Resolution**

B. Discussion and Possible Action by Committee to Forward to the County Board for its consideration

1. Reorganization of Conservation, Planning and Zoning department Management Structure-Leonhard

**MOTION BY McEWEN; SECOND BY FISHER TO APPROVE THE REORGANIZATION OF THE CPZ LEADERSHIP; MOTION CARRIED**

**4. Educational Presentations/Outcome Monitoring Reports**

A. Overview of Marathon County Solid Waste Department Landfill Operations, the generation of landfill gas, and potential clean energy generation.

**Discussion:** Meleesa Johnson reviewed the summary of the solid waste operations as presented on the packet.

**Motion to Go into Closed Session** (Roll Call Vote Suggested), pursuant to s. 19.85(1)(e), Wis. Stats., for the Purpose of Deliberating or Negotiating the Purchase of Public Properties, the Investing of Public Funds, or Conducting Other Specified Public Business, Whenever Competitive or Bargaining Reasons Require a Closed Session, to Wit: For the purpose of permitting the Committee to discuss strategies and options for possible purchase of assets located at 172922 Hwy 29, Ringle, WI (Marathon County Solid Waste Management Facility)

**MOTION BY LEAHY; SECOND BY FISHER TO CONVENE IN CLOSED SESSION**, pursuant to s. 19.85(1)(e), Wis. Stats., for the Purpose of Deliberating or Negotiating the Purchase of Public Properties, the Investing of Public Funds, or Conducting Other Specified Public Business, Whenever Competitive or Bargaining Reasons Require a Closed Session, to Wit: For the purpose of permitting the Committee to discuss strategies and options for possible purchase of assets located at 172922 Hwy 29, Ringle, WI (Marathon County Solid Waste Management Facility)

**Roll Call Vote was performed:**

Chair John Robinson	Y
Vice Chair Alyson Leahy	Y
Craig McEwen	Y
Kurt Gibbs	
Yee Leng Xiong	Y
Jonathan Fisher	Y
EJ Stark	Y

# MARATHON COUNTY HUMAN RESOURCES, FINANCE & PROPERTY COMMITTEE MEETING MINUTES

Tuesday, March 23, 2021 4:00 p.m.

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## B. Motion to Return to Open Session (No Roll Call Vote Required)

**MOTION BY FISHER; SECOND BY McEWEN TO RETURN TO OPEN SESSION; MOTION CARRIED.**

## C. Announcements and/or possible action on matters discussed in closed session.

1. In the event Solid Waste Department Administration, along with County Administration, negotiates an offer to purchase, said offer must require approval by the Marathon County Board of Supervisors in open session by specific resolution.

## D. Overview of the American Rescue Plan Act (ARPA) and update of next steps - [NACo Overview](#)

**Discussion:** County Administrator Leonhard discussed the information available in regards to what is the definition of infrastructure? Craig Thompson from WI DOT stated that the infrastructure definition may be quite broad. The funds will be provided over the course of 3 ½ years. This committee will be instrumental in how to address the COVID impact and address our infrastructure needs in the future.

**Follow up:** The committee will continue the discussion the ARPA as information is available

## E. Master Facility Plan – efforts to develop inventory of County facility assets

**Discussion:** Facilities Director Kaiser is developing a comprehensive facilities plan and has provided to the committee a list of the county facilities. The County has space available for moving departments. We could move all departments from River Drive to the NCHC campus and still have space available. If they move we would save approximately \$100,000 in utilities. We did not include the UWSP-Wausau campus in this evaluation. Consolidation is the key to saving on maintenance costs and utilities.

**Follow up:** The committee will continue the discussion on facility consolidation.

## F. Discussion of the Entrepreneurial and Education Center (EEC) Contract for Services and Transitioning to Services Provided by MCDEVCO-Leonhard

**Discussion:** Leonhard-stated that in 2020 the County budget allowed for the county to reduce McDevco's allocation by 25%. The County provided funding for the EEC in regards to the entrepreneurial Bootcamp program. The EE has move away from this model and is not using the facility for these services. McDevco is providing these services and the County Administrator has initiated a contract with McDevco for providing these services and the funding will be moved to the new service provider.

**Follow up:** This is informational only as the funding resides in the County Administrator's budget.

## 5. Operational Functions required by Statute, Ordinance, or Resolution:

A. Discussion and Possible Action by Human Resources and Finance and Property Committee - None

B. Discussion and Possible Action by Committee to Forward to the County Board for its consideration-Considered earlier in the meeting see above

## 6. Policy Issues Discussion and Committee Determination

A. Strategic Planning Process-McEwen

**Discussion:** McEwen wanted to continue the discussion on the strategic plan. Supervisor Robinson has provided information (in the packet) in regards the activities of the HRFC in regards to the strategic plan. McEwen stated the committee ranking of items on its 2021 on the work plan was significant. This report can be the summary of what we have done and the work plan is the summary of what we plan on completing.

**Follow up:** McEwen will follow up throughout the year as a check-in for the committee.

**Announcements:** Next Meeting Date- **April 6, 2021 at 3:30 p.m.**

## 7. **MOTION BY McEWEN; SECOND BY STARK TO ADJOURN THE MEETING AT 5:48 P.M; MOTION CARRIED**



March 23, 2021

Mr. John Robinson, County Board of Supervisors  
Marathon County Human Resources, Finance and Property Committee  
1226 Highland Ct.  
Wausau, WI 54403

**Subject: Request to fund an Economic Impact Study as part of a Recreation Needs Assessment for Rib Mountain State Park**

Greetings Mr. John Robinson,

On behalf of the Greater Wausau Prosperity Partnership, I am writing to respectfully submit a funding request to the Marathon County Human Resources, Finance and Property Committee for consideration to fund an Economic Impact Study as part of a Recreation Needs Assessment for Rib Mountain State Park.

The Recreation Needs Assessment will help to inform the Department of Natural Resources with their efforts to revise the 2005 master plan for Rib Mountain State Park (RMSP), which will evaluate the full range of recreational and habitat opportunities at Rib Mountain to ensure that the park continues to help support the ecological, social, and economic needs of the area. The Economic Impact Study is intended to calculate the impact generated by Rib Mountain State Park and Granite Peak Ski Area under the existing conditions as well as the economic impact of the proposed alternatives, based on the potential of increase to visitation.

The review of the RMSP Master Plan offers a unique opportunity to evaluate how the state park can further compliment local and county parks, including possible trail connections to county and town trail systems. A goal of the County is to make Marathon County the safest, healthiest, and most prosperous County by working with local municipalities to connect people to places. It is important to provide all residents with safe and accessible trails and routes to bike, hike, walk, etc., on. If these trails can connect to one another, increasingly safe opportunities would be available for the community to engage in healthy activities.

In addition, the potential expansion of year-round outdoor recreation opportunities within RMSP and connectivity to local trail systems would help to strengthen competitive economic landscape for the region. Studies have shown that access to outdoor recreation and an outdoor lifestyle attract and retain local citizens; draw entrepreneurs who locate their business for quality-of-life considerations; and serve as an advantage for business owners to attract talented employees.

We hope that the Marathon County Human Resources, Finance and Property Committee will consider making a \$2,500 financial contribution to fund the Economic Impact Study and support the efforts to enhance the quality-of-life assets and positively impact the health, safety, and economic prosperity for Marathon County residents and visitors.

If you have any questions or would like additional information, please feel free to contact me at 715-848-5946 or at [deckmann@wausauchamber.com](mailto:deckmann@wausauchamber.com).

Thank you kindly for your consideration of support.

Respectfully,

A handwritten signature in black ink that reads "David Eckmann". The signature is fluid and cursive, with a large loop at the end.

David Eckmann, Ed.D., Chief Executive  
Greater Wausau Prosperity Partnership

**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:** Administration

**BUDGET YEAR:** 2021

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**TRANSER FROM:**

Action	Account Number	Account Description	Amount
Expenditure Decrease	101 17792190	Other Professional Services	50,000

**TRANSER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	240 87092190	Other Professional Services	50,000

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:** Jason Hake

**Date Completed:** 3/22/2021

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**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)

Pretrial Case Management

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

Defendants appearing in custody for their initial appearance are assessed using the Public Safety Assessment. This assessment assists the courts with setting appropriate bonds based on the defendants risk to reoffend as well as their risk to fail to appear for future court appearances. Defendants who are released on bond pretrial are provided case management and supervision at varied levels based on the predicted risk indicated in the assessment report.

- 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.

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**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:** Conservation, Planning & Zoning

**BUDGET YEAR:** 2020 to 2021

**TRANSER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	126-188-8-9900	Transfers from Fund Balance Carryover of 2020 fund balance into the 2021 budget.	\$218,441.06

**TRANSER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	126-188-9-2992	Transportation Services	\$218,441.06

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:** Diane Hanson

**Date Completed:** 3/25/2021

**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)

85.21 Trust

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

All Elderly and Disabled Transportation Grant funds unspent at the end of the year are required to be placed in a trust account for future transportation efforts that benefit the elderly and disabled.

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.

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### COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? \_\_\_\_\_

Is a Budget Transfer Resolution Required? \_\_\_\_\_

Make Entries ONLY in Yellow Cells; NOT Blue Cells

## Trust Fund Status Form

**Instructions:**

- Step 1 - Enter all withdrawals of funds held in Trust. Include item purchased and the owner or whom the item was purchased for (name of agency/contractor).  
 Please include details as much as room allows. In the case of vehicles, please state the type, make, model year, seating capacity and whether or not the vehicles are equipped with lifts or ramps.)
- Step 2 - Complete the yellow boxes.

### STEP 1: 2020 Withdrawals from your 85.21 Trust Fund (if any)

Item & Owner	Total Cost	Aid Spent From Trust Fund
1.		\$0.00
2.		
3.		
4.		
5.		
6.		
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>

### STEP 2: End of Year Trust Fund Balance Sheet

Item Description	Amount
<b>1. Opening Balance on January 1, 2020 (from last year's report):</b>	<b>\$93,939.76</b>
2. 2020 Additions to Funds Held in Trust:	
A. Aid from CY20 85.21 allocation unspent and moved to trust	\$124,501.30
B. Interest Earned by s. 85.21 Aid in 2020	\$0.00
3. 2020 Withdrawals of funds held in Trust (carried from total in Step 1)	\$0.00
4. Adjustments: <i>If adjustments are made, provide a <b>brief</b> explanation below</i>	
<b>5. Closing Balance on December 31, 2020: (Sum of items 1 through 4):</b>	<b>\$218,441.06</b>

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**DEPARTMENT:** Conservation, Planning & Zoning

**BUDGET YEAR:** 2020 to 2021

**TRANSER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	321 792 8 9900	Fenwood Creek Project DNR – State Grant funds Grant fund balance to carry forward. Budgeted \$65,000 in 2021 budget. Total Carryforward is \$85,571.29.	Enter amount  20571

**TRANSER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	321-792-9-2915	DEMONSTRATION FIELDS	10000
Expenditure Increase			
Expenditure Increase			
Expenditure Increase			
Expenditure Increase	321-792-9-1250	WAGES – TEMP REGULAR	10571
Expenditure Increase			
Expenditure Increase			
Expenditure Increase			

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:** Diane Hanson

**Date Completed:** 3/22/2021

**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)

Fenwood Creek Watershed Project Funds

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

Funds for technical assistance to landowners to implement soil health practices and continue to engage local communities and landowners in soil and water resource protection efforts. Funding also to be utilized to support the efforts of the Eau Pleine Partnership for Integrated Conservation (EPPIC)

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) CPZ staff time, office supplies, etc.

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.

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**DEPARTMENT:** Conservation, Planning & Zoning

**BUDGET YEAR:** 2020 to 2021

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	117 796 8 9900	Grazing Project Fund Balance Carryover Fund balance is \$100,499.24. Budgeted \$50,000 in 2021 budget	50499

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	117 796 9 1110	Salaries – Perm Regular	25000
	117 796 9 1510	Social Security	2000
	117 796 9 1520	Retirement	2000
	117 796 9 1540	Hospital Health Insurance	15000
	117 796 9 3110	Postage	2000
	117 796 9 3130	Printing	2000
	117 796 9 3390	Meeting Expenses	2499

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:** Diane Hanson

**Date Completed:** 3/18/2021

**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)

Marathon County Grazing Program

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

Program provides technical and educational assistance to landowners to adopt and successfully implement managed grazing on their farms. Also provides technical assistance to Lincoln County landowners through a contractual arrangement.

- 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.



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**DEPARTMENT:** Conservation, Planning & Zoning

**BUDGET YEAR:** 2020 to 2021

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	379 805 8 9900	Multi Discharge Variance Program Fund Balance Carryover	48584

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	379 805 9 7170	Direct Payments	48584

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:** Diane Hanson

**Date Completed:** 2/2/2021

**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)

Multi-Discharge Variance Program

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

Point source discharge facilities provide funding to CPZ to implement phosphorus reduction practices within the watershed of their facility.

- 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.

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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:** Conservation, Planning & Zoning

**BUDGET YEAR:** 2020 to 2021

**TRANSER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	269 791 8 9900	NACD Technical Assistance Grant Fund Balance Carryover	2849

**TRANSER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	269 791 9 1110	Salaries – Perm Regular	2849

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:** Diane Hanson

**Date Completed:** 3/22/2021

**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)  
National Association of Conservation Districts (NACD) Technical Assistance Grant

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

Program provides grant funds for technical and educational assistance to landowners to adopt and successfully implement managed grazing on their farms as well as assist in implementing state and federal conservation programs.

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.

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COMPLETED BY FINANCE DEPARTMENT:

**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:** Conservation, Planning & Zoning

**BUDGET YEAR:** 2020 to 2021

**TRANSER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	116 799 8 9900	Grazing/Drill Rental Fund Balance Carryover	Enter amount 1610
		2021 Budget includes a \$15,000 carryover. Actual fund balance carryover amount is \$16,610.45.	

**TRANSER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	116 799 9 3412	Drill Equip Supplies/Repair	1610

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:** Diane Hanson

**Date Completed:** 3/9/2021

**COMPLETED BY FINANCE DEPARTMENT:**

## 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)  
Grazing Project - No Till Drill Rental Program
- 2) Provide a brief (2-3 sentence) description of what this program does.  
Program provides via a rental fee the use of county owned no-till drills to landowners establishing pastures or cover crop practices.
- 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:** Conservation, Planning & Zoning

**BUDGET YEAR:** 2020 to 2021

**TRANSER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	272 172 8 9900	WLIP Train/Educ Grant Fund Balance Carryover	1321

**TRANSER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	272 172 9 3250	Direct Payments	1321

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:** Diane Hanson

**Date Completed:** 3/9/2021

**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)  
Wisconsin Land Information Program Training and Education Grant
  
- 2) Provide a brief (2-3 sentence) description of what this program does.  
Grant funding to be used for staff attending professional improvement related to land information, geographic information system and related topics.
  
- 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.

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### 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:** Health

**BUDGET YEAR:** 2021

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**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	101-316-8-9900	Transfers from Fund Balance	\$3,760

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	101-316-9-3490	Other Operating Expenses	\$3,760

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:** Joan Theurer

**Date Completed:** 3/8/2021

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**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)

Toddler Car Seats

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

This funding is from a car seat rental program that was transitioned to be used to promote childhood safety in 2012.

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:** Health

**BUDGET YEAR:** 2021

---

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	101-322-8-9900	Transfers from Fund Balance	\$15,281

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	101-322-9-3480	Educational Supplies	\$15,281

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:** Joan Theurer

**Date Completed:** 3/10/2021

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**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)

Radon Test Kits

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

This program is set up for the Health Department to buy radon test kits and sell them to other public health departments, as well as the general public, 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: [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:** Health

**BUDGET YEAR:** 2021

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**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	101-323-8-9900	Transfers from Fund Balance	\$156,971

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	101-323-9-3490	Other Operating Supplies	\$156,971

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:** 3/18/2021

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**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)

Prenatal Care Coordination

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

Prenatal Care Coordination provides health teaching and care coordination services to pregnant women who are at risk for a poor birth outcome; the goal of this program is to increase the likelihood of a healthy baby. Prenatal Care Coordination is a Medicaid fee-for-service program for women enrolled in Medicaid. The program is a component of Marathon County Start Right.

- 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:** Health

**BUDGET YEAR:** 2021

---

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	101-333-8-9900	Transfers from Fund Balance	\$60,582

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	101-333-9-3490	Other Operating Supplies	\$60,582

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:** 3/18/2021

---

**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)

Targeted Case Management

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

This is a Medicaid fee-for-services program, where we assist parents of young children gain access to a full array of services, including medical, social, education, and vocational services.

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:** Health

**BUDGET YEAR:** 2021

---

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	101-360-8-9900	Transfers from Fund Balance	\$14,120

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	101-360-9-3490	Other Operating Supplies	\$14,120

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:** 3/18/2021

---

**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)

Tuberculosis – Wisconsin Medicaid

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

This is a Medicaid fee-for-service program where we provide health education, medication, and coordination of medical appointments for MA-eligible individuals with tuberculosis.

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:** Health

**BUDGET YEAR:** 2021

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	101-440-8-9900	Transfers from Fund Balance	\$4,237

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	101-440-9-1110	Salaries – Permanent - Regular	\$4,237

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:** Joan Theurer

**Date Completed:** 3/10/2021

**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)

Tobacco Intervention Program

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

The Tobacco Intervention Program was an educational class to help teens who use tobacco to become more informed about the effects of tobacco use on their lives.

- 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:** Health

**BUDGET YEAR:** 2021

---

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	101-857-8-9900	Transfers from Fund Balance	\$2,645

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	101-857-9-3140	Small Items Equipment	\$2,645

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:** Joan Theurer

**Date Completed:** 3/10/2021

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**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)

Cribs for Kids

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

This money enables the Health Department to purchase and distribute portable “Pack n’ Play” cribs to low-income families who are unable to afford a crib. As a result of a number of infant deaths in Marathon County due to unsafe sleep environments, ensuring every newborn has a safe sleep environment was identified as a community need in 2007. This service also provides one-on-one health education to parents on safe sleep environments.

- 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.

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**COMPLETED BY FINANCE DEPARTMENT:**

# 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:** Health

**BUDGET YEAR:** 2021

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	276-327-8-9900	Transfers from Fund Balance	\$40,527

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	276-327-9-3490	Other Operating Supplies	\$40,527

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:** 3/18/2021

**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)

Public Health Preparedness – Carryforward

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

This program exists to develop and maintain plans so the Marathon County Health Department, along with community partners, is prepared to respond to public health emergencies.

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.

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### 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:** Health

**BUDGET YEAR:** 2021

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**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	278-329-8-9900	Transfers from Fund Balance	\$2,915

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	278-329-9-3490	Other Operating Supplies	\$2,915

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:** 3/18/2021

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**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)

Lead – Medicaid

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

This program provides specific public health interventions for children who have a blood lead level of 5 mcg/dL or greater. These interventions occur in the child's home and include nursing education, environmental health inspections to identify lead hazards, and clearance investigations following lead hazard reduction activities.

Lead – Medicaid is a Medicaid fee-for-service program and is not subject to single audit.

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:** Health

**BUDGET YEAR:** 2021

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	281-332-8-9900	Transfers from Fund Balance	\$10,159

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	281-332-9-3490	Other Operating Supplies	\$10,159

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:** Joan Theurer

**Date Completed:** 3/10/2021

**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)

Mercury Reduction

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

This program's goal is to reduce mercury in surface water by promoting proper disposal of products containing mercury. Funds for this program come from the City of Wausau and Town of Rib Mountain Sewage Districts.

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.

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### 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:** Health

**BUDGET YEAR:** 2021

**TRANSER FROM:**

Action	Account Number	Account Description	Amount
Expenditure Decrease	301-343-9-1110	Salaries – Permanent - Regular	\$1,053

**TRANSER TO:**

Action	Account Number	Account Description	Amount
Revenue Decrease	301-343-8-2446	Other Health Care Services – State Grants	\$1,053

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:** 3/18/2021

**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)

EPA Indoor Radon Services (Outreach)

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

Our staff operates the regional Northcentral Radon Information Center (RIC), a 12 - county consortium to educate individuals and promote testing for radon in Florence, Forest, Langlade, Marathon, Marinette, Menominee, Oconto, Oneida, Shawano, Vilas, Waupaca and Wood counties. The RIC provides radon information and test kits to individuals, private businesses, and government agencies; presentations to schools and employer-sponsored health fairs; and in addition, provides regional support to health departments in the RIC area which includes hosting training opportunities allowing RIC counties or local businesses involved in radon testing and mitigation to meet continuing education requirements.

- 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: Adjust budget to reflect actual contract amount of \$3,397.

- 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**

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:** Health

**BUDGET YEAR:** 2021

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**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	337-368-8-9900	Transfers from Fund Balance	\$21,333

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	337-368-9-3490	Other Operating Supplies	\$21,333

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:** 3/19/2021

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**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)

Children and Youth with Special Health Care Needs

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

This program is a resource for parents, health care providers, local health departments, and non-profit organizations in a 15-county service area, providing to them information, referral services, and training, as well as strengthening partnerships. The Health Department serves as fiscal agent for this Maternal and Child Health grant.

- 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) Public Health Nurse time from local health departments within the region served.

- 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:** 2021

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Expenditure Decrease	337-368-9-2250	Telephone	\$500
Expenditure Decrease	337-368-9-3321	Personal Auto Mileage	\$3,681
Expenditure Decrease	337-368-9-3350	Meals	\$150
Expenditure Decrease	337-368-9-3360	Lodging	\$550
Expenditure Decrease	337-368-9-3390	Meeting Expenses	\$1,390

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	337-368-9-1110	Salaries – Permanent - Regular	\$3,751
Expenditure Increase	337-368-9-2141	Internet Service	\$150
Expenditure Increase	337-368-9-2990	Sundry Contractual Services	\$1,200
Expenditure Increase	337-368-9-2995	Computer Maintenance Contract	\$500
Expenditure Increase	337-368-9-3140	Small Items Equipment	\$500
Expenditure Increase	337-368-9-3480	Educational Supplies	\$170

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:** 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)  
Children and Youth with Special Health Care Needs
- 2) Provide a brief (2-3 sentence) description of what this program does.
- 3) This program is a resource for parents, health care providers, local health departments, and non-profit organizations in a 15-county service area, providing to them information, referral services, and training, as well as strengthening partnerships. The Health Department serves as fiscal agent for this Maternal and Child Health grant.
- 4) This program is: (Check one)
  - An Existing Program.
  - A New Program.
- 5) 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: Adjust budgeted line items to match state-approved line items
- 6) 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) Public Health Nurse time from local health departments within the region served.
- 7) 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.

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### 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:** Health

**BUDGET YEAR:** 2021

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**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	338-369-8-9900	Transfers from Fund Balance	\$53,851

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	338-369-9-3490	Other Operating Supplies	\$53,851

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:** Joan Theurer

**Date Completed:** 3/12/2021

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**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)

Department of Natural Resources – Transient Non-Community

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

The Health Department has a contract with the DNR for assuring compliance with regulations for Transient Non-Community (TNC) water systems. A TNC is defined as a facility that serves at least 25 individuals daily for at least 60 days each year, who are not the same individuals each day. The program collects drinking water samples, conducts follow up sampling based on sample results, and inspects the sanitary condition of the well for compliance with DNR regulations for restaurants, taverns, campgrounds, parks, recreational and educational camps, and churches.

- 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

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:** Health

**BUDGET YEAR:** 2021

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	347-375-8-9900	Transfers from Fund Balance	\$16,500

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	347-375-9-2990	Sundry Contractual Services	\$16,500

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:** Joan Theurer

**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)

Health Communities Institute

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

Health Communities Institute is a national data platform that provides a common access point for data that describes the health of Marathon County. Currently, data is housed in a number of different forms and platforms (i.e. state websites, paper reports, etc.). The data platform will support our community health assessment and improvement plans, including the LIFE Report and the 2021 Marathon County Community Health Improvement Plan. The annual license is being paid through a funding partnership among health care organizations; Marathon County Health Department is serving as the fiscal agent.

- 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

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:** Health

**BUDGET YEAR:** 2021

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Expenditure Decrease	349-376-9-1110	Salaries – Permanent - Regular	\$497

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Revenue Decrease	349-376-8-2446	Other Health Care Services – State Grants	\$497

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:** Select Date

**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)

Childhood Lead

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

The childhood lead prevention program provides case management and health education to parents who have a child with an elevated blood lead level. In addition, an environmental lead hazard investigation is done to identify lead hazards and to provide recommendations for mitigating such hazards.

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: Adjust budget to reflect actual contract amount for 2021.

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.

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### 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:** Health

**BUDGET YEAR:** 2021

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	394-406-8-9900	Transfers from Fund Balance	\$54,709

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	394-406-9-3490	Other Operating Supplies	\$54,709

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:** 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)

Tobacco

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

The Marathon County Health Department is the fiscal agent and home of the Central WI Tobacco-Free Coalition, serving Marathon, Portage, and Wood counties. This program carries out state-driven objectives, with work focused on maintaining an area tobacco coalition; informing partners and policy makers about current tobacco prevention efforts; youth involvement in tobacco prevention; and compliance checks around the sale of tobacco to minors.

- 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.

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**COMPLETED BY FINANCE DEPARTMENT:**

# 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:** Library

**BUDGET YEAR:** 2021

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	60493489900	Library CIP Fund Balance	566,168
Revenue Increase	101 66589900	Transfer from Fund Balance	285,928

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	604 934 98444	LIBR CUST SERVICE AREA	356,409
Expenditure Increase	604 93498444	LIBR CUST SERVICE AREA	285,928
Expenditure Increase	604 9349 8118	LIBRARY BRANCH DEVELOPMENT	208911
Expenditure Increase	604 934 98402	LIBRARY MARKETING EQUIP	848

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:** Ralph Illick

**Date Completed:** 3/30/2021

**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)  
Carryover 2020 fund balance to Library CIP Fund
- 2) Provide a brief (2-3 sentence) description of what this program does.  
The library maintains the funding appropriated to the department for use in future years. This is the carryover entry for the 2020 library funds
- 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?       No

# 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	124-98689900	Transfers from Fund Balance	467
		Carry-Over Fund Balance	

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	124-98692190	Other Professional Services	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 – 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)  
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

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	149-2391089900	Transfers from Fund Balance	10,353
Revenue Increase	149-2392089900	Transfers from Fund Balance	4,273
Revenue Increase	149-2393089900	Transfers from Fund Balance	6,782
		Adjust State Forfeiture Carryover Fund Balances	

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	149-2391093140	Small Items Equipment	10,353
Expenditure Increase	149-2392093490	Other Operating Expenses	4,273
Expenditure Increase	149-2393093140	Small Items Equipment	6,782

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 Forfeitures and Voluntary Transfers 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

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	101-21789900	Transfers from Fund Balance	11,899
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---			
---			

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	101-21793193	Software Supplies	11,899
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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)

Wisconsin 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:

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)

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
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

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

**TRANSER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	101-2301089900	Transfers from Fund Balance	65
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---			
---		Carry Over Fund Balance Adjustment	
---		Crime Prevention & Safety	
---			
---			

**TRANSER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	101-2301093490	Other Operating Expenses	65
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---			
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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)  
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:
- 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)
- 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
Expenditure Decrease	101-25193140	Small Items Equipment	25,997
---			
---			
---		Carry Over Fund Balance Adjustment	
---		Jail Commissary	
---			
---			

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Revenue Decrease	101-25189900	Transfers of Fund Balance	25,997
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---			
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---			
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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)  
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:
- 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)
- 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
Expenditure Decrease	101-83993190	Office Supplies	859
		Drug Endangered Children Donations	
		Carryover Fund Balance Adjustment	

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Revenue Decrease	101-83989900	Transfers from Fund Balance	859

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)  
Donations – Drug Endangered Children
- 2) Provide a brief (2-3 sentence) description of what this program does.  
Provides Community Education about Drug Endangered Children, and provides the children with backpacks and blankets when they are removed from homes.
- 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	148-23889900	FUND BALANCE	29,017
		Federal Forfeiture Carry Over adjustment	

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	148-23893140	Small Items Equipment	10,000
Expenditure Increase	148-23893190	Office Supplies	2,017
Expenditure Increase	148-23893490	Other Operating Expenses	7,000

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:** 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)  
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.

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### 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	149-2391089900	Transfers from Fund Balance	10,353
Revenue Increase	149-2392089900	Transfers from Fund Balance	4,273
Revenue Increase	149-2393089900	Transfers from Fund Balance	6,782
		Adjust State Forfeiture Carryover Fund Balances	

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	149-2391093140	Small Items Equipment	10,353
Expenditure Increase	149-2392093490	Other Operating Expenses	4,273
Expenditure Increase	149-2393093140	Small Items Equipment	6,782

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 Forfeitures and Voluntary Transfers 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
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

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**DEPARTMENT:** Sheriff

**BUDGET YEAR:** 2021

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	480-88489900	Transfers from Fund Balance	24,698
		DNA Sample Collection Reimbursement	
		Carryover Fund Balance	

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	480-88493190	Office Supplies	10,000
Expenditure Increase	480-88493480	Educational Supplies	14,698

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:** 3/23/2021

**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)

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**

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:** Health

**BUDGET YEAR:** 2021

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**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	275-326-8-2446	Other Health Care Services – State Grant	\$62

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	275-326-9-1110	Salaries – Permanent - Regular	\$62

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:** 3/18/2021

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**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)

Regional Radon Information Centers

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

Our staff operates the Northcentral Radon Information Center (RIC), a twelve-county consortium that exists to educate individuals on, and promote testing of, radon in the following counties: Florence, Forest, Langlade, Marathon, Marinette, Menominee, Oconto, Oneida, Shawano, Vilas, Waupaca, and Wood. The RIC provides radon information and test kits to individuals, private businesses, and government agencies; presentations to schools and employer-sponsored health fairs; and provides regional support to health departments in the RIC area. This support includes hosting training opportunities which allow RIC counties or local businesses involved in radon testing and mitigation to meet continuing education requirements.

- 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: Adjust budget to reflect actual contract amount for 2021.

- 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?       No      

Is a Budget Transfer Resolution Required?       Yes

**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:** Health

**BUDGET YEAR:** 2021

---

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	293-341-8-2446	Other Health Care Services – State Grants	\$806

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	293-341-9-1110	Salaries	\$806

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:** 3/18/2021

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**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)

Communicable Disease Prevention 2020-2021

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

This funding is used to reduce the burden of communicable diseases and support local health departments efforts to ensure disease surveillance and investigations.

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: Adjust 2021 budget to reflect actual contract amount remaining.

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?       No            Is a Budget Transfer Resolution Required?       Yes

**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:** Health

**BUDGET YEAR:** 2021

---

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	363-379-8-2446	Other Health Care Services – State Grants	\$731

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	363-379-9-1110	Salaries – Permanent - Regular	\$731

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:** 3/19/2021

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**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)

Maternal Child Health

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

Maternal and Child Health Block Grant funding supports the health of mothers and children in Marathon County. Focus areas include community and systems work to support initiation and continuation of breastfeeding, as well as providing education promoting safe sleep for infants.

This program is: (Check one)

- An Existing Program.  
 A New Program.

- 3) 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: Adjust budget to reflect actual 2021 contract amount.

- 4) 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) Public Health Nurse, Director of Family Health and Communicable Disease, Family Health Manager, and Administrative Support time is used as match.

- 5) 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.

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### COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund?       No            Is a Budget Transfer Resolution Required?       Yes

**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:** Health

**BUDGET YEAR:** 2021

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**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	364-380-8-2446	Other Health Care Services – State Grants	\$1,500

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	364-380-9-3422	Clinic/Medical Supplies	\$1,500

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:** 3/19/2021

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**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)  
COVID Epidemiology and Laboratory Capacity
- 2) Provide a brief (2-3 sentence) description of what this program does.  
Funds are intended to support conducting surveillance to detect transmission that may be occurring in the community beyond travel and contact-related cases.
- 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: Contract period is 2/1/2020 through 9/30/2021. Adjust 2021 budget amount to match funds remaining (unspent) at the beginning of CY2021.
- 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.

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### COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund?       No            Is a Budget Transfer Resolution Required?       Yes

**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:** Health

**BUDGET YEAR:** 2021

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**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	368-384-8-2446	Other Health Care Services – State Grants	\$39,035

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	368-384-9-1110	Salaries – Permanent - Regular	\$39,035

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:** Joan Theurer

**Date Completed:** 3/10/2021

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**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)  
Public Health Preparedness Planning – COVID 19
- 2) Provide a brief (2-3 sentence) description of what this program does.  
The fiscal year for this funding is 4/1/2020 – 3/31/2021. This funding allows Marathon County Health Department to address their highest priority response needs related to the COVID-19 pandemic.
- 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: Adjust existing budget to match actual contract allocation remaining.
- 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.

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### COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund?     No          Is a Budget Transfer Resolution Required?     Yes

# 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:** Health

**BUDGET YEAR:** 2021

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	373-388-8-2446	Other Health Care Services – State Grants	\$34,079
Expenditure Decrease	373-388-9-3321	Personal Auto Mileage	\$89
Expenditure Decrease	373-88-9-3250	Registration Fees/Tuition	\$125

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	373-388-9-1110	Salaries – Permanent - Regular	\$29,205
Expenditure Increase	373-388-9-3190	Office Supplies	\$60
Expenditure Increase	373-388-9-2250	Telephone	\$428
Expenditure Increase	373-388-9-2133	Indirect	\$4,600

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:** 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)

Public Health Preparedness 2020-2021

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

The fiscal year for this funding is 7/1/2020 – 6/30/2021. This program exists to develop and maintain plans so the Marathon County Health Department and its community partners are prepared to respond to public health emergencies.

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: Adjust 2021 budget to match actual budget remaining (unspent)

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.

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### COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund?       No      

Is a Budget Transfer Resolution Required?       Yes

**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:** Health

**BUDGET YEAR:** 2021

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**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	275-326-8-2446	Other Health Care Services – State Grant	\$62

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	275-326-9-1110	Salaries – Permanent - Regular	\$62

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:** 3/18/2021

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**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)

Regional Radon Information Centers

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

Our staff operates the Northcentral Radon Information Center (RIC), a twelve-county consortium that exists to educate individuals on, and promote testing of, radon in the following counties: Florence, Forest, Langlade, Marathon, Marinette, Menominee, Oconto, Oneida, Shawano, Vilas, Waupaca, and Wood. The RIC provides radon information and test kits to individuals, private businesses, and government agencies; presentations to schools and employer-sponsored health fairs; and provides regional support to health departments in the RIC area. This support includes hosting training opportunities which allow RIC counties or local businesses involved in radon testing and mitigation to meet continuing education requirements.

- 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: Adjust budget to reflect actual contract amount for 2021.

- 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.

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**COMPLETED BY FINANCE DEPARTMENT:**

Is 10% of this program appropriation unit or fund? No

Is a Budget Transfer Resolution Required? Yes