



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 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.

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.

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

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

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.

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

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)

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.

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.		
Total	\$0.00	\$0.00

STEP 2: End of Year Trust Fund Balance Sheet

Item Description	Amount
1. Opening Balance on January 1, 2020 (from last year's report):	\$93,939.76
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 brief explanation below</i>	
5. Closing Balance on December 31, 2020: (Sum of items 1 through 4):	\$218,441.06

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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.

MARATHON COUNTY
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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

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)

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.

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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.

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.

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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: 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.

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:

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.

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	101-316-8-9900	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

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

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

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

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
Budget Transfer Authorization Request Form

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DEPARTMENT: Health

BUDGET YEAR: 2021

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	101-360-8-9900	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

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	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
Budget Transfer Authorization Request Form

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DEPARTMENT: Health

BUDGET YEAR: 2021

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	101-857-8-9900	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

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.

COMPLETED BY FINANCE DEPARTMENT:

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	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.

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	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

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.

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
Expenditure Decrease	301-343-9-1110	Salaries – Permanent - Regular	\$1,053

TRANSFER 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

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

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

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	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.

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	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

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.

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.

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

TRANSEFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	124-98689900	Transfers from Fund Balance	467
		Carry-Over Fund Balance	

TRANSEFER 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

TRANSFER TO:

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

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

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	101-2301089900	Transfers from Fund Balance	65

---		Carry Over Fund Balance Adjustment	
---		Crime Prevention & Safety	

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	101-2301093490	Other Operating Expenses	65

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

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.

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	286-90389900	Fund Balance	280
		Adjust Carry-Over Fund Balance SCAAP 2019/2020	

TRANSFER TO:

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

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

Requested By: Kristin Williams – Administrative Services Manager

Date Completed: 3/19/2021

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY

Budget Transfer Authorization Request – Supplemental Information

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

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

State Criminal Alien Assistance Program (SCAAP)

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

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

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

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

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY

Budget Transfer Authorization Request Form

This form must be completed electronically and emailed to **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	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

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

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

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

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.

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	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

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.

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	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

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.

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.

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	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

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

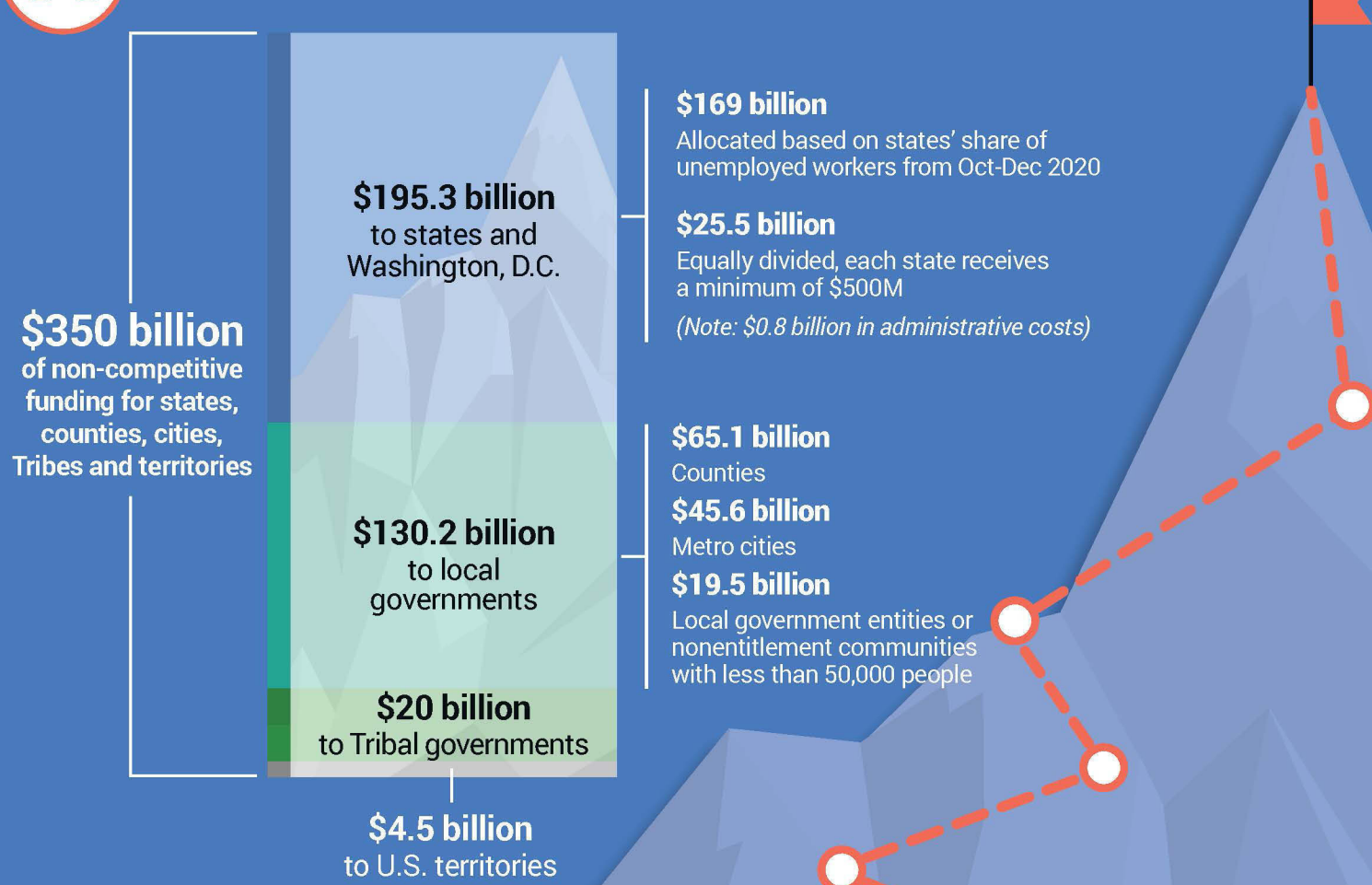
Is a Budget Transfer Resolution Required? Yes

American Rescue Plan Path to recovery

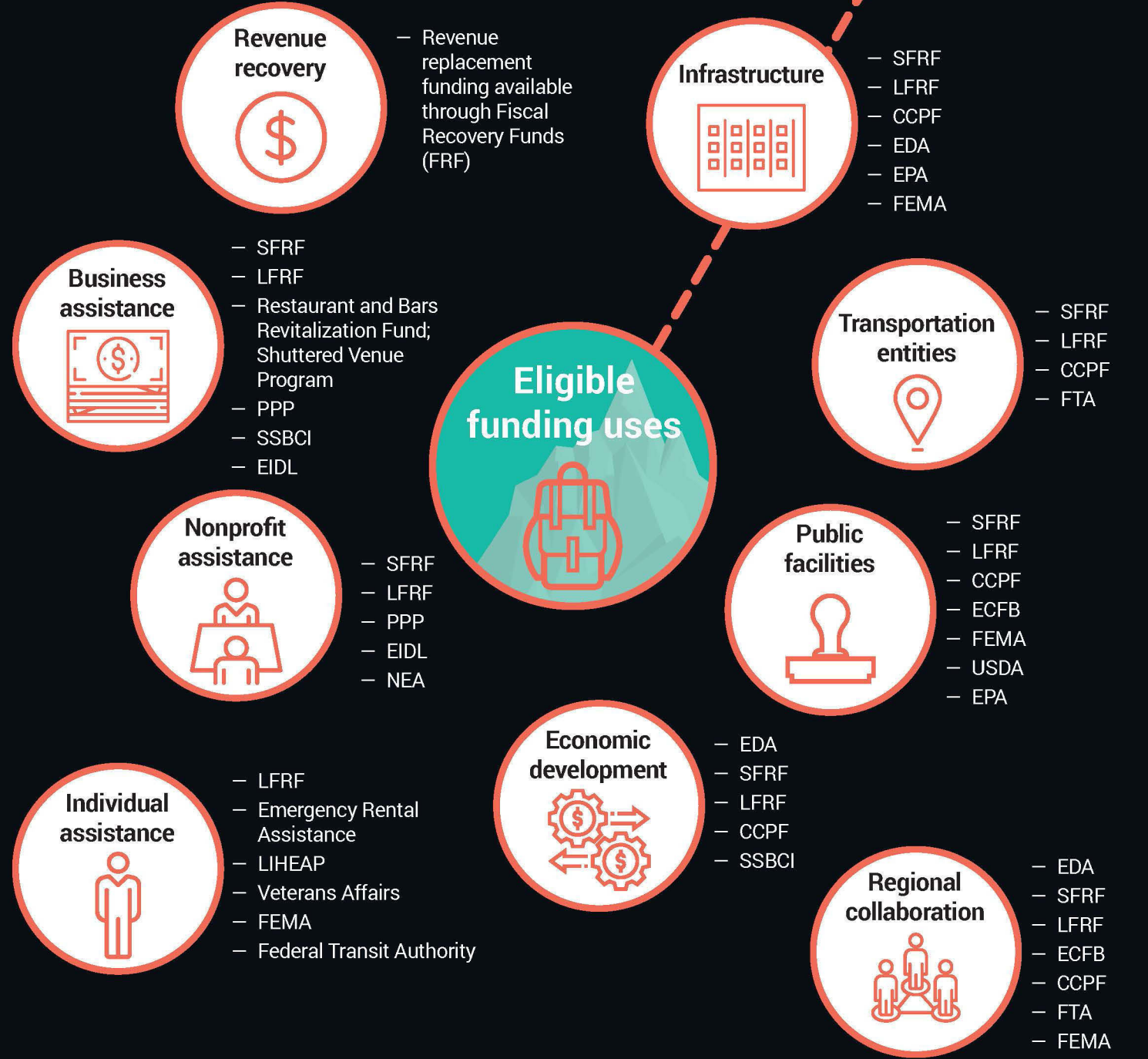
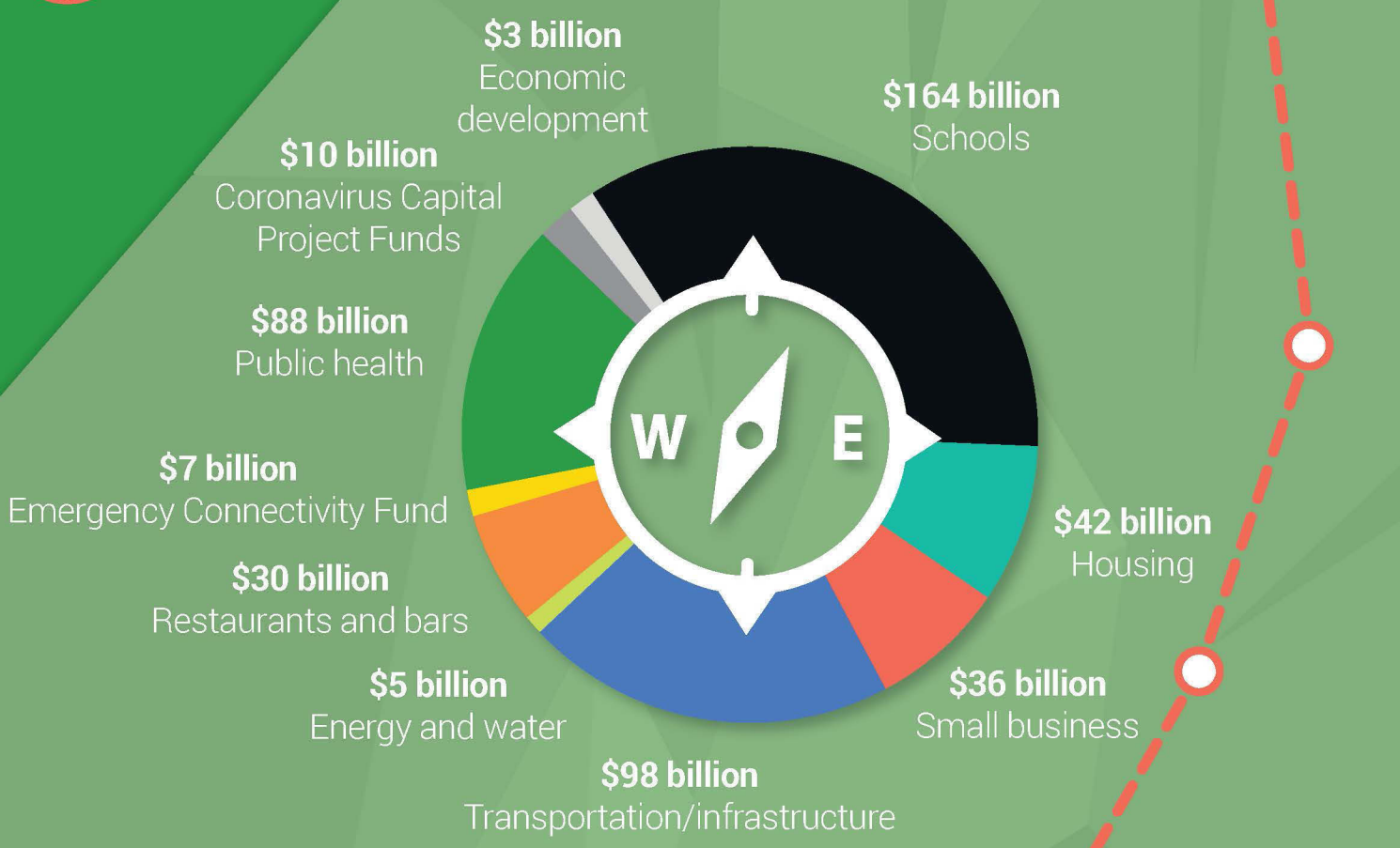
President Biden signed the American Rescue Plan on March 11, 2021. The following is an overview of the public sector relevant grants within the \$1.9 trillion act. Some of the funding provisions have quick turnarounds, so state and local governments should **act now** to assess community priorities and create strategic funding plans.



State and Local Fiscal Recovery Funds (FRF)



Other public sector relevant provisions of the bill include:



CCPF – Coronavirus Capital Projects Fund
EDA – Economic Development Administration
EIDL – Economic Injury Disaster Loan
ECFB – Emergency Connectivity Fund – Broadband
EDA – public infrastructure related to jobs recovery
EPA – environmental justice, cleanup
FEMA – disaster recovery

FTA – Transportation, railroad/Amtrak, airports
LFRF – Local Fiscal Recovery Fund
NEA – National Endowment for the Arts
PPP – Payroll Protection Program
SFRF – State Fiscal Recovery Fund
SSBCI – State Small Business Credit Initiative
USDA – U.S. Department of Agriculture

Let's face the future, together.

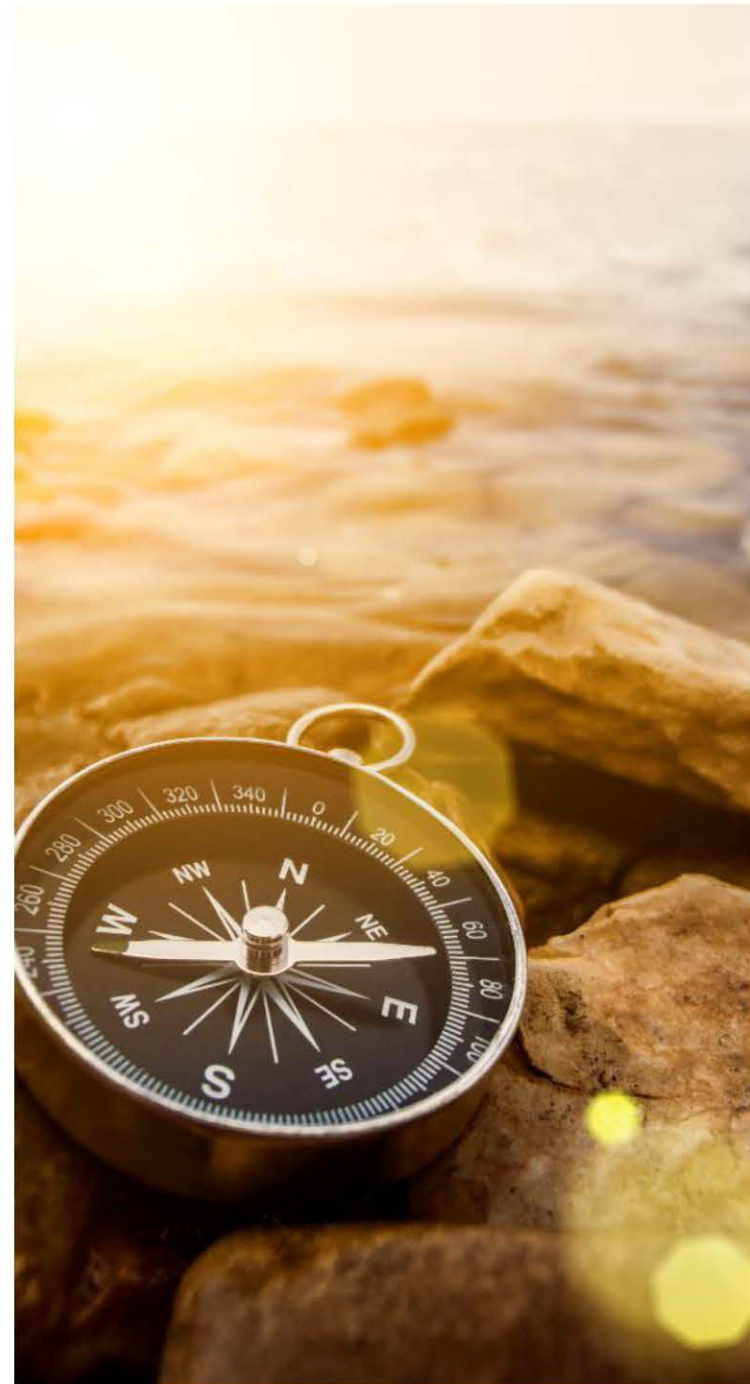
Contact a Baker Tilly public sector specialist to discuss how your community may be impacted and how you can prepare.

Visit our **American Rescue Plan Resource Center** on bakertilly.com



American Rescue Plan: eligible uses and strategies for readiness

March 24, 2021



INTRODUCTION

Today's presenters



Kate Crowley
Principal



Paige Sansone, CPA
Partner



David Eisenlohr
Managing Director



Caitlin Humrickhouse, MPA, SWP
Senior Manager



INTRODUCTION

Agenda

Today's webinar will discuss:

- Overview of the American Rescue Plan (ARP) for public sector entities
- Strategies to prepare for ARP funding
- Eligible expenditures for funding
- Key considerations and questions to ask to be ready for your ARP funds



OVERVIEW

American Rescue Plan for the public sector

Fiscal Recovery Funds

\$350 billion

of non-competitive funding for states, counties, cities, Tribes and territories.
Of this funding:

\$195.3 billion

to states and Washington, D.C.

\$130.2 billion

to local governments

\$20 billion

to Tribal governments

Other provisions

Other provisions of the bill include:

<p>Recovery</p> <p>\$10 billion Coronavirus Capital Projects Fund</p>	<p>Schools</p> <p>nearly \$170 billion</p>	<p>Housing</p> <p>\$25 billion in emergency rental assistance</p>
<p>Small business</p> <p>\$22 billion in EIDL and PPP</p>	<p>Transportation and infrastructure</p> <p>\$58.2 billion</p>	<p>Energy and water</p> <p>\$4.5 billion in household assistance</p>
<p>Restaurants and bars</p> <p>\$25 billion</p>	<p>Emergency Connectivity Fund</p> <p>\$7.6 billion for internet access for distance learning</p>	<p>Public health</p> <p>\$72 billion for COVID-19 testing, contact tracing and vaccine distribution</p>

OVERVIEW

American Rescue Plan for the public sector (cont.)

Fiscal Recovery Funds

\$350 billion

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Of this funding:

\$195.3 billion

to states and Washington, D.C.

\$130.2 billion

to local governments

\$20 billion

to Tribal governments

- Eligible uses
 - Respond to public health emergency
 - Respond to workers performing essential work
 - Recover revenue losses
 - Investments in sewer, water or broadband
 - Transfer funds to not-for-profit or special purpose unit of state or local government
- Cannot be spent on pension funds

OVERVIEW

American Rescue Plan for the public sector (cont.)

Fiscal Recovery Funds

\$350 billion

of non-competitive funding
for states, counties, cities,
Tribes and territories.

Of this funding:

\$195.3 billion

to states and Washington, D.C.

\$130.2 billion

to local governments

\$20 billion

to Tribal governments

- Timing
 - First tranche no later than 60 days from ARP's enactment
 - Second tranche no earlier than 12 months after the first payment
 - Spending deadline of Dec. 31, 2024
- Process
 - Entitlement communities will receive funds directly from the Treasury
 - Non-entitlement communities will receive funds through the State no later than 30 days from the State's receipt from Treasury

OVERVIEW

American Rescue Plan for the public sector (cont.)

Other provisions

- Other ARP funding available in addition to FRF
- Maximize available funding options from external agencies

Other provisions of the bill include:

<p>Recovery</p> <p>\$10 billion Coronavirus Capital Projects Fund</p>	<p>Schools</p> <p>nearly \$170 billion</p>	<p>Housing</p> <p>\$25 billion in emergency rental assistance</p>
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STRATEGIES TO PREPARE FOR ARP FUNDING

Before you spend...

- Remember, there is time
 - Local governments and Tribes have until Dec. 31, 2024 to spend ARP funds
- Prepare a funding plan that consults stakeholders and establishes community priorities
- Consider your accounting structure and internal controls in order to be ready to receive, segregate and track the funds
- Consider preparing an investment plan for the funding

Take the time now to think broadly and strategically about your community's needs

ELIGIBLE EXPENDITURES

Eligible expenditure areas and recipients



FRF can
be used
in all
areas

Revenue
recovery

Individual
assistance

Business
assistance

Economic
development

Public
facilities &
schools

Transportation
entities

Infrastructure

Regional
collaboration

Not-for-profit
assistance

ELIGIBLE EXPENDITURES – FUNDING OPPORTUNITIES

Revenue
recovery



In addition to Fiscal Recovery Funds...

- Lost revenue determination

ELIGIBLE EXPENDITURES – FUNDING OPPORTUNITIES

Lost revenue determination matrix

	Food and beverage tax	Convention / special event revenue	Fuel tax	Income tax	Occupancy tax	Property tax	Public transit fees	Sales tax	User fees (utilities)	Fees and charges	Wagering tax (casinos)
Business closures	✓		✓	✓		✓	✓	✓	✓	✓	
Reduced operations	✓			✓	✓		✓	✓	✓		
Subject to close orders or discretionary closings	✓	✓	✓		✓		✓	✓	✓	✓	✓
Travel restrictions	✓	✓	✓		✓		✓	✓	✓	✓	✓
Unemployment	✓	✓	✓	✓	✓		✓	✓		✓	✓
Virtual learning			✓						✓		
Waiver of penalties						✓			✓		
Working from home	✓		✓				✓	✓	✓		

ELIGIBLE EXPENDITURES – FUNDING OPPORTUNITIES

Individual
assistance

Business
assistance

Not-for-profit
assistance



In addition to Fiscal Recovery Funds...

- HUD Emergency Rental Assistance
- LIHEAP household energy and water assistance
- Restaurant and bars revitalization fund; shuttered venue program
- National Endowment for the Arts
- Public health funds
- Community Navigator Pilot Program
- State Small Business Credit Initiative (SSBCI)
- Payroll Protection Program (PPP)
- Economic Injury Disaster Loan (EIDL)
- Veterans Affairs
- Elderly and multi-generational household assistance

ELIGIBLE EXPENDITURES – FUNDING OPPORTUNITIES

Direct assistance

- Local governments can design programs to help individuals, businesses and not-for-profits (NFPs) in your communities using FRF funds or money earmarked for a specific purpose, such as the Emergency Rental Assistance funds
- Although federal agency guidelines are pending, it's likely this money **cannot** be used like a “per-capita” or as stimulus payments issued to taxpayers, similar to federal stimulus
- Entities will likely need to directly link the funding assistance to a need

ELIGIBLE EXPENDITURES

Community grant funding administration

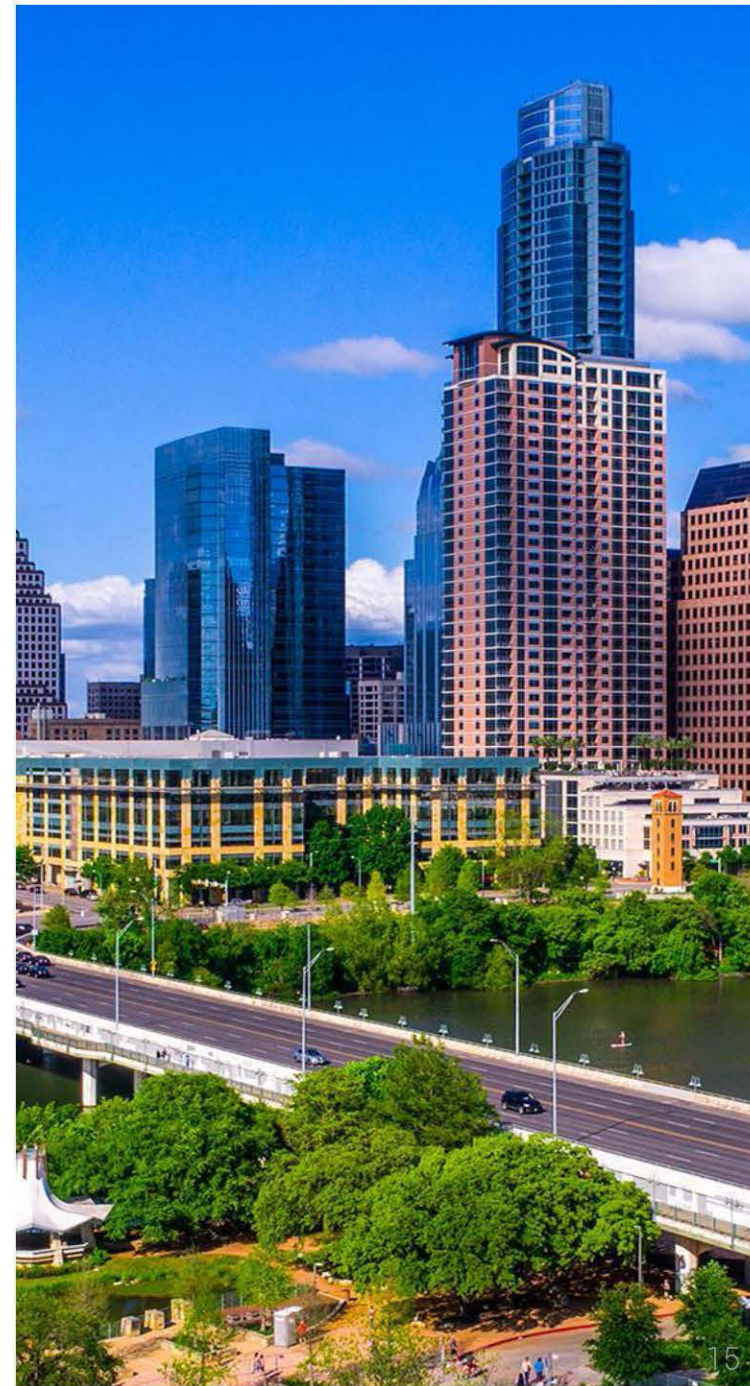
- Local governments can leverage **grant funding administration tools** to distribute funds to small businesses and NFPs



ELIGIBLE EXPENDITURES

Key considerations for grant administration

- Regional collaboration and cooperation
- Community needs assessment and understanding
- Program design should have the right balance between complying with federal/local guidelines and being too restrictive/burdensome
- Application design and review must prevent fraud and have strong internal controls
- Program and application should be flexible to meet shifting federal guidelines



ELIGIBLE EXPENDITURES – FUNDING OPPORTUNITIES

Economic
development

Regional
collaboration



In addition to Fiscal Recovery Funds...

- Economic Development Administration (EDA)
- Coronavirus Capital Projects Fund
- State Small Business Credit Initiative (SSBCI)

ELIGIBLE EXPENDITURES – FUNDING OPPORTUNITIES

Infrastructure

Public
facilities &
schools

Transportation
entities



In addition to Fiscal Recovery Funds...

- Coronavirus Capital Projects Fund
- Emergency Connectivity Fund – broadband, libraries, schools
- Dept. of Education – ESSER/libraries
- Dept. of Transportation, railroad/Amtrak, airports
- USDA – farmers markets, food incubators
- EDA – public infrastructure related to jobs recovery
- FEMA – disaster recovery
- EPA – environmental justice, clean up

KEY CONSIDERATIONS TO BE READY FOR ARP FUNDS

ARP for schools – Elementary and Secondary Emergency Relief (ESSER) funding

ARP allocates \$122.8 billion through Sept. 30, 2023:

- Funding for a variety of programs focused on supporting transition to full-time in-person instruction, learning loss and student/staff academic support programs, educational technology preparation and air equipment quality enhancements
- Local educational agency (LEA) to reserve at least 20% to address learning loss through evidence-based interventions (including summer enrichment or extended day programs)
- No more than 80% of funds can be used toward specific programs addressing non-learning loss needs

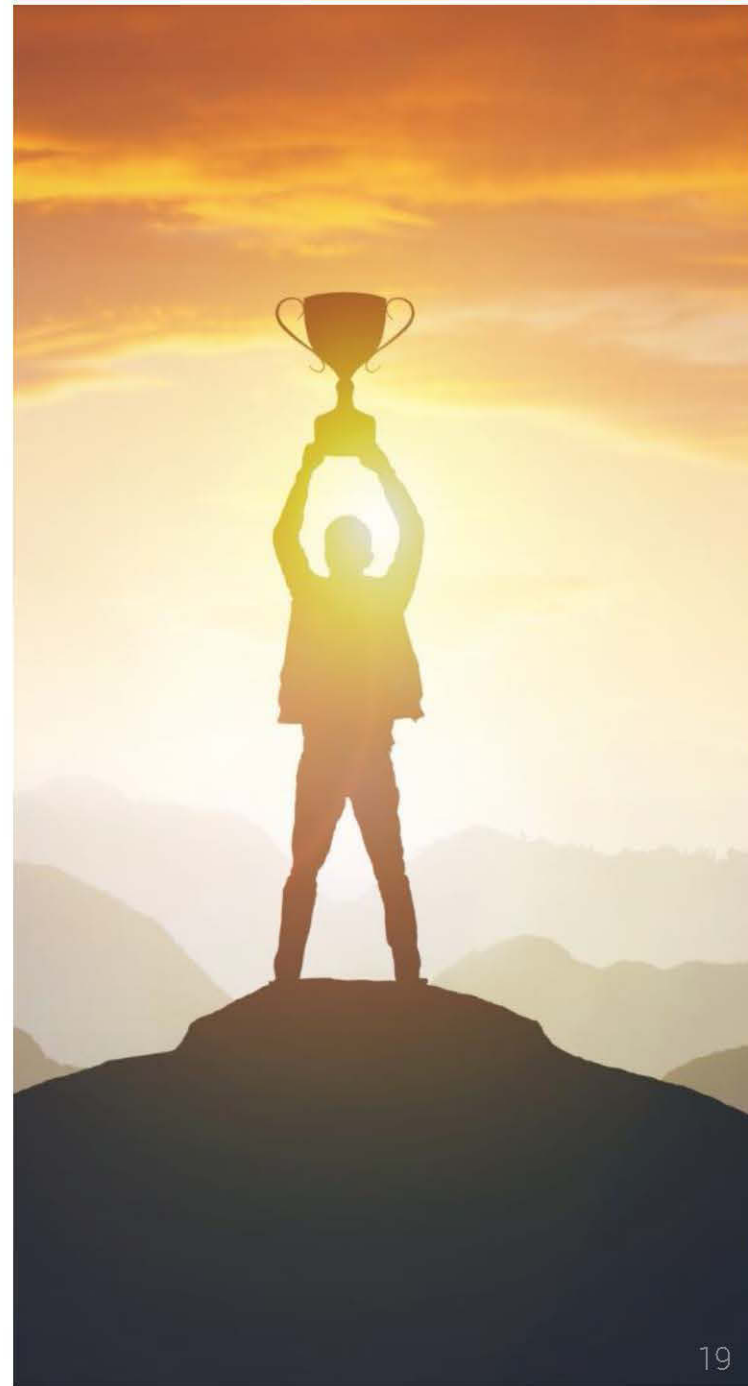
Strategize how to incorporate funds as part of overall financial plan through FY2023:

- Cover costs from COVID-19 disruption and impacts
- Develop and communicate plan for full in-person instruction
- Use dollars for capital investment to support transition to full-time in-person instruction
- Identify academic programs to supplement student/staff needs once back to full-time in-person instruction

KEY CONSIDERATIONS TO BE READY FOR ARP FUNDS

Setting the stage for success: “right now” priorities

- Develop a cash management plan for the investment and disbursement of funds
- Prepare your systems (technology, process, financial, etc.) for receipt, deployment and tracking of funds
- Design a comprehensive ARP funding strategy – internal, community, regional
- Determine revenue loss and assess the balance between recovery and other needs
- Use this time as an opportunity to advance transparency, collaboration and inclusion



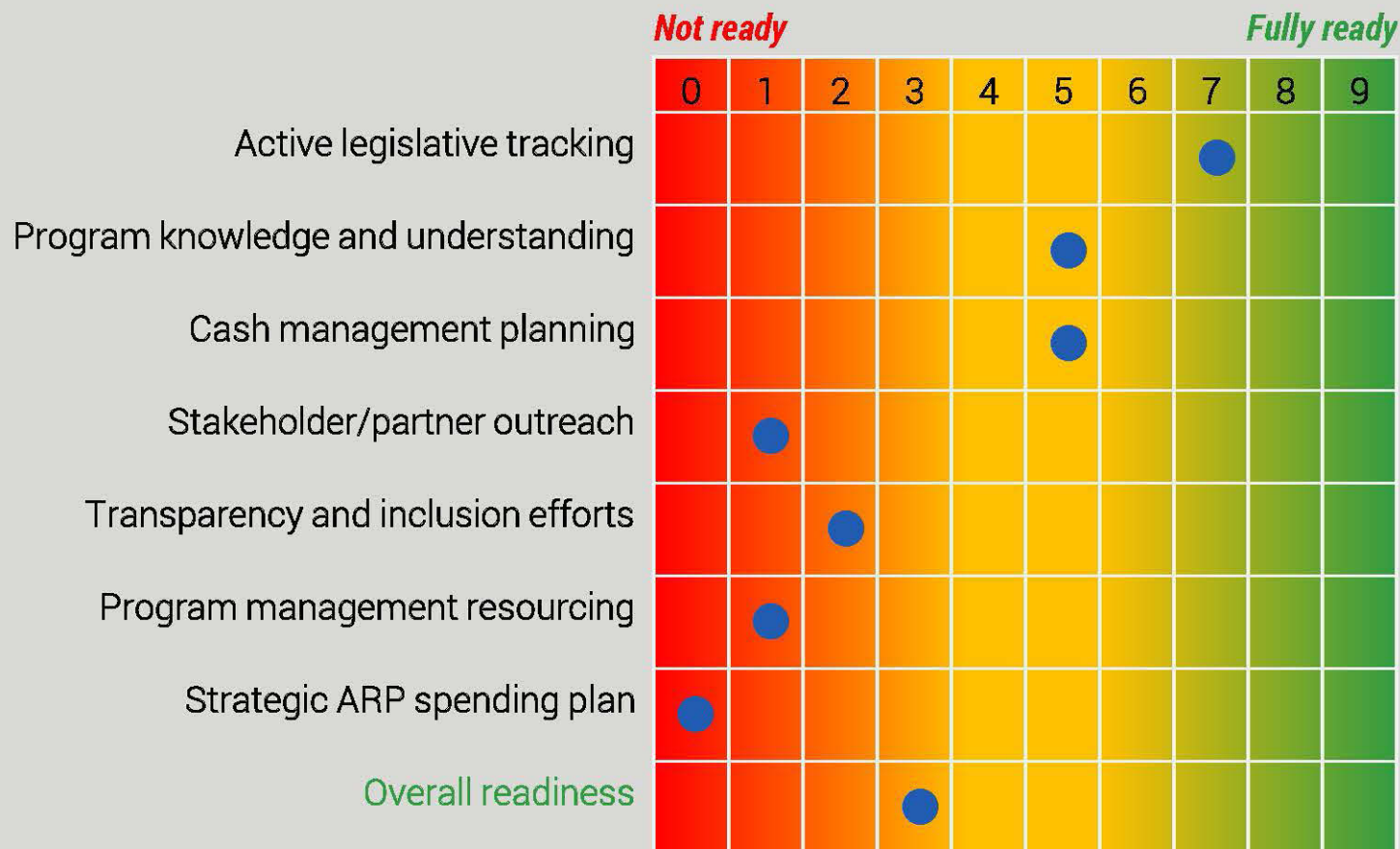
KEY CONSIDERATIONS TO BE READY FOR ARP FUNDS

ARP readiness checklist

- We are actively tracking the ARP legislation and are aware of the amounts currently allocated to us
- We understand the full range of funding sources, options and spending strategies potentially available to us
- We are fully prepared to receive, invest and deploy the ARP funding we expect to receive
- We understand the purposes, eligible uses and constraints on the use of the ARP grant funds
- We have reached out to community stakeholders, constituents and regional partners to assess the community's needs and opportunities
- We are planning and documenting a strategic approach to the utilization of ARP funds for optimum results based on the community needs assessment
- Our spending plans, award criteria and decision structures and process are transparent and inclusive
- We have identified the resources – both internal and external – required to effectively manage the ARP program, ensure compliance and avoid audit exceptions

KEY CONSIDERATIONS TO BE READY FOR ARP FUNDS

ARP readiness heat map (example)



KEY CONSIDERATIONS TO BE READY FOR ARP FUNDS

Q&A time

What questions do you have now that we can help answer?



THANK YOU!

Contact us



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American Rescue Plan Public sector readiness checklist

As state and local governments, schools and Tribes face the unprecedented opportunity to address critical community needs with the more than \$350 billion in direct relief funding assistance from the American Rescue Plan (ARP), many public sector officials are questioning where, when and how to start. Baker Tilly can help.



Use our readiness checklist to help prepare your entity to receive ARP funds:

- ✔ Understand your current accounting structure and internal controls to be ready to receive, segregate and track the funds
- ✔ Review all of the eligible uses for your direct funding allocation before making any decisions
- ✔ Investigate alternative funding available from other federal agencies for specific needs and projects
- ✔ Identify key community constituents who will/should benefit from the funds
- ✔ Develop and communicate a plan for stakeholder involvement in the strategic funding deployment process, considering diversity and inclusion among participants
- ✔ Formulate a strategic funding plan that establishes community priorities and aligns with eligible uses of both the direct allocations and potential funding from other federal agencies
- ✔ Create an investment plan for the funding
- ✔ Examine the funding compliance requirements, including potential single audit requirement

As your Value Architect™, Baker Tilly can help you navigate the ARP funds in the coming weeks and months. Our public sector specialists are always just an email or a Zoom call away.

Visit our **American Rescue Plan Resource Center** at [bakertilly.com](https://www.bakertilly.com) for additional information and guidance as it is released.

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 [Baker Tilly US](https://www.linkedin.com/company/bakertilly-us)

 [bakertilly.com](https://www.bakertilly.com)

Tax Deed Bid Openings for April 6, 2021

SALE 2021-1 - \$13,000

CITY OF WAUSAU

717 Forest Street

Stewart Manson & Parchers, 2nd Add, W 37.5' of Lot 9 Blk 1

#291-2907-362-0011

SALE 2021-2 - \$19,900

TOWN OF RIB MOUNTAIN

227945 Partridge Avenue

SEC 04-28-07 PT of NE 1/4 SE 1/4 S 150' of N 578' of W 325' THRF

#068-2807-044-0987

SALE 2021-4 - \$12,000

CITY OF WAUSAU

109 N. 2nd Avenue

Mary Poors Add Lot 14 Blk 2

#291-2907-264-0034

SALE: 2005-6 - \$16,000

VILLAGE OF KRONENWETTER

Plantation Acres Blk 5 Lot 11

#145-2707-013-0119

BUYER IS RESPONSIBLE FOR BALANCE OF SPECIAL ASSESSMENTS

Contact the Village of Kronenwetter Treasurser at 715-639-4200

SALE: 2005-7 - \$16,000

VILLAGE OF KRONENWETTER

Plantation Acres Blk 5 Lot 12

63-0530-005-012-00-00 #145-2707-013-0120

BUYER IS RESPONSIBLE FOR BALANCE OF SPECIAL ASSESSMENTS

Contact the Village of Kronenwetter Treasurer at 715-639-4200

Legislative Fiscal Bureau
American Rescue Plan