



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

Date & Time of Meeting: **Tuesday, November 9, 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, Jennifer Aarrestad**

**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)

**Human Resources, Finance & Property Committee Mission/Purpose:** Provide leadership for the implementation of the County Strategic Plan, monitoring outcomes, reviewing and recommending to the County Board policies related to the human resources initiatives, finance and property of the County.

**The meeting location identified above will be open to the public. However, due to the COVID-19 pandemic and associated public health directives, Marathon County encourages Human Resources, Finance and Property Committee members and the public to attend this meeting remotely. To this end, 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: 1-408-418-9388 Access Code: 146 078 0067 Password: none**

**If you are prompted to provide an "Attendee Identification Number," enter the "#" sign. No other number is required to participate in the telephone conference. When you enter the telephone conference, PLEASE PUT YOUR PHONE ON MUTE!**

1. Call to Order-Please silence your cellphones
2. Public Comment Period
3. Approval of the Minutes of the September 28, 2021 and October 26, 2021 Human Resources, Finance and Property Committee Meeting
4. Educational Presentations/Outcome Monitoring Reports
  - A. None
5. Operational Functions required by Statute, Ordinance, or Resolution:
  - A. Discussion and Possible Action by Human Resources and Finance and Property Committee
    1. Approval of the October 2021 Claims and Questioned Costs-Palmer
    2. Interdepartmental Budget Transfers
    3. Tax Deed Properties
    4. American Rescue Plan
      - a. ARPA process, criteria and timeline
      - b. Funding and Eligible Expense Categories
      - c. Resolution to Use ARPA Funding to Purchase Web Based Application for the Tracking of ARPA funding to Educate, Identify, Prioritize and Communicate the County's Strategic ARPA Funding Plan
  - B. Discussion and Possible Action by Committee to Forward to the County Board for its consideration
    1. Discussion and Possible Action-Review of proposed amendments to the 2022 Annual Budget received from County Board Supervisors to assess whether this committee supports the amendment in light of our financial environment, future priorities, and long-range goals
    2. Discussion and Possible Action by the Committee-Resolution Establishing Salaries for County Board Supervisors for 2022 and 2023 term, pursuant to Rule 2.01(19)
6. Policy Issues Discussion and Committee Determination-none
7. Announcements: Next Meeting Date-November 23, 2021 at 4:00 p.m.
8. Adjourn

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

**SIGNED J Robinson/s/K Palmer**  
Presiding Officer or Designee

Faxed to: Wausau Daily Herald 10/4/2021  
Faxed to: City Pages  
Faxed to: Record Review  
Faxed by/time: K Palmer 11/5/2021 2:30 pm  
**Posted to the County Website:**

**NOTICE POSTED AT THE COURTHOUSE**  
By/Date/Time: K Palmer 11/5/2021 2:00 pm  
**www.co.marathon.wi.us**



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

Date & Time of Meeting: **Tuesday, September 28, 2021 4:00 p.m.** Meeting Location: **Marathon County Courthouse, Employee Resources Conference Room C149, 500 Forest Street, Wausau WI 54403**

| Members                 | Present/Web-Phone | Absent |
|-------------------------|-------------------|--------|
| Chair John Robinson     | P                 |        |
| Vice Chair Alyson Leahy | P                 |        |
| Craig McEwen            | W                 |        |
| Kurt Gibbs              | P @ 4:15          |        |
| Yee Leng Xiong          | W                 |        |
| Jonathan Fisher         | W                 |        |
| Jennifer Aarrestad      | W                 |        |

**Also Present:** Kristi Palmer, Mike Puerner, Molly Adzic, Lance Leonhard, Kris Berge, Gerry Klein  
**VIA Web or Phone:** Connie Beyersdorff

1. **Call Meeting to Order** by Chair Robinson at 4:00 pm
2. **Public Comment Period -None**
3. **Approval of the Minutes of:**

A. the September 7, 16 and 24, 2021 Human Resources, Finance and Property Committee Meeting

**MOTION BY LEAHY and SECONDED BY FISHER TO APPROVE THE MINUTES FROM SEPTEMBER 7, 16 AND 24, 2021; UNANIMOUS**

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

A. American Rescue Plan Update

1. ARPA process, criteria, and timeline
2. Funding and Eligible Expenses Categories

Discussion: The Committee reviewed the citizen feedback, request timeline and ARPA Compliance and reporting guidance to build the framework for the ARPA Process. Things to think about is including NCHC in the revenue loss calculation, making sure that the County is complaint with Federal, State and Local laws and that the projects are encumbered no later than December 31, 2024

Follow Up: Discuss the need for an application form that is simple for internal/external stakeholders. Develop a ranking form similar to the CIP ranking form for projects that meet the ARPA guidelines. The committee will continue to discuss these items at the committee’s educational meetings.

ARPA Funding -Broad Focus-Allocate the ARPA funding based on the “buckets” of funds

1. Public health
2. Negative Economic Impacts
3. Infrastructure
4. Revenue Replacement/Administrative

Application Requests-The application request will be scheduled three times a year-County Administration will work with HTFC leadership to finalize the application timeline

Ranking form-The committee discussed as ranking form that will providing for a provide a systematic process for evaluating ARPA funding requests. Samples of ranking systems such as the CIP ranking tool were reviewed as examples.

Criteria for application and ranking of ARPA requests:

- Project overview/description of requests
- Application request -internal/external
- Must comply with all laws and ARPA guidance
- Category-Which ARPA expenditure category dies the request fall under
- Evaluation Details
  - Project description
    - Project sponsor
    - Description of the project
    - Which ARPA expense category does it met. Describe the if the project uses Use of Evidence based interventions or focuses on serving primarily disadvantaged communities
    - When will the project be completed?
    - Describe how the project will benefit Marathon County (MC) residents

- Funding
  - What % of the project is funded by ARPA?
  - Is there collaboration with other municipalities?
  - Are there matching fund or other funding sources available (grants, FEMA, WEDC etc.)?
  - Is this “one-time” funding?
  - Long-term impact on budget/operating costs/sustainability (general)
- Align to MC Goals/Plans
  - Does the project meet MC strategic plan/Comprehensive plan?
  - Does the project improve long-term sustainability of the MC budget/operations?
- Program Deliverables and Population Served
  - Does the project target primarily disadvantaged group (as per ARPA guidance)?
  - What % of the population is impacted? How many people are served?
  - What are the deliverables/outcomes of the program?
  - How will the deliverables be measured and met?
  - Who is responsible for keeping program commitments?
- Return on Investment (ROI)
  - What is the ROI MC Taxpayers?
  - What is the economic impact to MC taxpayers?

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

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

**6. Discussion and Possible Action by Committee to Forward to the County Board for its consideration-None**

**7. Policy Issues Discussion and Committee Determination**

A. Update on the 2022 Budget-Meeting date change due to conflict

**8. Announcements:**

Next Meeting Date- **October 7, 2021 at 6:00 p.m. WebEx or Assembly Room**

**9. Adjourn-MOTION BY LEAHY AND SECONDED BY GIBBS TO ADJOURN AT 5:20 PM; UANIMOUS**



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

Date & Time of Meeting: **Tuesday, October 26, 2021 4:00 p.m.** Meeting Location: **Marathon County Courthouse, Employee Resources Conference Room C149, 500 Forest Street, Wausau WI 54403**  
County Courthouse, County Board Assembly Room 500 Forest Street, Wausau WI 54403

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

**Also Present:** Kristi Palmer, Lance Leonhard, Molly Adzic, Michael Puerner

**VIA Web or Phone:** Vicki Tylka, Connie Beyersdorff

1. **Call Meeting to Order**-Supervisor Robinson called the meeting to order at 4 pm
2. **Public Comment Period** -None
3. **Approval of the Minutes of:**
  - A. The October 18, 2021 Human Resources, Finance and Property Committee Meeting

**MOTION BY GIBBS AND SECONDED BY AARRESTAD TO APPROVE THE MINUTES**

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

A. American Rescue Plan Update

1. ARPA process, criteria and timeline

The Committee reviewed the Criteria for application and ranking ARPA request and the APRA Funding Application Process Draft for discussion

As the Committee discussed the ARPA criteria and mechanics of processing the requests consistent with the APRA FUNDING APPLICATION PROCESS DRAFT as included in the meeting packet. There is a need to determine whether or not the public would have direct access to sending APRA funding requests through the County Website or other forum. The process for entry whether external or internal needs to be consistent. This is the draft process discussed by the Committee:

ARPA funding request is filled out with a standard form and there will be a single point of entry to the process

ARPA requests would be assigned to a County Department Head that would complete the ARPA application and forward to County Administration

County Administration will review application for

- Completeness
- Is the request consistent with the Treasury Guidelines? -Yes-continue
- Is the request consistent with Federal/State/County laws and ordinances?-Yes-Continue to review process

Review Process is an opportunity to provide additional information and determine:

- Category-Expenditure Category the request would meet-Which Bucket does it fit into?
- Plan-How the request meets the County’s strategic/comprehensive plan
- Funding-Is this service or program funding? Is it one-time funding?
- ROI-What the return on investment of the request on Marathon County?
- Scoring-Scoring would be completed based on the Expenditure category “funding bucket”
  - Public Health
  - Negative economic impacts/services to disproportionately impacted communities
  - Premium Pay
  - Infrastructure
  - Revenue Replacement
  - Administrative

2. Funding and Eligible Expenses Categories

The HRFC will develop “Funding Buckets” based on the Expenditure Criteria in the Treasury Guidance. The funding allocation will be based on tranche and subject to final guidance when issued by the US Treasury and any infrastructure bill is passed by Congress. We only have interm guidance at this time.

The Committee would like to see one standardized form with a single point of entry. All qualified projects would be reviewed by the County Administrator for completeness and accuracy. The projects will be evaluated by the HRFC before being sent to County Board for approval.

i. ARP Action software application for ARPA funding

The committee asked to bring back the ARP ACTION information back for the November meeting for action.

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

A. Discussion and Possible Action by Human Resources and Finance and Property Committee

1. 2018-2022 Strategic Plan-What should the committee focus on for the remainder of this term?

Supervisor McEwen went through the plan with the Committee, especially items 7.1, 10.6, and 10.12. These are the areas the committee will focus on for 2021

- ERP Program
- Insurance Coverage
- Finalize the CIP Process
  - Long-term Plan for County Properties
- Tax Deed Process
- ARPA Process
- Sustainability of EMS Response County-wide

What can County Board do to implement a new Strategic Plan (2023-2027)?

**6. Discussion and Possible Action by Committee to Forward to the County Board for its consideration-None**

**7. Policy Issues Discussion and Committee Determination**

A. Update on the 2022 Budget Process-No action taken

**8. Announcements:**

Next Meeting Date- **November 9, 2021 at 3:30 p.m. WebEx or Assembly Room**

**9. Adjourn-**Motion by Gibbs and seconded by Xiong to adjourn at 5:19 pm

# 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:** Emergency Management

**BUDGET YEAR:** 2021

**TRANSER FROM:**

| Action               | Account Number | Account Description      | Amount     |
|----------------------|----------------|--------------------------|------------|
| Expenditure Decrease | 101-2489-2410  | MOTOR VEHICLE REPAIRS    | \$4,000.00 |
| Expenditure Decrease | 101-2489-3424  | LAB/MEDICAL SUPPLIES     | \$2,000.00 |
| Expenditure Decrease | 101-2489-1250  | WAGES-TEMPORARY-REGULAR  | \$9,000.00 |
| Expenditure Decrease | 101-2489-3490  | OTHER OPERATING SUPPLIES | \$5,000.00 |

**TRANSER TO:**

| Action               | Account Number | Account Description         | Amount      |
|----------------------|----------------|-----------------------------|-------------|
| Expenditure Increase | 101-2489-2190  | OTHER PROFESSIONAL SERVICES | \$20,000.00 |

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

**Requested By:** JAMES WILLIAMS

**Date Completed:** 11/2/2021

**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)

WAUSAU FIRE DEPARTMENT LEVEL B HAZARDOUS MATERIALS RESPONSE CONTRACT

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

In 2021 Marathon County Emergency Management entered into an agreement with Wausau Fire Department to provide Level B response to hazardous materials incidents throughout the County. The contract is for \$20,000.00, and will provide a higher level of service throughout Marathon County with the overall goal of improving safety.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

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

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

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### COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required?           No

# 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 | Y669 Transfers from Fund Balance | \$156,971 |

TRANSFER TO: Ref# 00105

| Action               | Account Number | Account Description           | Amount    |
|----------------------|----------------|-------------------------------|-----------|
| Expenditure Increase | 101-323-9-3490 | Z669 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: 10/20/21 srw



# MARATHON COUNTY

## Budget Transfer Authorization Request – Supplemental Information

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

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

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.

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### COMPLETED BY FINANCE DEPARTMENT:

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

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

# MARATHON COUNTY

## Budget Transfer Authorization Request Form

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DEPARTMENT: Health

BUDGET YEAR: 2021

**TRANSER FROM:**

| Action           | Account Number | Account Description              | Amount   |
|------------------|----------------|----------------------------------|----------|
| Revenue Increase | 101-333-8-9900 | 665Z Transfers from Fund Balance | \$60,582 |

**TRANSER TO:**

Ref# 00106

| Action               | Account Number | Account Description           | Amount   |
|----------------------|----------------|-------------------------------|----------|
| Expenditure Increase | 101-333-9-3490 | 665T 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.

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### COMPLETED BY FINANCE DEPARTMENT:

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

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

# MARATHON COUNTY

## Budget Transfer Authorization Request Form

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DEPARTMENT: Health

BUDGET YEAR: 2021

**TRANSFER FROM:**

| Action           | Account Number | Account Description                 | Amount   |
|------------------|----------------|-------------------------------------|----------|
| Revenue Increase | 101-360-8-9900 | Transfers from Fund Balance<br>Y688 | \$14,120 |

**TRANSFER TO:** Ref# 00107

| Action               | Account Number | Account Description              | Amount   |
|----------------------|----------------|----------------------------------|----------|
| Expenditure Increase | 101-360-9-3490 | Other Operating Supplies<br>Z688 | \$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.

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### COMPLETED BY FINANCE DEPARTMENT:

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

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

# MARATHON COUNTY

## Budget Transfer Authorization Request Form

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

DEPARTMENT: Health

BUDGET YEAR: 2021

**TRANSFER FROM:**

| Action           | Account Number | Account Description                 | Amount  |
|------------------|----------------|-------------------------------------|---------|
| Revenue Increase | 101-440-8-9900 | Y674<br>Transfers from Fund Balance | \$4,237 |

**TRANSFER TO:** Ref# 00108

| Action               | Account Number | Account Description                    | Amount  |
|----------------------|----------------|--|---------|
| Expenditure Increase | 101-440-9-1110 | Z674<br>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.

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### COMPLETED BY FINANCE DEPARTMENT:

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

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

# MARATHON COUNTY

## Budget Transfer Authorization Request Form

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DEPARTMENT: Health

BUDGET YEAR: 2021

**TRANSER FROM:**

| Action           | Account Number | Account Description                 | Amount  |
|------------------|----------------|-------------------------------------|---------|
| Revenue Increase | 101-857-8-9900 | Transfers from Fund Balance<br>Y676 | \$2,645 |

Ref# 00109

**TRANSER TO:**

| Action               | Account Number | Account Description           | Amount  |
|----------------------|----------------|-------------------------------|---------|
| Expenditure Increase | 101-857-9-3140 | Small Items Equipment<br>Z676 | \$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.

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**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 | 275-326-8-2446 | Other Health Care Services – State Grant<br>669T | \$62   |

**TRANSFER TO:**

Ref# 00110

| Action               | Account Number | Account Description                    | Amount |
|----------------------|----------------|--|--------|
| Expenditure Increase | 275-326-9-1110 | Salaries – Permanent - Regular<br>669R | \$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.

# 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<br>669X | \$40,527 |

Ref# 00111

**TRANSFER TO:**

| Action               | Account Number | Account Description              | Amount   |
|----------------------|----------------|----------------------------------|----------|
| Expenditure Increase | 276-327-9-3490 | Other Operating Supplies<br>669V | \$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

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DEPARTMENT: Health

BUDGET YEAR: 2021

**TRANSFER FROM:**

| Action           | Account Number | Account Description                 | Amount  |
|------------------|----------------|-------------------------------------|---------|
| Revenue Increase | 278-329-8-9900 | Transfers from Fund Balance<br>670H | \$2,915 |

Ref# 00112

**TRANSFER TO:**

| Action               | Account Number | Account Description              | Amount  |
|----------------------|----------------|----------------------------------|---------|
| Expenditure Increase | 278-329-9-3490 | Other Operating Supplies<br>670N | \$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.

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### COMPLETED BY FINANCE DEPARTMENT:

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

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

# MARATHON COUNTY

## Budget Transfer Authorization Request Form

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DEPARTMENT: Health

BUDGET YEAR: 2021

**TRANSFER FROM:**

| Action           | Account Number | Account Description                 | Amount   |
|------------------|----------------|-------------------------------------|----------|
| Revenue Increase | 281-332-8-9900 | Transfers from Fund Balance<br>670T | \$10,159 |

**TRANSFER TO:** Ref# 00113

| Action               | Account Number | Account Description              | Amount   |
|----------------------|----------------|----------------------------------|----------|
| Expenditure Increase | 281-332-9-3490 | Other Operating Supplies<br>670R | \$10,159 |

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

Requested By: Joan Theurer

Date Completed: 3/10/2021

**COMPLETED BY FINANCE DEPARTMENT:**

Approved by Human Resources, Finance & Property Committee: \_\_\_\_\_

Date Transferred: \_\_\_\_\_



# MARATHON COUNTY

## Budget Transfer Authorization Request – Supplemental Information

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

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

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### COMPLETED BY FINANCE DEPARTMENT:

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

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

# MARATHON COUNTY

## Budget Transfer Authorization Request Form

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DEPARTMENT: Health

BUDGET YEAR: 2021

**TRANSFER FROM:**

| Action           | Account Number | Account Description                 | Amount   |
|------------------|----------------|-------------------------------------|----------|
| Revenue Increase | 283-336-8-9900 | Transfers from Fund Balance<br>671D | \$22,264 |

TRANSFER TO: Ref# 00114

| Action               | Account Number | Account Description              | Amount   |
|----------------------|----------------|----------------------------------|----------|
| Expenditure Increase | 283-336-9-3490 | Other Operating Supplies<br>671B | \$22,264 |

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

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

Local Public Health Preparedness – Carry Forward

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

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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<br>671X | \$806  |

**TRANSFER TO:**

Ref# 00115

| Action               | Account Number | Account Description | Amount |
|----------------------|----------------|---------------------|--------|
| Expenditure Increase | 293-341-9-1110 | 671U 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.

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### COMPLETED BY FINANCE DEPARTMENT:

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

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

# MARATHON COUNTY

## Budget Transfer Authorization Request Form

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DEPARTMENT: Health

BUDGET YEAR: 2021

**TRANSER FROM:**

| Action               | Account Number | Account Description                    | Amount  |
|----------------------|----------------|--|---------|
| Expenditure Decrease | 301-343-9-1110 | Salaries – Permanent - Regular<br>667A | \$1,053 |

**TRANSER TO:**

Ref# 00116

| Action           | Account Number | Account Description                               | Amount  |
|------------------|----------------|---|---------|
| Revenue Decrease | 301-343-8-2446 | Other Health Care Services – State Grants<br>667D | \$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:** Sheriff

**BUDGET YEAR:** 2021

**TRANSFER FROM:**

| Action           | Account Number          | Account Description                 | Amount |
|------------------|-------------------------|-------------------------------------|--------|
| Revenue Increase | XXX-XXX82420<br>319-840 | Public Safety – State Grant<br>593U | 48,300 |

**TRANSFER TO:**

Ref# 00118

| Action               | Account Number       | Account Description               | Amount |
|----------------------|----------------------|-----------------------------------|--------|
| Expenditure Increase | XXX-XXX9XXXX 8190    | 593V Hardware Equipment – 3 units | 19,500 |
| Expenditure Increase | XXX-XXX9XXXX<br>2953 | Software – Annually – 3 units     | 28,800 |

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:** 10/29/2021

**COMPLETED BY FINANCE DEPARTMENT:**

Approved by Human Resources, Finance & Property Committee: \_\_\_\_\_

Date Transferred: 11/2/21 srw



# MARATHON COUNTY

## Budget Transfer Authorization Request – Supplemental Information

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

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

License Plate Recognition Grant

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

Funds are used to provide License Plate Recognition (LPR) capabilities on squad cars and stationary units in high-traffic areas.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

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

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

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### COMPLETED BY FINANCE DEPARTMENT:

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

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

## Resolution # R-\_\_\_-21

### A RESOLUTION TO USE OF ARPA FUNDING TO PURCHASE A WEB BASED APPLICATION FOR THE TRACKING OF ARPA FUNDING TO EDUCATE, IDENTIFY, PRIORITIZE, AND COMMUNICATE THE COUNTY'S STRATEGIC ARPA FUNDING PLAN

- WHEREAS,** On May 10th, 2021, the U.S. Department of the Treasury announced the launch of the Coronavirus State and Local Fiscal Recovery Funds, established by the American Rescue Plan Act of 2021, to provide \$350 billion in emergency funding for eligible state, local, territorial, and Tribal governments; and
- WHEREAS,** Marathon County has been awarded \$26,356,580 in ARPA funding to be used to respond to acute pandemic response needs, fill revenue shortfalls among these governments, and support the communities and populations hardest-hit by the COVID-19 crisis; and
- WHEREAS,** the County has engaged the public in listening sessions and is in the process of developing its strategic funding plan for the use of ARPA funding; and
- WHEREAS,** the County continues to develop the comprehensive ARPA funding plan, that includes these goals:
- Identify community funding opportunities
  - Prioritize eligible expenses and investments
  - Solicit equitable responses from community leaders and aggregate them for input
  - Account for interlocal collaboration opportunities
  - Communicate in a highly organized, analytical and visual way, the county's ARPA strategic funding plan
- WHEREAS,** ARPA guidelines allow the County to use ARPA funding for administrative purposes as stated in the Treasury FAQ's issued on July 19, 2021
- 10.2. Can recipients use funds for administrative purposes?***  
*Recipients may use funds to cover the portion of payroll and benefits of employees corresponding to time spent on administrative work necessary due to the COVID-19 public health emergency and its negative economic impacts. This includes, but is not limited to, costs related to disbursing payments of Fiscal Recovery Funds and managing new grant programs established using Fiscal Recovery Funds*
- WHEREAS,** the County has calculated the lost revenue for 2020 and can use these funds to defray administrative expenses of the program; and
- WHEREAS,** the County can earn interest on the funds and use these funds to defray administrative expenses of the program;
- 10.3. Are recipients required to remit interest earned on CSFRF/CLFRF payments made by Treasury? [5/27, updated 7/14]***  
*No. CSFRF/CLFRF payments made by Treasury to states, territories, and the District of Columbia are not subject to the requirement of the Cash Management Improvement Act and Treasury's implementing regulations at 31 CFR part 205 to remit interest to Treasury. CSFRF/CLFRF payments made by Treasury to local governments and Tribes are not subject to the requirement of 2 CFR 200.305(b)(8)(9) to maintain balances in an interest-bearing account and remit payments to Treasury. Moreover, interest earned on CSFRF/CLFRF payments is not subject to program restrictions. Finally, States may retain interest on payments made by Treasury to the State for distribution to NEUs that is earned before funds are distributed to NEUs, provided that the State adheres to the statutory requirements and Treasury's guidance regarding the distribution of funds to NEUs. Such interest is also not subject to program restrictions.*  
***Among other things, States and other recipients may use earned income to defray the administrative expenses of the program, including with respect to NEUs***

**WHEREAS,** the County wishes to purchase a web based application, ARP ACTion, to achieve these goals for the smooth implementation of the ARPA strategic funding plan; and

**WHEREAS,** the County will purchase the application to assist in meeting the required goals of the funding plan as stated in this resolution with the initial expenses to implement the ARPA ACTion system to be \$12,500 and to add unique county integrations as needed with a total cost not to exceed \$30,000; and

**WHEREAS,** that the cost of the ARP ACTion application can be funded from the revenue replacement and administrative expenses categories of ARPA including using the interest income generated from the APRA funds invested at Marathon County; and

**WHEREAS,** there is currently funding available in the ARPA grant fund to pay for the expense; and

**WHEREAS,** § 65.90(5)(a), Wis. Stats., dictates that appropriations in the Marathon County budget may not be modified unless authorized by a vote of two-thirds of the entire membership of the County Board of Supervisors.

**WHEREAS,** the Human Resources, Finance and Property Committee has reviewed the funding the project and has requested that the resolution be forwarded to the County Board for approval; and

**NOW, THEREFORE BE IT RESOLVED** that the Board of Supervisors of the County of Marathon does hereby resolve and ordain to amend the 2021 APRA Budget to do the following:

1. Amend the 2021 Budget BAC BAC93193 Software Supplies in an amount not to exceed \$30,000,
2. Recognize this project as an administrative expense for the smooth prioritization and reporting of ARPA funds to elected officials, department heads and community leaders
3. Authorize the use of revenue replacement and administrative expenses including investment income in the ARPA fund to pay for the expenditure and report this allocation as appropriate to the US Treasury.

**BE IT FURTHER RESOLVED** that the ARP ACTion application is hereby designated and amended in the 2021 budget and included in ARPA funding allocation that is identified as administrative expenses that are eligible through the County's APRA grant.

Dated this 9th day of November 2021.

FINANCE, PROPERTY & FACILITIES COMMITTEE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fiscal Impact: This reflects an amendment to the 2021 Budget. The amendment will not add additional tax levy.

**ASSUMING NO MODIFICATION TO INITIAL RESOLUTION AS PROVIDED BY RULE 19**

**Resolution #R-80-21  
Establish Salaries For County Board Supervisors For 2022 And 2023**

**WHEREAS**, Rule 19 of the General Code for Marathon County provides that the County Board members shall vote at their Annual Meeting in November of odd-numbered years to fix the salary of the supervisors elected for the next two-year term. In like manner, the Board may allow additional salary for the chairperson. By rule, the initial resolution before the Board shall contain a 3% increase for supervisors and for the Board Chair. Any recommended modifications to this annual increase will be developed and proposed to the County Board by the Human Resource, Finance and Property Committee; and

**WHEREAS**, on October 20, 2021, the Executive Committee reviewed the current salaries for County Board Supervisors and discussed whether modification of the initial resolution relative to salaries was appropriate, ultimately determining not to recommend the resolution be modified; and

**WHEREAS**, on November 9, 2021, the Human Resources, Finance and Property Committee reviewed the current salaries for County Board Chair and Supervisors met and recommended to increase County Board Supervisor salaries and the salary of the Board Chair by 3% on effective April 19, 2022 and January 1, 2023; and

**NOW, THEREFORE, BE IT RESOLVED** that the Board of Supervisors of the County of Marathon does ordain to adjust County Board Salaries as follows:

County Board Supervisors Salaries:

**Effective 4/19/22**

|   |                           |
|---|---------------------------|
| Chair .....   | \$30,900 (\$900 Increase) |
| Vice Chair, Board Member Salary+ \$3,500 .....                | \$9,156 (\$165 Increase)  |
| Board Member .....  | \$5,656 (\$165 Increase)  |
| Chair of Standing Committee, Board Member Salary+ \$600 ..... | \$6,256 (\$165 Increase)  |

**Effective 1/1/23**

|   |                           |
|---|---------------------------|
| Chair .....   | \$31,827 (\$927 Increase) |
| Vice Chair, Board Member Salary+ \$3,500 .....                | \$9,326 (\$170 Increase)  |
| Board Member .....  | \$5,826 (\$170 Increase)  |
| Chair of Standing Committee, Board Member Salary+ \$600 ..... | \$6,426 (\$170 Increase)  |

**BE IT FURTHER RESOLVED** that the Board hereby authorizes and directs the Marathon County Clerk to issue checks pursuant to this resolution and the Marathon County Treasurer to honor same.

**BE IT FURTHER RESOLVED** that the proper officers of Marathon County are hereby authorized and directed to take all actions necessary to effectuate this resolution.

**FISCAL IMPACT STATEMENT – Salary and Benefits:**

|   |         |
|---|---------|
| Estimated Additional Cost for (2022)                    | \$7,005 |
| Estimated Additional Cost for (2023) Compared to (2022) | \$7,217 |

**CORPORATION COUNSEL NOTE:** Pursuant to Wis. Stats. §59.10(3)(i), any change to current salaries requires a two-thirds majority vote of members entitled to a seat.

Dated 11/09/2021

**HUMAN RESOURCES, FINANCE and PROPERTY COMMITTEE**

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John Robinson, Chair

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Kurt Gibbs

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Alyson Leahy, Vice-Chair

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Craig McEwen

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Jennifer Aarrestad

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Yee Leng Xiong

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Johnathan Fisher