



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

Date & Time of Meeting: **Monday, February 10, 2020 3:00 p.m.**

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

**Members: EJ Stark, Chair; Bill Miller, Vice-Chair; Tim Buttko, John Durham, Kurt Gibbs, Yee Leng Xiong, Jeff Zriny**

**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.

1. Call to Order-Please silence your cellphones
2. Public Comment Period
3. Approval of the Minutes of the January 13, 2020 Human Resources, Finance and Property Committee Meeting
4. Educational Presentations/Outcome Monitoring Reports
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 Property –Appraisals/Set Sales Price (Kim Trueblood)
      - a. 608 Adams St Wausau, WI 54403
      - b. 3021 W Mann Rd, Marshfield WI 54449
    - 2) Denial of Claims:
      - a. Paul Kaseno (Mary Jo Maly)
      - b. Taylor Schremp (Mary Jo Maly)
    - 3) January 2020 Claims and Questioned Costs
    - 4) Parks, Recreation & Forestry Department Casual, Seasonal, Temporary wage rates adjustments (Polley)
  - B. Discussion and Possible Action by Committee to Forward to the County Board for its consideration
    1. Interdepartment Budget Transfers (Palmer)
      - a. 2019 Budget Transfers
      - b. 2020 Budget Transfers
    2. Resolution Awarding the Sale of \$8,500,000 General Obligation Promissory Note, Series 2020A (Palmer)
    3. Resolution Determination by County Board that Emergency With Respect to Repair and Reconstruction of the Marathon County Jail has Ended (Corbett)
    4. A Resolution Amending the 2020 Budget and Transfer from Contingency for \$200,000 for Jail Medical Costs and Jail Medical Room Capital Project (Lotter)
6. Policy Issues Discussion and Committee Determination
  - A. Long–Term Capital Planning 2020-2024 (Palmer/Lotter)
7. Announcements:

Next Meeting Date-February 24, 2020 at 3:00 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 EJ STARK/s/K Palmer**

Presiding Officer or Designee

Faxed to: Wausau Daily Herald  
Faxed to: City Pages  
Faxed to: Record Review  
Faxed by/time: K Palmer 2/7/2020 2:20 pm  
**Posted to the County Website:**

**NOTICE POSTED AT THE COURTHOUSE**

By/Date/Time: K Palmer 2/7/2020 2:20 pm  
**www.co.marathon.wi.us**



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

Date & Time of Meeting: **Monday, January 13, 2020 3:00 p.m.**

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

**Members: EJ Stark, Chair; Bill Miller-excused, Vice-Chair; Tim Buttke-excused, John Durham, Kurt Gibbs, Yee Leng Xiong-excused, Jeff Zriny**

**Others: Kristi Palmer, Lance Leonhard, Audrey Jensen, Kim Trueblood, Scott Corbett, Michael Lotter, Ben Walljasper, Brian Kowalski, Jim Lentz**

1. Call to Order by Supervisor Stark at 3:00 pm
2. Public Comment Period –Jim Lentz 236538 CTH W would like to speak on the item Tax Deed Sale-#2019-6 254439 Marshall Hill Road. Chairman Stark moved this item up. Mr. Lentz is a neighbor to this property and discussed the history as he knows it on this property. He stated the septic system is not functioning. He has checked in with County Treasurer on this property. The property has been taken on Tax Deed. Since this spring, he have not heard anything on the property. He said that a gentleman stated that his son put bid on the property. The County is selling it as is but there have been problems with this property and the son in the Town (Texas) is buying it and can build a house a on it. Now I have to go to legal means to make sure this property does not become a legal residence. It is a non-conforming lot. There are other properties in my neighborhood that are non-conforming. I am curious as to why \$13,000 is the opening bid. If the County's opinion is that they have to sell the property, then I have to put up a big fence. I ask that the County reconsider this sale until some of these issues can be worked out.
3. Approval of the Minutes of the December 9, 2019 Human Resources, Finance and Property Committee Meeting Motion by Gibbs and seconded by Zriny to approve the minutes from December 9, 2019; vote unanimous
4. Educational Presentations/Outcome Monitoring Reports  
Enterprise Rental Car Lease Program-Ben Walljasper reviewed the current County program and what other options would be for the County and what other Counties are doing with fleet management. Gibbs-In most cases, we might not go for a full 60 month lease and sell at the optimal resale amount. Enterprise evaluates and replace the vehicles at the optimal time. One example provided by Enterprise shows the potential cost saving or using County program cars instead of paying mileage to employees for use of personal vehicles. Gibbs-The cost per mile is \$0.42 per mile instead of \$0.58 per mile for employee mileage reimbursement. Is this typical? Walljasper-Yes –this county in the example is working on this but it is based on utilization and promotion of the program in the department. In Wisconsin, we like to show you an all-wheel drive, front wheel drive or minivan option. Gibb-Do we know what the mileage budget is for social services department? I think it is something that we need to look at an exploring. County administration would like to have permission to explore with expanding this program with additional departments.
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  
Tax Deed Sale #2019-6 154439 Marshall Hill Road, Town of Texas  
The appraised value on this property is \$13,000 Bid is for \$1,310 by Jacob Rodgers, it meets the criteria for the amount of 10% on the minimum bid. The town is town zoned and the County zoning does not supersede town zoning. The County POTUS zoning would need to bring the septic up to code if it is not. The Town would need to determine whether or not it would need to have a change of zoning. Corbett cited Section 3.20(6)(a) to explain how the Tax Deed Sale ordinance works. Stark-Can you accept the bid contingent upon the criteria in Ordinance Section 3.20(6)(a)? Corbett-You are the decision makers on this issue. Durham-Were we aware that the septic was not compliant when we took the property? The current condition (septic) is unknown as of the 1977 report included in the file.  
Zriny and second by Durham to accept the bid as presented; vote unanimous  
  
Tax Deed Sale #2013-7 3021 W Mann Rd, Marshfield, WI  
The appraised value is \$3500 from 2013. County Clerk Trueblood-This property is well past the two year timeframe and I was not aware that it is beyond the two year and needs to be readvertised. Do we need to return the bid? Corbett read the ordinance 3.20(6)(e1) to the Committee. I would recommend that you open it and make a determination on whether or not to accept or reject. If it is below the value there is no advertisement that you can make a bid but if it is above the value, then you can determine. The bid is for \$3,000 and a check with the bid for \$300.

Motion by Gibbs and seconded by Durham to reject the bid as it is below the appraised value and it has not been advertised below the appraised value and does not meet our current ordinance; vote unanimous

Motion by Gibbs and seconded by Durham-In order to facilitate the sale of this property, motion to get a new appraisal and take up the issue if the new appraisal shows significant difference in the new appraised value; vote unanimous

2. Appraisal Review and Setting Tax Deed Sales Price for Tax Deed Properties:

Corbett- This committee has the power to set the value on these properties.

a. 513 Vane Street, Mosinee WI

Gibbs and seconded by Zriny to set the value at \$25,000; vote unanimous

b. 1115 W Grand Ave, Rothschild, WI

County Clerk stated the Village is interested in purchasing this property

Gibbs and Durham to set the value \$22,000 (appraised value); vote unanimous

c. 1407 N 2<sup>nd</sup> Street, Wausau, WI

The City is interested in this property. There is a \$14,000 outstanding water bill. Is this bill reflected in the tax bill? Are we obligated to settle with the City on the water bill? It is on the tax bill and we will settle with the City in August. We can bill the special assessment back to the City.

Motion Gibbs and sectioned by Durham to set value of \$10,000 (appraised value); vote unanimous

Gibbs-We have significant lists on delinquent properties, I would like to get an updated list on delinquent properties. Do you want an update on the properties that we have taken already? Yes

3. Policy on Snow Removal and Grass Cutting for Tax Deed Properties

County Clerk-We received a snow removal notice on a property in Wausau and there is no policy to deal with this issue. The City cleared the property and charged the County \$84. Corbett-In the past we may have a neighbor clean up the property but it seems that we are now taking more residential properties than before. Gibbs-Have administration discuss how to handle this and determine what the appropriate action is for this item. No formal action taken.

4. Approval of the December 2019 Claims and Questioned Costs-Palmer

Motion by Gibbs and seconded by Zriny to approve the December 2019 claims; vote unanimous

5. Taskforce on County Board Downsizing-Potential Committee Participants and Other Interested Parties

Stark-I am asking if anyone wants to volunteer for this taskforce. Zriny will volunteer on this taskforce.

6. Amend the Funding of 2020 CIP Projects

Gibbs this moved funding to those projects that qualify for borrowing are borrowed for another projects will be paid for by CIP funding. This change is in the borrowing resolution for information only; no formal action taken.

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

1. Interdepartmental Budget Transfers-Palmer

Motion by Gibbs and seconded by Durham to approve the interdepartmental budget transfers; Vote unanimous

2. Resolution to Recommend Allocation of Outstanding Usage Payment to Improvements at Sunny Vale Softball Complex

Polley will explain what the Commission is seeking to have approval to do with the funds. There was a deficit in the amount that the Softball Association owed the County. The county was able to obtain from the Softball Association funds of \$87,401. We are requesting that these funds are put into a capital fund for improvements at Sunny Vale Softball Association.

Motion by Gibbs and seconded by Durham to allocate the usage payment to Sunny Vale Softball Complex and send it to the County Board; vote unanimous. Gibbs-I would like to commend Parks Director Polley and Corporation Counsel on coming to a resolution on this issue.



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3. Initial Resolution Authorizing Not to Exceed \$3,215,000 General Obligation Promissory Notes for the Marathon County 2020 Capital Improvement Program  
Gibbs-Last year we borrowed 10 year notes for capital projects. This year we will borrow for the NCHC CBRF and Youth Hospital. How will we find out what NCHC will be able to finance on these projects?  
Leonhard-We will need to have a series of meetings to discuss this with NCHC.  
Motion by Gibbs and seconded by Durham to recommend to the County Board the Resolution Authorizing Not to Exceed \$3,215,000 General Obligation Promissory Notes for the Marathon County 2020 Capital Improvement Program; vote unanimous
4. Resolution Declaring Official Intent to Reimburse Expenditures for the 2020 Capital Improvement Program  
Motion by Gibbs and seconded by Zriny to approve a resolution declaring Official Intent to Reimburse Expenditures for the 2020 Capital Improvement Program; vote unanimous
5. Resolution Providing for the Sale of Not to Exceed \$8,500,000 General Obligation Promissory Notes, Series 2020A  
Motion by Gibbs and seconded by to approve and forward to the County Board Resolution Providing for the Sale of Not to Exceed \$8,500,000 General Obligation Promissory Notes, Series 2020A; vote unanimous
6. Motion by Gibbs and seconded by Zriny 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 its strategy for negotiating the possible purchase of a certain piece of real estate adjacent to the Marathon County Courthouse, located in the City of Wausau, Marathon County, State of Wisconsin.  
Roll call vote to go into closed session-Stark-aye, Durham-aye, Zriny-aye, Gibbs-aye,
7. Motion to Return to Open Session (No Roll Call Vote Required)
  1. Announcements and possible action on matters discussed in closed session  
County Administration will look at investigate further options



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8. Policy Issues Discussion and Committee Determination
  - A. Discussion on Lease Agreements with Non-governmental Entities and Establishing a Capital Replacement Fund with Lease Proceeds  
Palmer the County will need to look at its leases with non-governmental entities to make sure that we are charging enough to recover all costs. No formal action taken
9. Announcements:  
Next Meeting Date-January 27, 2020 at 3:00 p.m.
10. Adjourn-Motion by Gibbs and seconded by Durham to adjourn at 5:10 pm; vote unanimous



**WISCONSIN MUNICIPAL MUTUAL INSURANCE COMPANY**  
4781 Hayes Road, Suite 201 | Madison, WI 53704 • [www.wmmic.com](http://www.wmmic.com)  
Telephone: 608.246.3336 | Toll Free: 866.823.4217 | Facsimile: 608.852.8647

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Mary Jo Maly  
500 Forest Street  
Wausau, Wisconsin 54403

February 3, 2020

RE:      Claimant:                      Paul Kaseno  
            Claim number:                GLMA00000657  
            Our Insured:                    Marathon County  
            Date of Loss:                     1/28/2019

Dear Mary Jo Maly,

The above referenced claim was filed on 10/23/2019. Following a review of the information and an investigation of the facts, it has been determined that Marathon County has no liability for this claim. Please issue a formal disallowance and provide a copy of this disallowance to WMMIC.

This claim will be closed on the date of receipt of the disallowance.

A copy of this letter has been placed in the claim file for reference. If you should have any further questions, please contact me.

Sincerely,

Jackie Kaul  
Senior Liability Claim Representative  
Wisconsin Municipal Mutual Insurance Company  
(608) 229-6819  
[jkaul@wmmic.com](mailto:jkaul@wmmic.com)



## Kim Trueblood, Marathon County Clerk

Marathon County Courthouse  
500 Forest Street  
Wausau, WI 54403  
715.261.1500 (Telephone)  
715.261.1515 (Fax)  
[Kim.Trueblood@co.marathon.wi.us](mailto:Kim.Trueblood@co.marathon.wi.us)



### MEMORANDUM

**TO:** Scott Corbett, Corporation Counsel

**FROM:** Kim Trueblood, County Clerk

**DATE:** October 23, 2019

**RE:** Paul Kaseno

*Barbara*  
AK

=====

The attached summons and complaint was received via certified mail to the Marathon County Clerk's Office October 23, 2019.

bks

**NOTICE OF CIRCUMSTANCES OF CLAIM and  
ITEMIZED STATEMENT OF RELIEF SOUGHT  
PURSUANT TO WIS. STAT § 893.80(1)(a)(b)**

DATE: October 21, 2019

TO: Kim Trueblood, Clerk of Marathon County  
Marathon County Courthouse  
500 Forest Street  
Wausau WI 54403

and

Kathi Porath (pka Kathi Somers)

**Sent via certified mail, return receipt requested**

**Notice of Circumstances of Claim**

This is a written notice of the circumstances of a claim against the county employee enumerated below, made on behalf of Paul Kaseno, pursuant to Wis. Stat., § 893.80(1)(a). Paul Kaseno, by his attorneys, The Jeff Scott Olson Law Firm, S.C., by Attorney Jeff Scott Olson, asserts the following claim:

On September 21, 2009, Mr. Kaseno was sentenced by Marathon County Circuit Court Judge, the Honorable Gregory Huber. He was sentenced on two cases at the same time, Marathon County Cases 05 CF 869 and 06 CF 453.

On Case 05 CF 869, Mr. Kaseno was sentenced to 11 years in prison, followed by 12 years on extended supervision. Judge Huber ordered that Mr. Kaseno be given credit on Case 05 CF 869 for 590 days served in jail prior to



sentencing. On Count 1 of Case 06 CF 453, Mr. Kaseno was sentenced to 10 years in prison, followed by 8 years on extended supervision. Judge Huber ordered that on Case 06 CF 453, Mr. Kaseno be given credit for 413 days served in jail prior to sentencing. The two sentences (05 CF 869 and 06 CF 453) were ordered to be served concurrent to one another. (There were some other, smaller sentences handed down with these two, but inasmuch as they have no bearing on this claim, they are not detailed here.)

After Judge Huber sentenced Mr. Kaseno orally, from the bench, it was the duty of his clerk, Kathi Somers, to put all of the relevant information onto the Judgment of Conviction. The Judgment of Conviction on Case 05 CF 869 did include the credit for the 590 days, but the Judgment of Conviction that Ms. Somers prepared for Case 06 CF 453 erroneously stated that no credit for jail time should be applied – the 413 days of credit that Mr. Kaseno was due and that the Judge had ordered, was omitted. (Original Judgment of Conviction from Case 06 CF 453 is attached as Exhibit A.)

Mr. Kaseno served his time in prison. On January 28, 2019, he completed serving his time on Case 05 CF 869 (the longer of the two sentences). He should have been released from prison then, but because Ms. Somers had failed to indicate the credit for 413 days on his Judgment of Conviction, he continued to be retained by the Wisconsin Department of Corrections (“DOC”).



In the spring of 2019, Mr. Kaseno was transferred from one state prison facility to another. At the new facility, the staff of the Records Office reviewed not only the Judgments of Conviction, but also the transcript of the 2009 sentencing hearing. Noting the discrepancy between the sentencing transcript and the Judgment of Conviction on Case 06 CF 453, DOC Records employee Wendy Borner wrote to Judge Huber on July 18, 2019, calling the discrepancy to his attention and asking him to review the sentence on Court 1 of Case 06 CF 453. (Ms. Borner's letter is attached as Exhibit B; the portion of the sentencing transcript referred to in the letter is attached as Exhibit C.) Upon review, Judge Huber acknowledged that the credit that he had ordered orally at sentencing should have been recorded by issuing an Amended Judgment of Conviction. (The Amended Judgment of Conviction is attached as Exhibit D.)

Paul Kaseno was released from prison on July 22, 2019. By that time, he had served 175 days beyond his proper release date. DOC Records officials acknowledged that, had Kaseno's original Judgment of Conviction listed the credit he was due, he would have been released on January 28, 2019. (The DOC Sentence Notification is attached as Exhibit E.)

### **Itemized Statement of Relief Sought**

Paul Kaseno lives at 512 South Third Avenue, Apt # 14, Wausau, WI 54401. He seeks the following relief:



For 175 days beyond the proper conclusion of his sentence: \$ 131,250.00

(calculated at the rate of \$ 750.00 per day)

For lost wages during the 175 days (25 weeks): \$ 20,000.00

(calculated at the rate of \$ 800 per week)

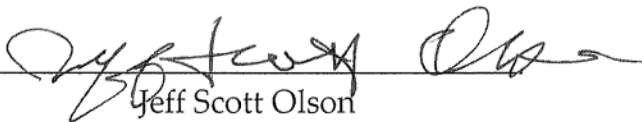
**Total: \$ 151,250.00**

Be advised that by this claim, Paul Kaseno asserts only claims against a county employee that are based upon state law, and require notice under Wis. Stat., § 893.80. Other claims (i.e., those against entities or persons who are not county employees and those that are not based on state law) may also be prosecuted, and additional relief, including the cost of attorneys' fees may be sought.

Dated this 21<sup>st</sup> day of October, 2019

Paul Kaseno, the Claimant,  
By

THE JEFF SCOTT OLSON LAW FIRM, S.C.  
Jeff Scott Olson  
State Bar No. 1016284  
131 W. Wilson St., Suite 1200  
Madison, WI 53703  
Phone: (608) 283-6001  
Fax: (608) 283-0945  
E-mail: [jsolson@scofflaw.com](mailto:jsolson@scofflaw.com)

  
Jeff Scott Olson



# Exhibit A

State of Wisconsin vs. Paul J. Kaseno

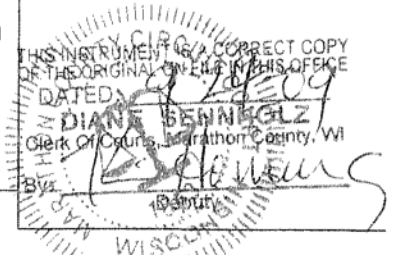
424433

Judgment of Conviction

Sentence to Wisconsin State Prisons and Extended Supervision

Case No.: 2006CF000453

Deferred Prosecution



Date of Birth: 07-30-1986

The defendant was found guilty of the following crime(s):

Ct.	Description	Violation	Plea	Severity	Date(s) Committed	Trial To	Date(s) Convicted
1	2nd Degree Sexual Assault of Child	948.02(2)	Guilty	Felony C	07-23-2005 between 07/23/2005 and 09/15/2005		09-21-2009

IT IS ADJUDGED that the defendant is guilty as convicted and sentenced as follows:

Ct.	Sent. Date	Sentence	Length	Agency	Comments
1	09-21-2009	State Prison	10 YR		Register as sex offender.

Total Bifurcated Sentence Time

Ct.	Confinement Period			Comments	Extended Supervision			Total Length of Sentence		
	Years	Months	Days		Years	Months	Days	Years	Months	Days
1	10	0	0		8	0	0	18	0	0

Sentence Concurrent With/Consecutive Information:

Ct.	Sentence	Type	Concurrent with/Consecutive To	Comments
1	State Prison	Concurrent	Each other.	

Conditions of Extended Supervision:

Obligations: (Total amounts only)

Fine	Court Costs	Attorney Fees	<input type="checkbox"/> Joint and Several Restitution	Other	Mandatory Victim/Wit. Surcharge	5% Rest. Surcharge	DNA Anal. Surcharge
	20.00				60.00		

Ct.	Condition	Agency/Program	Comments
1	Costs		

Pursuant to §973.01(3g) and (3m) Wisconsin Statutes, the court determines the following:

The Defendant is  is not  eligible for the Challenge Incarceration Program.

The Defendant is  is not  eligible for the Earned Release Program.

The following charges were Dismissed but read in

Ct.	Description	Violation	Plea	Severity	Date(s) Committed	Date(s) Read in
3	2nd Degree Sexual Assault of Child	948.02(2)		Felony C	07-23-2005	05-04-2007
4	Bail Jumping-Misdemeanor	946.49(1)(a)		Misd. A	07-23-2005	05-04-2007

IT IS ADJUDGED that 0 days sentence credit are due pursuant to § 973.155, Wisconsin Statutes

IT IS ORDERED that the Sheriff shall deliver the defendant into the custody of the Department.

SEE AMENDED JOC DATED 7/19/2019

State of Wisconsin vs. Paul J. Kaseno

**Judgment of Conviction**

Sentence to Wisconsin State  
Prisons and Extended  
Supervision

Case No.: 2006CF000453

Date of Birth: 07-30-1986

BY THE COURT:

**Distribution:**

Gregory Huber, Judge  
Theresa E Wetzsteon, District Attorney  
Andrew M Morgan, Defense Attorney



\_\_\_\_\_  
Circuit Court Judge/Clerk/Deputy Clerk

9/23/09

\_\_\_\_\_  
Date

# Exhibit B



# WISCONSIN DEPARTMENT OF CORRECTIONS

Governor Tony Evers / Secretary Kevin A. Carr

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July 18, 2019

The Honorable Gregory Huber  
Marathon County Courthouse  
500 Forest Street  
Wausau, WI 54403-5568

RE: Inmate Paul Kaseno #404433  
Case: 06CF453 Count 1

Dear Judge Huber:

Pursuant to Wis. Admin. Code DOC § 302.23, we are requesting the Court review the sentence credit granted on the Judgment of Conviction (JOC) dated 9-23-2009 for case 06CF453 count 1.

To explain, according to the JOC Mr. Kaseno was granted 0 days of sentence credit. Upon review of page 62 lines 8 thru 10 of the sentencing transcript it states, "MS WETZSTEON: On all files, except 05-CF-869, he's entitled to 413 days. THE COURT: That will be ordered."

We respectfully request the Court to review the JOC and the sentencing transcript for case 06CF453 count 1 and determine if credit is due. Enclosed please find copies of the JOC and page 62 the sentencing transcript for your review.

In computing the release dates for this sentence, we have applied 0 days of sentence credit as ordered on the JOC.

If you wish to discuss this matter, please contact me at (920) 324-6245. Thank you for your time and consideration.

Respectfully,

A handwritten signature in cursive script that reads "Wendy Borner".

Wendy Borner  
Corrections Sentencing Associate-Advanced  
Fax Number 920-324-6336

Encl:

cc: Marathon County District Attorney  
Wisconsin State Public Defender's Office  
Inmate Paul Kaseno #404433  
Legal File  
Social Service File, Correspondence Section

SEE AMENDED JOC DATED 7/19/2019



# Exhibit C

COPY

SC1



STATE OF WISCONSIN                      CIRCUIT COURT                      MARATHON COUNTY

STATE OF WISCONSIN,

3/10-20-09

Plaintiff,

vs.

404433

PAUL J. KASENO,

Defendant.

Rec 7-22-06

CASE NOS.

05-CF-869, 05-CM-1730,

06-CF-453, 06-CM-1717,

06-CM-2787

SENTENCING AFTER REVOCATION

CLERK OF CIRCUIT COURTS  
MARATHON COUNTY - 4  
SEP 23 PM 12:45

TRANSCRIPT OF PROCEEDINGS  
HELD BEFORE HON. GREG HUBER  
ON SEPTEMBER 21, 2009, IN WAUSAU, WISCONSIN

INSTITUTION COPY

A P P E A R A N C E S

For the Plaintiff:

THERESA WETZSTEON  
Marathon County Courthouse  
Assistant District Attorney  
500 Forest Street  
Wausau, WI 54403

For the Defendant:

ANDREW MORGAN  
Attorney at Law  
P.O. Box 1962  
Wausau, WI 54402-1962

Defendant appearing in person.

KARLA M. SOMMER, RMR CRR CBC  
CIRCUIT COURT REPORTER, BR. 2  
500 Forest Street  
Wausau, WI 54403  
Telephone (715) 261-1356

Property of WI  
Prison System

1 there is a sex predator law. They may invoke it, eleven  
2 years in your particular case. They tend to do it when  
3 someone is not receiving [REDACTED] or refuses [REDACTED] or  
4 does not progress in prison relating to sex offender  
5 matters, so I would suggest that you throw yourself into the  
6 [REDACTED] of all varieties.

7 There's credit for how many days?

8 MS. WETZSTEON: On all files, except  
9 05-CF-869, he's entitled to 413 days.

10 THE COURT: That will be ordered.

11 MS. WETZSTEON: On 05-CF-869 he's entitled to  
12 593 days, and I'd ask that the Court adopt the extended  
13 supervision plan on page 19 of the Presentence  
14 Investigation. It includes no contact provisions and so on  
15 and so forth.

16 THE COURT: Those will be adopted, and I'll  
17 stress the no contact provisions with any of the victims.

18 MR. MORGAN: Well, your Honor, would that  
19 include [REDACTED] [REDACTED], who is the mother of his child?

20 MS. WETZSTEON: Yeah, I guess that will be up  
21 to the agent, I think. It depends how he's doing in  
22 [REDACTED]

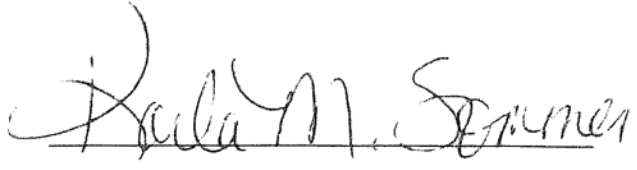
23 THE COURT: I will not order that, but your  
24 agent may order that depending upon what type of conduct  
25 you're having with her.

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STATE OF WISCONSIN     )  
                                  )  
MARATHON COUNTY        )

I, Karla M. Sommer, a stenographic machine shorthand reporter, Registered Merit Reporter, Certified Realtime Reporter, and Certified Broadcast Captioner, employed in Wausau, Wisconsin, do hereby certify that I took in shorthand the foregoing proceedings in a hearing in Circuit Court for Marathon County at the Courthouse in the City of Wausau, Wisconsin, on the 21st day of September, 2009, with the Honorable Greg Huber, Circuit Court Judge, presiding, and that the foregoing is a true and correct transcript of my shorthand notes and of the whole thereof.

Dated in Wausau, Wisconsin, this 23rd day of December, 2009.




Karla M. Sommer, RMR CRR CBC  
Marathon County, Wisconsin

# Exhibit D



The following charges were Dismissed but Read In

Ct.	Description	Violation	Plea	Severity	Date(s) Committed	Date(s) Read In
3	2nd Degree Sexual Assault of Child	948.02(2)		Felony C	07-23-2005	05-04-2007
4	Bail Jumping-Misdemeanor	946.49(1)(a)		Misd. A	07-23-2005	05-04-2007

 **IT IS ADJUDGED** that 413 days sentence credit are due pursuant to §973.155, Wisconsin Statutes

**IT IS ORDERED** that the Sheriff shall deliver the defendant into the custody of the Department.

If the defendant is in or is sentenced to state prison and is ordered to pay restitution, **IT IS ORDERED** that the defendant authorize the department to collect, from the defendant's wages and from other monies held in the defendant's inmate account, an amount or a percentage which the department determines is reasonable for restitution to victims.

If the defendant is placed on probation or released to extended supervision, **IT IS ORDERED** that the defendant pay supervision fees as determined by the Department of Corrections.

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**THIS IS A FINAL ORDER FOR THE PURPOSE OF APPEAL.**

**Distribution:**

Gregory Huber, Judge  
Theresa Elise Wetzsteon, District Attorney

# Exhibit E



# NOTIFICATION OF SENTENCE DATA

INMATE NAME KASENO, PAUL		DOC NUMBER 404433	FACILITY NAME KMCI	STAFF INITIALS AB	DATE PREPARED 7-22-2019
ADJUSTED RELEASE DATE RELEASE DATED CHANGED TO 1-28-2019	MAXIMUM DISCHARGE DATE REMAINS 1-28-2031	PAROLE ELIGIBILITY DATE REMAINS NOT ELIGIBLE		EXTENDED SUPERVISION ELIGIBILITY DATE -----	

## REASON FOR CHANGE

**New Sentence/Also Sentence:**

County:

Case #:

Offense:

Sentence:

**Revocation:**

Case #	Period of Forfeit / Reincarceration / Re-confinement Ordered:	years	months	days
Case #	Period of Forfeit / Reincarceration / Re-confinement Ordered:	years	months	days
Case #	Period of Forfeit / Reincarceration / Re-confinement Ordered:	years	months	days
Case #	Period of Forfeit / Reincarceration / Re-confinement Ordered:	years	months	days
Case #	Period of Forfeit / Reincarceration / Re-confinement Ordered:	years	months	days

**MR/ES Extension:**

Disciplinary Extension:

Conduct/Violation Report #

Dates In Segregation Status:

Segregation Extension:

**Escape Date:**

Apprehension Date:

Tolled Time:

**Other - Specify Change:** RECEIVED AN AMENDED JOC FOR CASE 06CF453 DATED 7-19-2019 INCREASING CREDIT FROM 0 DAYS TO 413 DAYS.



FIRST CLASS

FIRST CLASS

FIRST CLASS

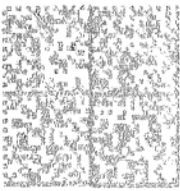
FIRST CLASS

US POSTAGE

HASLER

\$007.90\*

10/21/2019 ZIP 53703  
012014606532



7015 1520 0001 5666 6867

# First Class Mail

THE JEFF SCOTT OLSON LAW FIRM, S.C.  
131 West Wilson Street • Suite 1200  
Madison, WI 53703

TO

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**  
Kim Trueblood, Clerk of Marathon County  
Marathon County Courthouse  
500 Forest Street  
Wausau, WI 54403

FIRST CLASS

FIRST CLASS

FIRST CLASS

FIRST CLASS



**WISCONSIN MUNICIPAL MUTUAL INSURANCE COMPANY**  
4781 Hayes Road, Suite 201 | Madison, WI 53704 • [www.wmmic.com](http://www.wmmic.com)  
Telephone: 608.246.3336 | Toll Free: 866.823.4217 | Facsimile: 608.852.8647

---

Mary Jo Maly  
500 Forest Street  
Wausau, Wisconsin 54403

February 3, 2020

RE:      Claimant:                      Taylor Schremp  
         Claim number:                ALMA00000311  
         Our Insured:                    Marathon County  
         Date of Loss:                    12/30/2019

Dear Mary Jo Maly,

The above referenced claim was filed on 1/27/2020. Following a review of the information and an investigation of the facts, it has been determined that Marathon County has no liability for this claim. Please issue a formal disallowance and provide a copy of this disallowance to WMMIC.

This claim will be closed on the date of receipt of the disallowance.

A copy of this letter has been placed in the claim file for reference. If you should have any further questions, please contact me.

Sincerely,

Sandi Linqvist  
Liability Claim Representative  
Wisconsin Municipal Mutual Insurance Company  
(608) 245-6892  
[slinquist@wmmic.com](mailto:slinquist@wmmic.com)



## Kim Trueblood, Marathon County Clerk

Marathon County Courthouse  
500 Forest Street  
Wausau, WI 54403  
715.261.1500 (Telephone)  
715.261.1515 (Fax)  
[Kim.Trueblood@co.marathon.wi.us](mailto:Kim.Trueblood@co.marathon.wi.us)



### MEMORANDUM

**TO:** Scott Corbett, Corporation Counsel

**FROM:** Kim Trueblood, County Clerk

**DATE:** January 27, 2020

**RE:** Taylor Schremp

---

The attached summons and complaint was received via regular mail to the Marathon County Clerk's Office on January 27, 2020.

haz

RECEIVED

JAN 27 2020

MARATHON COUNTY  
CLERKS OFFICE

Taylor  
Schremp

On December 30, 2019, I was driving on highway 52 towards Wausau when a Marathon County Salt truck passed me and did ~~not~~ turn the salt spreader off. This sent rock salt into my windshield, chipping the windshield and paint on the front of my Tahoe. This happened on the corner of highway 52 and (J) at 2:30pm. The highway commissioner said the truck was doing 47mph and the spinner was spinning too fast. He stated this was the first year that this employee has ran the truck.

In this envelope there is a estimate for the damages to my vehicle.



JAN 27 2020

MARATHON COUNTY  
CLERKS OFFICE

PARSONS OF ANTIGO  
SATISFACTION GUARANTEED ON ALL BODYWORK  
515 AMRON AVENUE, ANTIGO, WI 54409  
CALL JEFF SCHIELKE @ 800-353-7498 FAX: 715-623-6854  
FEDERAL ID #39-1142016

\*\*\* PRELIMINARY ESTIMATE \*\*\*

01/22/2020 08:29 AM

**Owner**

**Owner:** DAN SCHREMP  
**Address:** 2003 NEVA RD  
**City State Zip:** Antigo, WI 54409

**Work/Day:** (715)216-1474  
**FAX:**

**Inspection**

**Inspection Date:** 01/22/2020 08:29 AM

**Inspection Type:**

**Company:** PARSONS OF ANTIGO  
**Contact:** JEFF SCHIELKE  
**Address:** 515 AMRON AVE  
**City State Zip:** Antigo, WI 54409  
**Email:** bodyshop@parsonsofantigo.com

**Appraiser License # :**

**Work/Day:** (715)627-4888  
**FAX:**

**Repairer**

**Repairer:** PARSONS OF ANTIGO  
**Address:**  
**City State Zip:** Antigo, WI 54409

**Contact:** PARSONS OF ANTIGO  
**Work/Day:** (715)627-4888  
**Work/Day:**

**Target Complete Date/Time:**

**Days To Repair:** 8

**Vehicle**

**OEM Part Price Quote ID:** \*\*\*\*

2007 Chevrolet Tahoe LT3 4 DR Wagon  
8cyl Gasoline 5.3 FLEX  
4 Speed Automatic

**Lic Expire:**  
**Prod Date:** 12/2006  
**Veh Insp# :**  
**Condition:**  
**Ext. Color:**  
**Ext. Refinish:** Two-Stage  
**Ext. Paint Code:**

**VIN:** 1GNFK13087R329502  
**Mileage:**  
**Mileage Type:** Actual  
**Code:** U7412A  
**Int. Color:** Ebony w/Custom  
Leather-Appointed S  
**Int. Refinish:** Two-Stage  
**Int. Trim Code:** 193

**Options - AudaVIN Information Received**

4-Wheel Drive  
**Aluminum/Alloy Wheels**  
Auto Locking Hubs (4WD)  
Bose Sound System  
Cargo/Trunk Mat  
Chrome Step Bumper  
Dual Air Conditioning

AM/FM In-dash CD Changer  
Anti-Lock Brakes  
Automatic Dimming Mirror  
Bucket Seats  
Cargo/Trunk Net  
Cruise Control  
Dual Airbags

Alarm System  
Auto Load Leveling  
Bodyside Moldings  
Camper/Towing Package  
Center Console  
Driver Information Sys  
Dual Power Seats

Dual Zone Auto A/C	Electronic Transfer Case	Floor Mats
Fog Lights	Garage Door Opener	Head Airbags
Heated Front Seats	Heated Power Mirrors	Intermittent Wipers
Keyless Entry System	<b>Leather Seats</b>	Leather Steering Wheel
Lighted Entry System	MP3 Decoder	OnStar System
Overhead Console	Power Adjustable Pedals	Power Brakes
Power Door Locks	Power Steering	Power Windows
Privacy Glass	Rear Heater	Rear Seat Audio Controls
Rear Window Defroster	Rear Window Wiper/Washer	Remote Starter
Reverse Sensing System	Roof Rack Cross Bars	Roof/Luggage Rack
Running Boards	Strg Wheel Radio Control	Tachometer
Theft Deterrent System	Third Seat (trucks)	Tilt Steering Wheel
Tinted Glass	Traction Control System	Trailer Hitch
Trip Computer	XM Satellite Radio	

**AudaVIN options are listed in bold-italic fonts**

**Damages**

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ% B%	Hours	R
<b>Front Bumper</b>									
1	N	6		Front Bumper Cover R&L	Additional Labor			1.8	SM
2	I	6		Cover,Front Bumper	Repair			3.0*	SM
3	L	6	13	Cover,Front Bumper	Refinish			4.6	RF
					3.3 Surface				
					0.6 Two-stage setup				
					0.7 Two-stage				
<b>Front Body And Windshield</b>									
4	I	83		Panel,Hood	Repair			3.0*	SM
5	L	83		Panel,Hood	Refinish			4.0	RF
					3.3 Surface				
					0.7 Two-stage				
6	I	103		Fender,Front LT	Repair			2.0*	SM
7	L	103		Fender,Front LT	Refinish			2.8	RF
					2.3 Surface				
					0.5 Two-stage				
8	J	104		Fender,Front RT	Repair			2.0*	SM
9	L	104		Fender,Front RT	Refinish			2.8	RF
					2.3 Surface				
					0.5 Two-stage				
10	NG	143		Windshield,Tinted	NAGS DW1658-GB	\$299.00*		0.0*	SM
<b>Manual Entries</b>									
11	SB			HAZ WASTE	Sublet Repair	\$8.00*			SM*
12	L			COVER CAR	Refinish	\$18.00*		0.3*	RF*
<b>12 Items</b>									

**MC Message**

13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

**Estimate Total & Entries**

Other Parts			\$317.00
Paint & Materials	14.5 Hours @ \$42.00		\$609.00
Parts & Material Total			\$926.00
Tax on Parts & Material	@ 5.500%		\$50.93

Labor	Rate	Repair Hrs	Total Hrs
-------	------	------------	-----------



		Replace Hrs			
Sheet Metal (SM)	\$62.00		11.8	11.8	\$731.60
Mech/Elec (ME)	\$90.00				
Frame (FR)	\$80.00				
Refinish (RF)	\$62.00	14.5		14.5	\$899.00
<b>Labor Total</b>				26.3 Hours	\$1,630.60
<b>Tax on Labor</b>		@ 5.500%			\$89.68
<b>Sublet Repairs</b>					\$8.00
<b>Tax on Sublet</b>		@ 5.500%			\$0.44
<b>Gross Total</b>					<b>\$2,705.65</b>
<b>Net Total</b>					<b>\$2,705.65</b>

Alternate Parts Y/00/00/00/00/00 CUM 00/00/00/00/00 Zip Code: 54409 Default  
 OEM Part Prices DT 01/22/2020 08:29 AM EstimateID 649255375412928512 QuoteID \*\*\*\*  
 SPPL Yes Zip Code: 54409 Default  
 Rate Name Default

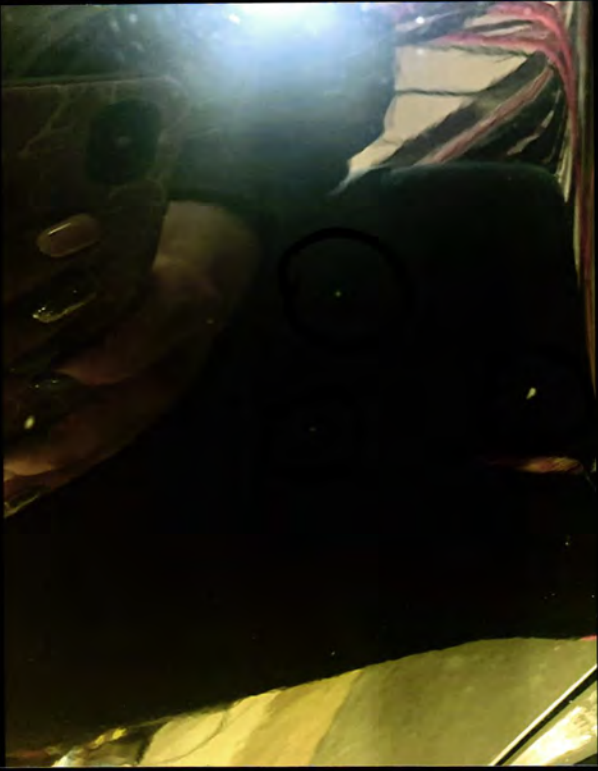
Audatex Estimating 8.0.643 Update 6 ES 01/22/2020 08:31 AM REL 8.0.643 Update 6 DT 12/01/2019 DB 01/15/2020  
 © 2020 Audatex North America, Inc.

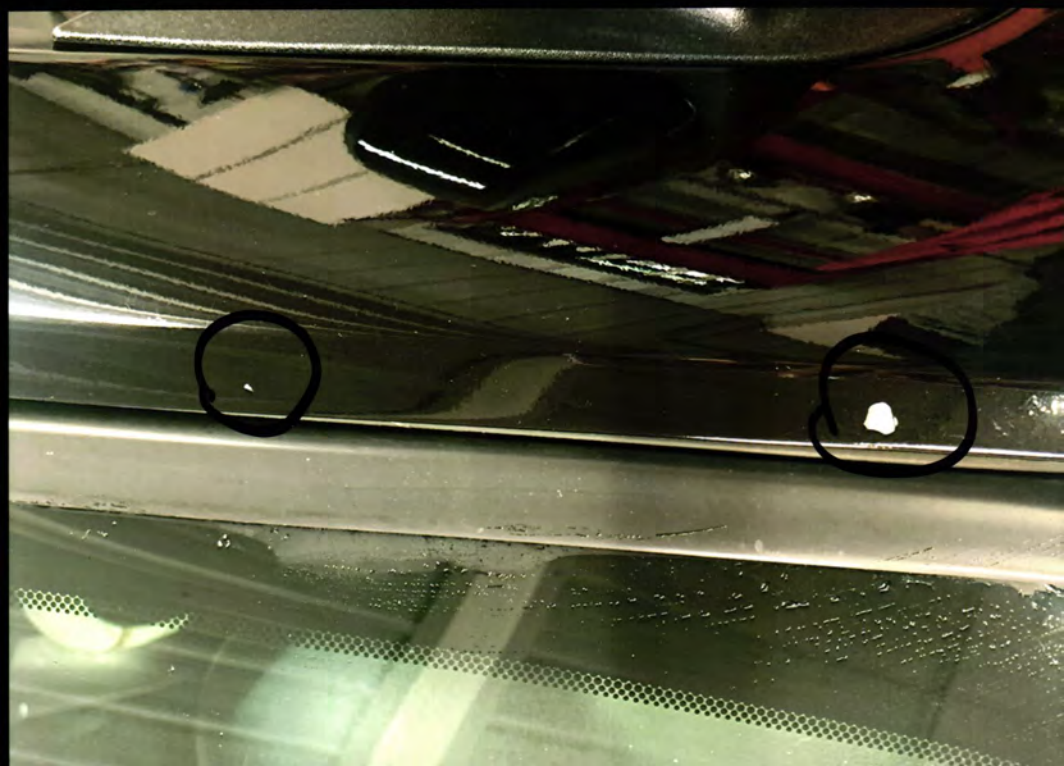
**3.0 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.**

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE REPLACEMENT PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THE REPLACEMENT PARTS RATHER THAN BY THE MANUFACTURER OF YOUR MOTOR VEHICLE.

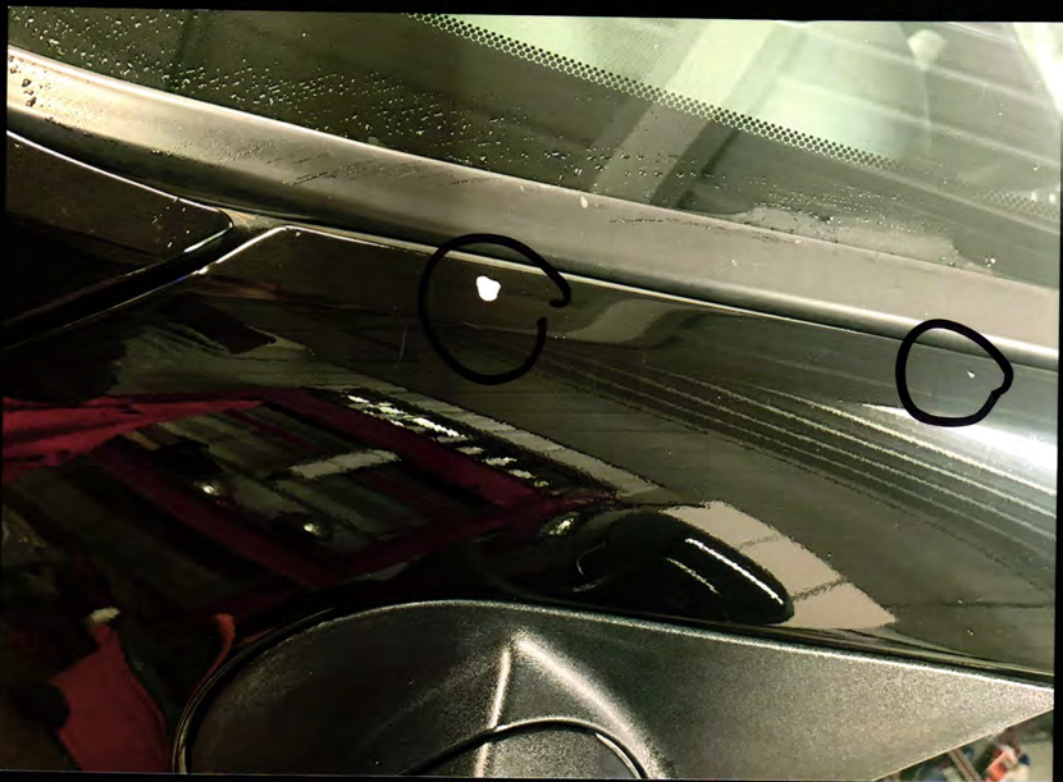
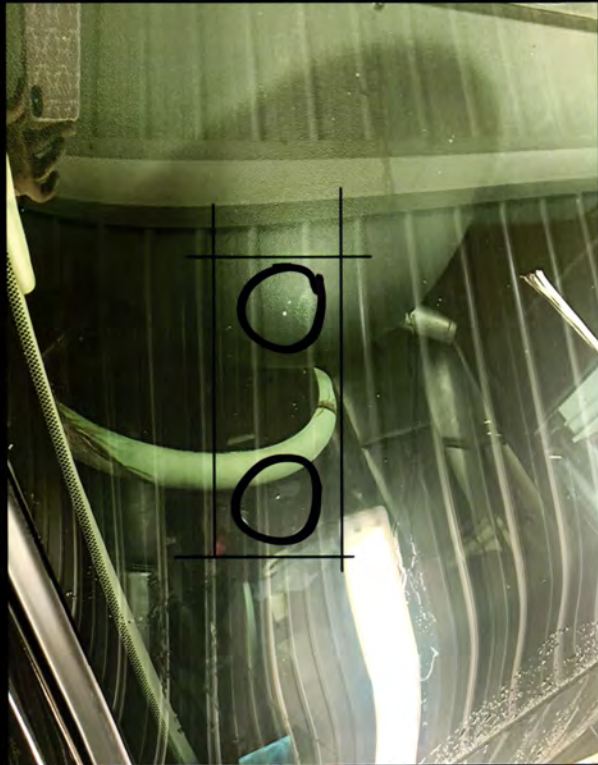
**Op Codes**

- |                            |   |                                |
|----------------------------|---|--------------------------------|
| * = User-Entered Value     | ^ = Labor Matches System Assigned Rates | E = Replace OEM                |
| NG = Replace NAGS          | EC = Replace Economy                    | OE = Replace PXN OE Srpls      |
| UE = Replace OE Surplus    | ET = Partial Replace Labor              | EP = Replace PXN               |
| EU = Replace Recycled      | TE = Partial Replace Price              | PM = Replace PXN Reman/Rebit   |
| UM = Replace Reman/Rebuilt | L = Refinish                            | PC = Replace PXN Reconditioned |
| UC = Replace Reconditioned | TT = Two-Tone                           | SB = Sublet Repair             |
| N = Additional Labor       | BR = Blend Refinish                     | I = Repair                     |
| IT = Partial Repair        | CG = Chipguard                          | RI = R & I Assembly            |
| P = Check                  | AA = Appearance Allowance               | RP = Related Prior Damage      |











Dan & Tricia Schremp  
2003 Neva Rd  
Amigo, WI 54409-2459

Marathon County Clerk  
500 Forest Street  
Oshkosh WI 54403

MILWAUKEE WI 530  
25 JAN 2020 PM 2 L



54403-556899



To: Marathon County Human Resources & Finance Committee

Date: February 10, 2020

From: Parks, Recreation & Forestry Department – Jamie Polley, Director

**REQUESTED ACTION:**

Discussion and Possible Action Adopting a Revised Appendix A – Parks, Recreation & Forestry Department (PRF) Casual, Seasonal and Temporary Wage Rates

Each year it is getting more and more difficult to attract seasonal staff. As we were posting positions for the 2020 season it was recognized that departments were posting different wages for positions of similar nature. It was also recognized that all County departments except for the PRF Department follow the Countywide Shared Classifications of Chapter 9 of the Personnel Policies and Procedures Manual. An Appendix A for the PRF Department has been adopted for some time that list specific rate steps based on years worked for all seasonal PRF positions.

The current Appendix A limits flexibility of staff to adjust wages based on the market. The Countywide Chapter 9 sets a maximum rate for all positions allowing flexibility for position rates within an allocated budget. In working with Employee Resources it was determined that PRF still needs a separate Appendix due to the number of different payroll codes there are, however replicating the format of the Countywide Chapter 9 would establish consistency among departments and give the PRF flexibility in seasonal hiring. The current rates set will be used internally as a starting point for setting wage rates.

The Commission reviewed the revised Appendix A during their February 4, 2020 regular meeting and recommended approval of the revised casual, seasonal, temporary wage rates for the PRF Department to the Environmental Resources Committee's consideration on February 6, 2020. The Environmental Resources Committee is asked to recommend approval of the revised Appendix A to the Human Resources and Finance Committee.

**NEW - APPENDIX A**

Chapter 9 - Personnel Policies and Procedures Manual  
 Park Recreation Forestry Department  
 Casual/Seasonal/Temporary Wage Rates  
 Revised 2/25/20  
 Payroll Group 6

Title	Payroll Code	Maximum Rate
<b>Office Assistant</b>		
Clerical Worker I	9710	\$13.71
Clerical Worker II	9720	\$13.71
<b>Laborer/Custodian</b>		
Seasonal Laborer (2)	9750	\$17.23
Facility Attendant (1)	9517	\$17.23
Groomer Operator	9997	\$17.23
Snack Bar Attendant/Cashier	9533	\$17.23
Splash Pad Attendant	9524	\$17.23
<b>College Intern</b>		
Student Intern	9760	\$18.99
<b>Paraprofessional &amp; Technical</b>		
Lead Operator	9526	\$18.99
Playground Leader	9518	\$18.99
Pool Head Lifeguard	9512	\$18.99
Pool Lifeguard	9513	\$18.99
Pool Supervisor	9510	\$18.99
Tennis Instructor	9532	\$18.99
Water Exercise Instructor	9528	\$18.99
Water Exercise Lifeguard	9516	\$18.99
<b>Skilled Maintenance</b>		
Asst Facility Manager	9499	\$18.99
Asst Pool Director	9503	\$18.99
Park Manager	9505	\$18.99
Playground Director	9508	\$18.99
Pool Director	9501	\$18.99
Seasonal Ranger	9502	\$18.99
Footnotes:		
(1) Facility Attendant includes park attendant, shooting range and trail attendant.		
(2) Seasonal Laborers operate the Sylvan Tow		

Chapter 9 - Personnel Policies and Procedures Manual  
 Park Recreation Forestry Department  
 Casual/Seasonal/Temporary Wage Rates  
 Revised 9/10/19  
 Payroll Group 6

Position #	Title	Payroll Code	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year	Funding Source
19999	Asst Facility Manager	9499	\$17.25	\$17.25	\$17.25	Joint
19999	Asst Pool Director	9503	\$13.50	\$14.00	\$14.50	City
19999	Clerical Worker I	9710	\$10.50	\$11.00	\$11.50	Joint
19999	Clerical Worker II	9720	\$10.85	\$11.35	\$11.85	Joint
19999	Facility Attendant (1)	9517	\$11.50	\$12.00	\$12.50	County
19999	Groomer Operator	9997	\$11.00	\$11.50	\$12.00	County
19999	Lead Operator	9526	\$13.00	\$13.50	\$14.00	Joint
19999	Park Manager	9505	\$12.25	\$12.75	\$13.25	Joint
19999	Playground Director	9508	\$12.05	\$12.55	\$13.30	City
19999	Playground Leader	9518	\$10.30	\$10.80	\$11.30	City
19999	Pool Director	9501	\$16.75	\$17.25	\$17.75	City
19999	Pool Head Lifeguard	9512	\$11.75	\$12.25	\$12.75	City
19999	Pool Lifeguard	9513	\$11.00	\$11.50	\$12.00	City
19999	Pool Supervisor	9510	\$11.85	\$12.35	\$12.85	City
19999	Rangemaster	9506	\$11.75	\$12.25	\$12.75	County
19999	Seasonal Laborer (2)	9750	\$11.50	\$12.00	\$12.50	Joint
19999	Seasonal Ranger	9502	\$16.00	\$16.00	\$16.00	Joint
19999	Snack Bar Attendant/Cashier	9533	\$9.35	\$9.85	\$10.35	Joint
19999	Splash Pad Attendant	9524	\$9.80	\$10.30	\$10.80	Joint
19999	Student Intern	9760	\$12.76	\$12.76	\$12.76	Joint
19999	Tennis Instructor	9532	\$10.30	\$10.80	\$11.30	City
19999	Water Exercise Instructor	9528	\$13.80	\$14.30	\$14.80	City
19999	Water Exercise Lifeguard	9516	\$12.55	\$13.05	\$13.55	City

Footnotes:

- (1) Facility Attendant includes park attendant and trail attendant.
- (2) Seasonal Laborers operate the Sylvan Tow



Chapter 9 - Personnel Policies and Procedures Manual  
 Casual/Seasonal/Temporary Wage Rates  
 Countywide Shared Classifications  
 Effective 8/25/19  
 Payroll Group 6

Title	Payroll Code	Maximum Rate
<b>Office Assistant:</b> routine work, limited office skills required	9000	\$13.71
<b>Office Assistant:</b> Work study	9005	\$13.71
<b>Administrative Assistant:</b> more skilled work processing, transcription, simple math calculations, proofreading, some previous office experience or education required	9010	\$15.47
<b>Administrative Specialist</b> (performs diverse advanced secretarial/administrative tasks with some independence)	9015	\$18.99
<b>Laborer/Custodian</b>	9020	\$17.23
<b>Laborer/Custodian - Work Study</b>	9021	\$17.23
<b>College Intern</b>	9025	\$18.99
<b>Paraprofessional &amp; Technical</b>	9030	\$18.99
<b>Skilled Maintenance</b>	9035	\$18.99
<b>Professional</b>	9040	\$31.31
<b>Law Enforcement</b>		
Asst Evidence Tech - Non-Sworn, FLSA 7 day/40 hours	9980	\$19.57
Transport Reserve Corrections Officer - Non-Sworn, FLSA 7 day/40 hours	9976	\$19.57
Reserve Deputy - Sworn, FLSA 28 day/171 hours <b>Effective 1/13/19</b>	9975	Footnote #2
Starting - 75% of Deputy I at 90%		\$19.57
After 1500 hours worked - 85% of Deputy I at 90% - Footnote #1		\$22.18
After 2500 hours worked - 90% of Deputy I at 90% - Footnote #1		\$23.48
After 5000 hours worked - 95% of Deputy I at 90% - Footnote #1		\$24.79
Footnotes: (1) Sheriff's Office will monitor hours worked to determine when the Reserve Deputy would qualify for a pay increase. (2) Hourly rates will change when the Deputy Sheriff I classification covered by the Deputy Sheriff Association's labor agreement are adjusted.		
<b>Special Compensation</b>		
<b>ADRC-CW Board</b>	9890	Paid per meeting
<b>Bailiff</b> Plus a minimum of 2 hours pay if Baliffs report as scheduled but work assignment does not last 2 hours.	9600	\$15.47
<b>Deputy Medical Examiner</b>	9780	
Continuing education, transporting, staff meetings, wage, etc.		\$15.00
Conducting a death investigation		\$25.00
Per cremation authorization		\$40.00
Per hour for on-call pay		\$2.25
The payment between \$15/hour and \$25/hour for activity performed by the Deputy Medical Examiner would be at the discretion of the Department Head.		
<b>Deputy Zoning Administrator</b>	9973	
Per inspection or permit issued		\$20.00
Per zoning permit review and approval		\$30.00

Chapter 9 - Personnel Policies and Procedures Manual  
 Casual/Seasonal/Temporary Wage Rates  
 Countywide Shared Classifications  
 Effective 8/25/19  
 Payroll Group 6

Title		Payroll Code	Maximum Rate
<b>Election Worker - Current Employees</b>		9903	\$25.00
<b>Response Team - Emergency Management</b>		9500	
	Response to technical rescue or hazardous materials release responses		\$25.00
	Meetings, training sessions, inspection and maintenance of vehicles, supplies and equipment		\$15.00
	Additional Premium pay for leadership roles (i.e. \$27 or \$17 per hour)		\$2.00

The Employee Resources Director may approve individual requests for wage rates for casual, seasonal and temporary jobs when special circumstances warrant exceeding these maximum rates. The Employee Resources Director may approve exceeding the current established temporary wage rates when departments hire temporary staff to fill current regular vacancies. However, these rates may not exceed the maximum rate for the corresponding regular position.

For the Park Recreation and Forestry Department wage rates see separate chart for this department.

**MARATHON COUNTY**  
**Budget Transfer Authorization Request Form**

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

**DEPARTMENT:** Conservation, Planning & Zoning

**BUDGET YEAR:** 2020

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	235 875 8 2485	Norbert Guden DNR Grant DNR – State Grant	Enter amount 50000

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	Click to enter GL Account 235 875 9 7170	Norbert Guden DNR Grant Direct Payments	Enter amount 50000

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:** 2/3/2020

**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)  
Norbert Guden Targeted Runoff Management Grant from Department of Natural Resources
- 2) Provide a brief (2-3 sentence) description of what this program does.  
Grant funding to assist landowner in the implementation and installation of water quality improvement 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: Project was not completed in 2019 therefore there will be grant expenses/revenue in 2020.
- 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**

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**DEPARTMENT:** Central Wisconsin Airport

**BUDGET YEAR:** 2019

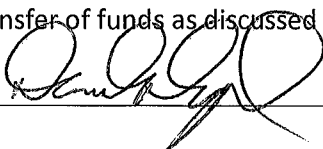
**TRANSER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	701 300 52 0121 8 8310	Sale of Fixed Assets – 1998 Cat 970F Loader	\$89,708.00

**TRANSER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	701 300 9 8191	Other Capital Equipment-Replacement Cat 906M Wheel Loader Purchase	\$89,708.00

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:** David Drozd 

**Date Completed:** 1/14/2020

**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)  
CWA Capital Equipment Program
- 2) Provide a brief (2-3 sentence) description of what this program does.  
Fund capital purchases needed by the Central Wisconsin Airport.
- 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: See the attached.
- 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? \_\_\_\_\_



## Agenda Item Summary

**Airport Board Meeting Date:** December 20, 2019

**Agenda Item Title:** #5) Review and Possible Action on Snow Removal Equipment Purchase Contract

**Staff Responsible:** Mark Cihlar, Assistant Airport Director – Planning and Development  
David Drozd – Assistant Airport Director – Finance

**Background:** As a part of the airport's 2019 budget priority planning session with airport staff, a compact wheel loader was identified as the second highest priority item for CWA. This new piece of equipment was identified as a need to fill a gap in capabilities for snow removal in the parking lot. Specifically, a compact wheel loader is necessary to improve airport staff's ability to clear parking stalls after a car leaves, as well as removing snow in other areas where current equipment is too large.

With recent increases in the number of passengers using the airport, and the record setting snowfalls in the area (2019 is officially the snowiest calendar year on record for the Wausau area), providing a safe and convenient place for passengers to park their cars is becoming more difficult. This new piece of equipment will better enable airport staff to deal with snow removal challenges safely and will make snow removal operations more efficient. The smaller size and greater visibility of this compact loader should also reduce the likelihood of customer vehicle damage when cleaning these snow and ice covered stalls.

Although a compact wheel loader was the second highest priority item in the budget planning session this year, it was not able to be included in the 2020 budget. Neither state nor federal funds are available for this type of equipment, and other large capital investments, like the parking lot system, were necessary in 2020. At the time the 2020 budget was set, it was anticipated that the compact wheel loader would be included in the 2021 budget.

On December 6<sup>th</sup>, 2019, the surplus auction ended for the 1998 Cat 970F with the non-working engine. The loader sold, as-is, for \$98,000. The sale of this fixed asset was more than twice the price anyone expected. As previously discussed, this loader was purchased with federal funds, and the sale will be reported to the FAA. As a result, the FAA will require 90% of this sale to help fund the next AIP funded project. For CWA, this means that the FAA will withhold approximately \$88,000 from its next AIP grant. This is anticipated to be AIP-53 which will fund the construction of runway 17/35 in 2021. This means that CWA will not see the financial impact of this federal action until 2021.

The proceeds from the sale of the CAT 970F loader can be considered as 'surplus revenue'. Surplus revenues, per Resolution No. 300, allows the Airport Board the following:

- a) "The Airport Board is hereby delegated the authority to spend such surplus revenues for non-budgeted expenses, provided that these total annual expenditures do not exceed 10% of the total expenses approved in the annual budget."
- c) "Surplus revenues shall be spent only for urgently needed capital assets, or unexpected and unbudgeted operating expenses, but shall not be used for routine purchase of equipment."

*Serving Wausau, Stevens Point and the Central Wisconsin Region*



## Agenda Item Summary

The proposed purchase contract for a CAT 906M loader is through a Sourcewell (formerly NJPA) contract. Sourcewell is a cooperative purchasing entity that CWA joined by Resolution approved by the Joint Airport Board and Marathon County Board in 2017. This purchase contract is in accordance with Marathon County Procurement Code.

**Timeline:** This piece of equipment is available locally, and can be delivered to CWA by December 31, 2019.

**Financial Impact:** Total purchase price for the compact wheel loader is \$89,708 and would be paid for after delivery with funds from the sale of the CAT 970F loader.

If approved, CWA will be liable for approximately \$88,000 (in addition to the local match) for the AIP-53 project grant. This amount would have to be budgeted for in 2021 out of CWA's annual budget. This use of funds has been discussed with and is supported by the Marathon County Finance Director.

**Contributions to Airport Goals:** This is in alignment with the 2018 annual goal of Improved Utilization of Resources through cost effective fleet planning.

**Recommended Action:** Airport staff recommends approval of the purchase contract with Fabick CAT for the purchase of airport snow removal equipment with local funds, authorizing the Airport Director to sign the purchase contract.



**MARATHON COUNTY**  
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**DEPARTMENT:** Facilities & Capital Management

**BUDGET YEAR:** 2020

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	146-24084150	JAIL ASSESSMENTS	200,000.00

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	146-24098460	JAIL INMATE MEDICAL ROOM	110,000.00
Expenditure Increase	146-24092119	INMATE MEDICAL HOUSING	90,000.00

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:** Terry Kaiser

**Date Completed:** 2/6/2020

**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)  
Negative Pressure HVAC Room
- 2) Provide a brief (2-3 sentence) description of what this program does.  
A holding cell that meets the CDC's requirements for inmates with airborne infectious diseases.
- 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: Emergency funds from fund balance.
- 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**

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**DEPARTMENT:** Health

**BUDGET YEAR:** 2020

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**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	101-316-8-9900	Transfers from Fund Balance	\$2,022

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	101-316-9-3490	Other Operating Expense	\$2,022

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, Health Officer

**Date Completed:** 1/24/2020

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**COMPLETED BY FINANCE DEPARTMENT:**

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

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

**MARATHON COUNTY**  
**Budget Transfer Authorization Request – Supplemental Information**

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

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

Toddler Car Seats

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

This money 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: A

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?       No      

Is a Budget Transfer Resolution Required?       No

**MARATHON COUNTY**  
**Budget Transfer Authorization Request Form**

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**DEPARTMENT:** Health

**BUDGET YEAR:** 2020

---

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	101-322-8-9900	Transfers from Fund Balance	\$14,538

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	101-322-9-3480	Educational Supplies	\$14,538

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, Health Officer

**Date Completed:** 1/24/2020

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**COMPLETED BY FINANCE DEPARTMENT:**

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

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

**MARATHON COUNTY**  
**Budget Transfer Authorization Request – Supplemental Information**

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

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

Radon Test Kits

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

This program is set up for the Health Department to buy radon test kits and sell them to other public health departments as well as the general public in Marathon County.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: A

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?           No          

Is a Budget Transfer Resolution Required?           No

**MARATHON COUNTY**  
**Budget Transfer Authorization Request Form**

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**DEPARTMENT:** Health

**BUDGET YEAR:** 2020

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	101-323-8-9900	Transfers from Fund Balance	\$174,275

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	101-323-9-3490	Other Operating Supplies	\$174,275

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, Health Officer

**Date Completed:** 1/28/2020

**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, thereby increasing the likelihood of having a healthy baby. Prenatal Care Coordination is a Medicaid fee for service program for women enrolled in Medicaid. The program is one of for program components 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)

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?           No





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**DEPARTMENT:** Health

**BUDGET YEAR:** 2020

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	101-360-8-9900	Transfers from Fund Balance	\$14,327

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	101-360-9-3490	Other Operating Supplies	\$14,327

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, Health Officer

**Date Completed:** 1/28/2020

**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 teaching, medication, and assist in coordinating medical appointments for individuals with tuberculosis who are Medicaid eligible.

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)

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?           No

**MARATHON COUNTY**  
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**DEPARTMENT:** Health

**BUDGET YEAR:** 2020

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**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	101-440-8-9900	Transfers from Fund Balance	\$1,941

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	101-440-9-1110	Salaries-Permanent-Regular	\$1,941

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, Health Officer

**Date Completed:** 1/24/2020

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**COMPLETED BY FINANCE DEPARTMENT:**

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

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

**MARATHON COUNTY**  
**Budget Transfer Authorization Request – Supplemental Information**

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

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

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)

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?       No

**MARATHON COUNTY**  
**Budget Transfer Authorization Request Form**

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**DEPARTMENT:** Health

**BUDGET YEAR:** 2020

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	101-857-8-9900	Transfers from Fund Balance	\$5,875

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	101-857-9-3140	Small Items Equipment	\$5,875

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, Health Officer

**Date Completed:** 1/24/2020

**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 Pack N'Play portable cribs to low-income families who are unable to afford a crib. Ensuring every newborn has a safe sleep environment was identified as a community need in 2007 as a result of a number of infant deaths in Marathon County due to unsafe sleep environments. The service provides one-on-one health teaching 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: A

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.

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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**

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:** Health

**BUDGET YEAR:** 2020

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**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	275-325-8-2446	Oth Health Care Serv-St Grant	\$848

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	275-325-9-1110	Salaries-Permanent-Regular	\$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:** Joan Theurer, Health Officer

**Date Completed:** 1/24/2020

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**COMPLETED BY FINANCE DEPARTMENT:**

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

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

**MARATHON COUNTY**  
**Budget Transfer Authorization Request – Supplemental Information**

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

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

Radon

- 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 for 2020

- 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 **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:** Health

**BUDGET YEAR:** 2020

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	276-327-8-9900	Transfers from Fund Balance	\$40,027

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	276-327-9-3490	Other Operating Supplies	\$40,027

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, Health Officer

**Date Completed:** 1/24/2020

**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-Carry Forward
  
- 2) Provide a brief (2-3 sentence) description of what this program does.  
The program exists to develop and maintain plans so the Marathon County Health Department, along with our 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: A
  
- 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?       No            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:** Health

**BUDGET YEAR:** 2020

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**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	278-329-8-9900	Transfers from Fund Balance	\$7,800

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	278-329-9-3490	Other Operating Supplies	\$7,800

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:** Joan Theurer, Health Officer

**Date Completed:** 1/24/2020

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**COMPLETED BY FINANCE DEPARTMENT:**

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

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

**MARATHON COUNTY**  
**Budget Transfer Authorization Request – Supplemental Information**

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

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

Lead-Medicaid

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

This program provides specific public health interventions for children who have a blood lead level of 5 mcg/dL or greater. The public health 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)

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?       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:** Health

**BUDGET YEAR:** 2020

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	281-332-8-9900	Transfers from Fund Balance	\$8,871

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	281-332-9-3490	Other Operating Supplies	\$8,871

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, Health Officer

**Date Completed:** 1/28/2020

**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.

The program's goal is to reduce mercury in surface water, by promoting proper disposal of mercury containing products. Funds for the 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)

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?       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:** Health

**BUDGET YEAR:** 2020

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**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	283-336-8-9900	Transfers from Fund Balance	21,764

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	276-327-9-3490	Other Operating Supplies	21,764

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, Health Officer

**Date Completed:** 1/24/2020

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**COMPLETED BY FINANCE DEPARTMENT:**

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

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

**MARATHON COUNTY**  
**Budget Transfer Authorization Request – Supplemental Information**

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

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

Local Public Health Preparedness-Carry Forward

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

The program exists to develop and maintain plans so the Marathon County Health Department, along with our 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: A

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?           No          

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:** Health

**BUDGET YEAR:** 2020

---

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	289-334-8-2390	Other Federal Grants	\$1,142

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	289-334-9-3140	Small Items Equipment	\$1,142

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, Health Officer

**Date Completed:** 1/28/2020

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**COMPLETED BY FINANCE DEPARTMENT:**

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

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

**MARATHON COUNTY**  
**Budget Transfer Authorization Request – Supplemental Information**

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

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

Car Seats

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

The fiscal year for this funding is 10/11/18-9/30/19. This grant is for the distribution of child safety seats to low-income families that are residents of Marathon County. One-on-one education is provided to recipients from Certified CPS technicians. The Health Department is the fiscal agent and works with the Safe Kids Wausau Area Coalition to distribute the safety seats.

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 2020

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) Child safety seats provided by the Safe Kids Coalition

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 **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:** Health

**BUDGET YEAR:** 2020

---

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Expenditure Decrease	301-343-9-1110	Salaries	\$400

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Revenue Decrease	301-343-8-2446	Oth Health Care Serv-St G	\$400

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, Health Officer

**Date Completed:** 1/24/2020

---

**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 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 for 2020

- 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?       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:** Health

**BUDGET YEAR:** 2020

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**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	337-368-8-9900	Transfers from Fund Balance	21333

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	337-368-9-3490	Other Educational Supplies	21333

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, Health Officer

**Date Completed:** 1/24/2020

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**COMPLETED BY FINANCE DEPARTMENT:**

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

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

**MARATHON COUNTY**  
**Budget Transfer Authorization Request – Supplemental Information**

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

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

Children and Youth with Special Health Care Needs

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

This purpose of this program is to be a resource for parents, health care providers, local health departments, and non-profit organizations in a 15-county services area providing information and referral services, conducting trainings, and 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.

---

**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**

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:** Health

**BUDGET YEAR:** 2020

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	338-369-8-9900	Transfers from Fund Balance	\$46,474

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	338-369-9-3490	Other Operating Supplies	\$46,474

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, Health Officer

**Date Completed:** 1/28/2020

**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)

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**

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:** Health

**BUDGET YEAR:** 2020

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	341-371-8-9900	Transfers from Fund Balance	\$1,200

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	341-371-9-1110	Salaries	\$1,200

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, Health Officer

**Date Completed:** 1/24/2020

**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)  
Perinatal Hepatitis B 2019-2020
  
- 2) Provide a brief (2-3 sentence) description of what this program does.  
Hepatitis B is a serious disease that can cause liver failure and death. The Perinatal Hepatitis B program works to prevent transmission of the disease from an infected mother to her infant through specific public health interventions.
  
- 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)
  
- 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**

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**DEPARTMENT:** Health

**BUDGET YEAR:** 2020

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	347-375-8-9900	Transfers from Fund Balance	\$24,500

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Revenue Decrease	347-375-8-8410	Donations from Private Org	\$10,000
Expenditure Increase	347-375-9-2990	Sundry Contractual Services	\$14,500

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, Health Officer

**Date Completed:** 1/24/2020

**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)

Healthy Communities Institute

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

Healthy 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 (e.g., state websites, paper reports). The data platform will support our community health assessment and improvement plans, including the LIFE Report and the 2017-2020 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)

- 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.

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:** 2020

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**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	349-376-8-2446	Oth Health Care Serv-St Grant	\$38

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	349-376-9-1110	Salaries-Permanent-Regular	\$38

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, Health Officer

**Date Completed:** 1/24/2020

---

**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

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

The childhood lead prevention program provides case management and health teaching to parents who have a child identified with an elevated blood lead level. In addition, an environmental lead hazard investigation is done to identify lead hazards and provide recommendations for addressing any 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 2020

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?           No          

Is a Budget Transfer Resolution Required?           Yes

**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:** Health

**BUDGET YEAR:** 2020

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Expenditure Decrease	363-379-9-3480	Educational Supplies	\$1,883

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Revenue Decrease	363-379-8-2446	Oth Health Care Serv-St Grant	\$1,883

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, Health Officer

**Date Completed:** 1/24/2020

**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 funds support the health of mothers and children in Marathon County. Focus areas for 2019 include community and systems work to support initiation and continued breastfeeding as well as providing education to residents and organizations regarding safe sleep for infants.

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 2020

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, Director of Family Health and Communicable Disease, Family Health Manager, and Administrative Support time is used as match.

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?       No

**MARATHON COUNTY**  
**Budget Transfer Authorization Request Form**

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**DEPARTMENT:** Health

**BUDGET YEAR:** 2020

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**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	394-406-8-9900	Transfers from Fund Balance	\$45,738

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	394-406-9-3490	Other Operating Supplies	\$45,738

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, Health Officer

**Date Completed:** 1/24/2020

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**COMPLETED BY FINANCE DEPARTMENT:**

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

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



**MARATHON COUNTY**  
**Budget Transfer Authorization Request – Supplemental Information**

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

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

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 provides carries out state driven objectives with work focused on: maintaining an area tobacco coalition, informing partners and policy makers on current tobacco prevention efforts, youth involvement in tobacco prevention, and doing compliance checks in 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:

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?       No      

Is a Budget Transfer Resolution Required?       No

**MARATHON COUNTY**  
**Budget Transfer Authorization Request Form**

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**DEPARTMENT:** Health

**BUDGET YEAR:** 2020

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	411-422-8-2446	Oth Health Care Serv	\$207

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	411-422-9-1110	Salaries	\$207

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, Health Officer

**Date Completed:** 1/24/2020

**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)

Immunization

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

Immunization program goal is that 90% of children are up-to-date on their immunization by age two. Marathon County Health Department supports this goal by providing immunizations to residents who are eligible at a minimal cost and implementing a county-wide recall/reminders system, notifying parents by letter and telephone when their child is due for immunizations.

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 2020

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**

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**DEPARTMENT:** Health

**BUDGET YEAR:** 2020

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	423-434-8-2446	Oth Health Care Serv-St Grnt	\$4,064

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	423-434-9-3390	Mileage	\$1,000
Expenditure Increase	423-434-9-3480	Educational Supplies	\$1,000
Expenditure Increase	423-434-9-1110	Salaries	\$1,064
Expenditure Increase	423-434-9-3422	Clinical Supplies	\$1,000

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:** Joan Theurer, Health Officer

**Date Completed:** 2/6/2020

**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 2019-2020

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

This funding will be used to reduce the burden of communicable diseases. Support Health Department efforts to ensure disease surveillance and investigations at a local level.

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 2020 budget to match actual grant amount.

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?       No      

Is a Budget Transfer Resolution Required?       Yes

**MARATHON COUNTY**  
**Budget Transfer Authorization Request Form**

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**DEPARTMENT:** Health

**BUDGET YEAR:** 2020

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**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	101-333-8-9900	Transfers from Fund Balance	\$69,788

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	101-333-9-3490	Other Operating Supplies	\$69,788

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, Health Officer

**Date Completed:** 1/28/2020

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**COMPLETED BY FINANCE DEPARTMENT:**

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

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

**MARATHON COUNTY**  
**Budget Transfer Authorization Request – Supplemental Information**

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

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

Targeted Case Management

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

This is a Medicaid Fee for Service program, where we assist parents of young children who are Medicaid recipients gain access to and coordinate a full array of services, including medical, social, educational, 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)

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?           No

RESOLUTION NO. \_\_\_\_\_

RESOLUTION AWARDING THE SALE OF  
\$8,500,000 GENERAL OBLIGATION PROMISSORY NOTES, SERIES 2020A

WHEREAS, on June 19, 2018, the County Board of Supervisors of Marathon County, Wisconsin (the "County") adopted an initial resolution, by a vote of at least 3/4 of the members-elect, authorizing the issuance of general obligation bonds or promissory notes in an amount not to exceed \$67,000,000 for the public purpose of financing North Central Health Care ("NCHC") Master Facility Plan projects, including the design and construction of building additions, renovations and landscaping to the NCHC Center and Mount View Care Center campus (the "NCHC Initial Resolution");

WHEREAS, on January 21, 2020 the County Board of Supervisors adopted an initial resolution, by a vote of at least 3/4 of the members-elect, authorizing the issuance of general obligation promissory notes in an amount not to exceed \$3,215,000 for the public purpose of financing 2020 Capital Improvement Plan projects, including County highway projects, acquisition of highway equipment and equipment for the Sheriff's department, improvements to County buildings, park and recreation projects and other capital projects;

WHEREAS, the initial resolutions described above are collectively referred to herein as the "Initial Resolutions", and the projects authorized by the Initial Resolutions are collectively referred to herein as the "Project";

WHEREAS, the County has previously issued general obligation promissory notes in the principal amount of \$2,445,000 for projects authorized by the NCHC Initial Resolution;

WHEREAS, on January 21, 2020, the County Board of Supervisors of the County also adopted a resolution (the "Set Sale Resolution"), providing that a portion of the general obligation bond and promissory note issues authorized by the Initial Resolutions be combined, issued and sold as a single issue of general obligation promissory notes designated as "General Obligation Promissory Notes, Series 2020A" (the "Notes") for the purpose of paying costs of the Project;

WHEREAS, pursuant to the Set Sale Resolution, the County directed PFM Financial Advisors LLC ("PFM") to take the steps necessary to sell the Notes;

WHEREAS, PFM, in consultation with the officials of the County, prepared an Official Notice of Sale (a copy of which is attached hereto as Exhibit A and incorporated herein by this reference) setting forth the details of and the bid requirements for the Notes and indicating that the Notes would be offered for public sale on February 25, 2020;

WHEREAS, the County Clerk (in consultation with PFM) caused notice of the sale of the Notes to be published and/or announced and caused the Official Notice of Sale to be distributed to potential bidders offering the Notes for public sale;



WHEREAS, the County has duly received bids for the Notes as described on the Bid Tabulation attached hereto as Exhibit B and incorporated herein by this reference (the "Bid Tabulation");

WHEREAS, it has been determined that the bid proposal (the "Proposal") submitted by the financial institution listed first on the Bid Tabulation fully complies with the bid requirements set forth in the Official Notice of Sale and is deemed to be the most advantageous to the County. PFM has recommended that the County accept the Proposal. A copy of said Proposal submitted by such institution (the "Purchaser") is attached hereto as Exhibit C and incorporated herein by this reference; and

WHEREAS, it has now been determined to issue Notes authorized by the Initial Resolutions in the principal amount of \$8,500,000, consisting of \$5,285,000 for NCHC Master Facility Plan projects and \$3,215,000 for 2020 Capital Improvement Plan projects.

NOW, THEREFORE, BE IT RESOLVED by the County Board of Supervisors of the County that:

Section 1. Ratification of the Official Notice of Sale and Offering Materials. The County Board of Supervisors hereby ratifies and approves the details of the Notes set forth in Exhibit A attached hereto as and for the details of the Notes. The Official Notice of Sale and any other offering materials prepared and circulated by PFM are hereby ratified and approved in all respects. All actions taken by officers of the County and PFM in connection with the preparation and distribution of the Official Notice of Sale and any other offering materials are hereby ratified and approved in all respects.

Section 1A. Award of the Notes. For the purpose of paying the cost of the Project, there shall be borrowed pursuant to Section 67.12(12), Wisconsin Statutes, the principal sum of EIGHT MILLION FIVE HUNDRED THOUSAND DOLLARS (\$8,500,000) from the Purchaser in accordance with the terms and conditions of the Proposal. The Proposal of the Purchaser offering to purchase the Notes for the sum set forth on the Proposal (as modified on the Bid Tabulation and reflected in the Pricing Summary referenced below and incorporated herein), plus accrued interest to the date of delivery, is hereby accepted. The Chairperson and County Clerk or other appropriate officers of the County are authorized and directed to execute an acceptance of the Proposal on behalf of the County. The good faith deposit of the Purchaser shall be applied in accordance with the Official Notice of Sale, and any good faith deposits submitted by unsuccessful bidders shall be promptly returned. The Notes shall bear interest at the rates set forth on the Proposal.

Section 2. Terms of the Notes. The Notes shall be designated "General Obligation Promissory Notes, Series 2020A"; shall be issued in the aggregate principal amount of \$8,500,000; shall be dated their date of issuance; shall be in the denomination of \$5,000 or any integral multiple thereof; shall be numbered R-1 and upward; and shall bear interest at the rates per annum and mature on February 1 of each year, in the years and principal amounts as set forth on the Pricing Summary attached hereto as Exhibit D-1 and incorporated herein by this reference. Interest shall be payable semi-annually on February 1 and August 1 of each year commencing on February 1, 2021. Interest shall be computed upon the basis of a 360-day year

of twelve 30-day months and will be rounded pursuant to the rules of the Municipal Securities Rulemaking Board. The schedule of principal and interest payments due on the Notes is set forth on the Debt Service Schedule attached hereto as Exhibit D-2 and incorporated herein by this reference (the "Schedule").

Section 3. Redemption Provisions. The Notes are not subject to optional redemption.

Section 4. Form of the Notes. The Notes shall be issued in registered form and shall be executed and delivered in substantially the form attached hereto as Exhibit E and incorporated herein by this reference.

Section 5. Tax Provisions.

(A) Direct Annual Irrepealable Tax Levy. For the purpose of paying the principal of and interest on the Notes as the same becomes due, the full faith, credit and resources of the County are hereby irrevocably pledged, and there is hereby levied upon all of the taxable property of the County a direct annual irrepealable tax in the years 2020 through 2029 for the payments due in the years 2021 through 2030 in the amounts set forth on the Schedule.

(B) Tax Collection. So long as any part of the principal of or interest on the Notes remains unpaid, the County shall be and continue without power to repeal such levy or obstruct the collection of said tax until all such payments have been made or provided for. After the issuance of the Notes, said tax shall be, from year to year, carried onto the tax roll of the County and collected in addition to all other taxes and in the same manner and at the same time as other taxes of the County for said years are collected, except that the amount of tax carried onto the tax roll may be reduced in any year by the amount of any surplus money in the Debt Service Fund Account created below.

(C) Additional Funds. If at any time there shall be on hand insufficient funds from the aforesaid tax levy to meet principal and/or interest payments on said Notes when due, the requisite amounts shall be paid from other funds of the County then available, which sums shall be replaced upon the collection of the taxes herein levied.

Section 6. Segregated Debt Service Fund Account.

(A) Creation and Deposits. There be and there hereby is established in the treasury of the County, if one has not already been created, a debt service fund, separate and distinct from every other fund, which shall be maintained in accordance with generally accepted accounting principles. Debt service or sinking funds established for obligations previously issued by the County may be considered as separate and distinct accounts within the debt service fund.

Within the debt service fund, there hereby is established a separate and distinct account designated as the "Debt Service Fund Account for General Obligation Promissory Notes, Series 2020A" (the "Debt Service Fund Account") and such account shall be maintained until the indebtedness evidenced by the Notes is fully paid or otherwise extinguished. There shall be deposited into the Debt Service Fund Account (i) all accrued interest received by the County at

the time of delivery of and payment for the Notes; (ii) any premium which may be received by the County above the par value of the Notes and accrued interest thereon; (iii) all money raised by the taxes herein levied and any amounts appropriated for the specific purpose of meeting principal of and interest on the Notes when due; (iv) such other sums as may be necessary at any time to pay principal of and interest on the Notes when due; (v) surplus monies in the Borrowed Money Fund as specified below; and (vi) such further deposits as may be required by Section 67.11, Wisconsin Statutes.

(B) Use and Investment. No money shall be withdrawn from the Debt Service Fund Account and appropriated for any purpose other than the payment of principal of and interest on the Notes until all such principal and interest has been paid in full and the Notes canceled; provided (i) the funds to provide for each payment of principal of and interest on the Notes prior to the scheduled receipt of taxes from the next succeeding tax collection may be invested in direct obligations of the United States of America maturing in time to make such payments when they are due or in other investments permitted by law; and (ii) any funds over and above the amount of such principal and interest payments on the Notes may be used to reduce the next succeeding tax levy, or may, at the option of the County, be invested by purchasing the Notes as permitted by and subject to Section 67.11(2)(a), Wisconsin Statutes, or in permitted municipal investments under the pertinent provisions of the Wisconsin Statutes ("Permitted Investments"), which investments shall continue to be a part of the Debt Service Fund Account. Any investment of the Debt Service Fund Account shall at all times conform with the provisions of the Internal Revenue Code of 1986, as amended (the "Code") and any applicable Treasury Regulations (the "Regulations").

(C) Remaining Monies. When all of the Notes have been paid in full and canceled, and all Permitted Investments disposed of, any money remaining in the Debt Service Fund Account shall be transferred and deposited in the general fund of the County, unless the County Board of Supervisors directs otherwise.

Section 7. Proceeds of the Notes; Segregated Borrowed Money Fund. The proceeds of the Notes (the "Note Proceeds") (other than any premium and accrued interest which must be paid at the time of the delivery of the Notes into the Debt Service Fund Account created above) shall be deposited into a special fund (the "Borrowed Money Fund") separate and distinct from all other funds of the County and disbursed solely for the purpose or purposes for which borrowed. In no event shall monies in the Borrowed Money Fund be used to fund operating expenses of the general fund of the County or of any special revenue fund of the County that is supported by property taxes. Monies in the Borrowed Money Fund may be temporarily invested in Permitted Investments. Any monies, including any income from Permitted Investments, remaining in the Borrowed Money Fund after the purpose or purposes for which the Notes have been issued have been accomplished, and, at any time, any monies as are not needed and which obviously thereafter cannot be needed for such purpose(s) shall be deposited in the Debt Service Fund Account.

Section 8. No Arbitrage. All investments made pursuant to this Resolution shall be Permitted Investments, but no such investment shall be made in such a manner as would cause the Notes to be "arbitrage bonds" within the meaning of Section 148 of the Code or the Regulations and an officer of the County, charged with the responsibility for issuing the Notes,

shall certify as to facts, estimates, circumstances and reasonable expectations in existence on the date of delivery of the Notes to the Purchaser which will permit the conclusion that the Notes are not "arbitrage bonds," within the meaning of the Code or Regulations.

Section 9. Compliance with Federal Tax Laws. (a) The County represents and covenants that the projects financed by the Notes and the ownership, management and use of the projects will not cause the Notes to be "private activity bonds" within the meaning of Section 141 of the Code. The County further covenants that it shall comply with the provisions of the Code to the extent necessary to maintain the tax-exempt status of the interest on the Notes including, if applicable, the rebate requirements of Section 148(f) of the Code. The County further covenants that it will not take any action, omit to take any action or permit the taking or omission of any action within its control (including, without limitation, making or permitting any use of the proceeds of the Notes) if taking, permitting or omitting to take such action would cause any of the Notes to be an arbitrage bond or a private activity bond within the meaning of the Code or would otherwise cause interest on the Notes to be included in the gross income of the recipients thereof for federal income tax purposes. The County Clerk or other officer of the County charged with the responsibility of issuing the Notes shall provide an appropriate certificate of the County certifying that the County can and covenanting that it will comply with the provisions of the Code and Regulations.

(b) The County also covenants to use its best efforts to meet the requirements and restrictions of any different or additional federal legislation which may be made applicable to the Notes provided that in meeting such requirements the County will do so only to the extent consistent with the proceedings authorizing the Notes and the laws of the State of Wisconsin and to the extent that there is a reasonable period of time in which to comply.

Section 10. Execution of the Notes; Closing; Professional Services. The Notes shall be issued in printed form, executed on behalf of the County by the manual or facsimile signatures of the Chairperson and County Clerk, authenticated, if required, by the Fiscal Agent (defined below), sealed with its official or corporate seal, if any, or a facsimile thereof, and delivered to the Purchaser upon payment to the County of the purchase price thereof, plus accrued interest to the date of delivery (the "Closing"). The facsimile signature of either of the officers executing the Notes may be imprinted on the Notes in lieu of the manual signature of the officer but, unless the County has contracted with a fiscal agent to authenticate the Notes, at least one of the signatures appearing on each Note shall be a manual signature. In the event that either of the officers whose signatures appear on the Notes shall cease to be such officers before the Closing, such signatures shall, nevertheless, be valid and sufficient for all purposes to the same extent as if they had remained in office until the Closing. The aforesaid officers are hereby authorized and directed to do all acts and execute and deliver the Notes and all such documents, certificates and acknowledgements as may be necessary and convenient to effectuate the Closing. The County hereby authorizes the officers and agents of the County to enter into, on its behalf, agreements and contracts in conjunction with the Notes, including but not limited to agreements and contracts for legal, trust, fiscal agency, disclosure and continuing disclosure, and rebate calculation services. Any such contract heretofore entered into in conjunction with the issuance of the Notes is hereby ratified and approved in all respects.

Section 11. Payment of the Notes; Fiscal Agent. The principal of and interest on the Notes shall be paid by the County Clerk or the County Treasurer (the "Fiscal Agent").

Section 12. Persons Treated as Owners; Transfer of Notes. The County shall cause books for the registration and for the transfer of the Notes to be kept by the Fiscal Agent. The person in whose name any Note shall be registered shall be deemed and regarded as the absolute owner thereof for all purposes and payment of either principal or interest on any Note shall be made only to the registered owner thereof. All such payments shall be valid and effectual to satisfy and discharge the liability upon such Note to the extent of the sum or sums so paid.

Any Note may be transferred by the registered owner thereof by surrender of the Note at the office of the Fiscal Agent, duly endorsed for the transfer or accompanied by an assignment duly executed by the registered owner or his attorney duly authorized in writing. Upon such transfer, the Chairperson and County Clerk shall execute and deliver in the name of the transferee or transferees a new Note or Notes of a like aggregate principal amount, series and maturity and the Fiscal Agent shall record the name of each transferee in the registration book. No registration shall be made to bearer. The Fiscal Agent shall cancel any Note surrendered for transfer.

The County shall cooperate in any such transfer, and the Chairperson and County Clerk are authorized to execute any new Note or Notes necessary to effect any such transfer.

Section 13. Record Date. The 15th day of the calendar month next preceding each interest payment date shall be the record date for the Notes (the "Record Date"). Payment of interest on the Notes on any interest payment date shall be made to the registered owners of the Notes as they appear on the registration book of the County at the close of business on the Record Date.

Section 14. Utilization of The Depository Trust Company Book-Entry-Only System. In order to make the Notes eligible for the services provided by The Depository Trust Company, New York, New York ("DTC"), the County agrees to the applicable provisions set forth in the Blanket Issuer Letter of Representations, which the County Clerk or other authorized representative of the County is authorized and directed to execute and deliver to DTC on behalf of the County to the extent an effective Blanket Issuer Letter of Representations is not presently on file in the County Clerk's office.

Section 15. Official Statement. The County Board of Supervisors hereby approves the Preliminary Official Statement with respect to the Notes and deems the Preliminary Official Statement as "final" as of its date for purposes of SEC Rule 15c2-12 promulgated by the Securities and Exchange Commission pursuant to the Securities and Exchange Act of 1934 (the "Rule"). All actions taken by officers of the County in connection with the preparation of such Preliminary Official Statement and any addenda to it or final Official Statement are hereby ratified and approved. In connection with the Closing, the appropriate County official shall certify the Preliminary Official Statement and any addenda or final Official Statement. The County Clerk shall cause copies of the Preliminary Official Statement and any addenda or final Official Statement to be distributed to the Purchaser.

Section 16. Undertaking to Provide Continuing Disclosure. The County hereby covenants and agrees, for the benefit of the owners of the Notes, to enter into a written undertaking (the "Undertaking") if required by the Rule to provide continuing disclosure of certain financial information and operating data and timely notices of the occurrence of certain events in accordance with the Rule. The Undertaking shall be enforceable by the owners of the Notes or by the Purchaser on behalf of such owners (provided that the rights of the owners and the Purchaser to enforce the Undertaking shall be limited to a right to obtain specific performance of the obligations thereunder and any failure by the County to comply with the provisions of the Undertaking shall not be an event of default with respect to the Notes).

To the extent required under the Rule, the Chairperson and County Clerk, or other officer of the County charged with the responsibility for issuing the Notes, shall provide a Continuing Disclosure Certificate for inclusion in the transcript of proceedings, setting forth the details and terms of the County's Undertaking.

Section 17. Record Book. The County Clerk shall provide and keep the transcript of proceedings as a separate record book (the "Record Book") and shall record a full and correct statement of every step or proceeding had or taken in the course of authorizing and issuing the Notes in the Record Book.

Section 18. Bond Insurance. If the Purchaser determines to obtain municipal bond insurance with respect to the Notes, the officers of the County are authorized to take all actions necessary to obtain such municipal bond insurance. The Chairperson and County Clerk are authorized to agree to such additional provisions as the bond insurer may reasonably request and which are acceptable to the Chairperson and County Clerk including provisions regarding restrictions on investment of Note proceeds, the payment procedure under the municipal bond insurance policy, the rights of the bond insurer in the event of default and payment of the Notes by the bond insurer and notices to be given to the bond insurer. In addition, any reference required by the bond insurer to the municipal bond insurance policy shall be made in the form of Note provided herein.

Section 19. Conflicting Resolutions; Severability; Effective Date. All prior resolutions, rules or other actions of the County Board of Supervisors or any parts thereof in conflict with the provisions hereof shall be, and the same are, hereby rescinded insofar as the same may so conflict. In the event that any one or more provisions hereof shall for any reason be held to be illegal or invalid, such illegality or invalidity shall not affect any other provisions hereof. The foregoing shall take effect immediately upon adoption and approval in the manner provided by law.

Adopted, approved and recorded February 25, 2020.

---

Kurt Gibbs  
Chairperson

ATTEST:

---

Kim Trueblood  
County Clerk

(SEAL)

EXHIBIT A

Official Notice of Sale

To be provided by PFM Financial Advisors LLC and incorporated into the Resolution.

(See Attached)

DRAFT



EXHIBIT B

Bid Tabulation

To be provided by PFM Financial Advisors LLC and incorporated into the Resolution.

(See Attached)

DRAFT

EXHIBIT C

Winning Bid

To be provided by PFM Financial Advisors LLC and incorporated into the Resolution.

(See Attached)

DRAFT

EXHIBIT D-1

Pricing Summary

To be provided by PFM Financial Advisors LLC and incorporated into the Resolution.

(See Attached)

DRAFT

EXHIBIT D-2

Debt Service Schedule and Irrepealable Tax Levies

To be provided by PFM Financial Advisors LLC and incorporated into the Resolution.

(See Attached)

DRAFT

EXHIBIT E

(Form of Note)

REGISTERED UNITED STATES OF AMERICA DOLLARS  
NO. R- \_\_\_\_\_ STATE OF WISCONSIN \$ \_\_\_\_\_  
MARATHON COUNTY  
GENERAL OBLIGATION PROMISSORY NOTE, SERIES 2020A

MATURITY DATE: ORIGINAL DATE OF ISSUE: INTEREST RATE: CUSIP:  
February 1, \_\_\_\_\_, 2020 \_\_\_\_\_%

DEPOSITORY OR ITS NOMINEE NAME: CEDE & CO.

PRINCIPAL AMOUNT: \_\_\_\_\_ THOUSAND DOLLARS  
(\$ \_\_\_\_\_)

FOR VALUE RECEIVED, Marathon County, Wisconsin (the "County"), hereby acknowledges itself to owe and promises to pay to the Depository or its Nominee Name (the "Depository") identified above (or to registered assigns), on the maturity date identified above, the principal amount identified above, and to pay interest thereon at the rate of interest per annum identified above, all subject to the provisions set forth herein regarding redemption prior to maturity. Interest shall be payable semi-annually on February 1 and August 1 of each year commencing on February 1, 2021 until the aforesaid principal amount is paid in full. Both the principal of and interest on this Note are payable to the registered owner in lawful money of the United States. Interest payable on any interest payment date shall be paid by wire transfer to the Depository in whose name this Note is registered on the Bond Register maintained by the County Clerk or County Treasurer (the "Fiscal Agent") or any successor thereto at the close of business on the 15th day of the calendar month next preceding each interest payment date (the "Record Date"). This Note is payable as to principal upon presentation and surrender hereof at the office of the Fiscal Agent.

For the prompt payment of this Note together with interest hereon as aforesaid and for the levy of taxes sufficient for that purpose, the full faith, credit and resources of the County are hereby irrevocably pledged.

This Note is one of an issue of Notes aggregating the principal amount of \$8,500,000, all of which are of like tenor, except as to denomination, interest rate and maturity date, issued by the County pursuant to the provisions of Section 67.12(12), Wisconsin Statutes, for the public purposes of financing North Central Health Care ("NCHC") Master Facility Plan projects, including the design and construction of building additions, renovations and landscaping to the NCHC Center and Mount View Care Center campus (\$5,285,000) and 2020 Capital Improvement Plan projects, including County highway projects, acquisition of highway equipment and equipment for the Sheriff's department, improvements to County buildings, park

and recreation projects and other capital projects (\$3,215,000), as authorized by resolutions adopted on June 19, 2018, January 21, 2020, and February 25, 2020. Said resolutions are recorded in the official minutes of the County Board of Supervisors for said dates.

This Note is not subject to optional redemption.

It is hereby certified and recited that all conditions, things and acts required by law to exist or to be done prior to and in connection with the issuance of this Note have been done, have existed and have been performed in due form and time; that the aggregate indebtedness of the County, including this Note and others issued simultaneously herewith, does not exceed any limitation imposed by law or the Constitution of the State of Wisconsin; and that a direct annual irrepealable tax has been levied sufficient to pay this Note, together with the interest thereon, when and as payable.

This Note is transferable only upon the books of the County kept for that purpose at the office of the Fiscal Agent, only in the event that the Depository does not continue to act as depository for the Notes, and the County appoints another depository, upon surrender of the Note to the Fiscal Agent, by the registered owner in person or his duly authorized attorney, together with a written instrument of transfer (which may be endorsed hereon) satisfactory to the Fiscal Agent duly executed by the registered owner or his duly authorized attorney. Thereupon a new fully registered Note in the same aggregate principal amount shall be issued to the new depository in exchange therefor and upon the payment of a charge sufficient to reimburse the County for any tax, fee or other governmental charge required to be paid with respect to such registration. The Fiscal Agent shall not be obliged to make any transfer of the Notes after the Record Date. The Fiscal Agent and County may treat and consider the Depository in whose name this Note is registered as the absolute owner hereof for the purpose of receiving payment of, or on account of, the principal or redemption price hereof and interest due hereon and for all other purposes whatsoever. The Notes are issuable solely as negotiable, fully-registered Notes without coupons in the denomination of \$5,000 or any integral multiple thereof.

No delay or omission on the part of the owner hereof to exercise any right hereunder shall impair such right or be considered as a waiver thereof or as a waiver of or acquiescence in any default hereunder.

IN WITNESS WHEREOF, Marathon County, Wisconsin, by its governing body, has caused this Note to be executed for it and in its name by the manual or facsimile signatures of its duly qualified Chairperson and County Clerk; and to be sealed with its official or corporate seal, if any, all as of the original date of issue specified above.

MARATHON COUNTY, WISCONSIN

By: \_\_\_\_\_  
Kurt Gibbs  
Chairperson

(SEAL)

By: \_\_\_\_\_  
Kim Trueblood  
County Clerk

DRAFT

ASSIGNMENT

FOR VALUE RECEIVED, the undersigned sells, assigns and transfers unto

\_\_\_\_\_  
(Name and Address of Assignee)

\_\_\_\_\_  
(Social Security or other Identifying Number of Assignee)

the within Note and all rights thereunder and hereby irrevocably constitutes and appoints \_\_\_\_\_, Legal Representative, to transfer said Note on the books kept for registration thereof, with full power of substitution in the premises.

Dated: \_\_\_\_\_

Signature Guaranteed:

\_\_\_\_\_  
(e.g. Bank, Trust Company  
or Securities Firm)

\_\_\_\_\_  
(Depository or Nominee Name)

NOTICE: This signature must correspond with the name of the Depository or Nominee Name as it appears upon the face of the within Note in every particular, without alteration or enlargement or any change whatever.

\_\_\_\_\_  
(Authorized Officer)





Levy Increase:  
250,000

Fiscal Year	Series 2018A	Series 2019A	General Obligation Promissory Notes, Series 2020A			Total GO Debt Service Payable from Levy	Levy
	<u>Debt Service</u>	<u>Debt Service</u>	<u>Principal</u>	<u>Interest</u>	<u>Debt Service</u>	<u>Total</u>	
2019	\$ 1,585,002	\$ -	\$ -	\$ -	\$ -	\$ 1,585,002	\$ 1,585,002
2020	1,584,875	124,556	-	-	-	1,709,431	1,835,002
2021	1,496,500	190,000	245,000	345,533	590,533	2,277,033	1,835,002
2022	-	1,477,000	810,000	235,500	1,045,500	2,522,500	1,835,002
2023	-	1,475,750	835,000	210,825	1,045,825	2,521,575	1,835,002
2024	-	1,478,950	865,000	185,325	1,050,325	2,529,275	1,835,002
2025	-	1,476,600	885,000	159,075	1,044,075	2,520,675	1,835,002
2026	-	1,077,750	915,000	132,075	1,047,075	2,124,825	1,835,002
2027	-	1,077,450	940,000	104,250	1,044,250	2,121,700	1,835,002
2028	-	1,076,750	970,000	75,600	1,045,600	2,122,350	1,835,002
2029	-	1,075,650	1,000,000	46,050	1,046,050	2,121,700	1,835,002
2030	-	-	1,035,000	15,525	1,050,525	1,050,525	1,835,002
<b>Total</b>	<b>\$ 3,081,375</b>	<b>\$ 10,530,456</b>	<b>\$ 8,500,000</b>	<b>\$ 1,509,758</b>	<b>\$ 10,009,758</b>	<b>\$ 23,621,589</b>	



<u>Fiscal Year</u>	<u>Series 2018A</u>	<u>Difference from</u>
	<u>Debt Service</u>	<u>Levy</u>
2019	\$ 1,585,002	\$ -
2020	1,584,875	125,571
2021	1,496,500	(442,031)
2022	-	(687,498)
2023	-	(686,573)
2024	-	(694,273)
2025	-	(685,673)
2026	-	(289,823)
2027	-	(286,698)
2028	-	(287,348)
2029	-	(286,698)
2030	-	784,477
<u>Total</u>	<u>\$ 3,081,375</u>	

**RESOLUTION #R-\_\_-20**

**DETERMINATION BY COUNTY BOARD THAT EMERGENCY WITH RESPECT TO  
REPAIR AND RECONSTRUCTION  
OF THE MARATHON COUNTY JAIL HAS ENDED**

**WHEREAS**, on August 8, 2019, the Marathon County Board of Supervisors met in special session and passed Resolution # R-39-19; and

**WHEREAS**, said Resolution declared that an emergency existed with respect to the integrity of the Marathon County Jail structure which endangered public health and welfare, pursuant to Wis. Stats. §59.52(29)(b) and §3.05(5) Gen Code of Ord. for Marathon County; and

**WHEREAS**, the effect of the Resolution was to temporarily suspend the legal requirement of procurement through a public bidding for the purpose of repair or reconstruction of the jail because “damage or threatened damage” to the jail due to potential collapse created an emergency; and

**WHEREAS**, the Resolution provided, “This resolution shall remain in effect until the Board, by specific resolution, determines that an emergency no longer exists;” and

**WHEREAS**, Marathon County Administration together with Marathon County Facilities and Capital Management and the Marathon County Sheriff’s Office have received the opinion of an engineering consultant that the risk collapse of a portion of the Marathon County Jail has been ameliorated; and

**WHEREAS**, at its meeting on February 10, 2020, the Human Resources Finance and Property Committee voted to forward a resolution to the Board indicating that the emergency declared with respect to the integrity of the jail structure has ended.

**NOW, THEREFORE, BE IT ORDAINED AND RESOLVED** by the Board of Supervisors of the County of Marathon that: An emergency no longer exists with respect to the integrity of the Marathon County Jail structure, effective ???????

**BE IT FURTHER RESOLVED** that the County Board of Supervisors hereby authorizes and directs appropriate Marathon County staff to take all actions necessary to carry out the intent of this resolution.

**BE IT FURTHER RESOLVED** that any further work with respect to the Jail construction, reconstruction, repair or remodeling shall be done in accordance with public bidding requirements set forth in Wisconsin Statutes and the General Code of Ordinances for Marathon County.

Respectfully submitted this \_\_\_ day of February, 2020.

**HUMAN RESOURCES FINANCE AND PROPERTY COMMITTEE**

_____	_____
_____	_____
_____	_____

Fiscal Impact:

**Resolution # R-\_\_\_\_-20**

**A RESOLUTION AMENDING  
THE 2020 BUDGET AND TRANSFER FROM THE 2020 CONTINGENCY FUND FOR JAIL  
MEDICAL COSTS AND JAIL MEDICAL ROOM CAPITAL PROJECT**

**WHEREAS,** the Board of Supervisors of Marathon County approved the 2020 Sheriff's Department Budget and Capital Improvement Budget; and

**WHEREAS,** there was expenses in the Sheriff's Department Jail Assessment budget over the budgeted amount for \$90,000 in Inmate Medical Housing and \$ 110,000 in Jail Medical Room Project, and,

**WHEREAS,** there is currently an unencumbered balance in the 2020 Contingent Fund of \$500,000; and

**WHEREAS,** there is a request to transfer from the 2020 Contingency fund the amount of \$200,000 to cover the cost of the inmate medical housing and jail medical room project; and

**WHEREAS,** the Human Resources, Finance and Property Committee has reviewed the request and has recommended approval of the transfer from the 2020 Contingency Fund in the amount of \$ 200,000; and

**WHEREAS,** the Human Resources, Finance and Property Committee of the Board of Supervisors of Marathon County recommends to transfer the funds from the County's 2020 Contingency Fund as follows:

Transfer from 2020 Contingency Fund 101 13199120	\$200,000
Transfer to Jail Assessment-Jail Inmate Medical Room 146-24098460	\$110,000
Transfers to Jail Assessment-146-24092119 Inmate Medical Housing	\$ 90,000

**NOW, THEREFORE BE IT RESOLVED,** that the Board of Supervisors of the County of Marathon does hereby resolve and ordain to amend the Sheriff Department Jail Assessment budget and transfer from the 2020 Contingency Fund as indicated above.

Dated this 25th day of February, 2020.

HUMAN RESOURNCES, FINANCE AND PROPERTY COMMITTEE

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

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

Fiscal Impact: This reflects an amendment to the 2020 Budget and will reduce the 2020 Contingency from \$500,000 to \$300,000. The amendment will not add additional tax levy.

# Marathon County Jail "I" Block Negative Pressure HVAC Project Scope and Budget

## Basic Scope of Project:

The Marathon County Jail does not have a holding area that meets the CDC's requirements for holding inmates with airborne infectious diseases. "I" Block is the best location in the Jail to make a negative pressure isolation area. It has (2) holding cells, a common and shower area. It currently has an exhaust duct that can be modified for a new exhaust system which incorporates a HEPA filtering system. There will need to be modifications to the existing exhaust duct work including adding drops that go down to 8" above the finished floor. We tested the air supply flows for "I" Block and we don't have enough CFM's available with the existing duct system to feed this area and get the required air flow to make it a negative pressure area. To get the flows we need a Dedicated Outdoor Air System will need to be placed on the roof and ducted into the "I" Block area. This unit weighs around 1500 pounds so to distribute the weight on the roof additional structural steel will need to be installed. This will all be installed on the roof so there won't be much of a disturbance outside of "I" Block. A monitoring system will need to be installed outside of "I" Block towards the ceiling which will have an audio and visual alarm. All equipment will need to be hooked up to the emergency back-up generator and hooked up the current building automation system. "I" Block will have a complete stand-alone HVAC system.

## Budget to Complete the "I" Block Negative Pressure HVAC Project:

• Engineering/Plans	\$5,000.00
• HVAC Equipment/Install	\$66,389.00
• Electrical	\$20,000.00
• Controls	\$8,000.00
• Roofing	\$1,600.00
• <u>Misc. Contingency</u>	<u>\$9,011.00</u>

**Total:** **\$110,000.00**