



MARATHON COUNTY HUMAN RESOURCES, FINANCE & PROPERTY COMMITTEE MEETING AGENDA

Date & Time of Meeting: **Monday, April 6, 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 Buttke, 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.

The meeting location identified above will be open to the public. However, due to the COVID-19 pandemic and associated public health directives, Marathon County encourages Human Resources, Finance and Property Committee members and the public to attend this meeting remotely. To this end, instead of attendance in person, Committee members and the public may attend this meeting by telephone conference. If Committee members or members of the public cannot attend remotely, Marathon County requests that appropriate safety measures, including adequate social distancing, be utilized by all in-person attendees. Persons wishing to attend the meeting by phone may call into the telephone conference beginning five (5) minutes prior to the start time indicated above using the following number: 1-415-655-0002

Access Code: 265 727 537

If you are prompted to provide an “Attendee Identification Number,” enter the “#” sign. No other number is required to participate in the telephone conference

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

1. Call to Order-Please silence your cellphones
- ~~2. Public Comment Period *DELETED*~~
3. Approval of the Minutes of the March 9th, 2020 Human Resources, Finance and Property Committee Meeting
4. Educational Presentations/Outcome Monitoring Reports-Budget Update on 2020 Budget- 2021 Projections
5. Operational Functions required by Statute, Ordinance, or Resolution:
 - A. Discussion and Possible Action by Human Resources and Finance and Property Committee
 - 1) Approval of March 2020 Claims and Questioned Costs-Palmer
 - 2) Tax Deed Property Bid #2020-1 - 1115 W Grand Ave Rothschild, WI
 - B. Discussion and Possible Action by Committee to Forward to the County Board for its consideration
 - 1) Central Wisconsin Airport Administrative Restructuring
 - a) Abolish one full-time (1.0 FTE) Assistant Airport Director (Planning & Development) C44 and create one full-time (1.0 FTE) Assistant Airport Director, D61 (Grefe/Matel)
 - b) Abolish one full-time (1.0 FTE) Senior Operations Manager (Assistant Airport Director-Operations and Maintenance) C51 and create one full-time (1.0 FTE) Operations and Maintenance Supervisor C41(Grefe/Matel)
 - 2) Resolution-Acceptance of Grant Funds from the Healthcare Emergency Readiness Coalition (HERC) – Regional Morgue Task Force (Blahnik)
 - 3) Interdepartmental Budget Transfers
6. Policy Issues Discussion and Committee Determination-None
7. Announcements:

Next Meeting Date-April 27, 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 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: T Murphy 4/3/2020 12:55pm
Posted to the County Website:

NOTICE POSTED AT THE COURTHOUSE

By/Date/Time: T Murphy 4/3/2020 12:55 pm
www.co.marathon.wi.us



MARATHON COUNTY HUMAN RESOURCES, FINANCE & PROPERTY COMMITTEE MEETING MINUTES

Date & Time of Meeting: **Monday, March 9, 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 Buttke-excused, John Durham-excused, Kurt Gibbs, Yee Leng Xiong, Jeff Zriny-excused Others: Frank Matel, Audrey Jensen, Kristi Palmer, Lance Leonhard, Vicki Tylka, Scott Corbett, Tom Lovlien, Mike Puerner

1. Call to Order by Chairman Stark at 3:02 pm
2. Public Comment Period -None
3. Approval of the Minutes of the February 24th and 25th, 2020 Human Resources, Finance and Property Committee Meeting
Motion by Gibbs and seconded by Xiong to approve the minutes from February 24 and 25th; vote unanimous
4. Educational Presentations/Outcome Monitoring Reports
County Policies and Procedures for Accounts Payable, Direct Deposit and ACH Processing
Palmer and Klein updated the committee on how the County has taken steps to be aware of Phishing scams and what additional procedures are being put in place. No formal action taken.
5. Operational Functions required by Statute, Ordinance, or Resolution:
 - A. Discussion and Possible Action by Human Resources and Finance and Property Committee
 - 1) Approval of February 2020 Claims and Questioned Costs
Motion by Xiong and seconded by Gibbs to approve the claims; vote unanimous
 - B. Discussion and Possible Action by Committee to Forward to the County Board for its consideration
 - 1) Interdepartmental Budget Transfers-none
 - 2) Resolution to Consider the Purchase of the CERES Timber Property LLC Property for County Forest Tom Lovlien from Parks –The agreed upon price is \$375,000 and there is a resolution to go ahead with the purchase of the property. It is 200 acres and 80 acres is wooded and not harvested. The Knowles Nelson Stewardship grant will fund 50% of the purchase. Gibbs-Does the Town of Hewitt support the purchase? Yes
Motion by Xiong and seconded by Gibbs contingent on the Knowles Nelson Stewardship grant funding to approve the land purchase; vote unanimous
 - 3) Create 2.0 FTE social work positions for Children’s Long Term Support (CLTS) – non-tax levy positions
Tylka discussed the positions as supported by the state. The positions will assist the County in eliminating the waitlist for children on the Children’s Long Term Support program
Motion by Gibbs and seconded by Xiong to approve the request as 100% grant funded and move it to the full County Board; vote unanimous
 - 4) Create 1.0 FTE community support specialist position – non-tax levy position
Tylka- This position will work with the child and child’s family to come back to the community and support with family in the area of skills development. Gibbs-Where are we at staffing in the Social Services Department? Tylka-We have a few open positions
Motion by Xiong and seconded by Gibbs to approve the position and move to the full County Board; vote unanimous
 - 5) Reorganization of Register of Deeds Office - Abolish 2.0 FTE Administrative Assistant positions (one under-filled at .625FTE) and Create 1.0 FTE Administrative Specialist position
This will move us to 5 FTE. We posted the .625 FTE position and were not able to find any qualified applicants. With this change, we hope to hire a quality employee. This should save us about \$15,000 a year.
Motion by Gibbs and seconded by Xiong to approval and forward to the County Board; vote unanimous
 - 6) Discussion and Possible Action-Resolution to Establish Salaries for Elected Department Heads—
County Clerk, Register of Deeds and Treasurer Their Upcoming Term of Office (Matel)
Matel-We pay our elected officials the midpoint of the pay grade. We pay a 2% increase each year to the elected official’s midpoint salary. This proposal is will request a 3% increase on the mid-point and not change the pay range. Corbett-The reason we need to do this at this time, is that you cannot change compensation prior to people taking out papers for an elected position.

Motion by Gibbs and seconded by Miller to approve the pay ranges with the 3% increase as recommended; vote unanimous

7) Recommendation to increase pay range maximum for the Assistant Corporation Counsel classification due to market factors (Matel)

Matel discussed the market factors that created the request to increase the pay range for the Assistant Corporation Counsel. The pay range change will raise the maximum by 30% due to market conditions. Gibbs-The last market adjustment was in 2017 for 2018, is this something we should be looking for? Matel we should look at this every 5 years. Matel recommends that we should look at everything again in 2023.

Motion by Gibbs and seconded by Xiong to approve the pay increase to the maximum pay range for the assistant Corporation Counsel; vote unanimous

8) Create 1 FTE Assistant Corporation Counsel Position C-42 Market (Matel/Corbett)

The Corporation Counsel will be able to complete work for the North Central Healthcare Center at the wages rates as approved by the Human Resources, Finance and Property Committee and County Board. Based on the work currently being completed for NCHC, they should be able to provide legal services at a lower costs than contracting out.

Motion by Xiong and seconded by Gibbs to approve and move to the full County Board; vote unanimous

Gibbs-Does this change need to approval of all three Counties? No –this would be a contract for services.

6. Policy Issues Discussion and Committee Determination-None

7. Motion by Gibbs and seconded by Xiong 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.

Corbett- I want to bring something to the committee's attention. Mr. Kowalski from the City Pages stated that he was concerned that the agenda did not list the actual address of the property being considered. Corbett- I responded that I do not believe that there is any Department of Justice requirement to list the address when negotiating in closed session. Gibbs/Xiong-Motion and second still stands

Gibbs-aye

Xiong -aye

Miller- aye

Stark-aye

8. Motion by Gibbs and seconded Xiong to Return to Open Session (No Roll Call Vote Required); vote unanimous

1) Announcements and possible action on matters discussed in closed session-There is no announcement from the closed session

9. Announcements:

Next Meeting Date-March 23, 2020 at 3:00 p.m. Gibbs and Xiong have conflicts on March 23. If needed the Committee could call a special meeting on Tuesday March 24 prior to the County Board.

10. Adjourn-Motion by Gibbs and seconded by Xiong to adjourn at 4:35 pm



Agenda Item Summary

Airport Board Meeting Date: March 20, 2020

Agenda Item Title: 4) Administrative Restructuring of the Central Wisconsin Airport

Staff Responsible: Brian Grefe, Airport Director

Background: With the transition to 24 hour per day, 7 day per week full-time operations and maintenance staffing at the airport there has been reduction in the total available personnel during certain times to complete large maintenance projects. We are, at times, spread too thin. In October of 2017, the Joint Airport Board and Marathon County approved the first weekend Operations and Maintenance Supervisor. The benefits of this position were quickly realized. Shift coverage was improved, and more work was getting accomplished on our slow days of Saturday and Sunday. Adding this position did, however, result in communication and reporting challenges. An Assistant Airport Director – Operations and Maintenance structure resulted in an information “bottleneck” and at times the Operations and Maintenance Supervisor was not used to the extent needed for the airport to be successful. Streamlining the communication structure by having two Operations and Maintenance Supervisors reporting to an Assistant Airport Director will balance the information flow and work assignments.

The newly created Assistant Airport Director position will take on significantly more responsibility than the Assistant Airport Director – Operations and Maintenance or the Assistant Airport Director – Planning and Development. Those positions and responsibilities will effectively be combined. As such qualifications, experience and compensation will need to be adjusted commensurate with the demands of the position. Also, it will be critical to hire qualified and experienced candidates in both these positions.

Timeline: Filling these positions will need to happen quickly after these positions are approved. Both positions will be posted at the same time, and as soon as March 20th. The Assistant Airport Director position will be hired first.

Financial Impact: The detailed financial impact is unknown at this point. One FTE’s salary range is increasing, and one FTE’s salary range is decreasing. Actual salary for each position will be based on experience and qualifications. Total change is anticipated to be negligible to the overall 2020 annual budget. The airport’s total FTE remains unchanged.

Contributions to Airport Goals: The 2020 Annual Airport Goals identified Goal #2 as: “Identify Strategies to Address Staffing Shortages”. While this restructuring does not change the Airport’s FTE, the addition of a working Operations and Maintenance Supervisor will help with required operations coverage, and identifying and completing maintenance tasks.

Recommended Action: Airport staff recommends to pass RESOLUTION No. R-05-20 1. Abolish one full-time Assistant Airport Director – Planning and Development, Pay Level C44 and create one full-time Assistant Airport Director – Pay Level D61, and 2. Abolish one full-time Assistant Airport Director – Operations and Maintenance, Pay Level C51 and add one additional full-time Operations and Maintenance Supervisor, Pay Level C41.

Attached: RESOLUTION No. R-05-20, Draft CWA Organizational Chart, Assistant Airport Director Position Description, and Operations and Maintenance Supervisor Position Description.

RESOLUTION No. R-05-20
ADMINISTRATIVE STAFF RESTRUCTURING OF THE CENTRAL
WISCONSIN AIRPORT
BY

Central Wisconsin Joint Airport Board

WHEREAS, Marathon and Portage Counties jointly own and control the Central Wisconsin Airport and its associated facilities located in Marathon County, Wisconsin; and

WHEREAS, the airport is governed by the Central Wisconsin Joint Airport Board established under an intergovernmental agreement pursuant to §66.0301 Wis. Stats.; and

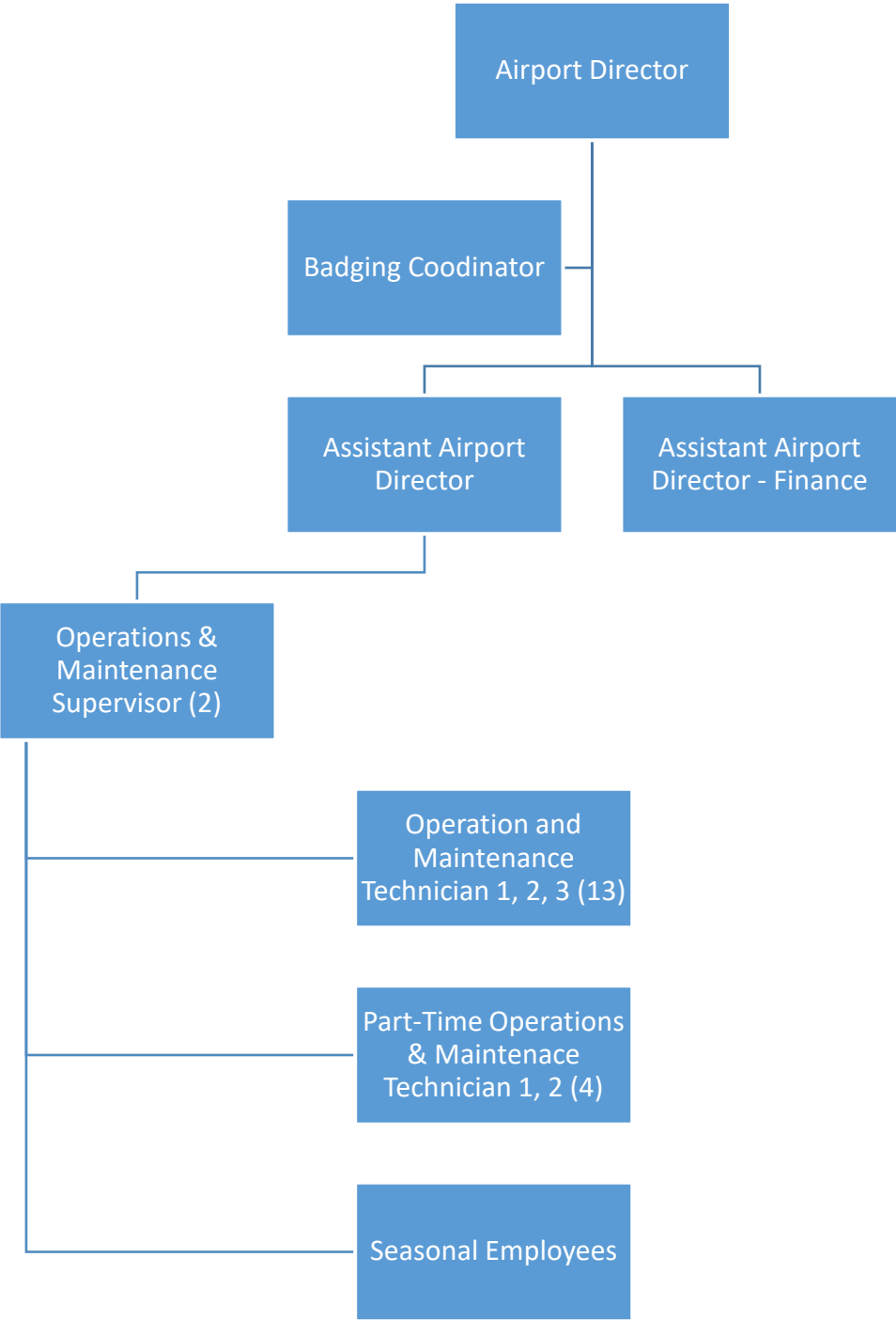
WHEREAS, airport staff have identified an opportunity to restructure the administration of the department that will result in improved effectiveness of the department.

THEREFORE, BE IT RESOLVED, that the Joint Airport Board does ordain the following and approve the implementation of the administration restructuring as follows:

1. Abolish one full-time Assistant Airport Director – Planning and Development, Pay Level C44 and create one full-time Assistant Airport Director – Pay Level D61,
2. Abolish one full-time Assistant Airport Director – Operations and Maintenance, Pay Level C51 and add one additional full-time Operations and Maintenance Supervisor, Pay Level C41.

DATED this 20th day of March, 2020

CENTRAL WISCONSIN JOINT AIRPORT BOARD



Central Wisconsin Airport
Position Description

Title:	Assistant Airport Director	Class Code:	D61
Department:	Central Wisconsin Airport	FLSA:	Exempt
Reports to:	Airport Director	Date:	March 2020

Purpose of Position

Develop, implement, monitor, and improve the day to day and continued operation of the Central Wisconsin Airport. A strong operations program is essential to the safe and efficient operation of a commercial service airport. The Assistant Airport Director is responsible for the airport's 14 CFR Part 139, 49 Part 1542, maintenance, environmental, training, emergency preparedness, and the Airport Capital Improvement Program

Essential Duties and Responsibilities

The following duties are normal for this position. These are not to be construed as exclusive or all-inclusive. Other duties may be required and assigned.

- As a senior member of the Central Wisconsin Airport leadership team, provides guidance, support and takes appropriate actions to continuously improve the value of the airport in the communities
- Ensures Compliance with Federal Aviation Regulations Part 139 –Certification of Airports and relevant Advisory Circulars
- Serves as the airport's lead on local and regional Emergency Management preparedness and coordination
- Ensures compliance with TSA Part 1542 Airport Security Plan, Security Directives and Information Circulars including acting as the airport's designated Airport Security Coordinator
- Develops maintain and assist in the implementation of the Airport Capital Improvement Program over a 5, 10 and 20-year horizon
- Researches and prepares reports and plans to support complex issues, such as the Airport Master Plan and Strategic Plan, noise programs, Passenger Facility Charge and Airport Improvement Program purpose and need statements, National Environmental Protection Act documentation, site and area development planning, compatible land use plans, airfield capacity, terminal capacity, economic development plans, benefit/cost analyses, sustainability reports/plans, Part 150 documentation, facility and infrastructure requirements analyses, project programming documentation, facility use surveys and analyses, geospatial analysis, concept design and development
- Works with surrounding zoning authorities to ensure compatible land use for both the current and future needs of the airport
- Monitor and maintain storm water compliance with local, state, and federal regulations
- Oversee airport safety programs and risk management best practices
- Manage the airport's employee training programs, Standard Operating Procedures and employee development
- Responds to questions from the media, citizens and governmental officials
- Ability to assume the role of Airport Director in the absence of the Director

Additional Tasks and Responsibilities

While the following tasks are necessary for the airport to function, they are not an essential part of the purpose of this position and may also be performed by other unit members.

- Develops training curriculum for new airport systems and facilities.
- Conducts airport procurement and contracting efforts including: Request for Proposals/Bids, Request for Qualifications, airport service agreements, tenant leases, and airport use agreements
- Assists in managing the airport's IT infrastructure
- Participates in strategic and tactical planning efforts for the airport
- Assists in airport marketing efforts including updating the airport's website and social media presence
- Assists in airport badging
- Supports the maintenance and operation of the airport's parking and ground transportation system
- Develops strategy to increase non-aviation airport revenue
- Assists in preparation and implementation of the airport's short and long term financial planning and annual budgeting
- Assist in managing Airport Noise Program and complaints
- Serves as the airport's Disadvantaged Business Enterprise Liaison Officer

Minimum Training and Experience Required to Perform Essential Job Functions

Education/Formal Training and Experience:

- Bachelor's degree from an accredited four-year college or university in aviation management, public administration, business administration, engineering, or a related field; and,
- At least five years of progressively responsible airport operations and maintenance experience at public commercial service airport or,
- Any combination of education, training and experience which provides the required knowledge, skills, and abilities to perform the essential functions of the job

Licenses and Certifications:

- AAAE Certified Member Designation required at hire, or within 24 months of hire
- Accredited Airport Executive (AAE) preferred
- Valid Wisconsin drivers' license
- Incident Command System (ICS) training, level ICS-300 or above, within 12 months of hire
- Incident Command System (ICS) training, level ICS-400 or above, within 24 months of hire

Central Wisconsin Airport
Position Description

Title: Operations and Maintenance Supervisor	Pay Range: C41
Department: Central Wisconsin Airport	FLSA: Exempt-88
Reports to: Assistant Airport Director	Date: Sept. 2017

Purpose of Position

Develop, recommend, implement, monitor, and improve the weekend and sustained operation of the Central Wisconsin Airport. A strong 24/7 operations program is essential to the safe and efficient operation of a commercial service airport. The Operations and Maintenance Supervisor is highest-level airport official regularly scheduled on weekends. This person must have the ability and experience to make the right decisions in the best interest of the airport.

Essential Duties and Responsibilities

The following duties are normal for this position. These are not to be construed as exclusive or all-inclusive. Other duties may be required and assigned.

- As a supervisor member of the Central Wisconsin Airport leadership team, provides guidance, support and takes appropriate actions to continuously improve the impact of the airport in the community
- Ensures Compliance with Federal Aviation Regulations Part 139 –Certification of Airports and relevant Advisory Circulars
- Supports and implements an efficient Snow and Ice Control Plan and effectively briefs employees and stakeholders on responsibilities and expectations
- Implements the airport’s Wildlife Hazard Management Plan in accordance with current regulations and the airport’s need
- Supports a robust Notice to Airmen and field condition reporting program
- Meets and exceeds compliance with FAA regulated Airport Rescue and Firefighting requirements
- Supports local and regional Emergency Management preparedness and coordination
- Ensures compliance with TSA Part 1542 Airport Security Plan, Security Directives and Information Circulars
- Act as an alternate Airport Security Coordinator
- Monitor and maintain storm water compliance with state and federal regulations
- Supports and develops airport safety programs and risk management best practices
- Supports and develops the airport’s employee training programs, Standard Operating Procedures and employee development
- Directs, oversees, coordinates and supervises the weekend maintenance and cleaning of all airport facilities and fleet vehicles
- Ability to assume the role of the Assistant Airport Director – Operations and Maintenance in their absence

Additional Tasks and Responsibilities

While the following tasks are necessary for the airport to function, they are not an essential part of the purpose of this position and may also be performed by other unit members.

- Develops training curriculum for new airport systems and facilities.
- Assists in the implementation of the Airport Capital Improvement Program
- Assists in managing the airport's IT infrastructure
- Participates in strategic and tactical planning efforts for the airport
- Assists in airport marketing efforts including updating the airport' website and social media presence.
- Assists in airport badging
- Supports the maintenance and operation of the airport's parking and ground transportation system
- Assists in preparation and implementation of the airport's short and long term financial planning and annual budgeting
- Assist in managing Airport Noise Program and complaints

Minimum Training and Experience Required to Perform Essential Job Functions

Education/Formal Training and Experience:

- Associates' or technical school degree from an accredited program in aviation management, emergency management, fire science, criminal justice or a related field; and,
- At least two years of progressively responsible airport operations and maintenance experience at public commercial service airport or,
- Any combination of education, training and experience which provides the required knowledge, skills, and abilities to perform the essential functions of the job

Licenses and Certifications:

- AAAE Airport Certified Employee required at hire, or within 12 months of hire
- Accredited Airport Executive (AAE) or Certified Member (CM) preferred
- Valid Wisconsin Class B Commercial drivers' license required within 3 months of hire
- Airport Rescue and Firefighting certification required at hire, or within 12 months of hire
- Incident Command System (ICS) training, level ICS-300 or above, within 12 months of hire
- Incident Command System (ICS) training, level ICS-400 or above, within 24months of hire

C44 - Maintenance Manager (Asst Director - Planning)
 Central WI Airport
 FTE = 1.0

ABOLISH

Item	Current Rates	
DBM C44	\$33.28	\$69,222
Health - Family	\$1,700.49	\$20,406
Dental - Family	\$60.32	\$724
FICA Retirement Rate	6.20%	\$4,292
FICA Medicare Rate	1.45%	\$1,004
Unemployment Insurance	0.10%	\$69
Retirement - Employer	6.75%	\$4,672
Worker's Comp - Municipal	1.78%	\$1,232
PEHP	\$21	\$546
Total Estimated Savings for 1 FTE:		\$102,167

C51 - Senior Operations Manager (Asst Director - Ops & Maintenance)
 Central WI Airport
 FTE = 1.0

ABOLISH

Item	Current Rates	
DBM C51	\$33.79	\$70,283
Health - Family	\$1,700.49	\$20,406
Dental - Family	\$60.32	\$724
FICA Retirement Rate	6.20%	\$4,358
FICA Medicare Rate	1.45%	\$1,019
Unemployment Insurance	0.10%	\$70
Retirement - Employer	6.75%	\$4,744
Worker's Comp - Municipal	1.78%	\$1,251
PEHP	\$21	\$546
Total Estimated Savings for 1 FTE:		\$103,401

D61 - Assistant Airport Director
 Central WI Airport
 FTE = 1.0

NEW POSITION

Item	2020 Rates	Minimum	Mid-Point	Maximum
DBM D61		\$66,738	\$83,422	\$103,109
Health - Family	\$1,700.49	\$20,406	\$20,406	\$20,406
Dental - Family	\$60.32	\$724	\$724	\$724
FICA Retirement Rate	6.20%	\$4,138	\$5,172	\$6,393
FICA Medicare Rate	1.45%	\$968	\$1,210	\$1,495
Unemployment Insurance	0.10%	\$67	\$83	\$103
Retirement - Employer	6.75%	\$4,505	\$5,631	\$6,960
Worker's Comp - Municipal	1.78%	\$1,188	\$1,485	\$1,835
PEHP	\$21	\$546	\$546	\$546
Total Estimated Cost for 1 FTE:		\$99,280	\$118,679	\$141,571

C41 - Operations & Maintenance Supervisor
 Central WI Airport
 FTE = 1.0

NEW POSITION

Item	2020 Rates	Minimum	Mid-Point	Maximum
DBM C41		\$51,216	\$61,458	\$73,852
Health - Family	\$1,700.49	\$20,406	\$20,406	\$20,406
Dental - Family	\$60.32	\$724	\$724	\$724
FICA Retirement Rate	6.20%	\$3,175	\$3,810	\$4,579
FICA Medicare Rate	1.45%	\$743	\$891	\$1,071
Unemployment Insurance	0.10%	\$51	\$61	\$74
Retirement - Employer	6.75%	\$3,457	\$4,148	\$4,985
Worker's Comp - Municipal	1.78%	\$912	\$1,094	\$1,315
PEHP	\$21	\$546	\$546	\$546
Total Estimated Cost for 1 FTE:		\$81,230	\$93,138	\$107,552

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: Medical Examiner

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	602 9388XXXX	Grant Revenue	59,484

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	602 93898463	Morgue/Emg Resp Study	59,484

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: Jessica Blahnik

Date Completed: 3/31/2020

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)
Morgue Emergency Response Regional Plan

- 2) Provide a brief (2-3 sentence) description of what this program does.
The program is to develop an affordable and accessible response for morgue services. There is a taskforce for this program

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

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

- 5) If this Program is a Grant, is there a “Local Match” Requirement?
 This Program is not a Grant.
 This Program is a Grant, but there is no Local Match requirement.
 This Program is a Grant, and there is a Local Match requirement of: (Check one)
 Cash (such as tax levy, user fees, donations, etc.)
 Non-cash/In-Kind Services: (Describe) Provide affordable and accessible morgue services for the region

- 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

North Central Wisconsin Healthcare Emergency Readiness Coalition Grant Funds

Background information: Back in 2018 Jessica did a presentation to the NCW-HERC on the Forensic Science Center Project. The coalition strongly supported the facility/project; there are numerous gaps in service for the region in regards to a mass fatality management and pathology services. They understood the value the facility could bring to the region and benefit all aspects of the community and entire Northcentral Wisconsin. Their board had approved to allocate \$43,195 toward the project, to be used towards the purchase of a refrigeration unit with racking system and a generator backup. At that time, we were hoping to have the project approved by county board and could make the purchased prior to May 31, 2020 (the grant deadline).

2020 Update: The NCW-HERC had additional funds that the board had voted to allocate for the project (EBOLA and opioid grant funds), for a total of \$59,484. Since the project is still in the planning phase and we are unable to purchase the refrigeration unit and backup generator, they have agreed that we could use the funds to cover all of the WIPFLI consultant fees (\$39,560 to date). We would have an additional roughly \$20,000 that can be used towards a business plan, if the county is fine to proceed. Our WIPFLI Consultant assigned to the project, Patrick Carroll, had estimated the business plan cost between \$10,000-\$16,000; all depending on how detailed we would like the document and if we needed to update any figures from 2019. The business plan will take 6-8 weeks to complete; closer to 8 weeks. We could have additional funding left for Patrick to help with a project summary document (similar to the NCHC Therapy Pool document), if we need to raise funds from community foundations/grants.

Expenses Breakdown

Previous WIPFLI fees paid in 2018-2019: \$34,560

Current WIPFLI fees that Brad Karger authorized: \$5,000

Total WIPFLI fees to date: \$39,560

Total grant amount: \$59,484

Total grant funds still available (if accepted): \$19,924

Estimated business plan cost: \$10,000-\$16,000



REGIONAL MORGUE TASK FORCE MINUTES

Friday, March 13, 2020 at 8:00-9:00 am
Courthouse Assembly Room (B-105) 500 Forest Street, Wausau, WI

Call-in number provided: 715-261-6507.

Attendance:

<u>Members</u>	<u>Present</u>	<u>Absent</u>
Craig McEwen, Chair	X	
Greg Bean		X
Dr. Michael Clark	X	
Dr. Lisa Grill Dodson	X	
Phil Rentmeester	X	
Scott Rifleman		X
Vicki Resech		X
Sheriff Mark Westen		X
Greg Zoromski		X

Others Present: Lance Leonhard, Jessica Blahnik, Matt Bootz

1. Call Meeting to Order

The meeting was called to order by Chair Craig McEwen at 8:05 am.

2. Public Comment -- None

3. Educational Presentations/Outcome Monitoring Reports

A. Project Progress

Jessica Blahnik, Medical Examiner, provided a brief update on the project. The partnership meetings with Marshfield Clinic and Portage County went well. After the business plan is complete, Marathon County representatives will plan to meet with Aspirus, Marshfield Clinic, and Portage County to further discuss a potential partnership.

4. Policy Issues Discussion and Committee Determination to the County Board for its Consideration

A. Accepting grant funds from the Healthcare Emergency Readiness Coalition (HERC)

Discussion:

Jessica Blahnik explained the background history of how the HERC Board of Directors have voted to allocate a total of \$59,484 of their Ebola and opioid grant funding towards the Regional Forensic Science Center Project. Since the project is not to a point where Marathon County is able to utilize the funding towards equipment costs (refrigeration unit and/or generator back-up) for the facility, Marathon County was authorized to use the funds to repay the consultant fees from WIPFLI Consulting Firm that have been previously generated. The remaining funding could be utilized on future consultant fees for the development of a business plan. Marathon County has paid WIPFLI \$39,560 to date in consultant fees; leaving \$19,924 available for additional services.

In order to obtain the funding from HERC, the HERC Board of Directors required Marathon County personnel would guarantee that the Marathon County Board would approve at least a portion of the Regional Forensic Science Center Project, which would entail at the minimum a large capacity cold storage for decedents that would be made available for the region. Marathon County personnel did not feel comfortable agreeing to these terms, so another option was presented. This option entailed Marathon County repaying the portion of grant funds provided by HERC that was used towards the WIPFLI consulting fees if the Marathon County Board declined the morgue project and did not purchase a cooler for decedent storage.

Action:

MOTION BY DODSON; SECOND BY RIFLEMAN TO ACCEPT THE GRANT FUNDS UNDER THE TERMS THAT IF NO ASPECT OF THE FORENSIC SCIENCE CENTER PROJECT IS APPROVED, MARATHON COUNTY WILL REPAY THE FUNDS USED ON CONSULTANT FEES TO THE NCW-HERC. MOTION CARRIED.

Follow through:

Send to Human Resource, Finance & Property Committee (HRFC) for approval.

B. Business Plan

Discussion:

Jessica Blahnik explained that Lance Leonhard, Interim County Administrator, had authorized WIPFLI Consulting Firm to complete the business plan. The business plan will be completed with the assistance of the Medical Examiner staff, in an attempt to keep the business plan as cost effective as possible. The plan should be completed within 6-8 weeks.

Action:

No action taken.

Follow through:

No follow through needed.

C. Next Steps

Discussion:

Lance Leonhard explained that the next steps are to complete the business plan and schedule meetings with Aspirus and Marshfield Clinic Health Systems, in addition to Portage County. The meetings should take place as soon as the business plan is completed.

Dr. Dodson requested that Marathon County consider looking into lease options for the facility. Lance Leonhard agreed to have WIPFLI look into options after the business plan is completed.

Action:

No action taken.

Follow through:

No follow through needed.

5. **Scheduling of Future Meetings and Identifying Agenda Topics**

Next meeting will be scheduled after the completion of the business plan.

6. **Announcements** -- None

7. **Adjournment**

**MOTION BY DODSON; SECOND BY RIFLEMAN TO ADJOURN THE MEETING.
MOTION CARRIED. (8:39 am)**

Respectfully submitted by,
Jessica Blahnik



North Central Wisconsin
Healthcare Emergency Readiness Coalition

NCW HERC

www.ncw-herc.org

March 18 2020

Marathon Medical Examiner
Attn: Jessica Blahnik
1308 West St
Wausau, WI 54401

Ms. Blahnik,

The North Central Wisconsin Healthcare Emergency Readiness Coalition (NCW HERC) Board has been in support of the "Marathon County Regional Forensic Science Center" project, since becoming aware of it in January 2018. This project would help close multiple known gaps in the region, related to mass fatality and ante/post-mortem services in Wisconsin.

The NCW HERC Board is aware of the contractual services Marathon County has incurred related to actualizing this project.

The NCW HERC has residual funds from Ebola and Opioid grants awarded from the Office of Preparedness and Emergency Health Care (OPEHC). The dollar amounts of these are \$53654 and \$5830, respectively for a grand total of \$59484. At its January 2020 Board Meeting, the NCW HERC Board voted to award these funds to the Marathon County Medical Examiner in support of your ongoing project.

In accepting these funds, the Marathon County Medical Examiner agrees that these funds will not be used for capital improvement. Per Marathon County Medical Examiner, the \$59484 will be used to pay for fees incurred in contractual services from WIPFLI Consultants. These funds may be used to offset incurred expenses to date, freeing up county capital for continued efforts to this project. \$53654 Ebola funds must be spent by May 17, 2020 and the \$5830 Opioid funds must be spent by June 30, 2020.

In accepting these funds, the Marathon County Medical Examiner ensures that if the Regional Forensic Science Center project is approved by the Marathon County Board, it would be made available and be an affordable asset for the NCW HERC counties and members there-in. The Regional Forensic Science Center project is scalable, and at a minimum there is a need to have a large capacity cold storage for decedents that would be made available, upon its completion. If the project is not approved by the Marathon County Board, Marathon County agrees to repay the grant funds that were allocated to the WIPFLI consulting fees.

Thank you for all you and your team do to make prepared and ready healthcare in North Central Wisconsin.

Respectfully,

Jim Monarski
NCW HERC Chair

Delmond Horn
NCW HERC Vice Chair

PO Box 871 Rhinelander, WI 54501
Herc.coordinator@ncw-herc.org
(715)360-6822

MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: Sheriff

BUDGET YEAR: 2020

TRANSER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	148-23889900	FUND BALANCE	18,020
		Federal Forfeiture Carry Over adjustment	

TRANSER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	148-23893140	Small Items Equipment	8,020
Expenditure Increase	148-23893190	Office Supplies	5,000
Expenditure Increase	148-23893490	Other Operating Expenses	5,000

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

Requested By: Kristin Williams – Administrative Services Manager

Date Completed: 3/12/2020

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

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Sheriff

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	160-84582320	Public Safety Federal Grant	11,027

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	160-84593490	Other Operating Supplies	11,027

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: Kristin Williams – Administrative Services Manager

Date Completed: 3/17/2020

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)
FY 19 Edward Bryne Memorial Justice Assistance Grant (JAG) Program (10/1/2018 to 9/30/2020)
- 2) Provide a brief (2-3 sentence) description of what this program does.
To provide law enforcement agencies additional resources to enhance their ability to provide community initiatives, provide for officer and community safety and enhance crime response.
- 3) This program is: (Check one)
 An Existing Program.
 A New Program.
- 4) What is the reason for this budget transfer?
 Carry-over of Fund Balance.
 Increase/Decrease in Grant Funding for Existing Program.
 Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
 Set up Initial Budget for New Grant Program.
 Set up Initial Budget for New Non-Grant Program
 Other. Please explain: [Click here to enter description](#)
- 5) If this Program is a Grant, is there a "Local Match" Requirement?
 This Program is not a Grant.
 This Program is a Grant, but there is no Local Match requirement.
 This Program is a Grant, and there is a Local Match requirement of: (Check one)
 Cash (such as tax levy, user fees, donations, etc.)
 Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)
- 6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)
 No.
 Yes, the Amount is Less than \$30,000.
 Yes, the Amount is \$30,000 or more AND: (Check one)
 The capital request HAS been approved by the CIP Committee.
 The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Sheriff

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	143-8670289900	Transfers from Fund Balance	4,378

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	143-8670293250	Registration Fees/Tuition	4,378

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

Requested By: Kristin Williams – Administrative Services Manager

Date Completed: 3/12/2020

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

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Sheriff

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	101-2301089900	Transfers from Fund Balance	265
		Carry Over Fund Balance Adjustment	
		Crime Prevention & Safety	

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	101-2301093490	Other Operating Expenses	265

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

Requested By: Kristin Williams – Administrative Services Manager

Date Completed: 3/12/2020

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

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Sheriff

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	480-88493480	Education Supplies	29,881
		DNA Sample Collection Reimbursement	
		Carryover Fund Balance	

TRANSFER TO:

Action	Account Number	Account Description	Amount
Revenue Decrease	480-88489900	Transfers from Fund Balance	29,881

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

Requested By: Kristin Williams – Administrative Services Manager

Date Completed: 3/13/2020

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)
DNA Sample Collection Reimbursement
- 2) Provide a brief (2-3 sentence) description of what this program does.
DNA Samples are collected from convicted felony offenders and felons on probation, then forwarded to the Department of Justice. They send us an annual reimbursement to help offset our costs of collection.
- 3) This program is: (Check one)
 An Existing Program.
 A New Program.
- 4) What is the reason for this budget transfer?
 Carry-over of Fund Balance.
 Increase/Decrease in Grant Funding for Existing Program.
 Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
 Set up Initial Budget for New Grant Program.
 Set up Initial Budget for New Non-Grant Program
 Other. Please explain: [Click here to enter description](#)
- 5) If this Program is a Grant, is there a "Local Match" Requirement?
 This Program is not a Grant.
 This Program is a Grant, but there is no Local Match requirement.
 This Program is a Grant, and there is a Local Match requirement of: (Check one)
 Cash (such as tax levy, user fees, donations, etc.)
 Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)
- 6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)
 No.
 Yes, the Amount is Less than \$30,000.
 Yes, the Amount is \$30,000 or more AND: (Check one)
 The capital request HAS been approved by the CIP Committee.
 The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Sheriff

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	101-83989900	Transfers from Fund Balance Drug Endangered Children Donations Carryover Fund Balance Adjustment	4,899

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	101-83993480	Educational Supplies	4,899

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

Requested By: Kristin Williams – Administrative Services Manager

Date Completed: 3/12/2020

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

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Sheriff

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	101-25189900	Transfers from Fund Balance	37,694
		Carry Over Fund Balance Adjustment Jail Commissary	

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	101-25193140	Small Items Equipment	20,000
Expenditure Increase	101-25193490	Other Operating Supplies	17,694

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

Requested By: Kristin Williams – Administrative Services Manager

Date Completed: 3/12/2020

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

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Sheriff

BUDGET YEAR: 2020

TRANSFER FROM:

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

TRANSFER TO:

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

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

Requested By: Kristin Williams – Administrative Services Manager

Date Completed: 3/12/2020

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

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Sheriff

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	101-21789900	Transfers from Fund Balance	46,167

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	101-21792190	Other Professional Services	11,167
Expenditure Increase	101-21793140	Small Items Equipment	15,000
Expenditure Increase	101-21793193	Software Supplies	20,000

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

Requested By: Kristin Williams – Administrative Services Manager

Date Completed: 3/13/2020

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)

Wisconsin River Valley Regional Lab

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

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

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

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

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? 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: Sheriff

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	101-15889900	Transfers From Fund Balance	2,641

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	101-15893480	Supplies	2,641

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

Requested By: Kristin Williams – Administrative Services Manager

Date Completed: 3/12/2020

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)

Shop with A Cop

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

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

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

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

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? 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: Sheriff

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	149-2392089900	Transfers from Fund Balance	24,771
		State Forfeiture Carryover Fund Balances	

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	149-2392093490	Other Operating Expenses	12,450
Expenditure Increase	149-2392093140	Small Items Equipment	12,321

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

Requested By: Kristin Williams – Administrative Services Manager

Date Completed: 3/12/2020

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)

State Forfeitures and Voluntary Transfers of Assets

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

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

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

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

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? 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: Sheriff

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	101-22689900	Transfers from Fund Balance	212

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	101-22693490	Other Operating Supplies	212

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

Requested By: Kristin Williams – Administrative Services Manager

Date Completed: 3/13/2020

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

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Sheriff

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	481-84282420	Public Safety – State Grant	30,000

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	481-84291220	Wages – Perm OT	10,000
Expenditure Increase	481-84291210	Wages – Perm Reg	2,500
Expenditure Increase	481-84291110	Salaries – Perm Reg	2,500
Expenditure Increase	481-84297170	Direct Payments	15,000

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

Requested By: Kristin Williams – Administrative Services Manager

Date Completed: 3/16/2020

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)

Marathon County Seat Belt Task Force

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

Marathon County Sheriff's Department will participate in Highly Visible Enforcement (HVE) saturation patrols during designated timeframes. The Sheriff's Department will adopt a zero tolerance policy for speed and aggressive driving and unrestrained occupants during all motor vehicle stops.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

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

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? 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: Sheriff

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	288-22982320	Public Safety – Federal Grant	26,269

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	288-22991220	Wages – Perm OT	13,135
Expenditure Increase	288-22997998	Drug Grant – Personal Reimbursement	13,134

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

Requested By: Kristin Williams – Administrative Services Manager

Date Completed: 3/17/2020

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)

Central Area Drug Enforcement Group (CEADEG) Grant

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

The Drug Task Force targets drugs, gangs, firearms and associated criminal investigations in an effort to combat drugs and keep streets and citizens safer. This is the Federal portion and is used for Drug Officer wages. These funds are shared 50/50 with Marathon County and the City of Wausau.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

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

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? 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: Sheriff

BUDGET YEAR: 2020

TRANSER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	173-86982423	Salary Reimbursement – State Grant	20,000

TRANSER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	173-86991120	Salaries – Permanent - Overtime	5,000
Expenditure Increase	173-86991220	Wages – Permanent – Overtime	10,000
Expenditure Increase	173-86997998	Drug Grant – Personal Reimbursement	5,000

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

Requested By: Kristin Williams – Administrative Services Manager

Date Completed: 3/17/2020

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)
Community Oriented Policing Services (COPS) Anti-Heroin Task Force Program Grant
- 2) Provide a brief (2-3 sentence) description of what this program does.
Wisconsin Department of Justice, Division of Criminal Investigation (DCI) will provide reimbursement to each participating County/Task Force/Agency for overtime expenses associated with the development and investigation of narcotics cases that target the illicit trafficking of opiates and heroin.
- 3) This program is: (Check one)
 An Existing Program.
 A New Program.
- 4) What is the reason for this budget transfer?
 Carry-over of Fund Balance.
 Increase/Decrease in Grant Funding for Existing Program.
 Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
 Set up Initial Budget for New Grant Program.
 Set up Initial Budget for New Non-Grant Program
 Other. Please explain: [Click here to enter description](#)
- 5) If this Program is a Grant, is there a “Local Match” Requirement?
 This Program is not a Grant.
 This Program is a Grant, but there is no Local Match requirement.
 This Program is a Grant, and there is a Local Match requirement of: (Check one)
 Cash (such as tax levy, user fees, donations, etc.)
 Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)
- 6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)
 No.
 Yes, the Amount is Less than \$30,000.
 Yes, the Amount is \$30,000 or more AND: (Check one)
 The capital request HAS been approved by the CIP Committee.
 The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? 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: Sheriff

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	202-89282420	Public Safety – State Grant	10,000

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	202-89291120	Salaries – Permanent - Overtime	2,500
Expenditure Increase	202-89291220	Wages – Permanent - Overtime	5,000
Expenditure Increase	202-89297997	Drug Grant – Overtime Reimbursement	2,500

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: Kristin Williams – Administrative Services Manager

Date Completed: 3/17/2020

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)
COPS Anti-Methamphetamine Task Force Grant
- 2) Provide a brief (2-3 sentence) description of what this program does.
This Grant Program will provide reimbursement to each participating County/Task Force/Agency for overtime and equipment expenses associated with the development and investigation of narcotics cases that target illicit activities related to the manufacture and distribution of methamphetamine.
- 3) This program is: (Check one)
 An Existing Program.
 A New Program.
- 4) What is the reason for this budget transfer?
 Carry-over of Fund Balance.
 Increase/Decrease in Grant Funding for Existing Program.
 Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
 Set up Initial Budget for New Grant Program.
 Set up Initial Budget for New Non-Grant Program
 Other. Please explain: [Click here to enter description](#)
- 5) If this Program is a Grant, is there a “Local Match” Requirement?
 This Program is not a Grant.
 This Program is a Grant, but there is no Local Match requirement.
 This Program is a Grant, and there is a Local Match requirement of: (Check one)
 Cash (such as tax levy, user fees, donations, etc.)
 Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)
- 6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)
 No.
 Yes, the Amount is Less than \$30,000.
 Yes, the Amount is \$30,000 or more AND: (Check one)
 The capital request HAS been approved by the CIP Committee.
 The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? 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: Sheriff

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	220-98582320	Public Safety – Federal Grant	15,000

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	220-98591120	Salaries – Permanent - Overtime	7,500
Expenditure Increase	220-98591220	Wages – Permanent – Overtime	7,500

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: Kristin Williams – Administrative Services Manager

Date Completed: 3/16/2020

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)

Organized Crime Drug Enforcement Task Forces (OCDETF)

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

OCDETF is a federal drug enforcement program in the United States, overseen by the Attorney General and the Department of Justice. It primarily concerns itself with the disruption of major drug trafficking operations and related crimes, such as money laundering, tax and weapon violations, and violent crime. It utilizes resources of eleven U.S. Federal agencies, and provides funds to local law enforcement agencies for overtime and other related expenses.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

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

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? Yes