



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

AGENDA

Date & Time of Meeting: **Tuesday, May 12, 2020 3:30 p.m.**

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

Members: Jon Robinson, Chair, Alyson Leahy, Vice-Chair, Jonathan Fischer, EJ Stark, Kurt Gibbs, Yee Leng Xiong, Craig McEwen

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 Portion of the Agenda has been temporarily suspended, pursuant to Marathon County Resolution #R29-20, dated April 21, 2020, because the technology necessary to afford the public the opportunity to address the County Board, its subgroups, during public comment is difficult to guarantee, if a large number of individuals have elected to call in.
3. Approval of the Minutes of the April 27th, 2020 Human Resources, Finance and Property Committee Meeting
4. Educational Presentations/Outcome Monitoring Reports-Overview of Financial Metrics-Budgeting During a Crisis: Responding to the COVID19 Recession
5. Policy Issues Discussion and Possible Action by Committee to Forward to the County Board
 - A. Consideration of Mid-year 2020 budget Adjustments in light of COVID-19 impacts
 - B. Resolution Authorizing a Taxation District to Waive Interest and Penalties on Property Tax Payments Installments due on or After April 1, 2020 – (Act 185)
 - C. Development of a Uniform County License/User fee response due to COVID-19 (e.g., Retail Food Licenses)
 - D. Consideration of the UWSP Wausau Campus-Security Camera Project Proposal**
6. Operational Functions required by Statute, Ordinance, or Resolution:
 - A. Discussion and Possible Action by Committee to Forward to the County Board for its consideration
 1. Easement to the City of Wausau – 400 Thomas Street
 2. Expand current .50 PT Custodian to .725 FTE PT Custodian in Sheriff's Office effective 4/5/2020. (LaDu/Matel)
 3. Interdepartmental Budget Transfers
 - B. Discussion and Possible Action by Human Resources and Finance and Property Committee
 1. Approve Claims and Questioned Costs – April 2020
 2. Determination of 2021 Budget Assumptions
 - a. Reclassifications and New Positions
 - b. Revenue/Expenditure Assumptions
7. Motion to Go into Closed Session (Roll Call Vote Suggested), pursuant to s. 19.85(1)(e), Wis. Stats., for the Purpose of Deliberating or Negotiating the Purchase of Public Properties, the Investing of Public Funds, or Conducting Other Specified Public Business, Whenever Competitive or Bargaining Reasons Require a Closed Session, to Wit: For the purpose of permitting the Committee to discuss 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.

8. Motion to Return to Open Session (No Roll Call Vote Required)
 1. Announcements and possible action on matters discussed in closed session

9. Announcements (Next Meeting Date and Topics)
 - A. Next Meeting Date – May 26, 2020, 4:00pm
 1. Committee roles and responsibilities
 2. Strategic Plan
 3. Capital Improvement Planning

10. Adjourn

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

SIGNED J ROBINSON/s/K Palmer

Presiding Officer or Designee

Faxed to: Wausau Daily Herald

Faxed to: City Pages

Faxed to: Record Review

Faxed by/time: T Murphy 5/8/2020 12:00pm

Posted to the County Website:

NOTICE POSTED AT THE COURTHOUSE

By/Date/Time: T Murphy 5/8/2020 12:00 pm

www.co.marathon.wi.us



MARATHON COUNTY HUMAN RESOURCES, FINANCE & PROPERTY COMMITTEE MEETING MINUTES

Date & Time of Meeting: **Monday, April 27, 2020 3:00 p.m.**

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

Members: Jon Robinson, Chair, Alyson Leahy, Vice-Chair, Jonathan Fischer, EJ Stark, Kurt Gibbs, Yee Leng Xiong-excused, Craig McEwen

Others: Scott Corbett, Kristi Palmer, Jean Kopplin, Maryanne Groat, Audrey Jensen, Kim Trueblood, Katie Rosenberg, Lance Leonhard, Peter Weinshecnk

1. Call to Order-Please silence your cellphones at 3:10 pm

2. Public Comment-None

3. Approval of the Minutes of the April 9th, 2020 Human Resources, Finance and Property Committee Meeting
Motion by Gibbs seconded by Stark to approve the minutes of April 9, 2020; Vote unanimous

4. Educational Presentations/Outcome Monitoring Reports-Budget Update on 2020 Budget- 2021 Projections
Palmer provided a short synopsis of where the County is at in regards to the 2020 projections. Gibbs asked the chair to monitor these items closely as the emergency continues. Robinson we make need to do a mid-year adjustment to the Budget. Gibbs-Where we are at for Budget vs Actual on a monthly budget?

Operational Functions required by Statute, Ordinance, or Resolution:

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

1. Tax Deed Properties

a. Tax Deed Property Bid Opening #2020-2 513 Vane Street, Mosinee, WI

Bid for 513 Vane Street in the amount of \$30,171 and a 10% cashier's check. This exceeds the required minimum bid \$25,000

Motion McEwen by seconded by Gibbs to accept the bid for \$30,171; vote unanimous

b. Tax Deed Property Bid Opening #2020-3 307 N 9th Ave, Wausau, WI

County Clerk Trueblood-There are three bids for this property with a minimum bid price of \$19,000

First bid is \$22,600 and there is a 10% deposit included with the bid

Second Bid for \$20,300 and there is a 10% deposit included with the bid

Third bid is for \$ 21,500 and there is a 10% deposit included with the bid

Motion by Stark seconded by McEwen to accept the highest bid of \$22,600 for the property at 9th Ave Wausau; vote unanimous

c. Approval of City of Wausau Purchase of Tax Deed Property-1407 N 2nd St, Wausau, WI

The City of Wausau, WI is exercising its right to offer to purchase the property. Corbett-This is not a simple transaction. There is an issue with this property because of a substantial amount of unpaid utilities. The County has settled with the City for unpaid taxes for \$14,000, and approximately \$17,300 of unpaid utility bills added to property taxes as special assessments. There are also approximately \$10,000 in interest and penalties due and owing. The assessed value is \$46,900 but the FMV of the property, pursuant to Marathon County's appraisal, is \$10,000. The City has brought a joint resolution and offering to buy the property for \$10,000 (the appraised value) plus \$12,117.70 (which is equal to the last special assessment added to the property in 2019). The County's ordinance permits the sale of the property to another municipality for the appraised value. The county would forego \$4,000 in unpaid taxes and would receive no payment for penalty and interest. Our ordinance permits this sale at a lower amount because otherwise a property could just sit and not be able to be sold. Another option is to try to sell the property at public sale and try to bill the City back for \$17,395. Robinson-This is a very distressed property. It has a tree growing from the roof and is filled with abandoned property including a motor vehicle. Corbett-We have not advertised this property to the public. There is also an outstanding utility bill of approximately \$2400 that has not yet been placed on the taxes. Stark-It sounds like an undesirable property and will the City level and make it more attractive. Maryanne Groat has indicated that the City is looking at demolishing the property and there is a partial condemnation order on the property. Fischer -Is it really worth the remaining \$9,000 if we have to clean up the property and then advertise the property on tax bid. There is no interest and penalty on the assessment of \$17,300. Accept the city's offer with the contingency that the additional year would not be the responsibility of the County.

Motion by Stark seconded by Gibbs to accept City's offer contingent on the County not paying the outstanding utility bill; vote unanimous

- d. Potential Bid Opening for Other Tax Deed Properties that are listed on the Marathon County Website with a Deadline and Opening Date of April 27, 2020

606 Adams Street There are 2 bids for this property with the minimum bid being \$29,000

The first bid is for \$29,000 with a 10% down payment included with the bid

Second Bid \$ 33,500 with a 10% down payment included in the bid

Motion by Gibbs and seconded Leahy by to 608 Adams Street in Wausau, WI for \$33,500; vote unanimous

There is a bid for a parcel of land in the City of Marshfield. The Minimum Bid is \$3,000. The City of Marshfield has a bid for \$6,000 with 10% down payment

Motion by Stark and seconded by McEwen to accept the bid from the City of Marshfield for \$6,000; vote unanimous

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

1. Resolution Authorizing a Taxation District to Waive Interest and Penalties on Property Tax Payments Installments due on or After April 1, 2020

The County would have to adopt an enabling resolution in order for the City of Wausau to be able to have to enact this resolution. The City has an installment that is due by April 30. The remaining municipalities would be included in the July 30 installment. Would the County have enough cash flow to pay out the governmental entities for the amount that is due in total in September? Would municipalities be willing to settle for the collected portion of the taxes as of September? The City of Wausau is interested in the County passing this resolution. Individuals that do not make their last installment by July 31, the payments is considered late.

Robinson –We do not need any action at this time. We placed it on the agenda in case there was a need to pass this resolution yet in April. If there is no objection we will delay action on this item.

Motion by Gibbs and seconded by McEwen to delay until we can get further information to determine the impact and bring back to the Human Resources, Finance and Property Committee; vote unanimous

The Chair will place this item on the next HRFC agenda.

5. Policy Issues Discussion-Human Resources, Finance and Property Committee Meeting Time and the 2020 Committee Calendar

The new rules require the committee to meet in the week of the second Tuesday if there is a second Thursday. Robinson would like to know if we can meeting at 3:30 instead of 3 pm.

Stark can support at 3:30 pm meeting. Leahy I can swing a 3:30 pm and 4 pm will work for my work schedule. Fischer I agree with Leahy and 4 would be great and 3:30 would be acceptable. Gibbs is flexible. Based on the conversation, Chairperson Robinson determined that the monthly action meeting at take place at 3:30 and the monthly educational meeting at 4. It is recommended that the educational meeting will be limited to 1 hour. A revised committee calendar will be send out and when the rooms are confirmed then an outlook appointment will be sent to all committee members.

6. Announcements:

Next Meeting Date-May 12, 2020 at 3:30 pm

7. The meeting adjourned at 4:25 pm by unanimous consent

Levy Information – without City of Wausau properties/amounts*				
	Levy Total	Percent of Total Levies	Levy to be paid at settlement	Calculated amount uncollected based on data from 5/6/2020
County	\$37,771,086.02	22%	\$10,414,550.61	\$ 6,058,002.74
Technical Colleges	\$10,080,851.25	6%	\$ 2,776,577.59	\$ 1,616,840.58
School Districts	\$79,504,574.57	46%	\$21,927,135.38	\$12,751,524.56
Municipalities	\$32,023,087.96	19%	\$ 8,966,172.64	\$ 5,136,096.82
Special Districts (TIDs, lake, sanitary, etc)	\$11,797,045.01	7%	\$ 3,175,283.96	\$ 1,892,096.27
Total	\$171,176,644.81		\$47,259,720.18	\$27,454,560.97

*City of Wausau is excluded because they collect through the end of their 3rd installment before turning collections over to Marathon County.

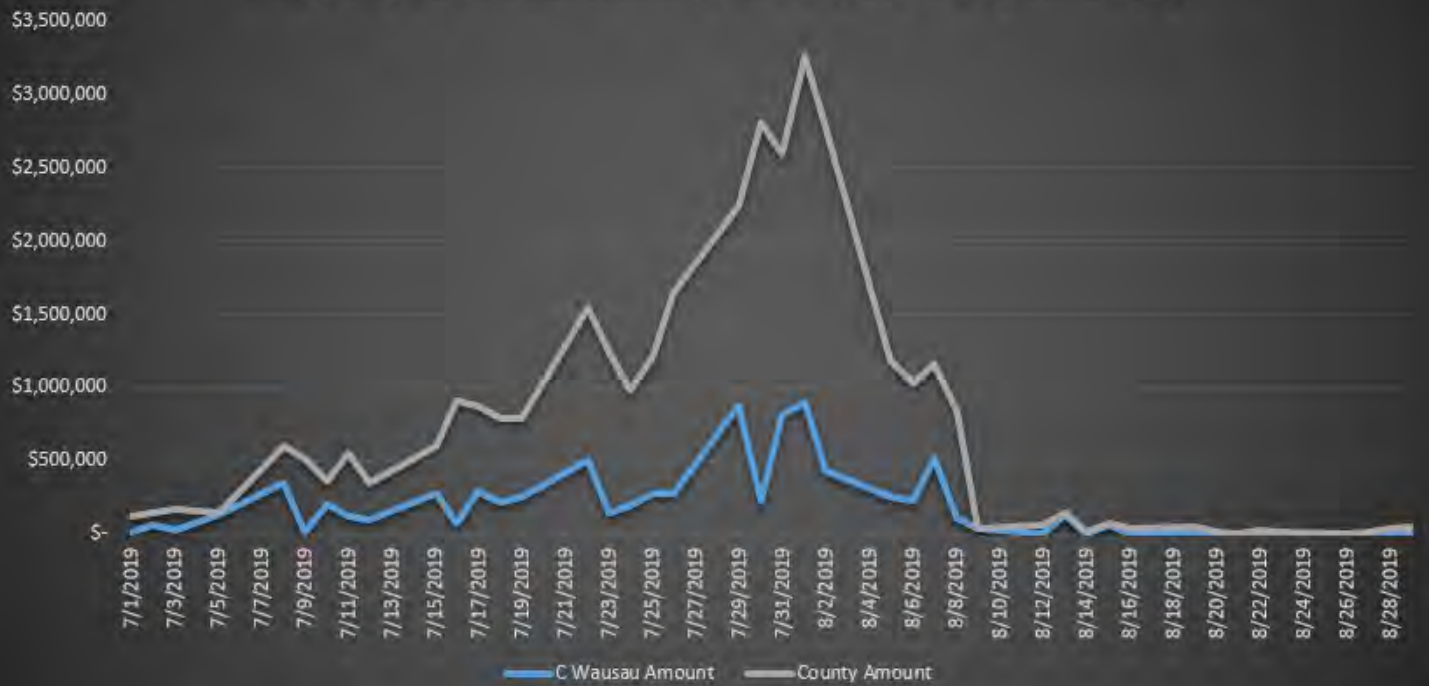
Levy Information – only C Wausau properties/amounts				
	Levy Total	Percent of Total Levies	Levy to be paid at settlement**	Calculated amount uncollected based on data from 5/6/2020
County	\$12,839,764.98	16%	\$ 4,405,828.41	\$ 2,426,295.37
Technical Colleges	\$3,450,559.99	4%	\$ 1,184,022.86	\$ 647,562.07
School Districts	\$29,215,473.41	36%	\$10,024,978.08	\$ 5,107,122.97
Municipalities	\$26,096,694.00	32%	\$ 8,954,800.17	\$ 2,057,062.11
Special Districts (TIDs, lake, sanitary, etc)	\$9,477,648.84	12%	\$ 3,252,154.11	\$ 757,804.94
Total	\$ 81,080,141.22		\$27,821,783.63	\$ 10,995,847.46

** This amount would be paid by Marathon County *IF* the City of Wausau did not collect any additional funds – an unlikely scenario. Since the City of Wausau continues to collect property tax payments, some of this amount will be paid by those collections from the City of Wausau. The amount that remains uncollected by the City of Wausau is paid by Marathon County after collections by the City of Wausau are completed. In August, 2019, the total amount (including Marathon County’s portion) that was uncollected by the City of Wausau was \$1,072,718.02.

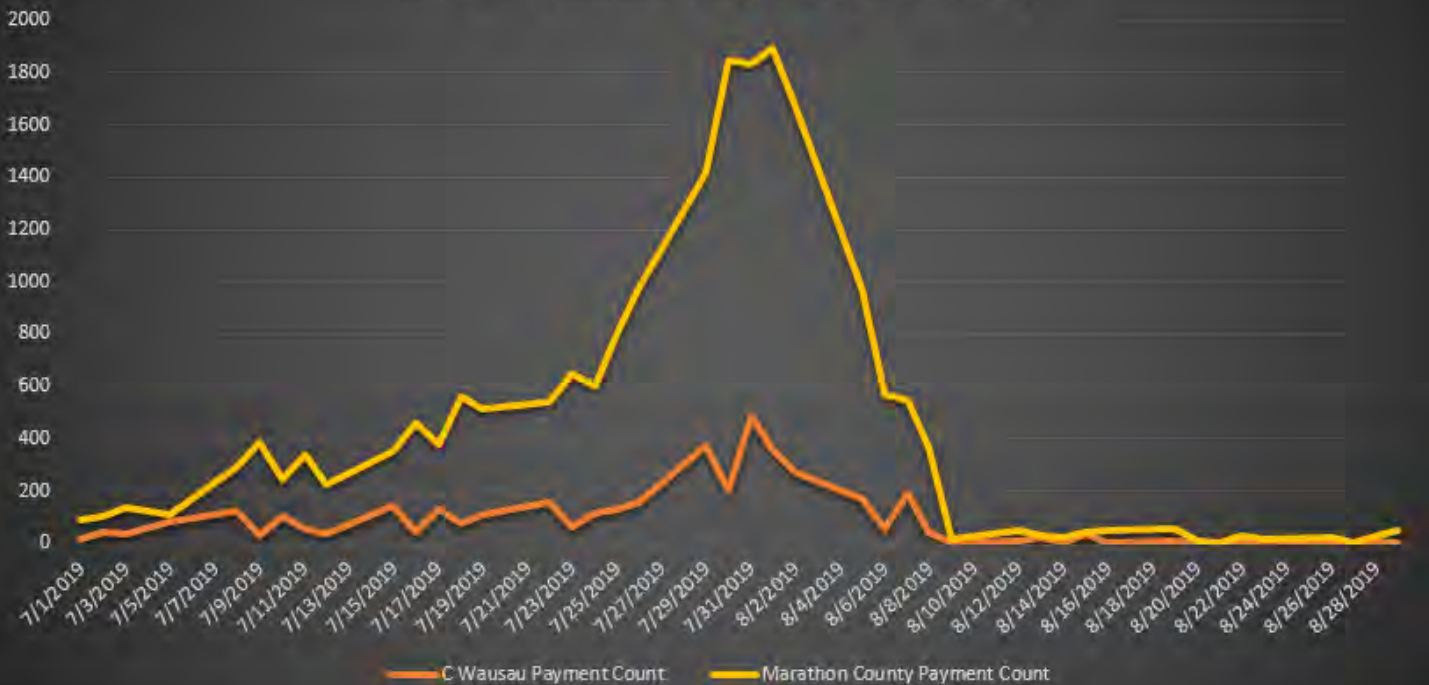
Parcel Status Information on 5/6/2020 (excludes C Wausau)			
	Amount	Parcel Count	Percentage of Parcels in County
Delinquent Parcels	\$2,1490,511.63	1406	1.72%
Not Delinquent, Still Owing Parcels	\$25,264,049.34	16010	19.56%
Total	\$27,454,560.97	17416	21.28%

Parcel Status Information on 5/6/2020 (C Wausau parcels only)			
	Amount	Parcel Count	Percentage of Parcels in County
Delinquent Parcels	\$1,169,343.38	408	0.5%
Not Delinquent, Still Owing Parcels	\$9,826,504.08	3953	4.83%
Total	\$10,995,847.46	4361	5.33%

Property Tax Collections By Date (July - August 2019)



Daily Payments (July - August 2019)



Kristi Palmer

From: Audrey Jensen
Sent: Wednesday, May 6, 2020 9:43 PM
To: Lance Leonhard; Kurt Gibbs; John Robinson; Scott Corbett; Kristi Palmer
Subject: Act 185 information
Attachments: Act185Info.pdf

Good evening everyone,

I apologize for the delay in getting this information to you. It took longer than I had hoped to gather together the information and format it into something that I hope is a little easier to understand. Attached is some information relating to Act 185 and the questions that have arisen during discussions.

The first page contains two sets of information. Above the bold line are two tables that show information – one showing properties outside of the City of Wausau and one showing only those properties within the City of Wausau. This is an important distinction because the City of Wausau is continuing to collect property taxes for the 2019 tax year at this time. Please be sure to read the notes that I added below these tables and they explain the amounts listed as what is to be paid to the taxing jurisdictions during the settlement that remains this year.

Below the bold line are another set of tables – these show the specific status of parcels using date from today. Those numbers for the City of Wausau are likely to change as there is a 5-business-day grace period in place for the payments that were due on April 30, 2020. That grace period continues through the close of business on May 7, 2020. Any payments on parcels that are not already delinquent and are received by the City of Wausau before the close of business on that date will be a part, are considered in such a way that the parcel is not delinquent and those would remain a part of the “Not Delinquent, Still Owing Parcels” category. Those parcels that are currently a part of that category and do not have a payment received by the City of Wausau before the close of business on May 7, 2020, will become part of the Delinquent Parcels category.

On the 2nd page you will find two charts – one shows the value of the payments receipted each day and the other shows the number of payment receipted each day. Both charts cover the months of July and August, 2019 – surrounding the July 31st due date last year. Both show the increase in the dollar value and the number of payments received leading up to the due date and the sharp drop off following. The peak on both covers a couple of days in the County because of the volume of mail received during this time. A single day’s worth of mail can fill a tray that is about 28 inches in length, which can take staff more than one day to enter.

I hope that this information helps to answer some of the questions that have been asked during these discussions. If something is unclear or you have additional questions that aren’t answered, please let me know.

Thanks,
Audrey

Audrey Jensen
Marathon County Treasurer
500 Forest St
Wausau, WI 54401
P: 715-261-1150
F: 715-261-1166

Kristi Palmer

From: Audrey Jensen
Sent: Friday, May 8, 2020 10:57 AM
To: Lance Leonhard; Kurt Gibbs; John Robinson; Scott Corbett; Kristi Palmer
Subject: RE: Act 185 information

Good morning,

I thought of an additional item that may or may not influence a decision – Marathon County has 7 shared municipalities. These municipalities cross the county line and have a portion in Marathon County and a portion in another County. Those shared municipalities and counties are:

City of Marshfield – Wood County

Village of Birnamwood – Shawano County

Village of Spencer, Village of Unity, City of Colby, City of Abbotsford, Village of Dorchester – Clark County

To put some numbers to what this means in these municipalities – within the Marathon County portion:

	Amount Not Delinquent, Still Owing Parcel (ND)	Parcel Count for ND parcels	% of Municipality Parcels that are ND	Amount Delinquent (DEL)	Parcel Count for DEL parcels	% of Municipality Parcels that are DEL
Village of Birnamwood	\$3,183	3	30%	0	0	0%
City of Marshfield	\$569,896.22	113	32%	\$263,202.89	4	1%
Village of Spencer	\$348,620.33	209	20%	\$81,648.59	20	2%
Village of Unity	\$22,154.00	30	19%	\$11,062.55	13	8%
City of Colby	\$129,655.00	80	24%	\$7,664.98	13	4%
City of Abbotsford	\$446,358.00	71	23%	\$22,604.73	8	3%
Village of Dorchester	\$7,127.00	5	50%	\$0	0	0%
Total	\$1,526,993.55	511		\$386,183.74	58	

Having these shared municipalities means that there is the potential for each county to make a different decision about Act 185. Then creating a situation where the municipality could have properties treated differently depending on the county if the municipality were to also pass a resolution. Since this is a two-step process, these municipalities would also have a decision to make. In trying to give you as much information as possible, I felt it worth mentioning these municipalities and providing the associated numbers.

Thanks,
Audrey

Audrey Jensen
Marathon County Treasurer

UWSP-Wausau Camera Project

The below proposal is based on details from a specific provider. State procurement policies may require a competitive process that could result in minor changes to hardware, software or infrastructure. Such changes would not negatively impact system operation or functionality and maintain overall integrity of the system as defined below. These potential changes would not impact the annual operational budget.

Project Overview:

The system will consist of individual IP Axis cameras located at the UW-Stevens Point at Wausau campus. The cameras will be managed and monitored centrally by University Police. The University Police operation is staffed 24/7, 365 days a year. The cameras will consist of fixed, high resolution IP cameras located around the Wausau campus to provide views and images designated by University Police. Building entrances, parking lots, high profile meeting areas, and large common areas are the initial scope of where the cameras are to be placed. These cameras will record to local storage appliances for roughly 30 days and then the camera data will be offloaded to the cloud for longer term retention. These individual storage appliances will be managed centrally by UWSP Information Technology and by University Police. This system will be the standard for all UWSP campuses.

The contractor will be responsible for procurement and installation of all required network infrastructure, including cabling ***, patch panels, and data jacks, excluding network switches. The existing campus switchgear infrastructure will be used to power the cameras and provide network connectivity to the cameras. The contractor will be responsible for mounting both indoor and outdoor cameras, building penetrations, aiming of the cameras once installed, with the assistance of University Police.

***The university is exploring an option for doing the installation with UWSP staffing; if possible, this could reduce the Phase 1 and Phase 2 cabling expenses significantly.

UWSP will be responsible for procurement of the cameras, camera installation locations, camera gateways, licensing, and configuration of the cameras and camera gateways.

The camera system will be owned and maintained by UWSP.

UWSP is asking the county to cover the one-time costs of Phase 1 or the ongoing costs of Phase 2 (see below). If the county agrees to cover Phase 2, UWSP will need to encumber the expenses associated with Phase 1 by mid-June at the very latest; one-time funding provided by UW System will not be available after that.

Phase 1 cost breakdown – first budget cycle:

Cameras (Axis Cameras) – 32 cameras at \$350 per camera - \$11,200

Licenses – 32 licenses at \$110 per license - \$3,520

Gateway – 16 lenses per gateway, 2 gateways at \$2,500 per gateway - \$5,000

Cabling - \$19,200 (32 drops)

Total - \$38,920

Phase 2 cost breakdown – subsequent *annual* budgets:

Cameras (Axis Cameras) – \$350 per camera (7-year replacement cycle)

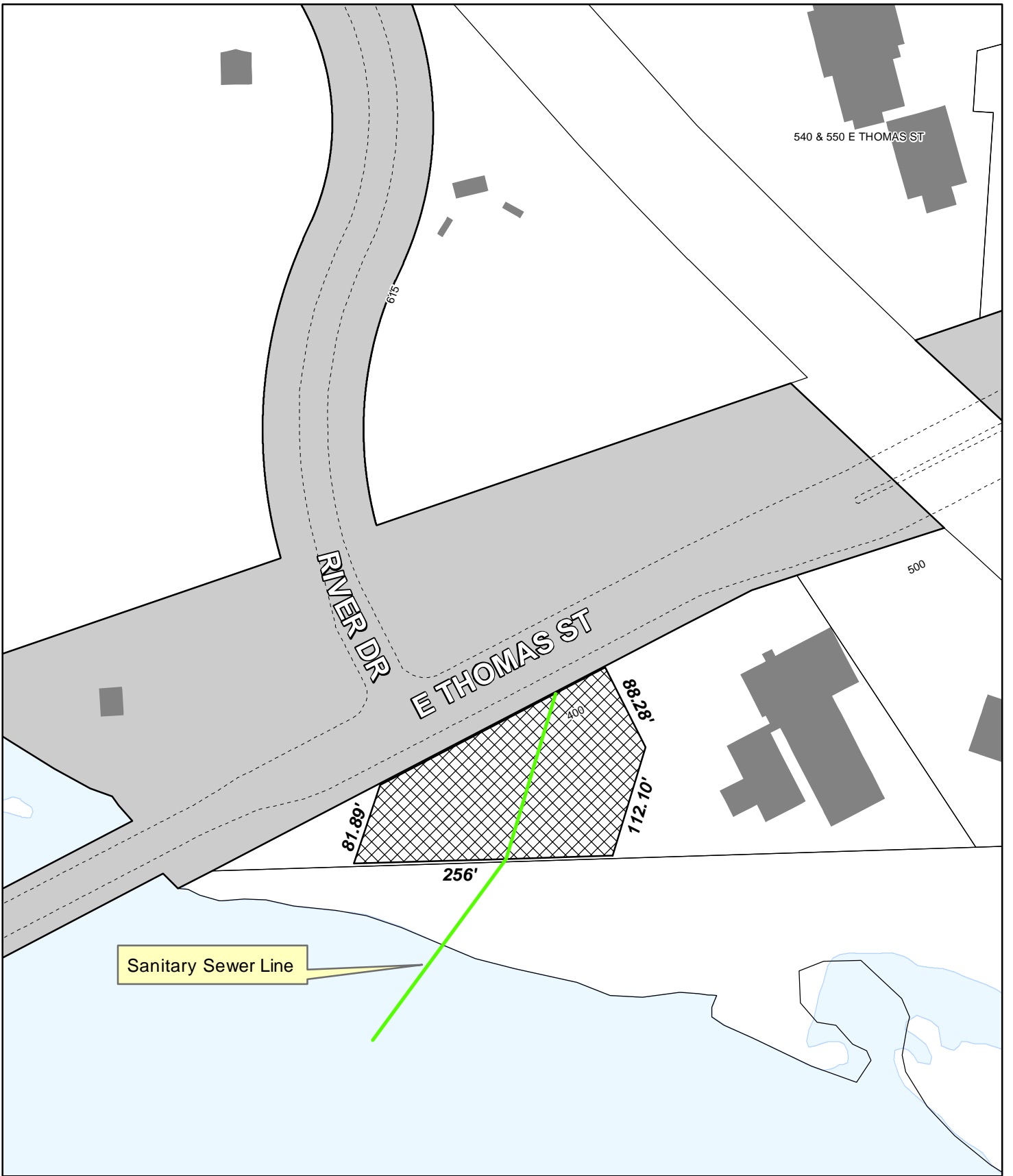
Licenses – \$3,520

Gateway – 16 lenses per gateway at \$2500 per gateway (2 total) (5-year replacement cycle)

Annual total - \$6620

Breakdown of annual operating budget:

OPERATING BUDGET BREAKDOWN	COST (\$)	COMMENTS
ANNUAL OPERATING BUDGET	6,620	
Expenses		
License Fee	(3,520)	Annual license fee and carry-over
Camera Replacement (carry-over)	(1,600)	7- year replacement cycle
Gateway Replacement (carry-over)	(1,000)	5- year replacement cycle
Contingency	(500)	Unused contingency will carry-over
BALANCE	0	



540 & 550 E THOMAS ST

RIVER DR

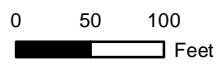
E THOMAS ST

Sanitary Sewer Line



Map Date: October 1, 2019

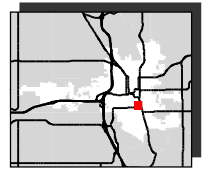
City of Wausau
Marathon County Wisconsin



Legend

- Sanitary Sewer
- Proposed Easement
- Building Footprints
- Road Edge
- Right - of - Way
- Parcels

Map Location



738183

virtue of the laws of the State of Wisconsin, located at Wausau
Wisconsin, party of the first part, and Marathon County, a municipi-
pal body corporate

day of _____ A.D. 19
at _____ o'clock _____ M and recorded
in Vol. 273 of M.R.
on page 7059

part Y of the second part.

Witnesseth, That the said party of the first part, for and in consideration of the sum
of One Dollar (\$1.00) and other good and valuable
consideration to it paid by the said part Y of the second part, the receipt whereof is hereby confessed and
acknowledged, has given, granted, bargained, sold, remised, released, aliened, conveyed and con-
firmed, and by these presents does give, grant, bargain, sell, remise, alien, convey, and confirm unto
the said part Y of the second part, its heirs and assigns forever, the following described real estate, situated in
the County of Marathon, State of Wisconsin, to-wit:

[Handwritten Signature]
RETURN TO
RA 4TG 3rd chg

That part of Government Lot Two (2) of Section Thirty-Six (36), Township
Twenty-nine (29) North, Range Seven (7) East, in the City of Wausau,
described as follows:

Beginning at the intersection of the Westerly line of the Chicago and
Northwestern Railroad right-of-way line, said line being 50 feet distant
measured at right angles from the center line of the main track as it
now exists, with a line measured at right angle and 50 feet distant
Southerly from the center line of the present concrete roadway on
Strollers Lane as it now exists and running thence South 65° 28' West,
parallel to and 50 feet distant Southerly from said center line of the
present concrete roadway on Strollers Lane 133.50 feet to the place of
beginning of the following described parcel; thence continuing South
65° 28' West, parallel to and 50 feet distant (Continued on Reverse Side)

(IF NECESSARY, CONTINUE DESCRIPTION ON REVERSE SIDE)

Together with all and singular the hereditaments and appurtenances thereunto belonging or in any wise appertaining; and all the
estate, right, title, interest, claim or demand whatsoever, of the said party of the first part, either in law or equity, either in possession or
expectancy of, in and to the above bargained premises, and their hereditaments and appurtenances.

To have and to hold the said premises as above described with the hereditaments and appurtenances, unto the said part Y
of the second part, and to its heirs and assigns FOREVER.

And the said Wausau Medical Center, S.C.
party of the first part, for itself and its successors, does covenant, grant, bargain and agree to and with the said part Y of the
second part, its heirs and assigns, that at the time of the ensembling and delivery of these presents it is well
seized of the premises above described, as of a good, sure, perfect, absolute and indefeasible estate of inheritance in the law, in fee simple,
and that the same are free and clear from all incumbrances whatever, subject to covenants, conditions,
easements, encroachments, restrictions and reservations of record.

and that the above bargained premises in the quiet and peaceable possession of the said part _____ of the second part, _____
heirs, and assigns, against all and every person or persons lawfully claiming the whole or any part thereof, it will forever WARRANT and
DEFEND.

In Witness Whereof, the said Wausau Medical Center, S.C.
party of the first part, has caused these presents to be signed by T. A. Starkey
its President, and countersigned by W. G. Locher its Secretary,
at Wausau, Wisconsin, and its corporate seal to be hereunto affixed, this
1st day of August, A. D., 19 78.

SIGNED AND SEALED IN PRESENCE OF

WAUSAU MEDICAL CENTER, S.C.
Corporate Name
Thomas A. Starkey
President

[Handwritten Signatures]
Walter T. Belter

COUNTERSIGNED:
W. G. Locher
Secretary

FILE
77-25(2)
EXEMPT

STATE OF WISCONSIN

Marathon County, } ss.

Personally came before me, this 1st day of August, A. D., 19 78,
T. A. Starkey, President, and W. G. Locher, Secretary

of the above named Corporation, to me known to be the persons who executed the foregoing instrument, and to be known to be such
President and Secretary of said Corporation, and acknowledged that they executed the foregoing instrument as such officers as the deed of

572.0 feet; thence South 89° 54' East, 102.6 feet; thence South 44° 12' East, 47.25 feet to the South line of said parcel; thence South 88° 44' East, 553.15 feet; thence North 29° 50' West, 328.65 feet to the place of beginning, except a perpetual easement for ingress and egress over and upon the Easterly 15 feet of the above-described property, together with a perpetual easement for ingress and egress over and across a strip of land 15 feet in width lying immediately Easterly of and adjoining the Easterly line of the above-described parcel. The above-described premises are also known as 400 Strollers Lane, in the City of Wausau.

Now known as:

Land described in Certified Survey Map recorded in the office of the Register of Deeds for Marathon County, Wisconsin, in Volume 6 of Certified Survey Maps on page 238; being a part of Government Lot 2 in Section 36, Township 29 North, Range 7 East in the City of Wausau, Marathon County, Wisconsin.

The promises, warranties and undertakings expressed in that certain Real Estate Purchase Contract dated June 22, 1978 between the grantor and grantee shall, irrespective of the execution and delivery of this deed, continue in full force and effect as between the grantor and grantee as if fully set forth herein.

REC'D FOR RECORD
AUG 1 1978
4:26 P.M.
ROBERT G. GERNETZKY
REGISTER OF DEEDS

RA & TC

EASEMENT AGREEMENT

Document Title

THIS AGREEMENT, made this _____ day of _____, 2019, by and between, MARATHON COUNTY, a municipal corporation, Grantor, and the CITY OF WAUSAU, a municipal corporation of the State of Wisconsin, Grantee;

WITNESSETH:

That in consideration of the sum of one dollar (\$1.00) and other good and valuable consideration paid to Grantor by Grantee, receipt of which is hereby acknowledged, Grantor, has this day conveyed, transferred, and delivered unto Grantee a permanent easement and right-of-way and perpetual right to enter upon the real estate hereinafter described at any time to construct, reconstruct, maintain, inspect and/or repair a sanitary sewer which may be constructed through and under the lands hereinafter described.

The permanent easement and perpetual right of entry is described as follows:

Part of Certified Survey Map No. 1554 recorded in Office of Register of Deeds for Marathon County in Volume 6 of Certified Survey Maps on Page 238, being part of Government Lot 2, Section 36, Township 29 North, Range 7 East, City of Wausau, Marathon County, Wisconsin, described as follows:

Commencing at the Southwest corner of said Section 36; thence N 0° 47' 32" W, along the West line of the Southwest ¼ of said Section 26, 2632.45 feet to the West ¼ corner of said Section 36; thence S 62°36'00" E, 1411.44 feet to the Northerly line of said Certified Survey Map No. 1554, the point of beginning;

Thence S 26°49'00" E, 88.00 feet; thence S 16°46'00" W, 112.10 feet to the South line of said Certified Survey Map No. 1554; thence S 88°16'36" W, along said South line, 256.00 feet; thence N 18°33'00" E, 81.90 feet to said Northerly line of Certified Survey Map No. 1554; thence N 62°28'36" E, along said Northerly line, 250.86 feet to the point of beginning.

In further consideration of this easement by Grantor, Grantee forever agrees to hold Grantor harmless from all damages, loss, or claims which may arise from the existence, use, and/or maintenance of said permanent easement. Grantee further agrees that it will attempt to return the disturbed lands subject to this easement to a similar condition which existed prior to the construction.

No buildings or structures except surface improvements such as, but not limited to, asphalt pavement, sidewalk, curb and gutter, etc. shall be constructed upon or across the permanent easement lands; nor shall large trees be planted upon the permanent easement lands, but small trees and shrubs not exceeding approximately eight feet in height at maturity are permitted.

Grantor covenants that it is lawfully seized and possessed of the real estate above described and that it will defend the title thereto against the lawful claims of all persons whomsoever.

This agreement shall run with the land, encumbering the property encompassed by the easement in perpetuity, and shall be binding upon and shall inure to the benefit of the parties hereto and to their respective successors and assigns.

Recording Area

Name and Return Address

City of Wausau Engineering Department
407 Grant Street
Wausau, WI 54403

PIN: 291-2907-363-0966

IN WITNESS WHEREOF, this agreement has been duly executed the day and year first above written.

CITY OF WAUSAU BY:

MARATHON COUNTY BY:

Robert B. Mielke, Mayor

Toni Rayala, Clerk

STATE OF WISCONSIN)
) ss.
COUNTY OF MARATHON)

Personally came before me this ____ day of _____, 2019, the above named Robert B. Mielke, Mayor, and Toni Rayala, Clerk for the City of Wausau, to me known to be the persons who executed the foregoing instrument and acknowledged the same.

Notary Public, Wisconsin
My commission expires: _____


STATE OF WISCONSIN)
) ss.
COUNTY OF MARATHON)

Personally came before me this ____ day of _____, 2019, the above named, _____
_____ to me known to be the person(s) who executed the
foregoing instrument and acknowledged the same.

Notary Public, Wisconsin
My commission expires: _____

This instrument was drafted by
Anne L. Jacobson, City Attorney
for the City of Wausau
407 Grant, Street
Wausau WI 54403-4783

400 E Thomas St Easements

— Sewage Line  Permanent Easement  Temporary Easement

0 50 100 200 Feet



APPENDIX B
NEW OR EXPANDED POSITION REQUEST

I. GENERAL INFORMATION

Department: Sheriff's – Jail Division Date: 02/27/2020

Position Requested: Custodian – Part Time FT PT FTE 72.5 %
(If unsure of classification, indicate "To be determined") Number of Positions: _____

Division Position Will Be Assigned To: Jail Division
(Indicate NA if not applicable)

Projected Start Date of Position: 04/05/2020 Priority Number of This Position: _____
If you are requesting more than one position, prioritize all your requests and indicate the priority number of position.

II. FULL EXPLANATION OF NEED FOR POSITION

A. Is this position request compatible with the County's mission statement?
This is an expanded position request. The current employee was allocated 20 hours per week when the position was first transferred from Facilities and Capital Management oversight to oversight by the Sheriff's Office. Providing a safe environment through cleanliness is of course, important in every environment. FCM has demanded that 100% of the upkeep of the jail be done through arrangements made by the jail. We attempt to use inmate workers whenever possible but there are many spaces they cannot go. The facility could use a full time custodian but we also understand the costs associated with that. We make every sacrifice to continue to using existing staff and inmates but are pulled to do more with less in every single direction.

B. What is your department's mission statement and how does position support this mission and/or department strategic plan? The mission of the Marathon County Jail shall be to protect the public, insure the safety of staff and inmates, operate the facility consistent with the law and the Constitution, and operate in an efficient manner, effectively working with other justice agencies.

Providing a clean environment supports the safety of staff in permitting a clean and safe working space.

C. Indicate reasons for asking for position including purpose of position, applicable workload data and trends, etc. **plus attach relevant supporting data**. If more than one position of the same classification is being requested, also justify the number requested.

The amount of space, versus the amount of time allotted for this position has changed under the direction of Facilities and Capital Management. When this position was first transferred to the jail, FCM continued to provide services to the entryways into the facility. Over the past 3 years, FCM unilaterally decided that they would no longer clean any areas considered the jail, including the entry from the Courthouse or the Public entry from Washington Street. This added 5 additional bathrooms, and 4 additional hall/public areas. In addition, the jail has added 3 additional office spaces and the hallway and service elevator.

D. What benefit will the position provide to the County? How does the position improve/enhance customer service and/or address community needs?

The jail has attempted to supplement the cleaning of areas with inmate workers, due to the inability of this current position to fulfill all of the needs based upon the added spaces. The problem is that Inmate Workers cannot be left unattended in office spaces, bathrooms or the corridors outside of the facility. Every employee deserves a clean and sanitary restroom to use, as does the public want to see a well maintained tax funded building. This position is necessary to achieve proper sanitation.

E. Indicate any alternatives to creating this position that were considered and why you still chose to request

the position?

The alternative to keep the spaces on a rotating cleaning schedule. This allows for dirt buildup, questionable hygiene in public bathrooms, and the appearance of poorly kept facilities. In addition, proper capital management reduces wear and tear and prolongs the life of the building.

- F. What will be the effect if the proposed position is not created? Things will continue to operate as is, and appear unkempt, and dirty, at times.
- G. What criteria will you use to monitor the effectiveness and performance of the position? (Increasing revenues, improved customer service, decreasing costs, enhancing services, etc?) This position is already being performed in other areas, and is subject to biannual evaluations.

III. SPECIFIC DUTIES OF NEW POSITION

- A. List the specific duties position will perform plus the approximate percentage of time to be spent on each duty. 100% - cleaning of facilities
- B. Could another County department use the expertise of this position? OR could you use the expertise of another department to meet your needs? Why or why not? There are a significant amount of custodial staff that work countywide. At this time we do not share personnel but we certainly could if an arrangement can be made.
- C. If the work is currently being done by the County, how is it being accomplished (contract basis, temporary help, current employee, etc.)? Why is this arrangement no longer acceptable? The person is currently doing the job at 27.5 hours per week and only approved for 20 hours per week. He is simply not eligible for any of the Time off Benefits. We would be looking to make things right, and give him the extra hours that are needed to truly do some of the additions that have come in the last 4 years.

We currently have inmate workers clean some of the areas if/when they are available. They do the job for time off their sentencing and do not work to the level that an employee would. In addition, we do not always have inmate workers to clean the posts. The current custodian does the rest of the areas on a rotating basis based upon the fact that we can

IV. POSITION COSTS AND FUNDING SOURCES

- A. What is the anticipated total cost of this position? (Include salary; benefits; office space, remodeling, furniture, and equipment; travel; and other applicable costs.)

The jail personnel budget has paid for this position to work the additional hours over the last 18 months due to vacancies and management of overtime costs. Even if the jail was fully staffed, it is not anticipated that the jail would need any more money to fund this position at the 72.5% status (29 hours per week).

- F. Explain specifically how position will be funded. Existing budget would fund the additional \$7400 for 2020. No additional tax levy for 2020.

Amount of County tax levy: _____ % of total costs: _____

Amount of any outside funding: _____ % of total costs: _____

Source of outside funding: _____

Length of outside funding: _____

Likelihood of funding renewal: _____

Would this outside funding be used to offset the levy if not used for this position? _____

- B. Will the proposed position allow your department to increase revenues or decrease expenditures beyond the cost of the position? If yes, how? No

- C. Does the proposed position provide preventive services that will lead to cost avoidance or more extensive services in the future? OR Can the proposed position be justified as an investment with future benefits to the County greater than the cost of the position? If yes, how?

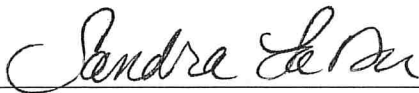
Maintenance and cleanliness always leads to longer life in buildings.

- D. Can the position costs be offset by eliminating or reducing a lower priority function? If yes, explain.
No. This position is currently a \$13.83 per hour position. There is no indication that we could purchase or obtain the services for less cost than that.

V. COMMITTEE OF JURISDICTION – Public Safety.

What is the recommendation of the committee of jurisdiction?
Position expansion will be placed on Public Safety agenda.

NOTE: An updated or new Position Description Questionnaire (PDQ) may be necessary to complete the job evaluation process.



Signature of Supervisor/Manager Completing Request



Date



Department Head Signature



Date

SHERIFF'S OFFICE - JAIL

Expand .50 FTE PT Custodian to .725 FTE PT Custodian

Current employee working extra hours, increase allocation to reflect need.

2020 BUDGET PLANNING - NEW POSITION COST

Item	Projected 2020 Rates	Current Employee Rate \$13.83	Minimum \$11.92	Mid-Point \$13.71	Maximum \$15.96
DBM A11 - .50 FTE (20 hr/wk)		\$14,383	\$12,398	\$14,257	\$16,600
Health - Family		\$0.00	\$0	\$0	\$0
Dental - Family		\$0.00	\$0	\$0	\$0
FICA Retirement Rate	6.20%	\$892	\$769	\$884	\$1,029
FICA Medicare Rate	1.45%	\$209	\$180	\$207	\$241
Unemployment Insurance	0.10%	\$14	\$12	\$14	\$17
Retirement - Employer	6.75%	\$971	\$0	\$0	\$0
Worker's Comp - Clerical	0.08%	\$12	\$10	\$11	\$13
PEHP	\$21	\$546	\$0	\$0	\$0
Total Estimated Cost for .50 FTE:		\$17,027	\$13,369	\$15,373	\$17,900

Item	Projected 2020 Rates	Current Employee Rate \$13.83	Minimum \$11.92	Mid-Point \$13.71	Maximum \$15.96
DBM A11 - .725 FTE (29 hr/wk)		\$20,856	\$17,976	\$20,672	\$24,070
Health - Family	\$1,766.22	\$0.00	\$0	\$0	\$0
Dental - Family	\$60.32	\$0.00	\$0	\$0	\$0
FICA Retirement Rate	6.20%	\$1,293	\$1,115	\$1,282	\$1,492
FICA Medicare Rate	1.45%	\$302	\$261	\$300	\$349
Unemployment Insurance	0.10%	\$21	\$18	\$21	\$24
Retirement - Employer	6.75%	\$1,408	\$1,213	\$1,395	\$1,625
Worker's Comp - Clerical	0.08%	\$17	\$14	\$17	\$19
PEHP	\$21	\$546	\$546	\$546	\$546
Total Estimated Cost for .725 FTE:		\$24,443	\$21,143	\$24,233	\$28,125
Increase in Cost:		\$7,415	\$7,775	\$8,860	\$10,225

*at .725 position eligible for WRS, PEHP, and Holiday & PTO (Current employee was already grandfathered for WRS & PEHP)

Custodian Part-Time

(Custodian)

Payroll Occ Code: **5221** (6102)

DBM Rating: A11

FLSA: Non-Exempt

Reports to: Jail Administrator

Definition of Class

This is routine basic manual work cleaning public buildings. Work involves performing routine cleaning tasks such as sweeping, mopping, washing walls and windows, cleaning restrooms, picking up paper, etc. Work is performed according to established routines and procedures or written or oral instructions. Close supervision is received for new assignments; however, once routine assignments have been learned, they are performed without direct supervision. Work originates as a result of the continuing need for general routine maintenance of public buildings. Work is reviewed by the immediate supervisor by spot checks of work in progress and inspection of completed work.

Examples of Work Performed

- Cleans building floors by sweeping, mopping, polishing or vacuuming.
- Washes walls, windows, and woodwork.
- Empties waste baskets.
- Dusts, polishes, arranges, and moves furniture and equipment.
- Cleans restrooms and replenishes supplies.
- Cleans and polishes metal work.
- Locks doors at end of work shifts.
- Notifies supervisor in the event of unusual happenings.
- Develops solutions to work issues that add value for our customers.
- Maintains regular and predictable attendance; works extra hours as required.
- Performs related work as required.

Knowledge, Skills, and Abilities

- Knowledge of cleaning methods, materials, and equipment.
- Knowledge of proper safety precautions to be taken when using cleaning equipment.
- Ability to perform more routine custodial duties without close supervision.
- Ability to follow instructions both written and verbal.
- Cleaning skills.
- Ability to recognize equipment in need of maintenance.
- Ability to work independently.

Qualifications

High school graduation or equivalent and some paid work experience doing custodial duties preferred.

NECESSARY SPECIAL QUALIFICATIONS: Because the job duties can involve access to secure areas and confidential and/or criminal and prosecutorial information, the selected candidate(s) must possess a good reputation and background which will withstand pre-appointment investigation including a fingerprint-based check.

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: ADRC-CW

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DAB DAB 8 2384	ADRC FED I&A MA 50/50	895174
Revenue Increase	DAB DAB 8 2385	ADRC FED LTCFS MA 75/25	361919

TRANSFER TO:

Action	Account Number	Account Description	Amount
Revenue Decrease	DAB DAB 8 2349	ADRC MFP NH RELOCATE FED	46268
Revenue Decrease	DAB DAB 8 2386	MFP NHR LTCFS DATA	28471
Revenue Decrease	DAB DAB 8 2387	OTH FED GNT LTCFS DATA FED	333448
Revenue Decrease	DAB DAB 8 2391	OTHER FED GRNT DBS I&A	121934
Revenue Decrease	DAB DAB 8 2392	OTHER FED GRNT ADRC I&A	664442
Revenue Decrease	DAB DAB 8 2396	OTHER FED GRNT EBS I&A	62530

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: Steve Prell

Date Completed: 3/30/2020

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)

ADRC CW AGING AND DISABILITY RECS CTR

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

To provide ADRC Specialist and Benefit Specialist services in Marathon, Wood, Lincoln and Langlade counties. The State is using different CARS lines for reimbursements, this adjustment is to set up GL codes for those CARS lines.

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: Set up new CARS lines being used for grant reimbursement

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

This Program is not a Grant.

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

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

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

Non-cash/In-Kind Services: (Describe) .

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? No

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: ADRC-CW

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DDV DDV 8 2394	WIHA GRANT	398

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DDV DDV 9 3191	BOOKS DIRECTORIES	398

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: Steve Prell

Date Completed: 3/30/2020

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)

ADRC CW WIHA

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

The WIHA program will recruit and train members of the community to lead Living Well with Chronic Conditions workshops in the community.

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: Balance APR units

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

This Program is not a Grant.

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

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

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

Non-cash/In-Kind Services: (Describe) .

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: ADRC-CW

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DAL DAL 8 9900	TRANS FROM FUND BALANCE	701

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DAL DAL 9 9130	INCREASE F B SUBSEQUENT YEAR	701

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: Steve Prell

Date Completed: 3/27/2020

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)
ADRC CW ADD LIFE

- 2) Provide a brief (2-3 sentence) description of what this program does.
Provide prevention, education and fitness opportunities to older adults and those living with disabilities and chronic conditions.

- 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: Balance APR units

- 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) State Alzheimers grant is allowable match for this grant.

- 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: ADRC-CW

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DAB DAB 8 2444	ADRC DCS GRANT	80000
Revenue Increase	DAB DAB 8 2384	ADRC FED I&A 50/50	12063
Revenue Increase	DAB DAB 8 2385	ADRC FED LTCFS 75/25	10000

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DAB DAF 9 1110	SAL/PERM/REG/FT	53789
Expenditure Increase	DAB DAF 9 1510	SOCIAL SECURITY	4538
Expenditure Increase	DAB DAF 9 1520	RETIREMENT	4004
Expenditure Increase	DAB DAF 9 1540	HOSP/HEALTH INS	20406
Expenditure Increase	DAB DAF 9 1541	DENTAL INS	724
Expenditure Increase	DAB DAF 9 1543	INCOME CONTINUATION	10
Expenditure Increase	DAB DAF 9 1545	PEHP	536
Expenditure Increase	DAB DAF 9 1550	LIFE INS	10
Expenditure Increase	DAB DAF 9 1560	WORKERS COMP	37
Expenditure Increase	DAB DAF 9 1580	UNEMPLOYMENT COMP	59
Expenditure Increase	DAB DAF 9 2190	OTHER PROF SERVICES	250
Expenditure Increase	DAB DAF 9 2250	TELEPHONE	700
Expenditure Increase	DAB DAF 9 2251	LONG DISTANCE	200
Expenditure Increase	DAB DAF 9 2995	COMPUTER MAINT CONTRACT	900
Expenditure Increase	DAB DAF 9 3110	POSTAGE	400

Expenditure Increase	DAB DAF 9 3130	PRINTING	500
Expenditure Increase	DAB DAF 9 3143	OFFICE EQUIPMENT	1000
Expenditure Increase	DAB DAF 9 3190	OFFICE SUPPLIES	1000
Expenditure Increase	DAB DAF 9 3250	REGISTRATION FEES	500
Expenditure Increase	DAB DAF 9 3321	MILEAGE	6700
Expenditure Increase	DAB DAF 9 3350	MEALS	50
Expenditure Increase	DAB DAF 9 3351	MEALS TAXABLE	50
Expenditure Increase	DAB DAF 9 3360	LODGING	200
Expenditure Increase	DAB DAF 9 3490	OTHER OPERATING SUPPLIES	500
Expenditure Increase	DAB DAF 9 5320	OFFICE RENT	4500
Expenditure Increase	DAB DAF 9 5930	FEES AND PERMITS	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: Steve Prell

Date Completed: 3/27/2020

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)

ADRC CW DEMENTIA CARE SPECIALIST

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

The Dementia Care Specialist is a new position funded with an increase in ADRC grant funds that will work with caregivers throughout the four county region

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: Balance APR units

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) State Alzheimers grant is allowable match for this grant.

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: ADRC-CW

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	DAM DAM 9 9130	INCR FB SUBSEQUENT YEAR	459

TRANSFER TO:

Action	Account Number	Account Description	Amount
Revenue Decrease	DAM DAM 8 9900	TRANS FROM FUND BALANCE	459

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: Steve Prell

Date Completed: 3/27/2020

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)
ADRC CW Elder Abuse funds

- 2) Provide a brief (2-3 sentence) description of what this program does.
Elder Abuse funds received from NCHC for direct client services.

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

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

- 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: ADRC-CW

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DDM DDM 8 23XX	ADRC CW FFCRA MOW	180412

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DDM DDM 9 1110	SAL/PERM/REG/FT	8000
Expenditure Increase	DDM DDM 9 1210	WAGES/PERM/REG/FT	4000
Expenditure Increase	DDM DDM 9 1211	WAGES/PERM/REG/PT	20000
Expenditure Increase	DDM DDM 9 1250	WAGES/TEMPORARY PT	1000
Expenditure Increase	DDM DDM 9 1510	SOCIAL SECURITY	3000
Expenditure Increase	DDM DDM 9 1520	RETIREMENT	2000
Expenditure Increase	DDM DDM 9 1540	HOSP/HEALTH INS	9000
Expenditure Increase	DDM DDM 9 1541	DENTAL INS	200
Expenditure Increase	DDM DDM 9 1545	PEHP	700
Expenditure Increase	DDM DDM 9 1550	LIFE INS	10
Expenditure Increase	DDM DDM 9 1560	WORKERS COMP	1500
Expenditure Increase	DDM DDM 9 1580	UNEMPLOYMENT COMP	50
Expenditure Increase	DDM DDM 9 2180	FOOD SERVICES	110000
Expenditure Increase	DDM DDM 9 2251	LONG DISTANCE	200
Expenditure Increase	DDM DDM 9 2992	TRANSPORTATION SERVICES	10000

Expenditure Increase	DDM DDM 9 2997	SUBCONTRACTED SERVICE	1500
Expenditure Increase	DDM DDM 9 3321	PERSONAL AUTO MILEAGE	2000
Expenditure Increase	DDM DDM 9 3490	OTHER OPERATING SUPPLIES	4752
Expenditure Increase	DDM DDM 9 3510	GASOLINE	2500

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: Steve Prell **Date Completed:** 4/23/2020

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)
ADRC CW FAMILIES FIRST CORONAVIRUS RESPONSE ACT - MOW
- 2) Provide a brief (2-3 sentence) description of what this program does.
The FFCRA funds are to be used within our Meal on Wheels program to provide essential services during the health emergency.
- 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: Balance APR units
- 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: ADRC-CW

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DAT DAT 8 2388	MIPPA GRANT	16008

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DAT DAT 9 1250	WAGES TEMP REG	10425
Expenditure Increase	DAT DAT 9 1510	SOCIAL SECURITY EMPLOYER	920
Expenditure Increase	DAT DAT 9 1560	WORKERS COMPENSATION	450
Expenditure Increase	DAT DAT 8 1580	UNEMPLOYMENT COMPENSATION	30
Expenditure Increase	DAT DAT 8 3321	MILEAGE	2000
Expenditure Increase	DAT DAT 9 3130	PRINTING	850
Expenditure Increase	DAT DAT 9 3260	ADVERTISING	1333

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: Steve Prell

Date Completed: 3/30/2020

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)

ADRC CW MIPPA GRANT

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

The MIPPA grant funding is used to conduct outreach and assistance related to Medicare Savings Programs (MPS's), Medicare Part D extra help and Medicare preventive benefits.

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: Balance APR units

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: ADRC-CW

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DDP DDP 8 9900	TRANSFER FROM FUND BALANCE	1776

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DDP DDP 9 3260	ADVERTISING	1776

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: Steve Prell

Date Completed: 3/27/2020

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)
ADRC CW NUTR VEH - FOUNDATIONS

- 2) Provide a brief (2-3 sentence) description of what this program does.
During 2019 local foundations made donations to ADRC CW to purchase replacement meal delivery vehicles for the Meals on Wheels program. Remaining funds to be used within MOW 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: Balance APR units

- 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) State Alheimers grant is allowable match for this grant.

- 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: ADRC-CW

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DAK DAK 8 9900	TRANSFERS FROM FUND BALANCE	593

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DAK DAK 9 3191	BOOKS / DIRECTORIES	593

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: Steve Prell

Date Completed: 3/27/2020

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)

ADRC CW SECURITY HEALTH PLAN – Building Bridges to Connect Community and Healthcare

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

This initiative will focus on providing healthcare provider patients with a referral as recommended by their healthcare provider. A systematic referral form and process will be created to connect healthcare provider patients to community programs thereby improving overall health outcomes.

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: Balance APR units

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: ADRC-CW

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	DCE DCE 9 1110	SAL REG PERM FT	27337
Expenditure Decrease	DCE DCE 9 1510	SOC SECURITY	2091
Expenditure Decrease	DCE DCE 9 1520	RETIREMENT EMPLOYER	1845
Expenditure Decrease	DCE DCE 9 1540	HOSPITAL HEALTH INS	5783
Expenditure Decrease	DCE DCE 9 1541	DENTAL INS	130
Expenditure Decrease	DCE DCE 9 1543	INCOME CONTINUATION INS	104
Expenditure Decrease	DCE DCE 9 1545	PEHP	240
Expenditure Decrease	DCE DCE 9 1550	LIFE INS	19
Expenditure Decrease	DCE DCE 9 1560	WORKERS COMP	486
Expenditure Decrease	DCE DCE 9 1580	UNEMPLOYMENT	27

TRANSFER TO:

Action	Account Number	Account Description	Amount
Revenue Decrease	DCE DCE 8 2398	OTH FED GRANT EBS I&A OCI	10461
Revenue Decrease	DCE DCE 8 2534	OTHER GOV OCI ADRC ST GRANT	27601

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: Steve Prell

Date Completed: 3/30/2020

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)

ADRC CW STATE SPAP

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

To provide ADRC Specialist and Benefit Specialist services in Marathon, Wood, Lincoln and Langlade counties. The State is using different CARS lines for reimbursements, this adjustment is to set up GL codes for those CARS lines.

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: Set up new CARS lines being used for grant reimbursement

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

This Program is not a Grant.

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

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

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

Non-cash/In-Kind Services: (Describe) .

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? No

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: ADRC-CW

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DAB DAB 8 2443	ADRC STATE EBS SPAP FUNDS	27601
Revenue Increase	DAB DAB 8 2384	FED I&A MA 50/50	10461

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DAB DAG 9 1110	SAL REG FT PERM	27337
Expenditure Increase	DAB DAG 9 1510	SOC SECURITY	2091
Expenditure Increase	DAB DAG 9 1520	RETIREMENT	1845
Expenditure Increase	DAB DAG 9 1540	HOSPITAL HEALTH INS	5783
Expenditure Increase	DAB DAG 9 1541	DENTAL INS	130
Expenditure Increase	DAB DAG 9 1543	INCOME CONTINUATION INS	104
Expenditure Increase	DAB DAG 9 1545	PEHP	240
Expenditure Increase	DAB DAG 9 1550	LIFE INSURANCE	19
Expenditure Increase	DAB DAG 9 1560	WORKERS COMP	486
Expenditure Increase	DAB DAG 9 1580	UNEMPLOYMENT INS	27

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: Steve Prell

Date Completed: 3/30/2020

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)

ADRC CW ELDERLY BENEFIT SPECIALIST

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

To provide ADRC Specialist and Benefit Specialist services in Marathon, Wood, Lincoln and Langlade counties. The State is using different CARS lines for reimbursements, this adjustment is to set up GL codes for those CARS lines.

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: Set up new CARS lines being used for grant reimbursement

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

This Program is not a Grant.

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

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

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

Non-cash/In-Kind Services: (Describe) .

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? No

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: ADRC-CW

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	DCD DCD 9 1110	SAL PERM/REG/FT	149298
Expenditure Decrease	DCD DCD 9 1510	SOC SEC EMPLOYER	11425
Expenditure Decrease	DCD DCD 9 1520	RETIREMENT EMPLOYERS	10079
Expenditure Decrease	DCD DCD 9 1540	HOSP/HEALTH INS	32741
Expenditure Decrease	DCD DCD 9 1541	DENTAL INS	772
Expenditure Decrease	DCD DCD 9 1543	INCOME CONTINUATION INS	574
Expenditure Decrease	DCD DCD 9 1545	PEHP	1310
Expenditure Decrease	DCD DCD 9 1550	LIFE INS	97
Expenditure Decrease	DCD DCD 9 1560	WORKERS COMP	2659
Expenditure Decrease	DCD DCD 9 1580	UNEMPLOYMENT	150
Expenditure Decrease	DCD DCD 9 2128	INTERPRETING/TRANSLATION	600
Expenditure Decrease	DCD DCD 9 2190	OTHER PROF SERVICE	800
Expenditure Decrease	DCD DCD 9 2250	TELEPHONE	4600
Expenditure Decrease	DCD DCD 9 2251	LONG DISTANCE SERVICE	50
Expenditure Decrease	DCD DCD 9 2995	COMPUTER MAINT CONTRACT	1766
Expenditure Decrease	DCD DCD 9 3110	POSTAGE	400
Expenditure Decrease	DCD DCD 9 3130	PRINTING	1600
Expenditure Decrease	DCD DCD 9 3143	OFFICE EQUIPMENT	500
Expenditure Decrease	DCD DCD 9 3190	OFFICE SUPPLIES	500
Expenditure Decrease	DCD DCD 9 3240	MEMBERSHIP DUES	200
Expenditure Decrease	DCD DCD 9 3250	REGISTRATION FEES	400
Expenditure Decrease	DCD DCD 9 3321	MILEAGE	2423
Expenditure Decrease	DCD DCD 9 3250	MEALS	50
Expenditure Decrease	DCD DCD 9 3351	MEALS TAXABLE	50

Expenditure Decrease	DCD DCD 9 3260	LODGING	300
Expenditure Decrease	DCD DCD 9 3490	OTHER OPERATING SUPPLIES	100
Expenditure Decrease	DCD DCD 9 5320	BUILDING OFFICE RENT	17743

TRANSER TO:

Action	Account Number	Account Description	Amount
Revenue Decrease	DCD DCD 8 2397	OTHER FED GRANT EBS I&A STATE	36766
Revenue Decrease	DCD DCD 8 2533	OTHER GOV ELDER BEN SPEC	118083
Revenue Decrease	DCD DCD 8 7247	ADRC CW SUPPORT MARATHON	39802
Revenue Decrease	DCD DCD 8 7248	ADRC CW SUPPORT WOOD	19944
Revenue Decrease	DCD DCD 8 7253	ADRC CW SUPPORT LINCOLN	15023
Revenue Decrease	DCD DCD 8 7254	ADRC CW SUPPORT LANGLADE	11569

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: Steve Prell **Date Completed:** 3/30/2020

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____ Date Transferred: 3/30/2020

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)
ADRC CW Elderly Benefit Specialist

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

To provide ADRC Benefit Specialist services in Marathon, Wood, Lincoln and Langlade counties. The State is using different CARS lines for reimbursements, this adjustment is to set up GL codes for those CARS lines to meet reporting requirements.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: Set up new CARS lines being used for grant reimbursement

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

This Program is not a Grant.

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

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

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

Non-cash/In-Kind Services: (Describe) .

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? No

MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: ADRC-CW

BUDGET YEAR: 2020

TRANSER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DEE DEE 8 9900	TRANS FROM FUND BALANCE	1687

TRANSER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DEE DEE 9 3490	SUPPLIES	1687

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: Steve Prell

Date Completed: 3/27/2020

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)
ADRC CW VSHRP Volunteer Sr Home Repair Project

- 2) Provide a brief (2-3 sentence) description of what this program does.
Funds to provide small home repairs to senior citizens in the ADRC CW region.

- 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: Balance APR units

- 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: ADRC-CW

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DDV DDV 8 2394	WIHA GRANT	398

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DDV DDV 9 3191	BOOKS DIRECTORIES	398

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: Steve Prell

Date Completed: 3/30/2020

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)

ADRC CW WIHA

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

The WIHA program will recruit and train members of the community to lead Living Well with Chronic Conditions workshops in the community.

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: Balance APR units

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

This Program is not a Grant.

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

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

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

Non-cash/In-Kind Services: (Describe) .

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? No

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: ADRC-CW

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	FBH FBH 8 9900	TRANSFER FROM FUND BALANCE	838

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	FBH FBH 9 9130	INCREASE F B SUBSEQUENT YEARS	838

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: Steve Prell

Date Completed: 3/27/2020

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)
ADRC WC ICF SCHMIDT WOOD CO FUNDS
- 2) Provide a brief (2-3 sentence) description of what this program does.
County specific funds from Incurage Foundation Schmidt Fund to be used for services in Wood County.
- 3) This program is: (Check one)
 An Existing Program.
 A New Program.
- 4) What is the reason for this budget transfer?
 Carry-over of Fund Balance.
 Increase/Decrease in Grant Funding for Existing Program.
 Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
 Set up Initial Budget for New Grant Program.
 Set up Initial Budget for New Non-Grant Program
 Other. Please explain: Balance APR units
- 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: ADRC-CW

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	FBG FBG 8 9900	TRANSFERS FROM FUND BALANCE	255

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	FBG FBG 9 9130	INCR FB SUBSEQUENT YEARS	255

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: Steve Prell

Date Completed: 3/27/2020

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)
ADRC WC ICF SR CTR WOOD CO FUNDS
- 2) Provide a brief (2-3 sentence) description of what this program does.
Wood County specific funds from Incourage Foundation for expenses at Centrailia Center.
- 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: Balance APR units
- 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) State Alzheimers grant is allowable match for this grant.
- 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: ADRC-CW

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DAB DAB 8 2442	ADRC STATE EBS AGING FUNDS	118083
Revenue Increase	DAB DAB 8 2384	ADRC FED I&A 50/50	30000
Revenue Increase	DAB DAB 8 2385	ADRC FED LTCFS 75/25	6766
Revenue Increase	DAB DAB 8 7247	ADRC SUPPORT MARATHON	39802
Revenue Increase	DAB DAB 8 7248	ADRC SUPPORT WOOD	19944
Revenue Increase	DAB DAB 8 7253	ADRC SUPPORT LINCOLN	15023
Revenue Increase	DAB DAB 8 7254	ADRC SUPPORT LANGLADE	11569

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DAB DAG 9 1110	SAL/PERM/REG/FT	149298
Expenditure Increase	DAB DAG 9 1510	SOCIAL SECURITY	11425
Expenditure Increase	DAB DAG 9 1520	RETIREMENT	10079
Expenditure Increase	DAB DAG 9 1540	HOSP/HEALTH INS	32741
Expenditure Increase	DAB DAG 9 1541	DENTAL INS	772
Expenditure Increase	DAB DAG 9 1543	INCOME CONTINUATION	574
Expenditure Increase	DAB DAG 9 1545	PEHP	1310
Expenditure Increase	DAB DAG 9 1550	LIFE INS	97
Expenditure Increase	DAB DAG 9 1560	WORKERS COMP	2659
Expenditure Increase	DAB DAG 9 1580	UNEMPLOYMENT COMP	150
Expenditure Increase	DAB DAG 9 2128	INTERPRETING TRANSLATION	600
Expenditure Increase	DAB DAG 9 2190	OTHER PROF SERV	800
Expenditure Increase	DAB DAG 9 2250	TELEPHONE	4600
Expenditure Increase	DAB DAG 9 2251	LONG DISTANCE	50
Expenditure Increase	DAB DAG 9 2995	COMPUTER MAINT CONTRACT	1766

Expenditure Increase	DAB DAG 9 3110	POSTAGE	400
Expenditure Increase	DAB DAG 9 3130	PRINTING	1600
Expenditure Increase	DAB DAG 9 3143	OFFICE EQUIPMENT	500
Expenditure Increase	DAB DAG 9 3190	OFFICE SUPPLIES	500
Expenditure Increase	DAB DAG 9 3240	MEMBERSHIP DUES	200
Expenditure Increase	DAB DAG 9 3250	REGISTRATION FEES	400
Expenditure Increase	DAB DAG 9 3321	MILEAGE	2423
Expenditure Increase	DAB DAG 9 3350	MEALS	50
Expenditure Increase	DAB DAG 9 3351	MEALS TAXABLE	50
Expenditure Increase	DAB DAG 9 3360	LODGING	300
Expenditure Increase	DAB DAG 9 3490	OTHER OPERATING SUPPLIES	100
Expenditure Increase	DAB DAG 9 5320	OFFICE RENT	17743

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: Steve Prell **Date Completed:** 3/30/2020

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)

ADRC CW ELDERLY BENEFIT SPECIALIST

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

To provide ADRC Benefit Specialist services in Marathon, Wood, Lincoln and Langlade counties. The State is using different CARS lines for reimbursements, this adjustment is to set up GL codes for those CARS lines to meet reporting requirements.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

- Carry-over of Fund Balance.
- Increase/Decrease in Grant Funding for Existing Program.
- Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
- Set up Initial Budget for New Grant Program.
- Set up Initial Budget for New Non-Grant Program
- Other. Please explain: Set up new reporting requirements for CARS reporting

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) State Alzheimers grant is allowable match for this grant.

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

- No.
- Yes, the Amount is Less than \$30,000.
- Yes, the Amount is \$30,000 or more AND: (Check one)
 - The capital request HAS been approved by the CIP Committee.
 - The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Health

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	350-377-8-2446	Oth Health Care Serv-St Grnt	\$1,500

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	350-377-9-1111	Salaries-Permanent-Regular	\$1,500

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

Requested By: Joan Theurer, Health Officer

Date Completed: 5/4/2020

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)

Prevention 2019-2020

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

These funds are from the Preventive Health and Health Services (PHHS) Block Grant; a program of the Centers for Disease Control and Prevention (CDC). They are utilized to support evidenced based and/or promising practices in prevention; and support capacity building activities related to accreditation, quality improvement, performance management and foundations capabilities that are essential to the community.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

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

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

This Program is not a Grant.

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

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

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

Non-cash/In-Kind Services: (Describe)

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? No

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Sheriff

BUDGET YEAR: 2020

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	146 24089900	JAIL ASSESSMENT FUND BALANCE	75,000

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	146 24098252	JAIL KITCHEN	75,000

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: Enter the name of the person that completed this form

Date Completed: Select Date

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

- 1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)
JAIL ASSESSMENT IS FUND AVAILABLE FOR THE REMODEL, IMPROVEMENT AND BUILDING OF THE JAIL
- 2) Provide a brief (2-3 sentence) description of what this program does.
The kitchen will be renovated at the jail
- 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	228-97489900	Fund Balance	14,762
		Carry-Over Fund Balance SCAAP 2018	

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	228-97493490	Other Operating Supplies	8,762
Expenditure Increase	228-97493250	Registration Fee/Tuition	3,000
Expenditure Increase	228-97493480	Educational Supplies	3,000

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: 4/6/2020

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

State Criminal Alien Assistance Program (SCAAP)

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

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

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

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

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? 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	218-90993250	Registration Fees/Tuition	1,134
		Carry-Over Fund Balance Adjustment SCAAP 2016/2017	

TRANSFER TO:

Action	Account Number	Account Description	Amount
Revenue Decrease	218-90989900	Fund Balance	1,134

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: 4/6/2020

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

State Criminal Alien Assistance Program (SCAAP)

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

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

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

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

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? 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

TRANSER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	216-91189900	FUND BALANCE	3,492
		Carry-Over Fund Balance Adjustment SCAAP 2017/2018	

TRANSER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	216-91193490	Other Operating Supplies	3,492

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: 4/6/2020

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

State Criminal Alien Assistance Program (SCAAP)

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

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

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

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

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? No