



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

Date & Time of Meeting: **Tuesday, July 7, 2020 3:30 p.m.**

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

Members: **John Robinson, Chair, Alyson Leahy, Vice-Chair, 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: 1-408-418-9388**

**Access Code: 962 376 748**

**Password: none**

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

1. Call to Order-Please silence your cellphones
2. Public Comment 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 June 23, 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. Policy Questions from the Extension, Education and Economic Development Committee-Should Marathon County explore a Public-Private Partnership to Address Student Housing Needs at UW-Stevens Point Wausau Campus?
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. Interdepartmental Budget Transfers
    2. Reorganization of Highway Department - Abolish 1.0 FTE Maintenance Technician/Specialist position (position vacant due to retirement) and expand current .50 FTE Administrative Specialist position to .80 FTE, resulting in cost savings, effective first full pay period after approval. (Griesbach & Matel)
  - B. Discussion and Possible Action by Human Resources and Finance and Property Committee
    1. Approve Claims and Questioned Costs – June 2020
    2. Possible Tax Deed
      - a. 425 Super Street, Mosinee WI (PIN 251-2707-332-1120)
      - b. No site address, Mosinee WI (PIN 251-2707-332-1121)
      - c. No site address, Mosinee WI (PIN 251-2707-332-1122)
      - d. 717 Forest Street Wausau WI (PIN 291-2907-362-0011)
    3. Discussion of County Owned (tax deed) Property at 1701 Orchid Lane Town of Rib Mountain
    4. Discussion of Request by Town of Texas to Take Tax Deed at:
      - a. 244049/244053 County Road W Wausau, WI (PIN 078-3007-131-0995)/ (PIN 078-3007-135-0994)
    5. Sale of County Owned right-of-way Remnant Property Located on 28<sup>th</sup> Avenue Wausau, WI
7. Announcements (Next Meeting Date and Topics)- Next Meeting Date – July 21, 2020, 4:00pm
  - A. 2020/2021 Economic Outlook Updates
8. Adjourn

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

**SIGNED J ROBINSON/s/K Palmer**

Presiding Officer or Designee

Faxed to: Wausau Daily Herald

Faxed to: City Pages

Faxed to: Record Review

Faxed by/time: K Palmer 2:00 pm 7/2/2020

**Posted to the County Website:**

**NOTICE POSTED AT THE COURTHOUSE**

By/Date/Time: K Palmer 2:00 pm 7/2/2020

**[www.co.marathon.wi.us](http://www.co.marathon.wi.us)**



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

Date & Time of Meeting: **Tuesday, June 23, 2020 4:00 pm**

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

**Members: John Robinson-in person, Chair, Alyson Leahy-WebEx, Vice-Chair, Jonathan Fischer-WebEx, EJ Stark-WebEx, Kurt Gibbs-in person, Yee Leng Xiong-WebEx, Craig McEwen-in person**

**Others: Lance Leonhard, Kristi Palmer, Terry Kaiser, Craig Christians, Frank Matel, Scott Corbett, call-in Brian Kowalski,**

1. Call to Order by Chairperson Robinson at 4 pm
2. Public Comment Portion of the Agenda has been temporarily suspended, pursuant to Marathon County Resolution #R29-20, dates 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 June 9th, 2020 Human Resources, Finance and Property Committee Meeting Motion by Stark and Seconded by McEwen to approve the minutes, vote unanimous
4. Educational Presentations/Outcome Monitoring Reports
  - A. Economic Outlook Update-Palmer discussed some of the economic indicators on a federal level.
  - B. Mid-year 2020 budget adjustments-Discussed budget adjustments in regards to department reductions and COVID related grants. In regards to the Road to Recovery Grants, the expenditures must be incurred by November 15, 2020.
  - C. 2021 Budget Timeline-Discussed the budget timeline with the Committee
  - D. 2021 Budget Assumptions-One of the thing that there is not enough flexibility for County Administrator to include a continued pay for performance process in the 2021 budget and would like that reflected in the minutes and if it is doable in the 2021 Budget the he should proceed
  - E. Introduction to Priority Based Budget (PBB)-Overview of Priority Based Budgeting-Leonhard it is a budgeting process to determine if the County's spending is aligned with the County program priorities based on program attributes. Try to look at Priority Based Budgeting as time permits.

5. Policy Issues Discussion and Possible Action by Committee to Forward to the County Board -None

Chairman Robinson stated that the committee will take item 6B1 prior to 6A1 with no objections

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. Resolution to Amend the 2018 CIP Library Roof Repair Project and Transfer Funding from the Contingency Fund/CIP Fund-Postponed from June 9  
Corbett-The resolution in the packet reflects the funding proposal that provides for funding of the Library in 2020 work and then the actual roof (shingle) replacement would occur in 2021 as part of the 2021 CIP. This would be appropriate to provide the project funding and provides for the planning of the project in the 2020 and 2021 budget.  
Motion by McEwen and seconded by Gibbs to approve the Resolution as draft by Corporation Counsel, vote unanimous
  - B. Discussion and Possible Action by Human Resources and Finance and Property Committee
    1. Approval of the 2021 Facilities and Capital Management CIP Requests to be forwarded to the CIP Committee

Kaiser from Facilities and Capital Management provided the committee the 2021 CIP projects and requests that the Committee approve the projects and forward to the CIP committee. Stark-There are some questions on how the ranking is completed. If I get input from FCM, County Administration or committee members in regards to the process and would like to streamline the process we would take that into consideration. Gibbs-We need to have a holistic approach to this process and have a comprehensive and long-range plan for the County. Fisher agrees with Gibbs.

Motion Gibbs and seconded by Xiong to approve the 2021 CIP requests and forward to the CIP Committee for ranking and review. Note that the library roof be designated as the number one project for the 2012 CIP project list; vote unanimous

7. Announcements (Next Meeting Date and Topics) Next Meeting Date – July 7, 2020, 3:30pm
8. Adjourn-Motion by McEwen and seconded by Gibbs to adjourn at 5:11 pm, vote unanimous

**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	DEA DEA 8 23XX	ADRC CW CARES MOW	364345

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	DEA DEA 9 1110	SAL/PERM/REG/FT	16000
Expenditure Increase	DEA DEA 9 1210	WAGES/PERM/REG/FT	8000
Expenditure Increase	DEA DEA 9 1211	WAGES/PERM/REG/PT	40000
Expenditure Increase	DEA DEA 9 1250	WAGES/TEMPORARY PT	2000
Expenditure Increase	DEA DEA 9 1510	SOCIAL SECURITY	6000
Expenditure Increase	DEA DEA 9 1520	RETIREMENT	4000
Expenditure Increase	DEA DEA 9 1540	HOSP/HEALTH INS	18000
Expenditure Increase	DEA DEA 9 1541	DENTAL INS	400
Expenditure Increase	DEA DEA 9 1545	PEHP	1400
Expenditure Increase	DEA DEA 9 1550	LIFE INS	20
Expenditure Increase	DEA DEA 9 1560	WORKERS COMP	3000
Expenditure Increase	DEA DEA 9 1580	UNEMPLOYMENT COMP	100
Expenditure Increase	DEA DEA 9 2180	FOOD SERVICES	223521
Expenditure Increase	DEA DEA 9 2251	LONG DISTANCE	400
Expenditure Increase	DEA DEA 9 2992	TRANSPORTATION SERVICES	20000

Expenditure Increase	DEA DEA 9 2997	SUBCONTRACTED SERVICE	3000
Expenditure Increase	DEA DEA 9 3321	PERSONAL AUTO MILEAGE	4000
Expenditure Increase	DEA DEA 9 3490	OTHER OPERATING SUPPLIES	9504
Expenditure Increase	DEA DEA 9 3510	GASOLINE	5000

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:** 6/1/2020

**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 CORONAVIRUS AID RELIEF AND ECONOMIC SECURITY (CARES) ACT
- 2) Provide a brief (2-3 sentence) description of what this program does.  
These CARES ACT 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.

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**COMPLETED BY FINANCE DEPARTMENT:**

Is 10% of this program appropriation unit or fund? \_\_\_\_\_ Is a Budget Transfer Resolution Required? \_\_\_\_\_

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

This form must be completed electronically and emailed to **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	DEB DEB 8 23XX	ADRC CW CARES IIIB	158082

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	DEB DEB 9 1110	SAL/PERM/REG/FT	40000
Expenditure Increase	DEB DEB 9 1510	SOCIAL SECURITY	2500
Expenditure Increase	DEB DEB 9 1520	RETIREMENT	2000
Expenditure Increase	DEB DEB 9 1540	HOSP/HEALTH INS	7500
Expenditure Increase	DEB DEB 9 1541	DENTAL INS	200
Expenditure Increase	DEB DEB 9 1545	PEHP	350
Expenditure Increase	DEB DEB 9 1550	LIFE INS	20
Expenditure Increase	DEB DEB 9 1560	WORKERS COMP	500
Expenditure Increase	DEB DEB 9 1580	UNEMPLOYMENT COMP	100
Expenditure Increase	DEB DEB 9 2180	FOOD SERVICES	10000
Expenditure Increase	DEB DEB 9 2251	LONG DISTANCE	200
Expenditure Increase	DEB DEB 9 2992	TRANSPORTATION SERVICES	7500
Expenditure Increase	DEB DEB 9 2997	SUBCONTRACTED SERVICE	1500
Expenditure Increase	DEB DEB 9 3321	PERSONAL AUTO MILEAGE	2000
Expenditure Increase	DEB DEB 9 3490	OTHER OPERATING SUPPLIES	4000

Expenditure Increase	DEB DEC 9 3510	GASOLINE	2000
Expenditure Increase	DEB DEC 9 5320	BUILDING/OFFICE RENT	2000
Expenditure Increase	DEB DEC 9 1110	SAL/PERM/REG/FT	40000
Expenditure Increase	DEB DEC 9 1510	SOCIAL SECURITY	7842
Expenditure Increase	DEB DEC 9 1520	RETIREMENT	3000
Expenditure Increase	DEB DEC 9 1540	HOSP/HEALTH INS	7500
Expenditure Increase	DEB DEC 9 1541	DENTAL INS	200
Expenditure Increase	DEB DEC 9 1545	PEHP	350
Expenditure Increase	DEB DEC 9 1550	LIFE INS	20
Expenditure Increase	DEB DEC 9 1560	WORKERS COMP	500
Expenditure Increase	DEB DEC 9 1580	UNEMPLOYMENT COMP	100
Expenditure Increase	DEB DEC 9 2251	LONG DISTANCE	200
Expenditure Increase	DEB DEC 9 2992	TRANSPORTATION SERVICES	7000
Expenditure Increase	DEB DEC 9 2997	SUBCONTRACTED SERVICE	1000
Expenditure Increase	DEB DEC 9 3321	PERSONAL AUTO MILEAGE	1000
Expenditure Increase	DEB DEC 9 3490	OTHER OPERATING SUPPLIES	5000
Expenditure Increase	DEB DEC 9 5320	BUILDING/OFFICE RENT	2000

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:** 6/1/2020

**COMPLETED BY FINANCE DEPARTMENT:**

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

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

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- 1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)  
ADRC CW CORONAVIRUS AID RELIEF AND ECONOMIC SECURITY (CARES) ACT
- 2) Provide a brief (2-3 sentence) description of what this program does.



These CARES ACT funds are to be used within our IIIB Supportive Services 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.

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**COMPLETED BY FINANCE DEPARTMENT:**

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

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

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**DEPARTMENT:** ADRC-CW

**BUDGET YEAR:** 2020

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	DED DED 8 23XX	ADRC CW CARES IIIE	77103

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	DED DED 9 1111	SAL/PERM/REG/FT	40000
Expenditure Increase	DED DED 9 1510	SOCIAL SECURITY	2500
Expenditure Increase	DED DED 9 1520	RETIREMENT	2000
Expenditure Increase	DED DED 9 1540	HOSP/HEALTH INS	7500
Expenditure Increase	DED DED 9 1541	DENTAL INS	400
Expenditure Increase	DED DED 9 1545	PEHP	700
Expenditure Increase	DED DED 9 1550	LIFE INS	20
Expenditure Increase	DED DED 9 1560	WORKERS COMP	1000
Expenditure Increase	DED DED 9 1580	UNEMPLOYMENT COMP	100
Expenditure Increase	DED DED 9 2190	OTHER PROF SERVICES	1000
Expenditure Increase	DED DED 9 2250	TELEPHONE	1000
Expenditure Increase	DED DED 9 2995	COMPUTER MAINT CONTRACT	2000
Expenditure Increase	DED DED 9 2997	SUBCONTRACTED SERVICE	100
Expenditure Increase	DED DED 9 3110	POSTAGE	1000
Expenditure Increase	DED DED 9 3130	PRINTING	1000

Expenditure Increase	DED DED 9 3143	OFFICE EQUIPMENT	5000
Expenditure Increase	DED DED 9 3190	OFFICE SUPPLIES	5683
Expenditure Increase	DED DED 9 3240	MEMBERSHIP DUES	500
Expenditure Increase	DED DED 9 3241	LICENCES AND CERTIFICATIONS	100
Expenditure Increase	DED DED 9 3250	REGISTRATION FEES	500
Expenditure Increase	DED DED 9 5320	BUILDING/OFFICE RENT	5000

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:** 6/1/2020

**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 CORONAVIRUS AID RELIEF AND ECONOMIC SECURITY (CARES) ACT
- 2) Provide a brief (2-3 sentence) description of what this program does.  
These CARES ACT funds are to be used within our IIIIE National Family Caregiver Support Program 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.

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**COMPLETED BY FINANCE DEPARTMENT:**

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

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

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**DEPARTMENT:** ADRC-CW

**BUDGET YEAR:** 2020

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**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	EAB EAB 8 8435	DONATIONS FROM FOUNDATIONS	8300

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	EAB EAB 9 3482	PUBLIC EDUCATION SUPPLIES	8300

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:** 6/1/2020

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**COMPLETED BY FINANCE DEPARTMENT:**

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

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

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

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

- 1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)  
ADRC MC COMMUNITY CONNECTIONS AND COMUPERS DURING COVID-19
  
- 2) Provide a brief (2-3 sentence) description of what this program does.  
This is a new program funded by the Community Foundation of North Central Wisconsin to address social isolation through technology using Chromebooks at Island Place Apartments.
  
- 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.

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**COMPLETED BY FINANCE DEPARTMENT:**

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

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

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

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**DEPARTMENT:** ADRC-CW

**BUDGET YEAR:** 2020

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Expenditure Decrease	DDH DDH 9 2180	FOOD SERVICES	17211

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Revenue Decrease	DDH DDH 8 2522	NSIP NUTRITION GRANT	17211

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:** 6/1/2020

**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 NSIP NUTRITION GRANT

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

The NSIP Nutrition grant is used to purchase food in the nutrition 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) [Click here to enter description](#)

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

---

**COMPLETED BY FINANCE DEPARTMENT:**

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

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



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

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

**DEPARTMENT:** Sheriff

**BUDGET YEAR:** 2020

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**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	172-86882420	Public Safety – State Grant	35,153

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	172-86898190	Other Capital Equipment	35,153

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:** 6/11/2020

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**COMPLETED BY FINANCE DEPARTMENT:**

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

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

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

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

- 1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)  
HS ALERT EOD Bomb Suits
- 2) Provide a brief (2-3 sentence) description of what this program does.  
This grant will allow Marathon County Sheriff's Office the opportunity to purchase a current specifications bomb suit for personnel to respond to high-risk situations with the threat of explosives
- 3) This program is: (Check one)  
 An Existing Program.  
 A New Program.
- 4) What is the reason for this budget transfer?  
 Carry-over of Fund Balance.  
 Increase/Decrease in Grant Funding for Existing Program.  
 Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.  
 Set up Initial Budget for New Grant Program.  
 Set up Initial Budget for New Non-Grant Program  
 Other. Please explain: [Click here to enter description](#)
- 5) If this Program is a Grant, is there a "Local Match" Requirement?  
 This Program is not a Grant.  
 This Program is a Grant, but there is no Local Match requirement.  
 This Program is a Grant, and there is a Local Match requirement of: (Check one)  
 Cash (such as tax levy, user fees, donations, etc.)  
 Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)
- 6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)  
 No.  
 Yes, the Amount is Less than \$30,000.  
 Yes, the Amount is \$30,000 or more AND: (Check one)  
 The capital request HAS been approved by the CIP Committee.  
 The capital request HAS NOT been approved by the CIP Committee.

---

**COMPLETED BY FINANCE DEPARTMENT:**

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

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

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

**DEPARTMENT:** Employee Resources

**BUDGET YEAR:** 2020

**TRANSER FROM:**

Action	Account Number	Account Description	Amount
Select action	880 15289900	Flex Spending Fund Balance	\$101,208

**TRANSER TO:**

Action	Account Number	Account Description	Amount
Select action	884 99088414	EAP – Funds From Flex Spending to Offset EAP Fund Balance as of 2019 and the 2020 EAP Services	\$101,208

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:** Sharon Hernandez

**Date Completed:** 6/19/2020

**COMPLETED BY FINANCE DEPARTMENT:**

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

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

- 1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)  
Employee Assistance Program
- 2) Provide a brief (2-3 sentence) description of what this program does.  
EAP services that are available for all County employees
- 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

COVID Funding Reference Chart  
As of 7/2/2020

DEPARTMENT	GRANT TYPE	Grant or Program Name	Amount
EM	WI DOA CARES	Routes to Recovery	2,219,430
EM	FEMA	DR-4520 or EM-3454 (FEMA Public Assistance - COVID)	unknown
CWA	FED CARES	CARES	3,881,225
ADRC	FED CARES	CARES	364,345
ADRC	FED CARES	CARES IIIB	158,082
ADRC	FED CARES	CARES IIIE	77,103
ADRC	LOCAL	Community Foundation	8,300
Social Services	STATE COVID	COVID Child Welfare Emergency Payments	73,415
EM/County Clerk	WI Election Commission	WEC Cares	\$200 base +\$1.10 per registered voter
Health	FED CARES	CARES Pandemic Preparedness Plan Update	30,000
Health	FED CARES	CARES Local Testing Coordination	195,100
Health	FED CARES	Contact Tracing	1,163,600
Health	COVID Supplemental	Public Health Emergency Preparedness	\$87,704
Health	COVID Supplemental	Epidemiology and Laboratory Capacity	34,000
Health	CDC	Public Health Emergency Preparedness Carry Forward Funds \$63,000	63,000

**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	TBD-TBD-8-2446	Oth Health Care Serv-St G	\$195,100

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	TBD-TBD-9-2190	Other Professional Service	\$115,000
Expenditure Increase	TBD-TBD-9-1110	Salaries-Permanent-Regular	\$75,000
Expenditure Increase	TBD-TBD-9-3321	Personal Auto Mileage	\$2,000
Expenditure Increase	TBD-TBD-9-3130	Printing	\$1,100
Expenditure Increase	TBD-TBD-9-3190	Office Supplies	\$2,000

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

**Requested By:** Joan Theurer, Health Officer

**Date Completed:** 6/25/2020

**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)

COVID Local Testing Coordination

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

This funding supports the work of a local testing coordinator to work with local stakeholders to assure that, in alignment with the state testing strategy, adequate testing is being done and access to testing is available for all members of the community who need a test. One component of this coordination role is to assist with emerging strategies and pilot projects to meet needs identified as priorities for each community setting.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

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

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

---

**COMPLETED BY FINANCE DEPARTMENT:**

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

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





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

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

**DEPARTMENT:** Health

**BUDGET YEAR:** 2020

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	TBD-TBD-8-2446	Oth Health Care Serv-St G	\$30,000

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	TBD-TBD-9-2190	Other Professional Service	\$10,000
Expenditure Increase	TBD-TBD-9-1110	Salaries-Permanent-Regular	\$20,000

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

**Requested By:** Joan Theurer, Health Officer

**Date Completed:** 6/25/2020

**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)

Pandemic Preparedness Plan Update

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

This funding will be used to update local Public Health Preparedness Pandemic Plans for COVID-19 to match Wisconsin's statewide "Box it In" strategy consisting of testing, isolation, quarantine, and contact tracing.

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?           Yes

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

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

**DEPARTMENT:** Health

**BUDGET YEAR:** 2020

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**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	TBD-TBD-8-2446	Oth Health Care Serv-St G	\$87,704

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	TBD-TBD-9-1110	Salaries-Permanent-Regular	\$87,704

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:** 6/25/2020

---

**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)  
COVID Public Health Preparedness
  
- 2) Provide a brief (2-3 sentence) description of what this program does.  
Funds will be used to support activities that align with any prioritized COVID-19 activities in the Public Health Emergency Preparedness capability domains.
  
- 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?       Yes

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

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

**DEPARTMENT:** Health

**BUDGET YEAR:** 2020

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	TBD-TBD-8-2446	Oth Health Care Serv-St G	\$1,163,600

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	TBD-TBD-9-2190	Other Professional Service	\$500,000
Expenditure Increase	TBD-TBD-9-1110	Salaries-Permanent-Regular	\$498,000
Expenditure Increase	TBD-TBD-9-3321	Personal Auto Mileage	\$15,000
Expenditure Increase	TBD-TBD-9-3130	Printing	\$10,000
Expenditure Increase	TBD-TBD-9-3190	Office Supplies	\$10,000
Expenditure Increase	TBD-TBD-9-3193	Software Supplies	\$30,000
Expenditure Increase	TBD-TBD-9-2990	Sundry Contractual Services	\$70,000
Expenditure Increase	TBD-TBD-9-3140	Small Items Equipment	\$30,000

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

**Requested By:** Joan Theurer, Health Officer

**Date Completed:** 6/25/2020

**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)

COVID Contact Tracing

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

This funding is available to support contract tracing (and subsequent isolation and quarantine) as an essential follow up to testing. Local Health Departments will conduct disease investigations (interview with the infected person) and contact tracing for a wide variety of communicable diseases.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: [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? Yes

Is a Budget Transfer Resolution Required? Yes

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

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

2

**DEPARTMENT:** Emergency Management

**BUDGET YEAR:** 2020

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	BAA BAH824XX	Road to Recovery Grant	2,219,430

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	BAA BAH91110	Salaries and Benefits	100,000
Expenditure Increase	BAA BAH92190	Other Professional Services	500,000
Expenditure Increase	BAA BAH93143	Office equipment/supplies	1,200,000
Expenditure Increase	BAA BAH98190	Other Capital Equipment	419,430

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:** K Palmer

**Date Completed:** 7/1/2020

**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)

COVID19 Road to Recovery Grant

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

Grant through WI DOA for non-budgeted COVID related expenses

Emergency operation activities, including those related to public health, emergency services, and public safety response

•Medical and protective services and equipment, including PPE

•Cleaning, sanitizing, and other costs of COVID-19 mitigation in public areas and facilities, including those related to elections administration

•Temporary isolation housing for infected or at-risk individuals

•Testing and contact tracing costs above those covered by existing State programs

•Paid leave for public health and safety employees to take COVID-19 precautions

•Meeting local match requirements for expenses submitted for reimbursement by FEMA, to the full extent permitted by federal law

•Increased workers compensation costs due to COVID-19

•Purchases of services or equipment to facilitate telework by public employees

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

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

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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



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**COMPLETED BY FINANCE DEPARTMENT:**

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

Is a Budget Transfer Resolution Required? Yes

APPENDIX B  
NEW OR EXPANDED POSITION REQUEST

I. GENERAL INFORMATION

Department: Highway Date: 4/14/2020

Position Requested: Administrative Specialist FT  PT  FTE 80 %  
(If unsure of classification, indicate "To be determined") Number of Positions: 1

Division Position Will Be Assigned To: N/A  
(Indicate NA if not applicable)

Projected Start Date of Position: 1/4/2021 (sooner if possible) Priority Number of This Position: 1

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? Yes, 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.
- B. What is your department's mission statement and how does position support this mission and/or department strategic plan? "The Marathon County Highway Department will strive to maintain all State and County highways in a safe and reasonable condition at all times. This position will help in the day to operation by insuring payroll, billing and accounts receivable needs are met. This position will also insure our stockroom meets the needs in providing other employees needed parts and tools while insuring vendors are paid in a timely matter to avoid any late charges. Parts must be coded to the proper piece of equipment to recover any and all work done
- 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. In February 2020 in conjunction with Molly Bennett Adzie we performed a Process Improvement Plan with our current stockroom process, (see attached). Our current process is not meeting the needs of employees needs and have seen delays in accounts payables resulting in past due charges. We have been unable to place equipment in use resulting in lost revenue due to placing charges against the vehicle prior to release of the piece to the work crews. At the present time this position is 0.50 FTE and has no time in learning any new duties of our accountant or administrative coordinator. We have no bench strength at either position. . This position will begin to learn essential duties to act as a backup for our one account, currently we have no backup person that could fill this role. The highway account position is different to any other county due to the complexity of WisDot standards and guidelines.
- D. What benefit will the position provide to the County? How does the position improve/enhance customer service and/or address community needs? This position deals with many outside vendors working with them on past due invoices and charges. This position is also taking over working with local municipalities on state funded projects, we receive \$11,390 in 2020 for WisDot administration for these projects. This position will also work with stockroom in processing invoices to avoid late fees. In have received complaints from vendors in our community regarding slow and late payments.
- E. Indicate any alternatives to creating this position that were considered and why you still chose to request the position? We could hire a temp service, however current county policy does not allow outside vendors into our financial system. Our current software (CFA) requires a fair amount of training and temp



V. COMMITTEE OF JURISDICTION

What is the recommendation of the committee of jurisdiction? Will be discussed on the June 4<sup>th</sup> agenda.

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

\_\_\_\_\_  
Signature of Supervisor/Manager Completing Request

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date



## MARATHON COUNTY INFRASTRUCTURE COMMITTEE MEETING MINUTES

Thursday, June 4, 2020, 9:00 a.m.  
Marathon County Highway Department, Wausau, WI

Attendance:	Present	Excused	Absent
Randy Ffrrick, Chair	x		
Sandi Cihlar, Vice-Chair	x		
John Robinson	x		
Jeff Johnson	x		
Alan Christensen		x	
Richard Gumz	x		
Chris Dickinson	x		

**Also Present:** James Griesbach, Kevin Lang, Kendra Pergolski, Gerry Klein, Lance Leonhard, Dave Mack, Mark Cihlar, Brian Grefe, Andrew Lynch, Peter Weinschek,

- 1. Call Meeting to Order:** The meeting was called to order by Chair Ffrrick at 9:01 a.m.
- 2. Public Comment:** N/A
- 3. Approval of the Minutes of the May 7, 2020, Infrastructure Committee Meeting**  
MOTION BY ROBINSON, SECOND BY JOHNSON, TO APPROVE THE MINUTES OF THE MAY 7, 2020, INFRASTRUCTURE COMMITTEE MEETING PURSUANT TO CHANGES DISCUSSED. MOTION CARRIED.
- 4. Policy Issues Discussion and Potential Committee Determination:**
  - Consideration of the Broadband Task Force Charter and potential recommendation to the County Board  
**Discussion:** Robinson summarized to the committee the potential framework of what the task force charter would look like.  
**Action:** MOTION BY ROBINSON, SECOND BY CIHLAR, FOR APPROVAL OF THE APPOINTMENT OF A BROADBAND TASK FORCE CHARTER. MOTION CARRIED.  
**Follow through:** N/A
- 5. Operational Functions required by Statute, Ordinance, or Resolution:**
  - Sale of Excess Right of Way 28<sup>th</sup> Avenue  
**Discussion:** Commissioner Griesbach reviewed with the committee the proposal made by Mr. Thompson to purchase a small parcel of land owned by the county. The committee discussed future needs, the possibility of retaining the right-away, and ownership rights going forward.  
**Action:** MOTION BY JOHNSON, SECOND BY ROBINSON, TO RECOMMEND THE SALE OF THE PARCEL CONTINGENT ON BUY-BACK PROVISION IN THE PURCHASE AGREEMENT. MOTION CARRIED.  
**Follow through:** Commissioner Griesbach to provide Property and Finance with the appraised value of the land and what it was originally purchased for.
  - 2021 County Highway Capital Improvement Projects  
**Discussion:** Commissioner Griesbach reviewed with the committee his proposed projects: County Trunk L bridge abutment decay and the replacement with a twin box culvert, County Trunk O railing and deck replacement, and the multi-use trail surface treatment.  
**Action:** MOTION BY ROBINSON, SECOND BY DICKINSON, TO MOVE FORWARD WITH THE HIGHWAY DEPARTMENT'S PROPOSED CAPITAL IMPROVEMENT PROJECTS. MOTION CARRIED.  
**Follow through:** N/A
  - 2021 City County Information Technology Capital Improvement Projects  
**Discussion:** Gerry Klein reviewed with the committee the proposed project in replacing the financial software and the additional funds needed, and touched on the need to replace the talent management system.  
**Action:** MOTION BY ROBINSON, SECOND BY CIHLAR, TO MOVE FORWARD WITH THE CITY COUNTY INFORMATION TECHNOLOGY CAPITAL IMPROVEMENT PROJECT. MOTION CARRIED.

**Follow through:** N/A

D. 2021 Central Wisconsin Airport Capital Improvement Projects

**Discussion:** Mark Cihlar addressed the committee regarding their master plan and decoupling their intersecting runways noting that they are not requesting actual CIP funding.

**Action: MOTION BY ROBINSON, SECOND BY GUMZ, TO MOVE FORWARD WITH CENTRAL WISCONSIN AIRPORTS CAPITAL IMPROVEMENT PROJECT. MOTION CARRIED.**

**Follow through:** N/A

E. Highway Department Reorganization

**Discussion:** Commissioner Griesbach addressed the committee with his desire to re-organize the administrative staff in order to meet growing needs.

**Action: MOTION BY JOHNSON, SECOND BY ROBINSON, TO ABOLISH ONE POSITION; MOVE ONE EMPLOYEE FROM A .5 TO A .8 OF TIME WORKED; AND TO MOVE THIS FORWARD TO HUMAN RESOURCES AS SOON AS POSSIBLE. MOTION CARRIED.**

**Follow through:** N/A

**6. Educational Presentations and Committee Discussion**

A. Highway Commissioner's Report

**Discussion:** Report provided.

B. City County Information Technology Department Update

**Discussion:** Report provided.

C. Wisconsin County Highway Association Summer Road School

**Discussion:** Commissioner Griesbach notified the committee that although the road school is not cancelled, the county is no longer sending anyone.

D. ATV/UTV Policy update

**Discussion:** Commissioner Griesbach advised that he is receiving many applications and everything thus far has gone smoothly.

**7. Announcements:**

- A. Future meetings and location, agenda topics  
July 2, 9:00 AM, 1430 West Street, Wausau

**8. Adjourn**

**MEETING ADJOURNED AT 10:17AM.**

Minutes prepared

By Kendra Pergolski on June 8, 2020.



# MARATHON COUNTY

## OFFICE OF HIGHWAY COMMISSIONER

1430 WEST STREET  
WAUSAU, WI 54401

---

TO: Infrastructure Committee  
FROM: Jim Griesbach  
RE: Highway Department Reorganization, Expanded Position  
Date: June 4<sup>th</sup>, 2020

---

The highway department has received three retirement notices since January 1<sup>st</sup> 2020 and will be receiving at least one more before July 15<sup>th</sup>. This has given the department an opportunity to reevaluate our current staffing levels and reorganize to address departmental needs. During the pandemic outbreak each county department was asked to develop an effective Continuity of Operations Plan. During this planning phase it became evident our administrative staff needs more person hours to complete its work and has very little bench strength. I would like to take this opportunity to reallocate some funds by moving one 50% FTE administrative specialist position to 80% and abolish one full-time Highway Maintenance Technician position. By doing this, staff resources can be directed to priority needs by allowing that administrative person to gain experience assisting our accountant and Administrative Coordinator who works with local municipalities on state programs such as LRIP and payroll duties. We also recently completed a process improvement initiative showing our stockroom is understaffed. Increasing the hours of the Administrative Specialist will allow help in the stockroom as well. Two of the field positions currently vacant are state reimbursable which we are currently hiring for, one position is 50% reimbursable which we will hire for in September and one full-time position will be abolished. A net savings to the county of 35,445 dollars results from abolishing the full-time Highway Maintenance Technician and expanding the .5 FTE Administrative Specialist to .8 FTE.

Submitted by  
James Griesbach

Highway Commissioner

C:\Users\pmtlm1\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\LO7S4SX7\2020 HWY Reorg Doc 1.docx

Administrative Specialist - B21

HIGHWAY

FTE = .80

CURRENT ADMINISTRATIVE SPECIALIST - B21 @ .50 FTE

Item	2020 Rates	Minimum	Control Point	Maximum
<b>DBM B21 @ .50 FTE</b>		\$16,807	\$19,748	\$23,369
Health - Family	\$0.00	\$0	\$0	\$0
Dental - Family	\$0.00	\$0	\$0	\$0
FICA Retirement Rate	6.20%	\$1,042	\$1,224	\$1,449
FICA Medicare Rate	1.45%	\$244	\$286	\$339
Unemployment Insurance	0.10%	\$17	\$20	\$23
Retirement - Employer	0.00%	\$0	\$0	\$0
Worker's Comp - Clerical	0.08%	\$13	\$16	\$19
PEHP	\$21	\$546	\$546	\$546
<b>Total Estimated Cost *</b>		\$18,669	\$21,839	\$25,745

EXPANSION REQUEST - ADMINISTRATIVE SPECIALIST - B21 @ .80 FTE

Item	2021 Rates	Minimum	Control Point	Maximum
<b>DBM B21 @ .80 FTE</b>		\$28,904	\$31,596	\$37,390
Health - Family	\$1,482.00	\$17,784	\$17,784	\$17,784
Dental - Family	\$53.00	\$636	\$636	\$636
FICA Retirement Rate	6.20%	\$1,792	\$1,959	\$2,318
FICA Medicare Rate	1.45%	\$419	\$458	\$542
Unemployment Insurance	0.10%	\$29	\$32	\$37
Retirement - Employer	6.75%	\$1,951	\$2,133	\$2,524
Worker's Comp - Clerical	0.08%	\$23	\$25	\$30
PEHP	\$21	\$546	\$546	\$546
<b>Total Estimated Cost *</b>		\$52,084	\$55,169	\$61,808





**Health Department**  
1000 Lake View Drive, Suite 100  
Wausau, WI 54403-6797

Tel/TDD: 715-261-1900  
Fax: 715-261-1901  
[www.co.marathon.wi.us](http://www.co.marathon.wi.us)

March 30, 2020

Pin #251-2707-332-1120  
Pin #251-2707-332-1121  
Pin #251-2707-332-1122

Audrey Jensen  
Marathon County Treasurer  
500 Forest Street  
Wausau, WI 54403

Dear Ms. Jensen:

Per your request, an Environmental Transaction Screen (ETS) has been conducted for the David and Elizabeth Koss properties located at 425 Super Street, Mosinee Wisconsin. The transaction screen was conducted by Keith Baine, Environmental Health Sanitarian. The purpose of this investigation was to review past and present land use practices, current operations and conditions, and identify the potential presence of hazardous substances, to evaluate the potential occurrence of soil and/or /groundwater contamination at the site. No soil or groundwater sampling was conducted in conjunction with this assessment.

A total of three separate parcels were located in Section 33, Township 27 North, Range 7 East in the City of Mosinee, Marathon County, Wisconsin. A total of three structures were noted during the inspection. One structure was a single family residential home with an attached garage. The second structure was a very large metal storage building and the remaining structure was a small shed. No entry into the interior of structures was permitted. The properties are serviced by private sewer and water.

Based on visual observations made during the site visit on March 27, 2020 and the records review of the property, the following items have been identified as potential sources of contamination on the property.

**Findings:**

- A) Four contaminated sites were located during the search. See attached map for locations of these sites. None of these sites would pose a risk to the property.

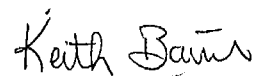
**Recommendations:**

Potential dangers to the property have been listed above. There would appear to be no major impediments to the County assuming ownership of the property.

The findings and recommendations presented above are professional opinions based solely upon visual observations of the site and vicinity, and our interpretation of the available historical information and documents reviewed. The report is intended for the exclusive use of Marathon County. It should be recognized that this assessment was not intended to be a definitive investigation of contamination at the subject property. Given that analytical testing for contamination was not performed, it is possible that currently unrecognized contamination may exist at the site. Opinions and recommendations presented herein apply to the site conditions existing at the time of our investigation and those reasonably foreseeable.

If you have any questions, please call.

Sincerely,

A handwritten signature in cursive script that reads "Keith Baine".

Keith Baine  
Environmental Health Sanitarian

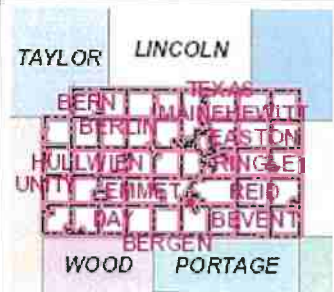
cc: D. Grosskurth, MCHD

David and Elizabeth Koss

425 Super Street

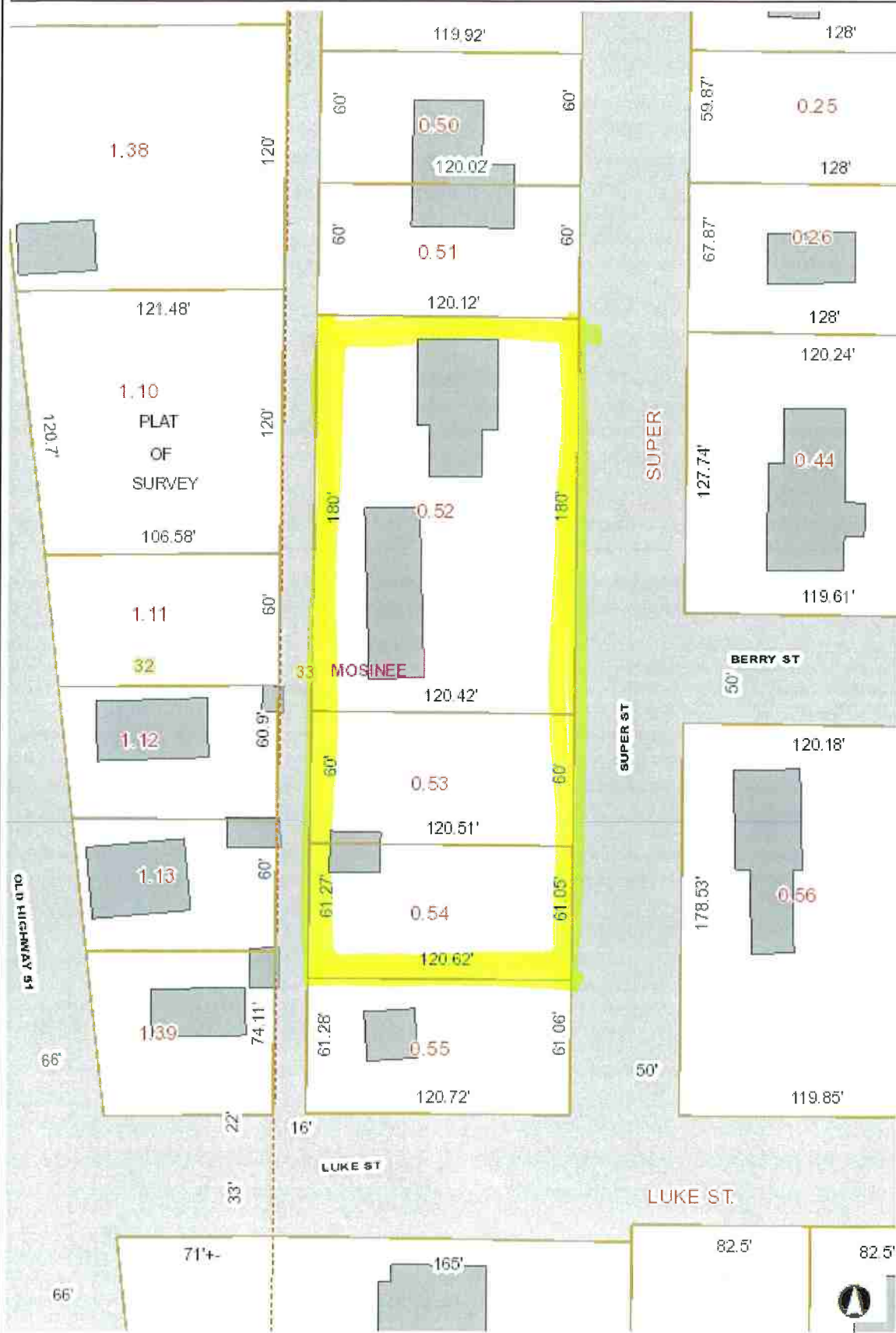
Mosinee, WI 54455





### Legend

- Parcel Annotations
- Parcels
- Land Hooks
- Section Lines/Numbers
- Right Of Ways
- County-wide Buildings
- Municipalities
- Surrounding\_Counties
- CLARK
- LANGLADE
- LINCOLN
- PORTAGE
- SHAWANO
- TAYLOR
- WAUPACA
- WOOD



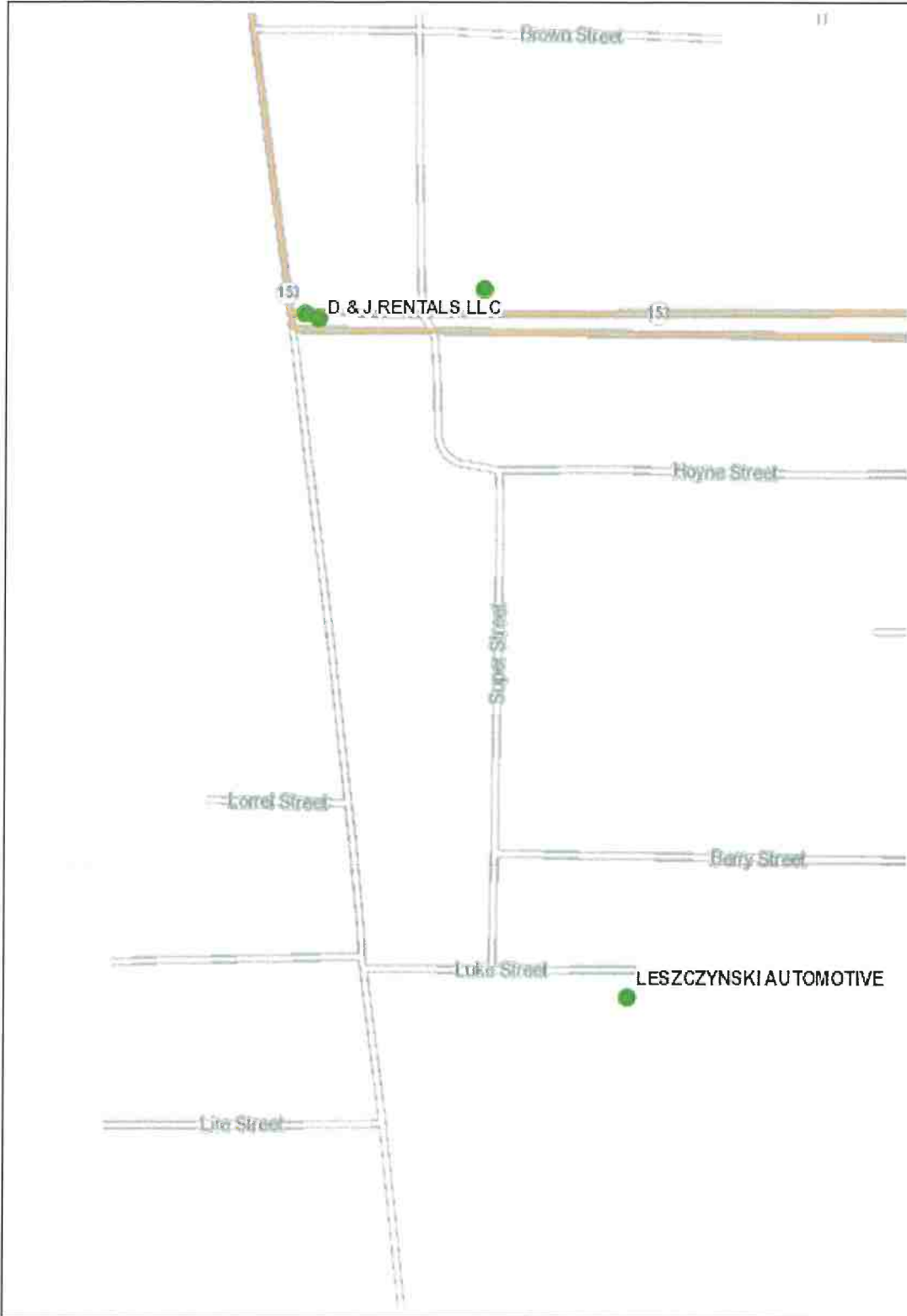
Notes



DISCLAIMER: The information and depictions herein are for informational purposes and Marathon County-City of Wausau specifically disclaims accuracy in this reproduction and specifically admonishes and advises that if specific and precise accuracy is required, the same should be determined by procurement of certified maps, surveys, plats, Flood Insurance Studies, or other official means. Marathon County-City of Wausau will not be responsible for any damages which result from third party use of the information and depictions herein or for use which ignores this warning.



# DAVID & ELIZABETH KOSS PROPERTIES 425 SUPER STREET, MOSINEE, WI 54455



### Legend

- Open Site
- Closed Site
- Continuing Obligations Apply



1:3,960



NAD\_1983\_HARN\_Wisconsin\_TM

DISCLAIMER: The information shown on these maps has been obtained from various sources, and are of varying age, reliability and resolution. These maps are not intended to be used for navigation, nor are these maps an authoritative source of information about legal land ownership or public access. No warranty, expressed or implied, is made aregarding accuracy, applicability for a particular use, completemenss, or legality of the information depicted on this map. For more information, see the DNR Legal Notices web page: <http://dnr.wi.gov/org/legal/>

Note: Not all sites are mapped.

### Notes

David and Elizabeth Koss  
425 Super Street  
Mosinee, WI 54455





# Marathon County

Owner (s):  
**KOSS, DAVID C, SR**  
**KOSS, ELIZABETH**

Location:  
**NW1/4 NW1/4, Sect. 33, T27N, R7E**

Mailing Address:  
**DAVID C KOSS SR**  
**ELIZABETH KOSS**  
**425 SUPER ST**  
**MOSINEE, WI 54455**

School District:  
**3787 - MOSINEE**

Request Mailing Address Change

Tax Parcel ID Number: Tax District: Status:  
**251-2707-332-1120 251-CITY OF MOSINEE Active**

Alternate Tax Parcel Number: Government Owned: Acres:  
**53-0545-000-052-00-00 0.4970**

Description - Comments (Please see Documents tab below for related documents. For a complete legal description, see recorded document.):  
**MOSINEE ASSESSORS PLAT NO 2 LOT 52**

Site Address (es): (Site address may not be verified and could be incorrect. DO NOT use the site address in lieu of legal description.)  
**425 SUPER ST MOSINEE, WI 54455**

1 Lottery credit claimed effective 9/5/2019

## Tax History

\* Click on a Tax Year for detailed payment information.

Tax Year*	Tax Bill	Taxes Paid	Taxes Due	Interest	Penalty	Fees	Total Payoff
2019	\$3,409.15	\$0.00	\$3,409.15	\$170.46	\$85.23	\$0.00	\$3,664.84
2018	\$2,728.65	\$0.00	\$2,728.65	\$463.87	\$231.94	\$0.00	\$3,424.46
2017	\$3,352.82	\$0.00	\$3,352.82	\$972.32	\$486.16	\$0.00	\$4,811.30
2016	\$2,697.35	\$0.00	\$2,697.35	\$1,105.92	\$552.95	\$0.00	\$4,356.22
2015	\$3,234.66	\$0.00	\$2,247.60	\$1,191.23	\$595.61	\$46.50	\$4,080.94
2014	\$2,827.25	\$0.00	\$2,827.25	\$1,837.72	\$918.86	\$0.00	\$5,583.83
2013	\$3,222.85	\$0.00	\$3,222.85	\$2,481.59	\$1,240.80	\$0.00	\$6,945.24
2012	\$2,346.69	\$0.00	\$2,346.69	\$2,088.55	\$1,044.28	\$0.00	\$5,479.52
<b>Total</b>							<b>\$38,346.35</b>

**'PAY TAXES' button may be used to pay the SECOND installment for all municipalities except for the City of Wausau. It may also be used to pay past year delinquent taxes for all municipalities. If the first installment is not received by the municipality by January 31 of the year due, interest and penalty will also be due. Please contact the County Treasurer's Office at (715) 261-1150 for exact amount due if after January 31 or if taxes are 3 years or more delinquent.**

NOTE: Current year tax bills may not be processed by the county.

Interest and penalty on delinquent taxes are calculated to **June 30, 2020.**



## Marathon County

Owner (s):

KOSS, DAVID C, SR  
KOSS, ELIZABETH A

Location:

NW1/4 NW1/4, Sect. 33, T27N, R7E

Mailing Address:

DAVID C KOSS SR  
ELIZABETH A KOSS  
425 SUPER ST  
MOSINEE, WI 54455-

School District:

3787 - MOSINEE

Request Mailing Address Change

Tax Parcel ID Number: Tax District: Status:  
251-2707-332-1121 251-CITY OF MOSINEE Active

Alternate Tax Parcel Number: Government Owned: Acres:  
53-0545-000-053-00-00 0.1660

Description - Comments (Please see Documents tab below for related documents. For a complete legal description, see recorded document.):  
MOSINEE ASSESSORS PLAT NO 2 LOT 53

Site Address (es): (Site address may not be verified and could be incorrect. DO NOT use the site address in lieu of legal description.)

0 Lottery credits claimed

### Tax History

\* Click on a Tax Year for detailed payment information.

Tax Year*	Tax Bill	Taxes Paid	Taxes Due	Interest	Penalty	Fees	Total Payoff
2019	\$165.20	\$0.00	\$165.20	\$8.26	\$4.13	\$0.00	\$177.59
2018	\$167.84	\$0.00	\$167.84	\$28.53	\$14.27	\$0.00	\$210.64
2017	\$165.45	\$0.00	\$165.45	\$47.98	\$23.99	\$0.00	\$237.42
2016	\$162.62	\$0.00	\$162.62	\$66.67	\$33.34	\$0.00	\$262.63
2015	\$158.05	\$0.00	\$158.05	\$83.77	\$41.88	\$25.40	\$309.10
2014	\$156.05	\$0.00	\$156.05	\$101.43	\$50.72	\$0.00	\$308.20
2013	\$293.39	\$0.00	\$293.39	\$225.91	\$112.96	\$0.00	\$632.26
2012	\$304.37	\$0.00	\$304.37	\$270.89	\$135.45	\$0.00	\$710.71
<b>Total</b>							\$2,848.55

**'PAY TAXES'** button may be used to pay the **SECOND** installment for all municipalities except for the City of Wausau. It may also be used to pay past year delinquent taxes for all municipalities. If the first installment is not received by the municipality by January 31 of the year due, interest and penalty will also be due. Please contact the County Treasurer's Office at (715) 261-1150 for exact amount due if after January 31 or if taxes are 3 years or more delinquent.

NOTE: Current year tax bills may not be processed by the county.

Interest and penalty on delinquent taxes are calculated to June 30, 2020.

## Marathon County

Owner (s):  
**KOSS, DAVID C, SR**  
**KOSS, ELIZABETH A**

Location:  
**NW1/4 NW1/4, Sect. 33, T27N, R7E**

Mailing Address:  
**DAVID C KOSS SR**  
**425 SUPER ST**  
**MOSINEE, WI 54455-**  
 Request Mailing Address Change

School District:  
**3787 - MOSINEE**

Tax Parcel ID Number: Tax District: Status:  
**251-2707-332-1122 251-CITY OF MOSINEE Active**

Alternate Tax Parcel Number: Government Owned: Acres:  
**53-0545-000-054-00-00 0.1690**

Description - Comments (Please see Documents tab below for related documents. For a complete legal description, see recorded document):  
**MOSINEE ASSESSORS PLAT NO 2 LOT 54**

Site Address (es): (Site address may not be verified and could be incorrect. DO NOT use the site address in lieu of legal description.)

0 Lottery credits claimed

### Tax History

\* Click on a Tax Year for detailed payment information.

Tax Year*	Tax Bill	Taxes Paid	Taxes Due	Interest	Penalty	Fees	Total Payoff
2019	\$160.99	\$0.00	\$160.99	\$8.05	\$4.02	\$0.00	\$173.06
2018	\$160.20	\$0.00	\$160.20	\$27.23	\$13.62	\$0.00	\$201.05
2017	\$159.08	\$0.00	\$159.08	\$46.13	\$23.07	\$0.00	\$228.28
2016	\$157.36	\$0.00	\$157.36	\$64.52	\$32.26	\$0.00	\$254.14
2015	\$150.71	\$0.00	\$150.71	\$79.88	\$39.94	\$25.40	\$295.93
2014	\$143.72	\$0.00	\$143.72	\$93.42	\$46.71	\$0.00	\$283.85
2013	\$282.71	\$0.00	\$282.71	\$217.68	\$108.85	\$0.00	\$609.24
2012	\$289.98	\$0.00	\$289.98	\$258.08	\$129.04	\$0.00	\$677.10
<b>Total</b>							<b>\$2,722.65</b>

*'PAY TAXES' button may be used to pay the SECOND installment for all municipalities except for the City of Wausau. It may also be used to pay past year delinquent taxes for all municipalities. If the first installment is not received by the municipality by January 31 of the year due, interest and penalty will also be due. Please contact the County Treasurer's Office at (715) 261-1150 for exact amount due if after January 31 or if taxes are 3 years or more delinquent.*

NOTE: Current year tax bills may not be processed by the county.

Interest and penalty on delinquent taxes are calculated to **June 30, 2020.**

# TOWN OF TEXAS

LORRAINE I BEYERSDORFF – CLERK  
242137 BUFFALO RIDGE RD  
WAUSAU, WI 54403    PHONE: (715) 675-9063

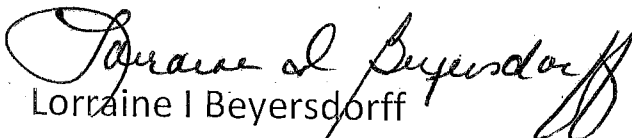
Honorable County Official

The Town of Texas Board approved the enclosed Resolution. The tax printout for these properties and the WI State Statute copy are also enclosed for your review.

Please let the Town of Texas Board know of any Committee or Board agendas that with include discussions or actions on this Resolution.

A copy of agendas can be emailed to [Texas.clerk@yahoo.com](mailto:Texas.clerk@yahoo.com) and [luckyff64@aol.com](mailto:luckyff64@aol.com)

Thank you for considering the request as presented in the Resolution.

  
Lorraine I Beyersdorff  
Town of Texas Clerk

CC: Kurt Gibbs- County Board Chair  
Kim Trueblood-County Clerk  
Kristi Palmer-County Finance Director  
Scott Corbett-County Attorney  
Matthew Bootz-County Board Representative  
Audrey Jensen-County Treasurer  
Jamie Polley-Park Department

**RESOLUTION NO. 2020-01\_\_**  
**TOWN OF TEXAS, MARTHON COUNTY, WISCONSIN**  
**RESOLUTION PERTAINING TO**  
**THE**

**WHEREAS**, Wisconsin Statute § 75.17 entitled *Transfer of contaminated land to a municipality* states that if a county does not take a tax deed for property that is subject to a tax certificate and that is contaminated by a hazardous substance, within 2 years after the expiration of the redemption period that is described under Wis. Stat. § 75.14(1) and specified in § 74.57 (2)(a) and (b) (intro), the county shall take a tax deed for such property upon receiving a written request to do so from the municipality in which the property is located. The county may then retain ownership of the property or, if the county does not wish to retain ownership of the property, the county shall transfer ownership to the municipality, for no consideration, within 180 days after receiving the written request from the municipality;

**WHEREAS**, the property whose mailing addresses are 244053 and 244049 County Road WW has had delinquent property taxes for nine (9) years and the County has not proceeded with a Phase II environmental testing to determine the extent contamination;

**WHEREAS**, a member of the Snowjet Snowmobile Club, the local snowmobile organization responsible for the snowmobile trails in the Town, has been in contact with the County Treasurer about this property and its status for a number of years;

**WHEREAS**, the Town of Texas is interested in the property and to stop miscellaneous dumping of various materials on the property;

**WHEREAS**, the property would be assessable for taxes if taken and transferred to the Snowjet Snowmobile Club;

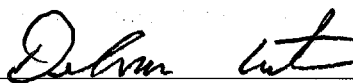
**WHEREAS**, the Town of Texas has been presented with a relocation plan of the Snowjet Snowmobile Club to change the trail from south of County Road W through the swamp and across the Trappe River which the State deems dangerous and does not support funding, to a location of that trail across the property at issue herein for a potential bridge across the Trappe River onto the property of Richard Burch;

**WHEREAS**, the Snowjet Snowmobile Club has approval of the trail on Richard Burch's property which will provide for a safer route;

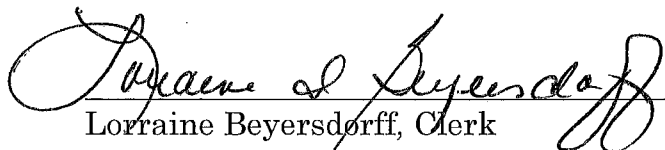
**NOW THEREFORE BE IT RESOLVED**, the Town of Texas Town Board hereby requests the Marathon County Board approve transferring the property to the Town of Texas pursuant to Wis. Stat. §75.17 on the condition that said property will be transferred to the Snowjet Snowmobile Club for the improvement of the snowmobile corridor across the Trappe River as set forth above.

**IN WITNESS WHEREOF**, said Resolution was duly adopted by the Town Board of the Town of Texas at its meeting on the 9th day of March, 2020, by a vote of 3 in favor and 0 opposed.

TOWN OF TEXAS

By:   
Delmar Winter

ATTEST:

  
Lorraine Beyersdorff, Clerk

ADOPTED: March 9, 2020

APPROVED: March 9, 2020

**75.144 TAX SALES**

under sub. (2) and shall reimburse any former title holders for any amount of real estate taxes paid by the title holders on the property for any part of the 5 years preceding the date of entry of the judgment that establishes title by adverse possession.

History: 1985 a. 247; 1987 a. 378.

**75.145 Correction of description by action.** Any tax deed issued by a county containing an incomplete, indefinite or incorrect real estate description, and which description follows that set forth in the tax certificate upon which such tax deed issued, may be corrected in an action brought in the circuit court in the same manner as actions for the reformation of instruments. Such deed so corrected shall be valid as of the date of the first issue.

History: 1987 a. 378.

**75.16 Deed, by whom executed; form.** All deeds of lands given under s. 75.14 shall be executed by the county clerk in the name of the state of Wisconsin and of the county as the grantors therein, and shall be substantially in the following or other equivalent form:

To all to whom these presents shall come, greeting:

Whereas, ..., treasurer of the county of ..., has deposited in the office of the county clerk of the county of ..., in the state of Wisconsin, a tax certificate of said county, whereby it appears, as the fact is, that the following described piece (or pieces) or parcel (or parcels) of land lying and being situated in the county of ..., to wit: (Here describe the lands) was (or were) included in the tax certificate issued to the county of ... on ... .., ... (date), for the nonpayment of real property taxes, special assessments, special charges or special taxes, in the amount of ... dollars and ... cents, in the whole, which sum was the amount assessed and due and unpaid on said tract (or several tracts) of land, and whereas it further appears, as the fact is, that the owner (or owners) or claimant (or claimants) of said land has (or have) not redeemed from said certificate the lands which were included as aforesaid, and said lands continue to remain unredeemed, whereby said described lands have become forfeited and the said county is entitled to a conveyance thereof:

Now, therefore, know all by these presents that the county of ..., in said state, and the state of Wisconsin, in conformity to law, have given and hereby do give, grant and convey the tract (or several tracts) of land above described, together with the hereditaments and appurtenances, to the said county of ... and its assigns, to their sole use and benefit forever.

In testimony whereof, I, ..., the clerk of the county of ..., have executed this deed pursuant to and in virtue of the authority in me vested by the statutes of the state of Wisconsin, and for and on behalf of said state and the county of ... aforesaid, and have hereunto subscribed my name officially and affixed the seal of the said ... (name it), at ... in said county of ..., this ... day of ..., ... (year)

[L. S.]

A. B.

(Here give official designation.)

Done in presence of

....

....

History: 1975 c. 94 s. 91 (8); 1987 a. 378; 1997 a. 250; 1999 a. 32.  
The recitation in a tax deed that a repealed procedure had been followed rendered the deed void. The filing of a void tax deed does not prevent redemption under s. 75.01. There is no authority for the retroactive amendment of a void tax deed. *Theige v. County of Vernon*, 221 Wis. 2d 731, 586 N.W.2d 15 (Cl. App. 1998), 97-0959.

**75.17 Transfer of contaminated land to a municipality.**

(1) In this section:

(a) "Hazardous substance" has the meaning given in s. 292.01 (5).

(b) "Municipality" means a city, village or town.

(2) If a county does not take a tax deed for property that is subject to a tax certificate and that is contaminated by a hazardous

substance, within 2 years after the expiration of the redemption period that is described under s. 75.14 (1) and specified in s. 74.57 (2) (a) and (b) (intro.), the county shall take a tax deed for such property upon receiving a written request to do so from the municipality in which the property is located. The county may then retain ownership of the property or, if the county does not wish to retain ownership of the property, the county shall transfer ownership of the property to the municipality, for no consideration, within 180 days after receiving the written request from the municipality.

History: 1999 a. 9.

**75.19 Foreclosure of certificate.** A county holding a tax certificate, instead of taking a tax deed, may foreclose the certificate by action as in a case of a mortgage on real estate at any time after 2 years from the date of the certificate, except that when costs incurred by any city or village for razing, removing and restoration of the site to a dust-free and erosion-free condition are included in the amount due for taxes, the period of redemption shall be one year from the date of the certificate. The county may, in any case involving the right of redemption or interest of any minor or person adjudged mentally incompetent, after a tax deed has been issued under this chapter, foreclose the right of redemption or interest of the minor or person adjudged mentally incompetent. In such an action the minor or person adjudged mentally incompetent must appear by guardian ad litem, and the general guardian, if the person has one, shall be joined as a party defendant. All the laws and rules of practice relating to the foreclosure of mortgages, as to the persons necessary and proper to be made parties, pleading, evidence, the judgment of foreclosure and sale, the right of the county to be subrogated to the benefits of all liens upon the premises necessarily satisfied by the county in order to save the lien of the certificate, the right of the defendants or any of them to redeem the premises at any time before sale and costs and disbursements, including the necessary expenses for an abstract of title, shall, so far as they are applicable, prevail in such actions. When costs are allowed to the county, the costs, exclusive of disbursements, shall be discretionary with the court but shall not exceed the amount of the certificates at issue in the action, and the costs when allowed shall be an additional lien upon the property described in the certificates. The defendant may, in all cases within the time limited by law for answering the complaint, execute and deliver to the county a quitclaim deed of the lands described in the complaint, conveying all the right, title and interest of the defendant at the time of the commencement of the suit or may, within such time, either after having delivered the deed or without delivery, answer disclaiming any title to the lands in question at the time of the commencement of the suit, in either of which cases the county shall not recover costs against any defendant who quitclaims or who shall establish the disclaimer at the trial. The sale in such actions shall be conducted, certificates made and filed, the report made and confirmed and a deed executed and delivered in the same manner and with the same effect as in actions for foreclosure of mortgages.

History: 1977 c. 83, 174, 203, 272; 1981 c. 322; 1987 a. 378; 1989 a. 347.

**75.195 Extended time for beginning tax foreclosure.**

(1) In this section:

(a) "Dwelling" means any building that contains one or 2 dwelling units and any land included with that building in the same entry on the tax roll.

(b) "Dwelling unit" means a structure or that part of a structure used as a home, residence or sleeping place by one person or by 2 or more persons maintaining a common household, to the exclusion of all others.

(2) The council of any city authorized to proceed under s. 74.87 may by ordinance direct its treasurer to defer the foreclosure of tax certificates held by the city on dwellings. The ordinance shall designate the period of time that the foreclosure of tax certificates shall be deferred after the period provided by law. The deferral period may not exceed 2 years. The deferral shall apply to

## Marathon County

Owner (s):

**ANDERSON, BRANDON M**

Location:

**NE1/4 NW1/4, Sect. 36, T29N, R7E**

Mailing Address:

**BRANDON M ANDERSON  
717 FOREST ST  
WAUSAU, WI 54403-**

School District:

**6223 - WAUSAU**

Request Mailing Address Change

Tax Parcel ID Number: Tax District:

**291-2907-362-0011 291-CITY OF WAUSAU**

Status:

**Active**

Alternate Tax Parcel Number: Government Owned: Acres:

**59-7050-001-009-01-00 0.0000**

Description - Comments (Please see Documents tab below for related documents. For a complete legal description, see recorded document.):

**STEWART MANSON  
& PARCHERS 2ND ADD W 37.5' OF LOT 9 BLK 1**

Site Address (es): (Site address may not be verified and could be incorrect. DO NOT use the site address in lieu of legal description.)

**717 FOREST ST WAUSAU, WI 54403**

1 Lottery credit claimed effective 9/5/2019

### Tax History

\* Click on a Tax Year for detailed payment information.

Tax Year*	Tax Bill	Taxes Paid	Taxes Due	Interest	Penalty	Fees	Total Payoff
2019	\$1,565.95	\$0.00	\$1,565.95	\$93.95	\$46.98	\$0.00	\$1,706.88
2018	\$1,451.16	\$0.00	\$1,451.16	\$261.21	\$130.60	\$0.00	\$1,842.97
2017	\$1,900.01	\$0.00	\$1,900.01	\$570.00	\$285.00	\$0.00	\$2,755.01
2016	\$1,714.32	\$0.00	\$1,714.32	\$720.02	\$360.00	\$37.10	\$2,831.44
2015	\$1,805.63	\$0.00	\$1,805.63	\$975.04	\$487.51	\$0.00	\$3,268.18
2014	\$1,504.73	\$0.00	\$1,504.73	\$993.12	\$496.56	\$0.00	\$2,994.41
2013	\$1,459.05	\$0.00	\$1,459.05	\$1,138.06	\$569.03	\$0.00	\$3,166.14
2012	\$1,708.67	\$1,708.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2011	\$1,386.73	\$0.00	\$1,386.73	\$1,414.46	\$707.24	\$21.64	\$3,530.07
2010	\$1,529.98	\$625.98	\$904.00	\$1,030.56	\$515.28	\$0.00	\$2,449.84
<b>Total</b>							<b>\$24,544.94</b>

***'PAY TAXES' button may be used to pay the SECOND installment for all municipalities except for the City of Wausau. It may also be used to pay past year delinquent taxes for all municipalities. If the first installment is not received by the municipality by January 31 of the year due, interest and penalty will also be due. Please contact the County Treasurer's Office at (715) 261-1150 for exact amount due if after January 31 or if taxes are 3 years or more delinquent.***

*NOTE: Current year tax bills may not be processed by the county.*

Interest and penalty on delinquent taxes are calculated to **July 31, 2020.**

**Health Department**  
1000 Lake View Drive, Suite 100  
Wausau, WI 54403-6797



Tel/TDD: 715-261-1900  
Fax: 715-261-1901  
[www.co.marathon.wi.us](http://www.co.marathon.wi.us)

April 14, 2020

Pin # 291-2907-362-0011

Audrey Jensen  
Marathon County Treasurer  
500 Forest Street  
Wausau, WI 54403

Dear Ms. Jensen:

Per your request, an Environmental Transaction Screen (ETS) has been conducted for the Brandon Anderson property located at 717 Forest Street, Wausau, WI. The transaction screen was conducted by Keith Baine, Environmental Health Sanitarian. The purpose of this investigation was to review past and present land use practices, current operations and conditions, and identify the potential presence of hazardous substances, to evaluate the potential occurrence of soil and/or /groundwater contamination at the site. No soil or groundwater sampling was conducted in conjunction with this assessment.

The subject property is .10 acres size. The property is located in the Stewart Manson & Parchers 2<sup>nd</sup> addition Lot 9 block 1 in the City of Wausau, Marathon County, Wisconsin. A two story house is located on the lot. The property appeared to be vacant at the time of the inspection. No entry into the interior structure was permitted. The property is serviced by municipal sewer and water.

Based on visual observations made during the site visit on April 14, 2020 and the records review of the property, the following items have been identified as potential sources of contamination on the property.

**Findings:**

- A) Numerous contaminated sites were located during the search. See attached map for locations of these sites. The WPSC Former WPL MGP Site is working towards closure and the CMC Property 29B has no further investigations or remediation required at this time. The remaining sites have been closed by Wisconsin Department of Natural Resources.



**Recommendations:**

Potential dangers to the property have been listed above. There would appear to be no major impediments to the County assuming ownership of the property.

The findings and recommendations presented above are professional opinions based solely upon visual observations of the site and vicinity, and our interpretation of the available historical information and documents reviewed. The report is intended for the exclusive use of Marathon County. It should be recognized that this assessment was not intended to be a definitive investigation of contamination at the subject property. Given that analytical testing for contamination was not performed, it is possible that currently unrecognized contamination may exist at the site. Opinions and recommendations presented herein apply to the site conditions existing at the time of our investigation and those reasonably foreseeable.

If you have any questions, please call.

Sincerely,

A handwritten signature in cursive script that reads "Keith Baine".

Keith Baine  
Environmental Health Sanitarian

cc: D. Grosskurth, MCHD

717 Forest Street Wausau, WI

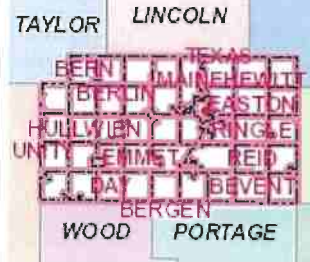
Pin #291-2907-362-0011







# Land Information Mapping System



## Legend

- Parcel Annotations
- Parcels
- Land Hooks
- Section Lines/Numbers
- Right Of Ways
- Wausau Buildings
- Municipalities
- Surrounding\_Counties
- CLARK
- LANGLADE
- LINCOLN
- PORTAGE
- SHAWANO
- TAYLOR
- WAUPACA
- WOOD



Notes

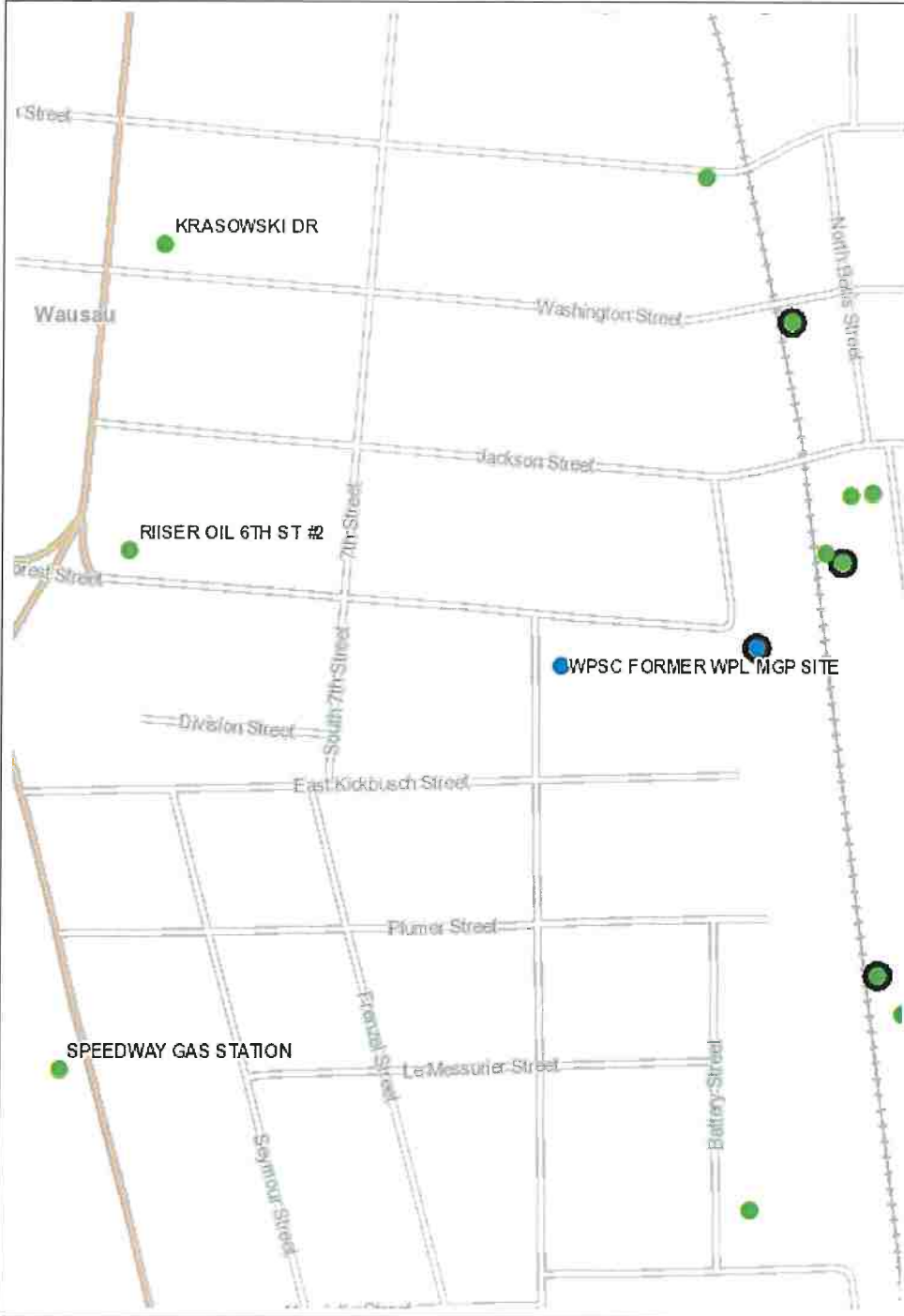


DISCLAIMER: The information and depictions herein are for informational purposes and Marathon County-City of Wausau specifically disclaims accuracy in this reproduction and specifically admonishes and advises that if specific and precise accuracy is required, the same should be determined by procurement of certified maps, surveys, plats, Flood Insurance Studies, or other official means. Marathon County-City of Wausau will not be responsible for any damages which result from third party use of the information and depictions herein or for use which ignores this warning.





# 717 Forest Street, Wausau WI



### Legend

- Open Site
- Closed Site
- Continuing Obligations Apply



NAD\_1983\_HARN\_Wisconsin\_TM

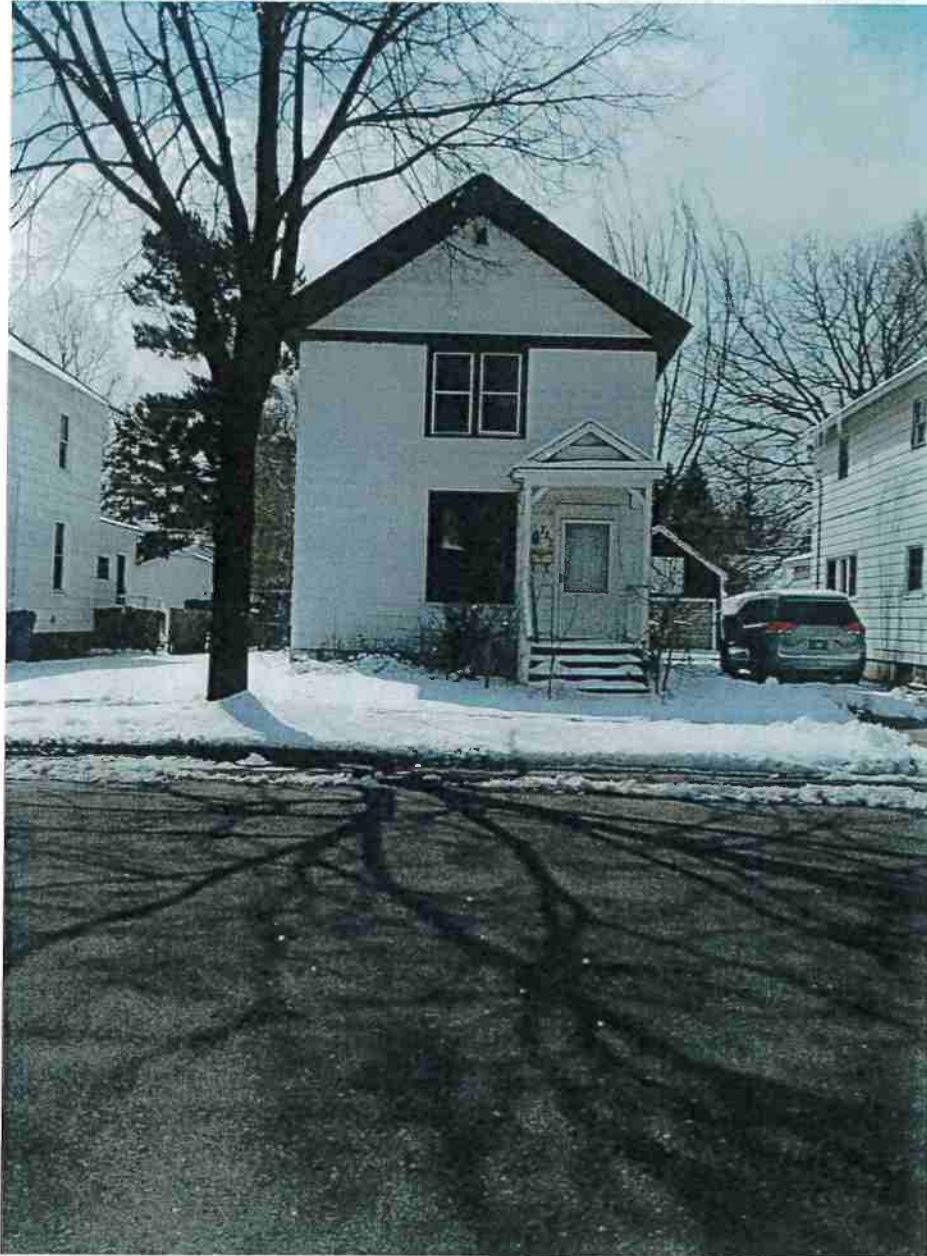
DISCLAIMER: The information shown on these maps has been obtained from various sources, and are of varying age, reliability and resolution. These maps are not intended to be used for navigation, nor are these maps an authoritative source of information about legal land ownership or public access. No warranty, expressed or implied, is made regarding accuracy, applicability for a particular use, completeness, or legality of the information depicted on this map. For more information, see the DNR Legal Notices web page: <http://dnr.wi.gov/org/legal/>

Note: Not all sites are mapped.

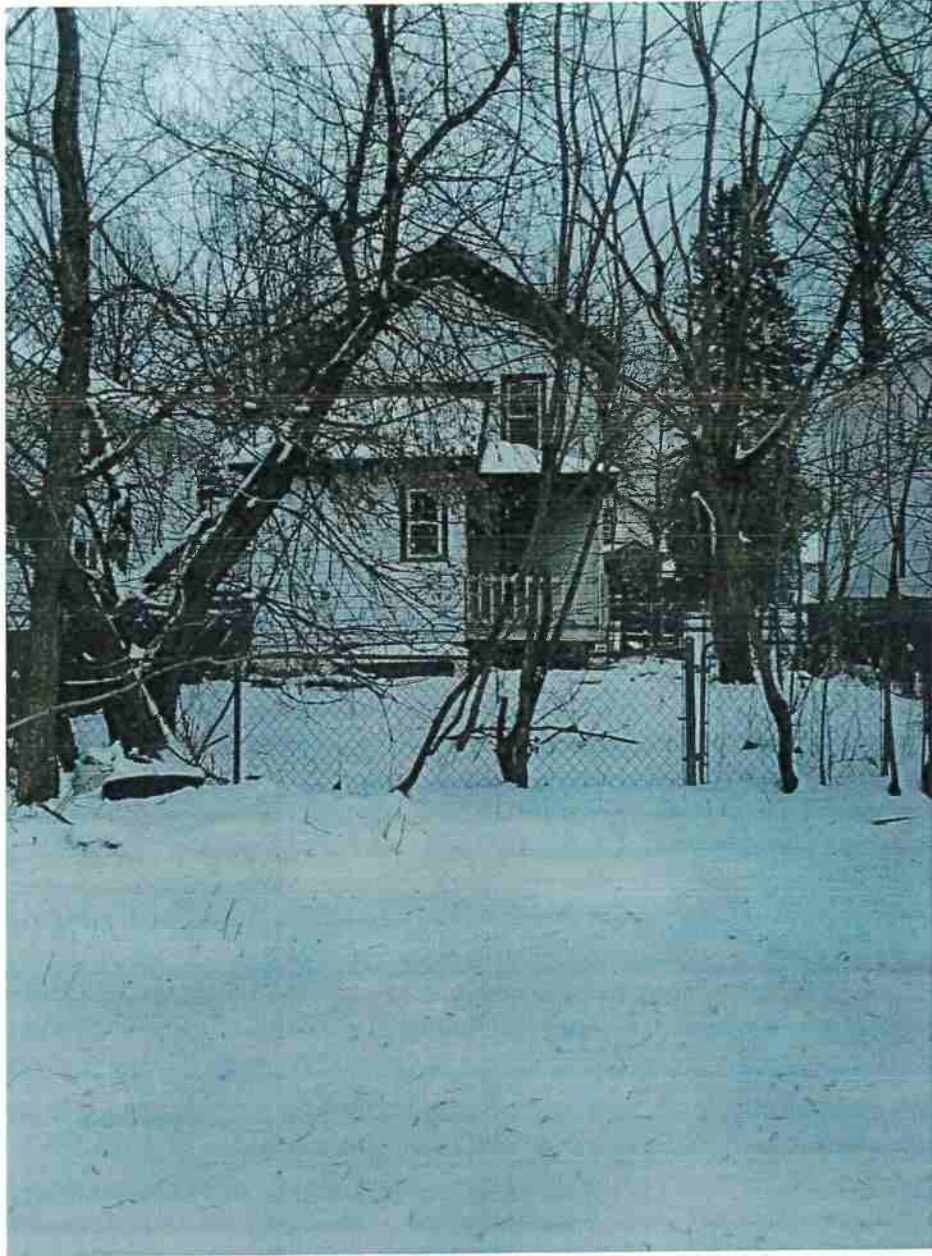
### Notes



717 Forest Street Wausau WI  
Pin #291-2907-362-0011









# MARATHON COUNTY

## OFFICE OF HIGHWAY COMMISSIONER

1430 WEST STREET  
WAUSAU, WI 54401

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TO: Marathon County Human Resources, Finance & Property Committee  
FROM: Jim Griesbach, Marathon County Highway Commissioner  
RE: Sale of Property 28<sup>th</sup> Ave.  
Date: July 9<sup>th</sup>, 2020

---

A corridor map was developed along North 28<sup>th</sup> Avenue in 2005 to layout any future expansions of 28<sup>th</sup> Avenue. During the last 14 years, Marathon County acquired some parcels that were for sale. One of said parcels was owned by Donald Moseman; we purchased this parcel in 2010. At this time, we are unsure of any future expansion of 28<sup>th</sup> Avenue due to the development of Westwood Drive. I have been contacted by the adjoining land owner regarding our interest in selling the one-acre parcel which we purchased in 2010. Under State Statute 83.08(4), it states that the county board is authorized and empowered to sell to the adjacent landowner for fair market price when such property is no longer necessary for highway purpose. On Thursday June 4, 2020, the Marathon County Infrastructure Committee approved the sale of the one-acre parcel to Mr. John Thompson (the adjoining land owner) for \$13,157.89, which is equal to the price per acre Mr. Thompson paid for the adjoining land in November 2019, thus establishing the fair market value. The committee also recommended the sale of the parcel be contingent on a buy-back provision for any land which may be needed for highway propose in the future.

Submitted by  
James Griesbach  
Highway Commissioner

GARY E LANGBECKER  
2621290716



EUGENE E WITTER  
05229072110999

**LEGEND**

- ADDITIONAL RIGHT-OF-WAY CORRIDOR REQUIRED
- SLOPE INTERCEPT

*Parcel to be sold*

K & M BAUER FARMS INC  
05229072110988

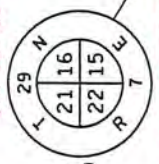
WEST SIDE R/W VARIES FROM 126' TO 115' - STATION 754+25 TO STATION 766+93

DONALD A MOSEMAN  
05229072110987

MARY JO BAUER  
05229072220981

K & M BAUER FARMS INC  
05229072220982

Y=212395.3710  
X=270437.5510



PROPOSED R/W MATCHES EXISTING R/W

PROPOSED R/W MATCHES EXISTING R/W

WITTER REVOCABLE TRUST  
05229072220985

LORENE R HUSSONG

LORENE R HUSSONG  
KEITH A KOENIG

GWTW LLC  
05229071640992

EUGENE E WITTER  
05229071530989

EUGENE E WITTER  
05229071530982

N. 28TH AVENUE  
VARIES FROM 10' - 60'

MATCH LINE STATION 759+00

MATCH LINE STATION 788+00

COUNTY ROAD U

COUNTY ROAD U

PROJECT NO: 2003.060      HWY: 28TH AVENUE      COUNTY: MARATHON      28TH AVENUE CORRIDOR MAP      SHEET NO: 2/6      E

FILE NAME : P:\MICROSTATION PROJECTS\ 2003 \ 2003.060 \ DGN\CORRIDOR MAPS\SHEET3 .DGN      PLOT DATE : 09/22/2003      PLOT BY : gary.langbecker      PLOT NAME : 28th Avenue Corridor Map      SCALE, FEET 0 100 200      WISDOT/CADD/SHEET 42