



OFFICIAL NOTICE AND AGENDA-of a meeting of the County Board, Committee, Agency,
Corporation or Sub-Unit thereof MARATHON COUNTY, WISCONSIN
MARATHON COUNTY HUMAN RESOURCES, FINANCE & PROPERTY COMMITTEE MEETING AGENDA

Date & Time of Meeting: **Monday, February 4, 2019; 3:00 p.m.**

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

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

Marathon County Mission Statement: Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly, or in cooperation with other public and private partners, provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12/20/05)

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

1. Call to Order-Please silence your cellphones
2. Public Comment Period -- Not to Exceed 15 Minutes
3. Approval of the Minutes of the January 14, 2019 Human Resources, Finance and Property Committee Meeting.
4. Educational Presentations/Outcome Monitoring Reports
 - A. None
5. Operational Functions required by Statute, Ordinance, or Resolution:
 - A. Discussion and Possible Action by Human Resources and Finance and Property Committee
 1. Tax Deed Property-Lower the Set Value on Tax Deed Property:
 - a) City of Mosinee-PIN# 251-2707-332-9865 Parcel #53.332707.005.013.00.00
 - b) City of Wausau-727 Park Ave, Wausau, WI PIN# 291-2907-251-0061 Parcel# 59.4600.015.010.00.00
 - B. Discussion and Possible Action by Committee to Forward to the County Board for its consideration
 1. Interdepartmental Transfers-2018
 2. Interdepartmental Transfers-2019
 3. Approve January 2019 Claims and Questioned Costs
 4. Create 1 FTE Social Service Coordinator (Economic Support Specialist) position effective February 11, 2019. 100% funded with Economic Support Enhanced Fund (no tax levy).-Matel/Tylka
 5. Approval to create additional Social Service Coordinator (Economic Support Specialist) positions as needed, on condition of positions having no county tax levy impact-Matel/Tylka
 6. **Motion to Go Into Closed Session** (Roll Call Vote suggested) Pursuant to §19.85(1)(e), Wis. Stats., for the purpose of for the Purpose of Deliberating or Negotiating the Purchase of Public Properties, the Investing of Public Funds, or Conducting Other Specified Public Business, Whenever Competitive or Bargaining Reasons Require a Closed Session, to Wit: For the purpose of permitting the Committee to discuss its strategy for negotiating with the City of Wausau for the city's possible purchase of tax delinquent property located at 2101 Grand Avenue, Wausau, WI, 54403. Formerly, the Ponderosa Motel- Corbett
 7. Motion to Return to Open Session
 8. Announcements and Possible Action on Matters discussed in Closed Session
6. Policy Issues Discussion and Committee Determination

Follow up on 2019 Time Table for the Human Resources, Finance and Property Committee
7. Announcements:

Next Meeting Date-February 18, 2019 3 pm
8. Adjourn

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

SIGNED EJ STARK/s/K Palmer
Presiding Officer or Designee

Faxed to: Wausau Daily Herald
Faxed to: City Pages
Faxed to: Record Review
Faxed by/time: K Palmer 2/1/2019 11:15am

NOTICE POSTED AT THE COURTHOUSE
By/Date/Time: K Palmer 2/1/2019 11:15am



MARATHON COUNTY HUMAN RESOURCES, FINANCE & PROPERTY COMMITTEE MEETING MINUTES

Date & Time of Meeting: **Monday, January 14, 2019; 3:00 p.m.**

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

Members: EJ Stark, Chair; Bill Miller, Vice-Chair; Tim Buttke, John Durham, Kurt Gibbs, Yee Leng Xiong, Jeff Zriny-excused
Others: Kristi Palmer, Nan Kottke, Terry Kaiser, Craig Christen, Lance Leonhard

1. Call to Order-Please silence your cellphones
2. Public Comment Period -- Not to Exceed 15 Minutes-None
3. Approval of the Minutes of the December 3, 2018 Human Resources, Finance and Property Committee Meeting
Motion by Miller and seconded by Buttke to approve the minutes; vote unanimous
4. Educational Presentations/Outcome Monitoring Reports-None
5. Operational Functions required by Statute, Ordinance, or Resolution:
 - A. Discussion and Possible Action by Human Resources and Finance and Property Committee
 - 1) Approve November 2018 Claims and Questioned Costs –Postponed from December 3, 2018
Motion by Gibbs and seconded by Durham to approve November claims; vote unanimous
 - 2) Approve December 2018 Claims and Questioned Costs
Motion by Durham and seconded by Buttke to approve the December claims; vote unanimous
 - 3) Approve Jail Booking Desk Remodel and Funding from Jail Assessment Fees
Request to complete jail booking desk remodel and use Jail Assessment to fund the project.
Motion by Xiong and seconded by Gibbs to approve the remodel and use Jail Assessment funds; vote unanimous
 - B. Discussion and Possible Action by Committee to Forward to the County Board for its consideration
 - 1) Discussion and Possible Action by Committee-2018 Interdepartmental Transfers-None
 - 2) Resolution to Amend the 2019 CIP Funding for Rolling Stock
Motion Gibbs and seconded by Xiong to approve the resolution; vote unanimous
 - 4) Discussion and Possible Action-Initial Resolution Authorizing Not to Exceed \$2,295,000 General Obligation Promissory Notes for Capital Improvement Plan
Motion by Gibbs and seconded Buttke to authorize forward the Initial Resolution Authorizing the General Obligation Promissory Notes and forward to County Board; vote unanimous
 - 5) Discussion and Possible Action-Resolution Declaring Official Intent to Reimburse Expenditures on Capital Improvement Plan Projects from Proceeds of Borrowing
Motion by Miller and seconded by Durham to approve the Resolution Declaring Official Intent to Reimburse Expenditures on Capital Improvement Plan Projects and forward to County Board; vote unanimous
6. Policy Issues Discussion and Committee Determination
 - A. Human Resources, Finance and Property Committee 2019 Timetable of Events
Gibbs-In 2017 we used one-time money and we have not come up with a plan on how to pay back. We should update the policy on reserves. We need to look at what our stance is understanding levy caps. 60 Counties levy cap increase did not cover the increase in annual health insurance cost alone. We fund 2 ½ positions in the District Attorney's office that are State employees. We have increased services in departments with limited resources. We can't continue the level of services we have now with the levy limits in place. I think we need to make it clear to the Legislature to have relief from levy limits or exemptions from certain efforts where the increase response far outweighs the resources available.
Miller-We should push for the state to fund activities that are mandatory to complete or have exemption to fund them. See the need for additional dispatchers but we do not have the funding for these positions.
Gibbs-identify long term capital projects and timeline when those get done. Stark-On going agenda item to continue discussion. Gibbs discussed some Federal level discussion at NACo.
 - A. Announcements-Next Meeting Date-February 4, 2019
7. Adjourn- Motion by Durham and seconded by Xiong to adjourn at 3:55 pm, vote unanimous

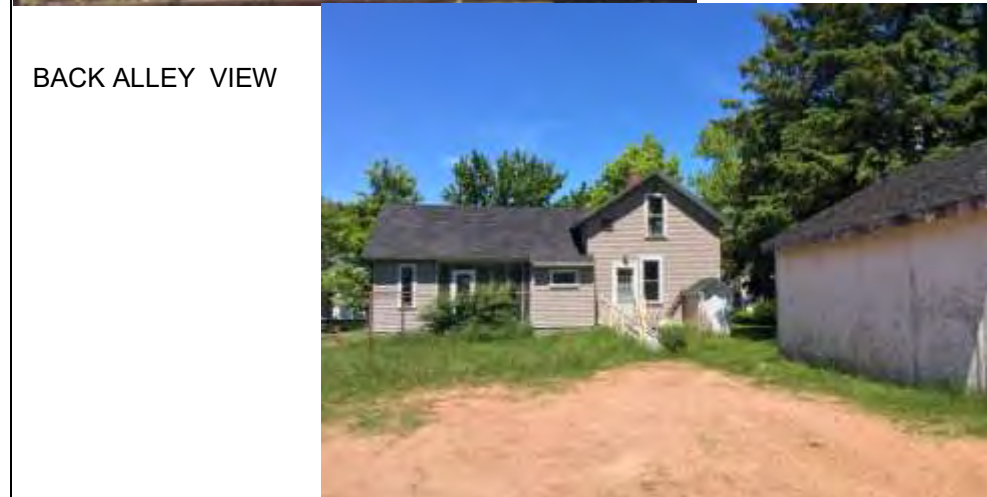
TAX DEED PROPERTY

| MUNICIPALITY | DESCRIPTION | DATE TAX DEED ACQUIRED | EXPENSES | IMAGE | COMMENTS: |
|--|---|---|---|---|---|
| <p>CITY OF MOSINEE</p> <p>FORMER OWNER: JOHN H S ROSEMURGY – JOHN H S ROSEMURGY TRUST</p> | <p>CITY OF MOSINEE M697-587 1337420 2.310 A SEC 33-27-07 PT OF NE ¼ NW ¼ LOT 1 CSM VOL 32 PG 17 (#8249) PIN: #251-2707-332-9865 PARCEL: #53.332707.005.013.00.00</p> <p>VALUE 2011 - EFMV \$177,500</p> | <p>TAX DELINQUENT PROPERTY Approved Taking by Finance & Property Committee held October 3, 2011</p> | <p>Appraisal: \$350.00 Publication: \$700.00 Environmental Transaction Screen \$400.00 Tax: \$19,897.94 Interest/ Penalty: \$9,993.84 Specials: \$11.54 TOTAL: \$31,353.32</p> |  | <p>INFORMATION ON WEBSITE FIRST TIME PUBLICATIONS: Published—one time-weekly papers Published-one time-Marshfield News Herald & Published – Class 3 Ad Wausau Daily Herald</p> <p>Published – one time Week of : June 11, 2017 Record Review Tribune Phonograph Mosinee Times Wittenberg Enterprise</p> <p>MARSHFIELD NEWS - Publish ONE TIME as a Display Ad – JUNE 14, 2017</p> <p>WAUSAU DAILY HERALD--- Class 3 - Publish THREE TIMES as a Display Ad THURSDAY, JUNE 15, 2017 SUNDAY, JUNE 18, 2017 WEDNESDAY, JUNE 21, 2017</p> |
| <p>#1</p> <p>GROUP #7</p> | <p>APPRAISAL IN 2017: \$110,000</p> |  <p>TAX DEED LAND SALE - #2017-1</p> <p>CITY OF MOSINEE SET VALUE: \$110,000</p> <p>DESCRIPTION: M697-587 1337420 2.310 A SEC 33-27-07 - PT OF NE ¼ NW ¼ LOT 1 CSM VOL 32 PG 17 (#8249) PIN: #251-2707-332-9865 PARCEL: #53.332707.005.013.00.00</p> | |  | |

| MUNICIPALITY | DESCRIPTION | DATE TAX DEED ACQUIRED | EXPENSES |
|-----------------------|--|---|--|
| CITY OF WAUSAU | CITY OF WAUSAU 727 PARK AVE M788-15WD KIEFER MILLER & RINGLES ADD LOT 10 BLK 15 | TAX DELINQUENT PROPERTY Approved Taking by Finance & Property Committee held December 8, 2014 | Appraisal: \$500.00 Publication: \$700.00 Environmental Transaction Screen \$400.00 Tax: \$13,120.59 Interest/ Penalty: \$6,806.27 Specials: \$62.86 TOTAL: \$21,589.72 APPRAISAL IN 2017: \$28,000 |
| | ASSESSED VALUE 2015 - \$75,600 | | |



FRONT VIEW



BACK ALLEY VIEW

COMMENTS:

INFORMATION ON WEBSITE
FIRST TIME PUBLICATIONS:
Published—one time-weekly papers
Published—one time-Marshfield News Herald & Published – Class 3 Ad Wausau Daily Herald


Published – one time
Week of : June 11, 2017
Record Review
Tribune Phonograph
Mosinee Times
Wittenberg Enterprise

MARSHFIELD NEWS - Publish ONE TIME as a Display Ad – JUNE 14, 2017

WAUSAU DAILY HERALD--- Class 3 - Publish THREE TIMES as a Display Ad
THURSDAY, JUNE 15, 2017
SUNDAY, JUNE 18, 2017
WEDNESDAY, JUNE 21, 2017

#2

GROUP #7



MARATHON COUNTY

TAX DEED LAND SALE - #2017-3

CITY OF WAUSAU
727 PARK AVE, WAUSAU, WI
SET VALUE: \$28,000

DESCRIPTION:
M788-15WD - KIEFER MILLER & RINGLES ADD
LOT 10 BLK 15 - #291-2907-251-0061 #59.4600 .015.010.00.00



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: 2019

TRANSFER FROM:

| Action | Account Number | Account Description | Amount |
|----------------------|----------------|----------------------------|--------|
| Expenditure Decrease | 101-316-9-1110 | Salaries-Permanent-Regular | 8 |

TRANSFER TO:

| Action | Account Number | Account Description | Amount |
|------------------|----------------|-----------------------------|--------|
| Revenue Decrease | 101-316-8-9900 | Transfers from Fund Balance | 8 |

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

Requested By: Joan Theurer, Health Officer

Date Completed: 1/2/2019

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: 2/4/2019

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

Toddler Car Seats

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

This money is from a car seat rental program that was transitioned to be used to promote childhood safety in 2012.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: A

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? No

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Health

BUDGET YEAR: 2019

TRANSFER FROM:

| Action | Account Number | Account Description | Amount |
|----------------------|----------------|----------------------|--------|
| Expenditure Decrease | 101-322-9-3480 | Educational Supplies | 4473 |

TRANSFER TO:

| Action | Account Number | Account Description | Amount |
|------------------|----------------|-----------------------------|--------|
| Revenue Decrease | 101-322-8-9900 | Transfers from Fund Balance | 1473 |
| Revenue Decrease | 101-322-8-5519 | Radon Test Kit | 3000 |

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

Requested By: Joan Theurer, Health Officer

Date Completed: 1/2/2019

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: 2/5/2019

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

Radon Test Kits

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

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

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: A

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Health

BUDGET YEAR: 2019

TRANSFER FROM:

| Action | Account Number | Account Description | Amount |
|------------------|----------------|-----------------------------|--------|
| Revenue Increase | 101-360-8-9900 | Transfers from Fund Balance | 25545 |

TRANSFER TO:

| Action | Account Number | Account Description | Amount |
|----------------------|----------------|--------------------------|--------|
| Expenditure Increase | 101-360-9-3490 | Other Operating Supplies | 25545 |

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

Requested By: Joan Theurer, Health Officer

Date Completed: 1/2/2019

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: 2/4/2019

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

Tuberculosis – Wisconsin Medicaid

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

This is a Medicaid Fee-for-Service program where we provide health teaching, medication, and assist in coordinating medical appointments for individuals with tuberculosis who are Medicaid eligible.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: A

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: Health

BUDGET YEAR: 2019

TRANSFER FROM:

| Action | Account Number | Account Description | Amount |
|------------------|----------------|-----------------------------|--------|
| Revenue Increase | 101-440-8-9900 | Transfers from Fund Balance | 369 |

TRANSFER TO:

| Action | Account Number | Account Description | Amount |
|----------------------|----------------|----------------------------|--------|
| Expenditure Increase | 101-440-9-1110 | Salaries-Permanent-Regular | 369 |

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

Requested By: Joan Theurer, Health Officer

Date Completed: 1/2/2019

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: 2/4/2019

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

Tobacco Intervention Program

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

The Tobacco Intervention Program was an educational class to help teens who use tobacco to become more informed about the effects of tobacco use on their lives.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: A

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? No

MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: Health

BUDGET YEAR: 2019

TRANSFER FROM:

| Action | Account Number | Account Description | Amount |
|------------------|----------------|-----------------------------|--------|
| Revenue Increase | 101-857-8-9900 | Transfers from Fund Balance | 5677 |

TRANSFER TO:

| Action | Account Number | Account Description | Amount |
|----------------------|----------------|-----------------------|--------|
| Expenditure Increase | 101-857-9-3140 | Small Items Equipment | 5677 |

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

Requested By: Joan Theurer, Health Officer

Date Completed: 1/2/2019

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: 2/4/2019

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

Cribs for Kids

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

This money enables the Health Department to purchase and distribute Pack N'Play portable cribs to low-income families who are unable to afford a crib. Ensuring every newborn has a safe sleep environment was identified as a community need in 2007 as a result of a number of infant deaths in Marathon County due to unsafe sleep environments. The service provides one-on-one health teaching to parents on safe sleep environments.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: A

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? No

MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: Health

BUDGET YEAR: 2019

TRANSFER FROM:

| Action | Account Number | Account Description | Amount |
|------------------|----------------|-------------------------------|--------|
| Revenue Increase | 275-325-8-2446 | Oth Health Care Serv-St Grant | 1649 |

TRANSFER TO:

| Action | Account Number | Account Description | Amount |
|----------------------|----------------|----------------------------|--------|
| Expenditure Increase | 275-325-9-1110 | Salaries-Permanent-Regular | 1649 |

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: 12/28/2018

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

Radon

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

Our staff operates the regional Northcentral Radon Information Center (RIC), a 12 - county consortium to educate individuals and promote testing for radon in 12 counties. The RIC provides radon information and test kits to individuals, private businesses, and government agencies; presentations to schools and employer-sponsored health fairs; and in addition, provides regional support to health departments in the RIC area which includes hosting training opportunities allowing RIC counties or local businesses involved in radon testing and mitigation to meet continuing education requirements.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: Adjust budget to reflect actual contract amount for 2019

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: Health

BUDGET YEAR: 2019

TRANSFER FROM:

| Action | Account Number | Account Description | Amount |
|------------------|----------------|-----------------------------|--------|
| Revenue Increase | 276-327-8-9900 | Transfers from Fund Balance | 40027 |

TRANSFER TO:

| Action | Account Number | Account Description | Amount |
|----------------------|----------------|--------------------------|--------|
| Expenditure Increase | 276-327-9-3490 | Other Operating Supplies | 40027 |

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

Requested By: Joan Theurer, Health Officer

Date Completed: 1/2/2019

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

- 2) Provide a brief (2-3 sentence) description of what this program does.
The program exists to develop and maintain plans so the Marathon County Health Department, along with our partners, is prepared to respond to public health emergencies.

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

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

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

- 6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)
 No.
 Yes, the Amount is Less than \$30,000.
 Yes, the Amount is \$30,000 or more AND: (Check one)
 The capital request HAS been approved by the CIP Committee.
 The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: Health

BUDGET YEAR: 2019

TRANSFER FROM:

| Action | Account Number | Account Description | Amount |
|------------------|----------------|-----------------------------|--------|
| Revenue Increase | 283-336-8-9900 | Transfers from Fund Balance | 21764 |

TRANSFER TO:

| Action | Account Number | Account Description | Amount |
|----------------------|----------------|--------------------------|--------|
| Expenditure Increase | 276-327-9-3490 | Other Operating Supplies | 21764 |

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

Requested By: Joan Theurer, Health Officer

Date Completed: 1/2/2019

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: 2/5/2019

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

Local Public Health Preparedness-Carry Forward

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

The program exists to develop and maintain plans so the Marathon County Health Department, along with our partners, is prepared to respond to public health emergencies.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: A

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? No

MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: Social Services

BUDGET YEAR: 2018

TRANSFER FROM:

| Action | Account Number | Account Description | Amount |
|------------------|----------------|-------------------------------|--------|
| Revenue Increase | 176-471 8 2453 | SPECIAL SERV- STATE GRT & AID | 33,359 |

TRANSFER TO:

| Action | Account Number | Account Description | Amount |
|----------------------|----------------|-----------------------|--------|
| Expenditure Increase | 176-471 9 7113 | KINSHIP CARE BENEFITS | 33,359 |

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: Jean M. Schult

Date Completed: 1/14/2019

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: 2/5/2019

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)
Kinship Care Program
- 2) Provide a brief (2-3 sentence) description of what this program does.
The Kinship Care Program supports placing youth in out of home care with kin-like relatives.
- 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

APPENDIX B
NEW OR EXPANDED POSITION REQUEST

I. GENERAL INFORMATION

Department: Department of Social Services

Date: 12/11/2018

Position Requested: Economic Support Specialist
(If unsure of classification, indicate "To be determined")

FT PT FTE _____ %
Number of Positions: 1

*NOTE – request for subsequent planned positions pending review by County Administration and Employee Resources

Division Position Will Be Assigned To: N/A

(Indicate NA if not applicable)

Projected Start Date of Position: February 1, 2019

Priority Number of This Position: _____

If you are requesting more than one position, prioritize all your requests and indicate the priority number of position.

II. FULL EXPLANATION OF NEED FOR POSITION

A. Is this position request compatible with the County's mission statement?

Yes, it supports the health and safety of children and families by increased ability to issue FoodShare, Child Care Subsidy and Health Care to families.

B. What is your department's mission statement and how does position support this mission and/or department strategic plan?

Mission Statement: We strengthen individuals and families by coordination and providing resources that promote safety and maximize independence to build a strong and healthy community.

Economic Support provides the determination of eligibility for public assistance programs such as FoodShare, Child Care Subsidy and Health Care to assist families in need to remain independent and healthy. Economic Support collaborates with Wisconsin Works (W2), FoodShare employment and training (FSET), Energy Services, the Aging and Disability Resource Center (ADRC), Bridge Community and Marathon County Health Department to provide customer services to our community.

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

The intent of this position is to be primarily assigned to our call center to assist families more timely in applying for benefits or updating their current case. With our current staffing our consortium struggles to meet call center performance guidelines established by the Department of Health Services consistently. Our consortium has not met standards per the State contract on more than one occasion. In addition, our call center often performs on the low end comparatively with other consortium throughout the state. Customers are at times experiencing wait times over 45 minutes and frequently over 20 minutes.

The Call Center is the primary means for customers to ask questions about, apply, or renew their benefits such as Medicaid and Foodshare.

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

New applicants and current customers will have increased and more timely access to economic support services with additional staff to respond to calls when combined with the efforts of our partnering agencies who are also increasing staffing or staff time toward this initiative. Staff will be able to be more responsive to customers and the customer's experience will be quicker and less stressful both them and our staff.

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

Shifting of existing staff toward the call center has been attempted. This was counter-productive since moving resources away from the case processing aspects proved to increase call volume. Following an evaluation that at least 3.0 FTE are needed to improve performance outcomes, discussions were held with our partnering agencies for capacity to increase FTE positions and house additional staff. All partnering agencies in our consortium agreed to take a share of efforts to improve call center response by increasing resources which allows for this request to be 1 FTE rather than 3 FTE at this time.

- F. What will be the effect if the proposed position is not created?

Customers will continue to experience long hold times and increase the likelihood of callers escalating. When the customer is distressed, our staff have more difficulty performing their jobs quickly and accurately. We will continue to struggle to meet performance objectives per our contract with DHS for accuracy and timeliness. Equally important, we fail to provide services in a trauma informed approach when we don't have adequate staffing for basic services, such as access.

- G. What criteria will you use to monitor the effectiveness and performance of the position? (Increasing revenues, improved customer service, decreasing costs, enhancing services, etc?)

The performance of this position will be monitored by our existing performance measures for other staff performing similar duties. Average speed of answer, calls per busy hour and after call times will be monitored on a monthly basis. In addition, our consortium performance metrics will continue to be monitored daily, weekly and monthly and compared to other consortium and statewide average each month. We should see an increase in our ranking compared to other consortia.

Our customers will have improved services and we are less likely to have escalated callers. Our case accuracy should also increase, which will be monitored by our internal quality control reviews as well as 2nd and 3rd party reviews.

III. SPECIFIC DUTIES OF NEW POSITION

- A. List the specific duties position will perform plus the approximate percentage of time to be spent on each duty.

This position will be assigned to the call center approximately 80% of the time. During low call volume times or when our call center is closed, this position will be assigned to various case processing duties including but not limited to alerts, applications, document processing, or discrepancies approximately 20% of the time.

- B. Could another County department use the expertise of this position? OR could you use the expertise of another department to meet your needs? Why or why not?

Economic Support's eligibility requirements have very complex and continually evolving policies. The training required to perform the job is lengthy and intense; it is not likely that another department has this precise expertise. It is also not likely other departments can use the expertise of this position, but there are departments such as NCHC, which benefit from timely applications of Medicaid, including mental health and AODA services, and the nursing home.

- C. If the work is currently being done by the County, how is it being accomplished (contract basis, temporary help, current employee, etc.)? Why is this arrangement no longer acceptable?

This work is currently being done untimely in some performance measures and with the use of overtime hours that is not sustainable long term.

IV. POSITION COSTS AND FUNDING SOURCES

A. What is the anticipated total cost of this position? (Include salary; benefits; office space, remodeling, furniture, and equipment; travel; and other applicable costs.)
\$74,675 for each 1.0 FTE

B. Explain specifically how position will be funded.

Amount of County tax levy: \$0.00 % of total costs: 0%

Amount of any outside funding: \$74,675.00 % of total costs: 100%

Source of outside funding: Federal and State revenue – Department of Health Services **

Length of outside funding: Continuing

Likelihood of funding renewal: High

Would this outside funding be used to offset the levy if not used for this position? No

**The funds for the position(s) will be drawn down from the Economic Support Enhanced Fund which is a multi-county shared account managed by Marathon County as the lead county in the IM Central Consortium. No tax levy is requested to fund the position (s). The fund’s current balance is adequate to fund this position, with the other expenses tied to it for 10 years minimally.

***NOTE: DSS is seeking approval to create additional positions outside of the budget approval cycle if needed based on the existing outside funding (no levy request) and operational needs that are unpredictable but growing. The current request is for one FTE position to be created, with the additional request for authority to create additional positions, as needed, and specifically approved by County Administration and Employee Resources Department when and if requested by DSS.**

Having additional flexibility for creation of new positions in the future will further support the consortium in responding timely to new changes that are predicted to occur in Medicaid on a State and Federal level.

C. Will the proposed position allow your department to increase revenues or decrease expenditures beyond the cost of the position? If yes, how?
Yes – A portion of agency management, support and overhead will be allocated to this funding source as well to assist in drawing down additional revenues.

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

Yes, Economic Support provides benefits for Foodshare, medical assistance and child care. Ensuring the assignment of benefits to individuals helps to ensure they have proper medical care, nutrition and resources for their children which increases the likelihood of positive outcomes for families.

E. Can the position costs be offset by eliminating or reducing a lower priority function? If yes, explain.
No.

V. COMMITTEE OF JURISDICTION

What is the recommendation of the committee of jurisdiction?

The Social Services Board approved the request for one FTE employee and approved the authority for DSS to create subsequent positions as specifically approved by County Administration and the Employee Resources Department.

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

Nicole Rolain, IM Consortium Manager

12/4/18

Signature of Supervisor/Manager Completing Request

Date

Vicki Tylka

12/6/18, updated 1/21/19

Department Head Signature

Date

Social Services Coordinator - B23
Social Services Department
FTE = 1.0 (Economic Support Specialist)

2019 - NEW POSITION COST

| Item | 2019 Rates | Minimum | Mid-Point | Maximum |
|-----------------------------|-------------------|-----------------|------------------|-----------------|
| DBM B23 | | \$39,837 | \$46,809 | \$53,781 |
| Health - Family* | \$1,723.16 | \$20,678 | \$20,678 | \$20,678 |
| Dental - Family* | \$58.57 | \$703 | \$703 | \$703 |
| FICA Retirement Rate | 6.20% | \$2,470 | \$2,902 | \$3,334 |
| FICA Medicare Rate | 1.45% | \$578 | \$679 | \$780 |
| Unemployment Insurance | 0.15% | \$60 | \$70 | \$81 |
| Retirement - Employer* | 6.70% | \$2,669 | \$3,136 | \$3,603 |
| Worker's Comp - Clerical | 0.19% | \$76 | \$89 | \$102 |
| PEHP | \$22 | \$572 | \$572 | \$572 |
| Total Estimated Cost | | \$67,643 | \$75,638 | \$83,634 |

NOTE: Funding will be drawn from the Economic Support Enhanced Fund. No tax levy is requested for the position.

HRFC TIMETABLE 2019

| PRIORITY | AGENDA ITEM DATE | SUBJECT | WHO | IN PROGR ESS | DUE DATE |
|----------|---------------------|--|-----------------------------|--------------------|-------------|
| | January 2019 | Approve 2019 Financing | FCM | | 3/2019 |
| 1 | February 2019 | Discussion on Long Term Capital Planning Plan for long term capital projects and time table for completion (on- going) | FCM/CIP Committee | | 7/31/2019 |
| 1 | March 2019 | NCHC Project Update and Financing Plan | FCM/FIN/COA/N CHC/HRFC | | 6/30/2019 |
| POLICY | March 2019 | New/Expended Position Requests | ER/HRFC | | 4/1/2019 |
| 2 | April 2019 | Setting 2020 Budget Priorities Review Fund Balance policy County Levy Limits | COA/ER/FIN/FC M/HRFC | | 6/1/2019 |
| POLICY | May 2019 | Reclassifications/New Positions | ER | | 7/1/2019 |
| POLICY | June 2019 | Meet with other committee in regards to the County Strategic Plan | Various | | 6/30/2019 |
| 1/3 | July 2019 | 5 Year Financial Plan Complete Long Term Capital Plan and time table | COA/FIN/CIP/FC M/ER | | 9/30/2019 |
| 5 | July 2019 | Review the 2018 CAFR | FIN/HRFC | | 7/30/2019 |
| POLICY | August 2019 | New/Expended Position Requests | ER/HRFC | | 9/1/2019 |
| 4 | September 2019 | Approve the 2020 CIP Project to incorporate in the 2020 budget | FCM/COA/CIP/H RFC | | 9/30/2019 |
| POLICY | October 2019 | Joint Finance Committee Meeting with Portage County-2020 CWA budget | CWA/FIN/HRFC/ Portage Co | | 10/12/2019 |
| STATUTE | October 2019 | 2020 Budget | COA/FIN | | 10/22/2019 |
| | | | | | |

Look at prioritization of HRFC issues and adjust timetable accordingly

PROJECTED PROJECTS

| Type | Department | Project Cost | Sub Totals | Project Description - 2020 | Program Year |
|-------------------------------------|--------------|---------------------|---------------------|---|--------------|
| PROJECTS NOT FUNDED BY CIP | | | | | |
| Imp | CWA* | \$18,250,000 | | Runway Reconstruction/Construction. | 2020 |
| Imp | HWY | | | Bituminous Surfacing. | 2020 |
| Imp | HWY | | | Replace and Rehabilitate County Bridges and Culverts. | 2020 |
| Imp | HWY | | | Replace and Rehabilitate Federally Funded Bridges and Culverts. | 2020 |
| Imp | HWY | | | Replace and Rehabilitate Muicipality Funded Bridges and Culverts. | 2020 |
| Imp | Solid Waste* | \$75,000 | | Bluebird Ridge Recycling Disposal Facility (BRRDF) Gas System Expansion. | 2020 |
| | | | \$18,325,000 | | |
| RECURRING PROJECTS | | | | | |
| Imp | FCM | \$50,000 | | County Facility Parking Lot Fund s/b @ \$50,000. | 2020 |
| Imp | HWY | \$300,000 | | Right-of-Way Fund s/b @ \$300,000. | 2020 |
| | | | \$350,000 | | |
| TECHNOLOGY PROJECTS @ ?% = ? | | | | | |
| Equip | CCIT | \$166,000 | | PC Upgrade Fund. | 2020 |
| Equip | CCIT | \$101,000 | | Network/Server Upgrade Fund. | 2020 |
| Equip | CCIT | \$40,000 | | Video Equipment Upgrade Fund. | 2020 |
| Equip | CCIT | \$40,000 | | Voice Equipment/Phone System Upgrade Fund. | 2020 |
| Equip | CCIT | \$50,000 | | 3Par Replacement/Addition. | 2020 |
| Equip | CCIT | \$600,000 | | Financial System Replacement. | 2020 |
| Equip | CCIT | \$39,000 | | Cisco Blade Server Upgrade. | 2020 |
| Equip | CCIT | \$50,000 | | Mobile Computing Solution. | 2020 |
| Equip | CCIT | \$30,000 | | Upgrades from Server 2012 to Server 2016. | 2020 |
| Equip | CCIT | \$40,000 | | Camera Upgrades to HD. | 2020 |
| | | | \$1,156,000 | | |
| ROLLING STOCK | | | | | |
| Equip | HWY | \$957,600 | | Rolling Stock s/b @ \$957,600. | 2020 |
| Equip | PR&F | \$173,460 | | Rolling Stock s/b @ \$173,460. | 2020 |
| Equip | Sheriff | \$333,696 | | Rolling Stock s/b @ \$333,696. | 2020 |
| Equip | EM* | \$51,000 | | Rolling Stock. | 2020 |
| | | | \$1,515,756 | | |
| FUTURE PROJECTS | | | | | |
| Imp | CPZ* | \$150,000 | | Acquisition of Marathon County Digital Ortho Photos (every 5 years). | 2020 |
| Equip | CPZ* | \$35,000 | | Replacement of Survey Equipment. | 2020 |
| Imp | HWY | \$700,000 | | CTH A Bridge Replacement. | 2020 |
| Imp | HWY | \$700,000 | | CTH K Bridge Replacement. | 2020 |
| Bldg | ME | \$5,000,000 | | Construction of Marathon County Regional Morgue Facility. | 2020 |
| Imp | UWMC* | \$84,000 | | Replace Ballasted Roof Over Library Addition. | 2020 |
| Imp | UWMC* | \$42,000 | | Replace Rubber Roof on Campus Heating Plant. | 2020 |
| Imp | UWMC* | \$31,500 | | Add Metal Building Near Heating Plant for Cold Storage of Equipment. | 2020 |
| Imp | UWMC* | \$40,000 | | Auditorium Study. Space Utilization Study/Design of Academic Building Auditorium. | 2020 |
| *Denotes new/updated project. | | | \$6,782,500 | | |
| | | \$28,129,256 | | | |
| 2020 TOTAL PROJECTS | | | \$28,129,256 | | |

PROJECTED PROJECTS

| Type | Department | Project Cost | Sub Totals | Project Description - 2021 | Program Year |
|-------------------------------------|-------------------------------|---------------------|---------------------|--|--------------|
| PROJECTS NOT FUNDED BY CIP | | | | | |
| Imp | CWA* | \$2,500,000 | | Runway Decoupling: Phase 1 - Design. | 2021 |
| Imp | HWY | | | Bituminous Surfacing. | 2021 |
| Imp | HWY | | | Replace and Rehabilitate County Bridges and Culverts. | 2021 |
| Imp | HWY | | | Replace and Rehabilitate Federally Funded Bridges and Culverts. | 2021 |
| Imp | HWY | | | Replace and Rehabilitate Municipality Funded Bridges and Culverts. | 2021 |
| Imp | Solid Waste* | \$750,000 | | New Haz Waste Collection and Processing Facility. | 2021 |
| | | | \$3,250,000 | | |
| RECURRING PROJECTS | | | | | |
| Imp | FCM | \$50,000 | | County Facility Parking Lot Fund s/b @ \$50,000. | 2021 |
| Imp | HWY | \$300,000 | | Right-of-Way Fund s/b @ \$300,000. | 2021 |
| | | | \$350,000 | | |
| TECHNOLOGY PROJECTS @ ?% = ? | | | | | |
| Equip | CCIT | \$166,000 | | PC Upgrade Fund. | 2021 |
| Equip | CCIT | \$101,000 | | Network/Server Upgrade Fund. | 2021 |
| Equip | CCIT | \$40,000 | | Video Equipment Upgrade Fund. | 2021 |
| Equip | CCIT | \$40,000 | | Voice Equipment/Phone System Upgrade Fund. | 2021 |
| Equip | CCIT | \$40,000 | | Security Center Upgrade. | 2021 |
| Equip | CCIT | \$50,000 | | DR Site Upgrade. | 2021 |
| Equip | CCIT | \$30,000 | | Camera Upgrades. | 2021 |
| Equip | CCIT | \$60,000 | | GIS Upgrade. | 2021 |
| | | | \$527,000 | | |
| ROLLING STOCK | | | | | |
| Equip | HWY | \$957,600 | | Rolling Stock s/b @ \$957,600. | 2021 |
| Equip | PR&F | \$173,460 | | Rolling Stock s/b @ \$173,460. | 2021 |
| Equip | Sheriff | \$333,696 | | Rolling Stock s/b @ \$333,696. | 2021 |
| | | | \$1,464,756 | | |
| FUTURE PROJECTS | | | | | |
| Imp | Parks* | \$4,500,000 | | Replace Aging Ice Arena at Marathon Park. | 2021 |
| Imp | UWMC* | | | Replace Rubber Roof on Marathon Hall. | 2021 |
| Imp | UWMC* | \$45,000 | | Replace Synchronous Master Clock System. | 2021 |
| Imp | UWMC* | | | Space Utilization Study/Design to Improve/Modernize Dining Facilities. | 2021 |
| | | | \$4,545,000 | | |
| | *Denotes new/updated project. | \$10,136,756 | | | |
| 2021 TOTAL PROJECTS | | | \$10,136,756 | | |

PROJECTED PROJECTS

| Type | DEPT | Project Cost | Sub Totals | Project Description - 2022 | Program Year |
|-------------------------------------|--------------|---------------------|---------------------|---|--------------|
| PROJECTS NOT FUNDED BY CIP | | | | | |
| Imp | CWA* | \$6,000,000 | | Runway Decoupling: Phase 2 - RWY 8-26 Shift/Lighting. Design/Construct RWY 8 NAVAIDS (Glideslope, Localizer). | 2022 |
| Imp | HWY | | | Bituminous Surfacing. | 2022 |
| Imp | HWY | | | Replace and Rehabilitate County Bridges and Culverts. | 2022 |
| Imp | HWY | | | Replace and Rehabilitate Federally Funded Bridges and Culverts. | 2022 |
| Imp | HWY | | | Replace and Rehabilitate Muicipality Funded Bridges and Culverts. | 2022 |
| Imp | Solid Waste* | \$4,000,000 | | Bluebird Ridge Recycling Disposal Faicility (BRRDF) Phase 5B and Phase 6. | 2022 |
| | | | \$10,000,000 | | |
| RECURRING PROJECTS | | | | | |
| Imp | FCM | \$50,000 | | County Facility Parking Lot Fund s/b @ \$50,000. | 2022 |
| Imp | HWY | \$300,000 | | Right-of-Way Fund s/b @ \$300,000. | 2022 |
| | | | \$350,000 | | |
| TECHNOLOGY PROJECTS @ ?% = ? | | | | | |
| Equip | CCIT | \$166,000 | | PC Upgrade Fund. | 2022 |
| Equip | CCIT | \$101,000 | | Network/Server Upgrade Fund. | 2022 |
| Equip | CCIT | \$40,000 | | Video Equipment Upgrade Fund. | 2022 |
| Equip | CCIT | \$40,000 | | Voice Equipment/Phone System Upgrade Fund. | 2022 |
| Equip | CCIT | \$175,000 | | Storage Addition. | 2022 |
| Equip | CCIT | \$0 | | Move to Cloud Based email Office 365. | 2022 |
| Equip | CCIT | \$30,000 | | Camera Upgrades to HD. | 2022 |
| | | | \$552,000 | | |
| ROLLING STOCK | | | | | |
| Equip | HWY | \$957,600 | | Rolling Stock s/b @ \$957,600. | 2022 |
| Equip | PR&F | \$173,460 | | Rolling Stock s/b @ \$173,460. | 2022 |
| Equip | Sheriff | \$333,696 | | Rolling Stock s/b @ \$333,696. | 2022 |
| Equip | EM* | \$229,500 | | Rolling Stock. | 2022 |
| | | | \$1,694,256 | | |
| FUTURE PROJECTS | | | | | |
| Equip | CPZ* | \$30,000 | | Replacement of GPS Surveying Equipment. | 2022 |
| *Denotes new/updated project. | | | \$30,000 | | |
| | | \$12,626,256 | | | |
| 2022 TOTAL PROJECTS | | | \$12,626,256 | | |

PROJECTED PROJECTS

| Type | DEPT | Project Cost | Sub Totals | Project Description - 2023 | Program Year |
|-------------------------------------|--------------|--------------------|--------------------|---|--------------|
| PROJECTS NOT FUNDED BY CIP | | | | | |
| Imp | CWA* | \$3,000,000 | | Runway Decoupling: Phase 3 - TWY C Extension and Lighting. | 2023 |
| Imp | HWY | | | Bituminous Surfacing. | 2023 |
| Imp | HWY | | | Replace and Rehabilitate County Bridges and Culverts. | 2023 |
| Imp | HWY | | | Replace and Rehabilitate Federally Funded Bridges and Culverts. | 2023 |
| Imp | HWY | | | Replace and Rehabilitate Muicipality Funded Bridges and Culverts. | 2023 |
| Imp | Solid Waste* | \$75,000 | | Bluebird Ridge Recycling Disposal Facility (BRRDF) Gas System Expansion. | 2023 |
| Imp | Solid Waste* | \$500,000 | | Purchase Property for Bluebird Ridge Recycling Disposal Facility Expansion. | 2023 |
| Equip | Solid Waste* | \$150,000 | | New Scale. | 2023 |
| | | | \$3,725,000 | | |
| RECURRING PROJECTS | | | | | |
| Imp | FCM | \$50,000 | | County Facility Parking Lot Fund s/b @ \$50,000. | 2023 |
| Imp | HWY | \$300,000 | | Right-of-Way Fund s/b @ \$300,000. | 2023 |
| | | | \$350,000 | | |
| TECHNOLOGY PROJECTS @ ?% = ? | | | | | |
| Equip | CCIT | \$166,000 | | PC Upgrade Fund. | 2023 |
| Equip | CCIT | \$101,000 | | Network/Server Upgrade Fund. | 2023 |
| Equip | CCIT | \$40,000 | | Video Equipment Upgrade Fund. | 2023 |
| Equip | CCIT | \$40,000 | | Voice Equipment/Phone System Upgrade Fund. | 2023 |
| | | | \$347,000 | | |
| ROLLING STOCK | | | | | |
| Equip | HWY | \$957,600 | | Rolling Stock s/b @ \$957,600. | 2023 |
| Equip | PR&F | \$173,460 | | Rolling Stock s/b @ \$173,460. | 2023 |
| Equip | Sheriff | \$333,696 | | Rolling Stock s/b @ \$333,696. | 2023 |
| | | | \$1,464,756 | | |
| FUTURE PROJECTS | | | | | |
| | | | \$0 | | |
| | | \$5,886,756 | | | |
| 2023 TOTAL PROJECTS | | | \$5,886,756 | | |

*Denotes new/updated project.

PROJECTED PROJECTS

| Type | Department | Project Cost | Sub Totals | Project Description - 2024 | Program Year |
|-------------------------------------|------------|--------------------|--------------------|---|--------------|
| PROJECTS NOT FUNDED BY CIP | | | | | |
| Imp | HWY | | | Bituminous Surfacing. | 2024 |
| Imp | HWY | | | Replace and Rehabilitate County Bridges and Culverts. | 2024 |
| Imp | HWY | | | Replace and Rehabilitate Federally Funded Bridges and Culverts. | 2024 |
| Imp | HWY | | | Replace and Rehabilitate Muicipality Funded Bridges and Culverts. | 2024 |
| | | | \$0 | | |
| RECURRING PROJECTS | | | | | |
| Imp | FCM | \$50,000 | | County Facility Parking Lot Fund s/b @ \$50,000. | 2024 |
| Imp | HWY | \$300,000 | | Right-of-Way Fund s/b @ \$300,000. | 2024 |
| | | | \$350,000 | | |
| TECHNOLOGY PROJECTS @ ?% = ? | | | | | |
| Equip | CCIT | \$166,000 | | PC Upgrade Fund. | 2024 |
| Equip | CCIT | \$101,000 | | Network/Server Upgrade Fund. | 2024 |
| Equip | CCIT | \$40,000 | | Video Equipment Upgrade Fund. | 2024 |
| Equip | CCIT | \$40,000 | | Voice Equipment/Phone System Upgrade Fund. | 2024 |
| | | | \$347,000 | | |
| ROLLING STOCK | | | | | |
| Equip | HWY | \$957,600 | | Rolling Stock s/b @ \$957,600. | 2024 |
| Equip | PR&F | \$173,460 | | Rolling Stock s/b @ \$173,460. | 2024 |
| Equip | Sheriff | \$333,696 | | Rolling Stock s/b @ \$333,696. | 2024 |
| | | | \$1,464,756 | | |
| FUTURE PROJECTS | | | | | |
| | | | | | 2024 |
| | | | \$0 | | |
| | | \$2,161,756 | | | |
| 2024 TOTAL PROJECTS | | | \$2,161,756 | | |

*Denotes new/updated project.