



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, March 18, 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 February 4, 18 and 19, 2019 Human Resources, Finance and Property Committee Meeting.
4. Educational Presentations/Outcome Monitoring Reports
 - A. 2018 Investment Performance and 2019 Outlook Report by Public Financial Management (PFM)
K Walters
5. Operational Functions required by Statute, Ordinance, or Resolution:
 - A. Discussion and Possible Action by Human Resources and Finance and Property Committee
 - (1) New/Expanded Position Requests ER/HRFC policy
 - (2) Approve February 2019 Claims and Questioned Costs-Palmer
 - (3) Review 2018 ADRC Budget Transfers-Palmer
 - B. Discussion and Possible Action by Committee to Forward to the County Board for its consideration
 - (1) Discussion and Possible Action by Committee-2019 Interdepartmental Transfers-Palmer
6. Policy Issues Discussion and Committee Determination
 - A. NCHC Project Update and Financing Plan
7. Announcements:
Next Meeting Date-April 8, 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 3/14/2019 1:00pm

NOTICE POSTED AT THE COURTHOUSE
By/Date/Time: K Palmer 3/14/2019 1:00 pm



MARATHON COUNTY HUMAN RESOURCES, FINANCE & PROPERTY COMMITTEE MEETING MINUTES

Date & Time of Meeting: Monday, February 18, 2019; 3:00 p.m.

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

Committee members present: Stark, Zriny, Gibbs, Buttke

Others Present: Michael Lotter, Jim Griesbach, Scott Corbett and Mary Palmer

1. Call to Order at 3:10 pm
2. Public Comment Period –No Public Comment
3. Approval of the Minutes of the February 4, 2019 Human Resources, Finance and Property Committee Meeting.

MOTION BY BUTTKE; SECONDED BY ZRINY TO APPROVE THE MINUTES FROM FEBRUARY 4, 2019. MOTION CARRIED

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

a) Transfer of Permanent Limited Easement from Marathon County to Town of Rib Mountain – Trillium Lane

DISCUSSION: Town of Rib Mountain would like to extend a multi-use trail south 200 feet from Trillium Lane to Foxglove Road. This is a dead end and behind the fire station in Rib Mountain. If we did put in a road, we would not use the existing trail. We would put in our own trail.

MOTION BY ZRINY; SECOND BY BUTTKE TO TRANSFER A PERMANENT LIMITED EASEMENT AS A DONATION – TRILLIUM LANE - FROM MARATHON COUNTY TO THE TOWN OF RIB MOUNTAIN AND FORWARD TO THE COUNTY BOARD FOR APPROVAL. MOTION CARRIED

b) Transfer of Temporary Easement from Marathon County to Town of Rib Mountain – Trillium Lane

DISCUSSION: This Temporary Easement is less than an acre.

MOTION BY GIBBS; SECOND BY BUTTKE TO APPROVE THE TEMPORARY EASEMENT AS A DONATION FROM MARATHON COUNTY TO THE TOWN OF RIB MOUNTAIN – TRILLIUM LANE AND FORWARD TO THE COUNTY BOARD FOR THEIR APPROVAL. MOTION CARRIED.

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

Resolution to Purchase of Land at 121 West Street Wausau WI and approve funding for the purchase

Due to a typographical error on the above address (should be 1212 West Street), Counsel suggested reposting this agenda item and having a short meeting prior to County Board tomorrow evening, February 19th at 6:30 p.m.

MOTION BY GIBBS; SECOND BY ZRINY TO POSTPONE THIS AGENDA ITEM TO THE FEBRUARY 19, 2019 HR, FINANCE AND PROPERTY COMMITTEE MEETING AT 6:30 P.M. IN THE ASSEMBLY ROOM. MOTION CARRIED.

6. Policy Issues Discussion and Committee Determination _None
7. Announcements- At the March 4, 2019 meeting, Gibbs, Zriny and Durham are excused. If a quorum is needed, Zriny and Gibbs could possibly appear by phone.
8. Adjourn
MOTION BY GIBBS; SECOND BY BUTTKE TO ADJOURN THE MEETING AT 3:20. MOTION CARRIED



MARATHON COUNTY HUMAN RESOURCES, FINANCE & PROPERTY COMMITTEE MEETING MINUTES

Date & Time of Meeting: **Tuesday, February 19, 2019; 6:30 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

Others: Kristi Palmer

1. Call to Order-Please silence your cellphones
2. Public Comment Period – No public comment
3. 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 Purchase of Land at 1212 West Street Wausau, WI and approve funding for the purchase
Motion by Zriny and seconded by Xiong to approve the resolution; vote unanimous
 4. Announcements-Next Meeting Date-March 4, 2019 3 pm-
5. Adjourn- Motion by Gibbs by and seconded by Buttke to adjourn at 6:35 pm; vote unanimous

Chapter 2

Classification and Job Evaluation

Section 1 Policy Statement: It is the policy of Marathon County to maintain a classification and compensation plan that will provide equitable and adequate compensation so as to allow for the recruitment and retention of a high quality work force.

Section 2 Definitions:

Revised 5/9/18

- A. Allocated Position: means any job position created by Marathon County and on Marathon County payroll.

- B. County Administration: Means the county administrator, or his or her designee, including members of Marathon County Department of Administration or any other county staff person whose department is supervised by the administrator.

Section 3 Position Allocation: The Employee Resources Department shall assist the Human Resources, Finance and Property Committee in the performance of its duties herein by providing staff support and investigation/research for the Human Resources, Finance and Property Committee as to position requests under consideration by said Committee.

Revised 8/31/18

- A. Filling Positions: County Administration shall review and decide all requests from all county departments to fill, either on a permanent or temporary basis, any approved and allocated County personnel positions. The decision(s) of County Administration not to fill allocated positions may be appealed to the Human Resources, Finance and Property Committee. The decisions of the Human Resources, Finance and Property Committee shall be final.

County Administration may review and issue advisory opinions to all independent or semi-independent Boards or Commissions receiving financial support from the County as to any and all vacant allocated positions seeking to be filled.

- B. County Administration Authority: The authority of County Administration shall not only be to review vacant positions, but also to work to identify positions that are currently filled and can be reclassified, eliminated, combined or reduced. This process will include creating a strategy for reassigning employees to different positions in order to meet identified operational and financial goals. The transition to a more efficient workforce is to be managed consistent with our core values and commitment to continuous improvement.

- C. New Classifications: The Employee Resources Director shall establish new classifications when appropriate.
- D. Abolition of Classifications: When it is determined that a classification or classifications are no longer appropriate, the Employee Resources Director shall abolish them.
- E. New/Expanded Position Requests for all allocated positions created by Marathon County and on Marathon County payroll:
 - Step 1 Any Department Head requesting the creation of a new position or expanding an existing part-time allocated position shall review the request with the County Administrator. The County Administrator shall make an initial determination whether to forward the request for further consideration. The County Administrator shall not forward the request unless he or she supports the request. The County Administration should appear with the Department Head and be prepared to defend the decision to support the request.
 - Step 2 Department heads, managers, and/or supervisors must complete the “New/Expanded Position Request” form and if requested a Position Description Questionnaire (PDQ) or an updated PDQ. The completed forms need to be submitted to the Employee Resources Department by May 31st for new/expanded position(s) taking effect the next budget year (see Appendix B of this Chapter).
 - Step 3 The Department Head will present the request to the appropriate Standing Committee for its approval.
 - Step 4 The Employee Resources Department will review, analyze, make recommendation and prepare a fiscal impact statement prior to submitting to Human Resources, Finance and Property Committee.
 - Step 5 Upon approval of a new or expanded position request from the appropriate standing committee, the Department Head shall present the request to the Human Resources, Finance and Property Committee. The Human Resources, Finance and Property Committee shall form a recommendation regarding the position(s) request and forward pursuant to the procedure set forth below.

- Step 6 The County Administrator shall group requests effective prior to the next budget year for consideration by the Human Resources, Finance and Property Committee in March and August.
- Step 7 County Board procedure:
- a) If the new/expanded position(s) is to take effect **prior** to the next budget year, the Human Resources, Finance and Property Committee will place the position(s) request on the next County Board agenda. The County Board will make the final decision regarding creating/expanding the position(s). In most cases, an amendment to the budget will be required.
 - b) If the new/expanded position(s) is to take effect in the next budget year, the County Board will make the final decision regarding creating/expanding the position(s) at its regular budget meeting.

F. Review of Position Classification

1. A request for a reclassification of a current position may be initiated by the employee or his/her department head between April 1 and April 30 of any year. See Appendix A for the "classification review request" form. The form is also available on the Internet, Marathon County, under Departments, Employee Resources, Forms page or from the Employee Resources Department. The immediate supervisor and/or department head must complete and sign the "review" page. The Employee Resources Department accepts completed form during the month of April (April 1st through April 30).
2. A request for reclassification must be supported with documentation of substantial changes in job duties/responsibilities since the last review. Changes in duties/responsibilities may result from departmental reorganization or from a gradual change occurring over an extended period of time.

Reclassifications shall not be considered for temporary changes (see Chapter 5, Section 17, Temporary Appointments).

3. The Employee Resources Department evaluates the position through study of new and former position questionnaires, class specifications, related positions, market surveys, etc. Interviews may also be conducted with the employee, department head, and other appropriate persons. An outside consultant may also conduct position evaluations for positions.
4. The Employee Resources Department submits a written report and recommendation concerning the requested change to the Human Resources, Finance and Property Committee.
5. Approved changes will become effective on January 1 of the upcoming year.

Revised 8/31/18

- G. Vacant Position Control: Positions which are vacant for a period of fifteen (15) months are deleted from the allocation list unless an extension is granted by County Administration. Extensions of up to twelve (12) months can be granted by County Administration in response to requests from department heads which involve special circumstances

APPENDIX A
Classification Review Request - Updated 3/25/15

Employee Resources Department accepts request for classification review during the month of April - April 1st through April 30th.

Your Name: _____
Your Supervisor's Name: _____
Your Division: _____
Your Department: _____
Your Current Classification: _____

- My job has changed since I filled out my PDQ. (Attach a new or updated PDQ)
When updating the prior PDQ, make all changes in **red** on the original PDQ before submitting it to the Employee Resources Department.

Requested Classification: _____

Please specify why you believe the requested classification is more appropriate for your position than the current classification. Relate duties you perform to the essential duties and class concept listed for the requested classification:

Use additional sheets if necessary

_____ Employee Signature / Typed Name	_____ Date
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Employee: Complete and forward this form to your immediate supervisor for review and comment. Your supervisor will review your request, make comments and forward to your department head. Your department head will review your request, make comments as appropriate and then forward it to the Employee Resources Department no later than **April 30th**. Classification Review Requests must include the immediate supervisor and department head comments and signatures.

Immediate Supervisor Comments

I agree with the employee's review request.

I disagree with the employee's review request.

Reason/comment:

Immediate Supervisor Signature / Typed Name _____ Date _____

Immediate Supervisor: Complete this section and forward this form to your Department Head. Please note that all review request must be forwarded to Employee Resources Department no later than **April 30th**.

Department Head or Designee Comments

I agree with the employee's review request.

I disagree with the employee's review request.

Reason/comment:

Department Head Signature / Typed Name _____ Date _____

Department Head: Complete this section and forward this form to the Employee Resources Department no later than **April 30th**.

APPENDIX B NEW OR EXPANDED POSITION REQUEST

I. GENERAL INFORMATION

Department: _____ Date: _____

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

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

Projected Start Date of Position: _____ 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?
- B. What is your department's mission statement and how does position support this mission and/or department strategic plan?
- 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.
- D. What benefit will the position provide to the County? How does the position improve/enhance customer service and/or address community needs?
- E. Indicate any alternatives to creating this position that were considered and why you still chose to request the position?
- F. What will be the effect if the proposed position is not created?
- 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?)

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.
- 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?
- 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?

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.)

B. Explain specifically how position will be funded.

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

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

Source of outside funding: _____

Length of outside funding: _____

Likelihood of funding renewal: _____

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

C. Will the proposed position allow your department to increase revenues or decrease expenditures beyond the cost of the position? If yes, how?

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?

E. Can the position costs be offset by eliminating or reducing a lower priority function? If yes, explain.

V. COMMITTEE OF JURISDICTION

What is the recommendation of the committee of jurisdiction?

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

Signature of Supervisor/Manager Completing Request

Date

Department Head Signature

Date

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: 2018

TRANSER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DDI DDI 8 2532	ALZHEIMERS GRANT	1
Expenditure Decrease	DDI DDI 9 3490	OTHER OPERATING SUPPLIES	905

TRANSER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DDI DDI 9 1111	WAGES/PERM/REG/PT	906

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: 2/15/2019

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)

ADRC CW ALZHEIMER'S GRANT

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

The Alzheimer's Grant reimburses individuals or their caregivers for expenses related to the care of individuals diagnosed with Alzheimer's.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: Balance APR units

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? _____ No

MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: ADRC-CW

BUDGET YEAR: 2018

TRANSER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	DCB DCB 9 1110	SAL/PERM/REG/FT	2000
Expenditure Decrease	DCB DCB 9 1543	INCOME CONTINUATION INS	500

TRANSER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DCB DCB 9 3321	MILEAGE	2500

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

Requested By: Steve Prell

Date Completed: 2/15/2019

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)

ADRC CW III B GRANT

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

The III B grant is used in part to provide administration for all aging programs funded through the Older Americans Act.

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? No

MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: ADRC-CW

BUDGET YEAR: 2018

TRANSER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	DCE DCE 9 1210	WAGES/PERM/REG/FT	775

TRANSER TO:

Action	Account Number	Account Description	Amount
Revenue Decrease	DCE DCE 8 2398	OTHER FED GRANT EBS I&A	775

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: 2/15/2019

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)
BENEFIT SPECIALISTS PROGRAM ASSISTANCE TO MEDICARE BENEFICIARIES (SPAP)
- 2) Provide a brief (2-3 sentence) description of what this program does.
Provide Elderly Benefit Specialist services in the ADRC CW four county region.
- 3) This program is: (Check one)
 An Existing Program.
 A New Program.
- 4) What is the reason for this budget transfer?
 Carry-over of Fund Balance.
 Increase/Decrease in Grant Funding for Existing Program.
 Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
 Set up Initial Budget for New Grant Program.
 Set up Initial Budget for New Non-Grant Program
 Other. Please explain: Balance APR units
- 5) If this Program is a Grant, is there a "Local Match" Requirement?
 This Program is not a Grant.
 This Program is a Grant, but there is no Local Match requirement.
 This Program is a Grant, and there is a Local Match requirement of: (Check one)
 Cash (such as tax levy, user fees, donations, etc.)
 Non-cash/In-Kind Services: (Describe) [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? No

MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: ADRC-CW

BUDGET YEAR: 2018

TRANSER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	DCD DCD 9 2250	TELEPHONE	1000
Expenditure Decrease	DCD DCD 9 3130	PRINTING	1000
Expenditure Decrease	DCD DCD 9 3321	MILEAGE	1625
Revenue Increase	DCD DCD 8 2397	OTHER FED GRANT EBS ST I&A	775

TRANSER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DCD DCD 9 1110	SAL/PERM/REG/FT	4400

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: 2/15/2019

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)

STATE BENEFIT SPECIALISTS PROGRAM

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

Provide Elderly Benefit Specialist services in the ADRC CW four county region.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: Balance APR units

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

This Program is not a Grant.

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

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

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

Non-cash/In-Kind Services: (Describe) [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? No

MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: ADRC-CW

BUDGET YEAR: 2018

TRANSER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	FBH FBH 9 9130	INCR FB SUBSEQ YR	1625

TRANSER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	FBH FBH 9 1250	WAGES/TEMP/REG	1625

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: 2/15/2019

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)
ADRC WC ICF SCHMIDT WOOD CO FUNDS
- 2) Provide a brief (2-3 sentence) description of what this program does.
County specific funds from Incurage Foundation Schmidt Fund to be used for services in Wood County.
- 3) This program is: (Check one)
 An Existing Program.
 A New Program.
- 4) What is the reason for this budget transfer?
 Carry-over of Fund Balance.
 Increase/Decrease in Grant Funding for Existing Program.
 Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
 Set up Initial Budget for New Grant Program.
 Set up Initial Budget for New Non-Grant Program
 Other. Please explain: Balance APR units
- 5) If this Program is a Grant, is there a "Local Match" Requirement?
 This Program is not a Grant.
 This Program is a Grant, but there is no Local Match requirement.
 This Program is a Grant, and there is a Local Match requirement of: (Check one)
 Cash (such as tax levy, user fees, donations, etc.)
 Non-cash/In-Kind Services: (Describe) State Alzheimers grant is allowable match for this grant.
- 6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)
 No.
 Yes, the Amount is Less than \$30,000.
 Yes, the Amount is \$30,000 or more AND: (Check one)
 The capital request HAS been approved by the CIP Committee.
 The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

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

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	602-93789900	FUND BALANCE	8,336,690

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	602-93898200	OTH CAP EQUIP-MEDICAL EXAM	505
Expenditure Increase	602-93898208	MARATHON CO COURTHOUSE-REM	328,000
Expenditure Increase	602-93998240	NCHC-WINDOWS NURSING HOME	461,682
Expenditure Increase	606-98092150	ARCHITECTURAL/ENGINEERING	2,556,571
Expenditure Increase	606-98098214	NCHC-REMODEL/CONSTRUCTION	2,070,009
Expenditure Increase	628-93898264	UWMC-CHILLER COMPRESSOR	208,662
Expenditure Increase	628-93898384	COURTHOUSE ELEVATOR REPLA	210,880
Expenditure Increase	628-93898410	RIVER DR ROOF REPLACEMENT	93,000

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: Kristi Palmer

Date Completed: 3/8/2019

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)

CAPITAL IMPROVEMENTS

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

CAPITAL IMPROVEMENTS

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? _____

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Finance

BUDGET YEAR: 2019

TRANSEFER FROM:

Action	Account Number	Account Description	Amount
Select action	Click to enter GL Account	Click here to enter account description	Enter amount

TRANSEFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	628-93898411	SOC SERV-ELEVATOR REPLACE	232,075
Expenditure Increase	628-93898464	ROOF REPLACEMENT LIBRARY	72,770
Expenditure Increase	628-93898467	ENTRY/LOWER LEVEL UPGRADE	373,126
Expenditure Increase	628-93898468	PARKING LOT B REPAVING	194,000
Expenditure Increase	628-93898469	CIRCULATION PUMP REPLACEM	118,000
Expenditure Increase	628-93898473	HVAC REPLACEMENT-212 RIVE	738,375
Expenditure Increase	628-93898474	HVAC REPLACEMENT-210 RIVE	277,980
Expenditure Increase	628-93898477	CHILLED WATER COIL REPLACE	79,000

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

Requested By: Enter the name of the person that completed this form

Date Completed: Select Date

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

[Click here to enter program/grant name](#)

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

[Click here to enter description](#)

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? _____

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY

Budget Transfer Authorization Request Form

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DEPARTMENT: Finance

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Select action	Click to enter GL Account	Click here to enter account description	Enter amount

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	628-93998324	NCHC-COMP ROOM FIRE SUPPR	31,659
Expenditure Increase	628-94298333	EXHIBITION BLDG ROOF REPL	10,820
Expenditure Increase	628-94298441	PARK RESTROOM REPLACE PRJ	99,576
Expenditure Increase	628-94298471	COMP OUTDOOR RECREATION P	30,000
Expenditure Increase	628-94298475	PARKS ASPHALT REPLACEMENT	150,000

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

Requested By: Enter the name of the person that completed this form

Date Completed: Select Date

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

[Click here to enter program/grant name](#)

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

[Click here to enter description](#)

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? _____

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

TRANSER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	307-347-9-1110	Salaries-Permanent-Regular	\$3,371
Expenditure Decrease	307-347-9-2990	Sundry Contractual Services	\$5,037
Expenditure Decrease	307-347-9-3480	Educational Supplies	\$105

TRANSER TO:

Action	Account Number	Account Description	Amount
Revenue Decrease	307-347-8-2446	Oth Health Care Serv-St Grnt	\$8,513

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

Requested By: Joan Theurer, Health Officer

Date Completed: 2/12/2019

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)

Tobacco Wisconsin Wins

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

Wisconsin Wins is a State-level initiative designed to decrease youth access to tobacco products. The money is used to conduct retailer compliance checks. It is also used for retailer education and training, media, and community outreach and education.

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: Amendment 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)

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

TRANSER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	313-353-9-1110	Salaries-Permanent-Regular	\$37,683
Expenditure Decrease	313-353-9-2133	Indirect	\$5,290
Expenditure Decrease	313-353-9-2141	Internet Service	\$100
Expenditure Decrease	313-353-9-2250	Telephone	\$72
Expenditure Decrease	313-353-9-2990	Sundry Contractual	\$1,500
Expenditure Decrease	313-353-9-3130	Printing	\$200
Expenditure Decrease	313-353-9-3240	Membership Dues	\$75
Expenditure Decrease	313-353-9-3321	Personal Auto Mileage	\$1,500

TRANSER TO:

Action	Account Number	Account Description	Amount
Revenue Decrease	313-353-8-2446	Oth Health Care Serv-St Grnt	\$47,015

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

Requested By: Joan Theurer, Health Officer

Date Completed: 2/12/2019

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)
Tobacco Multi-Jurisdictional Coalition (MJC)

- 2) Provide a brief (2-3 sentence) description of what this program does.
This program provides tobacco education, outreach and capacity building related to tobacco prevention and control in a three county area, including Marathon, Portage and Wood.

- 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: Amendment 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)

- 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

TRANSER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	313-353-9-3350	Meals	\$17
Expenditure Decrease	313-353-9-3360	Lodging	\$178
Expenditure Decrease	313-353-9-3390	Meeting Expenses	\$150
Expenditure Decrease	313-353-9-3480	Educational Supplies	\$250

TRANSER TO:

Action	Account Number	Account Description	Amount
Select action		Click here to enter account description	Enter amount

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

Requested By: Joan Theurer, Health Officer

Date Completed: 2/12/2019

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)
Tobacco Multi-Jurisdictional Coalition (MJC)

- 2) Provide a brief (2-3 sentence) description of what this program does.
This program provides tobacco education, outreach and capacity building related to tobacco prevention and control in a three county area, including Marathon, Portage and Wood.

- 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: Amendment 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)

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

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: Sheriff

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	101-22592412	Mobile Radio Install / Rep	2,260

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	101-22592920	TIME System Fees	2,260

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: 2/18/2019

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)
TIME System Fees
- 2) Provide a brief (2-3 sentence) description of what this program does.
To transfer budget funds from Mobile Radio Install to TIME System Fees. This will allow for more efficient tracking of the annual fees.
- 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: Transfer of funds already approved in the budget.
- 5) If this Program is a Grant, is there a "Local Match" Requirement?
 This Program is not a Grant.
 This Program is a Grant, but there is no Local Match requirement.
 This Program is a Grant, and there is a Local Match requirement of: (Check one)
 Cash (such as tax levy, user fees, donations, etc.)
 Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)
- 6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)
 No.
 Yes, the Amount is Less than \$30,000.
 Yes, the Amount is \$30,000 or more AND: (Check one)
 The capital request HAS been approved by the CIP Committee.
 The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: Central Wisconsin Airport

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Select action	701 300 8 9900	Fund Balance - CWA	\$38,000

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	701 300 9 8191	Other Capital Equipment - Replacement	\$38,000

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: Central Wisconsin Joint Airport Board/Brian Grefe

Date Completed: 2/8/2019

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)
CWA Fund Balance
- 2) Provide a brief (2-3 sentence) description of what this program does.
Fund Replacement of Failing HVAC units at the Central Wisconsin Airport
- 3) This program is: (Check one)
 An Existing Program.
 A New Program.
- 4) What is the reason for this budget transfer?
 Carry-over of Fund Balance.
 Increase/Decrease in Grant Funding for Existing Program.
 Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
 Set up Initial Budget for New Grant Program.
 Set up Initial Budget for New Non-Grant Program
 Other. Please explain: Replacement of Building Furnaces
- 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

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DEPARTMENT: Central Wisconsin Airport

BUDGET YEAR: 2018

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	701 300 9 8165	Capital Outlay – Network Upgrade 2018	\$45,000

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	701 300 9 8165	Capital Outlay – Network Upgrade 2019	\$45,000

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: Central Wisconsin Joint Airport Board/Brian Grefe

Date Completed: 2/8/2019

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)
CWA Capital Replacement – Main Server Upgrade
- 2) Provide a brief (2-3 sentence) description of what this program does.
Fund Capital Expenditures at CWA
- 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? _____

Is a Budget Transfer Resolution Required? _____

RESOLUTION # R-_____ - 19
APPROVE 2019 BUDGET TRANSFERS FOR MARATHON COUNTY
DEPARTMENT APPROPRIATIONS

WHEREAS, Section 65.90(5)(a) dictates that appropriations in the Marathon County budget may not be modified unless authorized by a vote of two-thirds of the entire membership of the County Board of Supervisors, and

WHEREAS, the Human Resources, Finance and Property Committee has reviewed and does recommend the 2019 transfers listed below, and

NOW, THEREFORE, BE IT RESOLVED the Marathon County Board of Supervisors authorize and direct the budget transfers as listed below:

Transfer from:	Highway-801-296 Sales of Materials-Brine Making Operations
Transfer to:	Highway-801-296 Expenses-various-Brine Making Operations
Amount:	\$164,405
Re:	Develop tracking for the brine making program at the Highway Department

Transfer from:	Park-101-71089900 Fund Balance
Transfer to:	Parks-101-710 Other Fabricated Materials
Amount:	\$5,310
Re:	Complete the insulation of the chiller and repair Glycol line at ice arena

Transfer from:	Park-101-71089900 Fund Balance
Transfer to:	Parks-101-710 Other Capital Improvements
Amount:	\$18,840
Re:	Complete the multi-purpose building Ice Arena

Transfer from:	CPZ-379-805 Conservation services revenue
Transfer to:	CPZ-379-805 MDV Direct payments
Amount:	\$29,862
Re:	Multi Discharge Variance Program

Transfer from:	Health 101-323 Transfer from Fund Balance
Transfer to:	Health 101-323 Other Operating Supplies
Amount:	\$172,635
Re:	Carry over Prenatal Care Coordination Program

Transfer from:	Health-101-333 Transfer from Fund Balance
Transfer to:	Health-101-333 Other Operating Supplies/Sundries
Amount:	\$67,487
Re:	Carryover Targeted Case Management Program

Transfer from:	Health-205-328 Health Grant
Transfer to:	Health-205-328 Health Expenditures
Amount:	\$7,950
Re:	Public Health Preparedness Grant

Transfer from:	Health-281-332 Transfer from Fund Balance
Transfer to:	Health-281-332 Other Operating Supplies
Amount:	\$8,183
Re:	Mercury Reduction Program

Transfer from:	Health-281-332 Transfer from Fund Balance/State Grant
Transfer to:	Health-28-342 Salaries
Amount:	\$4,500
Re:	Tuberculosis Dispensary Grant

Transfer from:	Health-347-375 Transfer from Fund Balance
Transfer to:	Health-347-375 Sundry Contractual
Amount:	\$20,492
Re:	Healthy Communities Institute

Transfer from:	Health-402-416 Donations
Transfer to:	Health-402-416 Various expenditures
Amount:	\$108,361
Re:	Obesity Prevention Initiative Project

Transfer from:	Social Services-176-471 State grant revenue
Transfer to:	Social Services-176-471 Kinship care benefits
Amount:	\$97,931
Re:	Kinship Care program

Transfer from:	Social Services-176-472 State grant revenue
Transfer to:	Social Services-176-472 TPA Expense direct relief
Amount:	\$376,866
Re:	Additional CTLS Support

That a Class 1 Notice of this transaction be published within (10) days of its adoption;

BE IT FURTHER RESOLVED that the County Board of Supervisors hereby authorizes and directs the Marathon County Clerk to issue checks pursuant to this resolution and the Marathon County Treasurer to honor said checks.

BE IT FURTHER RESOLVED that the proper officers of Marathon County are hereby authorized and directed to take all actions necessary to effect this policy.

Respectfully submitted this 26th day of March 2018.

HUMAN RESOURCES, FINANCE AND PROPERTY COMMITTEE

Fiscal Note: This resolution modifies the revenues and expenditures for various County funds. There is no additional County levy appropriated in this resolution.

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: Highway

BUDGET YEAR: 2019

TRANSEFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	801-296 8 8330	Sale of St Materials (624Z)	164,405

TRANSEFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	801-296 9 1210	Wages-Permanent (624A)	35,375
Expenditure Increase	801-296 9 1390	Other Leave Pymt (624A)	2,715
Expenditure Increase	801-296 9 1510	Social Security Employer (624A)	1,645
Expenditure Increase	801-296 9 1520	Retirement Employers Sh (624A)	1,295
Expenditure Increase	801-296 9 1540	Hospital/Health Insur (624A)	2,830
Expenditure Increase	801-296 9 1541	Dental Insur (624A)	150
Expenditure Increase	801-296 9 1545	Post Employ Hlth Pln (624A)	315
Expenditure Increase	801-296 9 1550	Life Insur (624A)	10
Expenditure Increase	801-296 9 1560	Workers Comp (624A)	2,000
Expenditure Increase	801-296 9 1580	Unemploy comp (624A)	10
Expenditure Increase	801-296 9 4590	Other Raw Materials (624B)	102,405
Expenditure Increase	801-296 9 5330	Equipment Rent (624B)	15,655

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: Mary Rosensprung

Date Completed: 2/6/2019

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)
Highway Brine Making Operations

- 2) Provide a brief (2-3 sentence) description of what this program does.
Tracks cost of labor, fringe benefits, supplies and equipment usage. Recovery of these costs is through the sale of brine. [When the 2019 was originally being compiled, no budget was set up because the Hwy Department had not yet received confirmation from the WDOT that a cost pool would be allowed. Authorization received and operation of the cost pool started in late 2018.]

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

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

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

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DEPARTMENT: Parks, Recreation & Forestry

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	101-71089900	FUND BALANCE	5,310

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	101-71094890	OTHER FABRICATED MATERIALS	5,310

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: JAMIE POLLEY

Date Completed: 3/11/2019

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)
MARATHON PARK ICE ARENA CHILLER INSUALTION PROJECT

- 2) Provide a brief (2-3 sentence) description of what this program does.
FINAL LABOR AND MATERIALS TO COMPLETE INSULATION OF THE CHILLER AND ASSOCIATED PIPING, AND ALSO REPAIR A LEAK IN AN 8" GLYCOL LINE.

- 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? _____ 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: Parks, Recreation & Forestry

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	101-71089900	FUND BALANCE	18,840

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	101-71098290	OTHER CAPITAL IMPROVEMENTS	18,840

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: JAMIE POLLEY

Date Completed: 3/11/2019

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)
MULTI PURPOSE BUILDING ICE ARENA COMPRESSOR ROOM REFRIGERATION SYSTEM

- 2) Provide a brief (2-3 sentence) description of what this program does.
FUNDING WILL BE USED TO COMPLETE THE MULIT PURPOSE BUILDING ICE ARENA COMPRESSOR ROOM REGRIGERATION SYSTEM ACCUMULATOR REPLACEMENT PROJECT STARTED IN FALL 2018.

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

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

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

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

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: Conservation, Planning & Zoning

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	379-805-8-7212	MDV – Conservation Services- Outside District	29862

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	379-805-9-7170	MDV – Direct Payments	29862

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

Requested By: Diane Hanson

Date Completed: 2/22/2019

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)

Multi Discharge Variance Program

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

This DNR based program allows point source dischargers who need to reduce phosphorus levels to waive the reduction requirement by providing funds to local County Conservation Departments to provide funds to landowners to install/implement conservation practices to reduce phosphorus levels within the watershed.

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: Health

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	101-323-8-9900	Transfers from Fund Balance	\$172,635

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	101-323-9-3490	Other Operating Supplies	\$172,635

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

Requested By: Joan Theurer, Health Officer

Date Completed: 2/5/2019

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)

Prenatal Care Coordination

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

Prenatal Care Coordination provides health teaching and care coordination services to pregnant women who are at risk for a poor birth outcome, thereby increasing the likelihood of having a healthy baby. Prenatal Care Coordination is a Medicaid fee for service program for women enrolled in Medicaid. The program is one of for program components of Marathon County Start Right.

- 3) This program is: (Check one)

An Existing Program.

A New Program.

- 4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: 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? 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: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	101-333-8-9900	Transfers from Fund Balance	\$67,487

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	101-333-9-3490	Other Operating Supplies	\$66,487
Expenditure Increase	101-333-9-2990	Sundry Contractual	\$1,000

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

Requested By: Joan Theurer, Health Officer

Date Completed: 2/5/2019

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)

Targeted Case Management

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

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

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: 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? 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: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	205-328-8-2446	Oth Health Care Serv-St Grnt	\$1,772
Expenditure Decrease	205-328-9-2130	Accounting/Auditing Fees	\$250
Expenditure Decrease	205-328-9-2250	Telephone	\$500
Expenditure Decrease	205-328-9-3240	Membership Dues	\$1,000
Expenditure Decrease	205-328-9-3250	Registration Fees/Tuition	\$500
Expenditure Decrease	205-328-9-3360	Lodging	\$1,017
Expenditure Decrease	205-328-9-1110	Salaries-Permanent-Regular	\$2,911

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	205-328-9-2133	Indirect	\$6,700
Expenditure Increase	205-328-9-2990	Sundry Contractual	\$500
Expenditure Increase	205-328-9-3130	Printing	\$250
Expenditure Increase	205-328-9-3321	Personal Auto Mileage	\$400
Expenditure Increase	205-328-9-3350	Meals	\$100

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

Requested By: Joan Theurer, Health Officer

Date Completed: 2/6/2019

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 2018-219

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

The fiscal year for this funding is 7/1/18-6/30/19. The program exists to develop and maintain plans to 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	281-332-8-9900	Transfers from Fund Balance	\$8,183

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	281-332-9-3490	Other Operating Supplies	\$8,183

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

Requested By: Joan Theurer, Health Officer

Date Completed: 2/5/2019

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)

Mercury Reduction

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

The program's goal is to reduce mercury in surface water, by promoting proper disposal of mercury containing products. Funds for the program come from the City of Wausau and Town of Rib Mountain Sewage Districts.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: 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	299-342-8-9900	Transfers from Fund Balance	\$211
Revenue Increase	299-342-8-2446	Oth Health Care Serv-St Grant	\$4,289

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	299-342-9-1110	Salaries-Permanent-Regular	\$4,500

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

Requested By: Joan Theurer, Health Officer

Date Completed: 2/5/2019

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)
Tuberculosis Dispensary 2018-2019

- 2) Provide a brief (2-3 sentence) description of what this program does.
The contract period is 7/1/18-6/30/19. This is money allocated through the state to reimburse the Marathon County Health Department for specific costs associated with caring for cases of TB who do not have other health insurance.

- 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: Budget amendment to reflect actual 2018-2019 contract amount

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

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

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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	347-375-8-9900	Transfers from Fund Balance	\$20,492

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	347-375-9-2990	Sundry Contractual	\$20,492

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

Requested By: Joan Theurer, Health Officer

Date Completed: 2/5/2019

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)

Healthy Communities Institute

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

Healthy Communities Institute is a national data platform that provides a common access point for data that describes the health of Marathon County. Currently, data is housed in a number of different forms and platforms (e.g., state websites, paper reports). The data platform will support our community health assessment and improvement plans, including the LIFE Report and the 2017-2020 Marathon County Community Health Improvement Plan. The annual license is being paid through a funding partnership among health care organizations. Marathon County Health Department is serving as the Fiscal Agent.

- 3) This program is: (Check one)

An Existing Program.

A New Program.

- 4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

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

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

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

Is a Budget Transfer Resolution Required? 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: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	402-416-8-8410	Donations from Private Org	\$107,581
Expenditure Decrease	402-416-9-3250	Registration Fees/Tuition	\$425
Expenditure Decrease	402-416-9-3350	Meals	\$105
Expenditure Decrease	402-416-9-3480	Educational Supplies	\$250

TRANSFER TO:

Action	Account Number	Account Description	Amount
Revenue Decrease	402-416-8-2446	Oth Health Care Serv	\$70,843
Expenditure Increase	402-416-9-2250	Telephone	\$346
Expenditure Increase	402-416-9-2990	Sundry Contractual Services	\$13,750
Expenditure Increase	402-416-9-2995	Computer Maint Contract	\$289
Expenditure Increase	402-416-9-3130	Printing/Duplication	\$1,028
Expenditure Increase	402-416-9-3140	Small Items Equipment	\$2,195
Expenditure Increase	402-416-9-3190	Office Supplies	\$247
Expenditure Increase	402-416-9-3193	Software Supplies	\$617

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

Requested By: Joan Theurer, Health Officer

Date Completed: 2/25/2019

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)

Obesity Prevention Initiative 2017-2019

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

Marathon County Health Department is one of two sites in Wisconsin working collaboratively with University of WI- Madison on a project measuring the Collective Impact and Community Engagement approach to obesity prevention in the community. The program supports the work of: the Health Eating Active Living (HEAL) coalition; efforts supporting area farmers markets; creating walkable communities; and the community engaged participatory art program (known as RISEUP).

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.

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: Health

BUDGET YEAR: 2019

TRANSER FROM:

Action	Account Number	Account Description	Amount
Select action	Click to enter GL Account	Click here to enter account description	Enter amount

TRANSER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	402-416-9-3240	Membership Dues	\$150
Expenditure Increase	402-416-9-3241	Licenses & Certifications	\$55
Expenditure Increase	402-416-9-3321	Personal Auto Mileage	\$1,563
Expenditure Increase	402-416-9-3360	Lodging	\$535
Expenditure Increase	402-416-9-3390	Meeting Expenses	\$250
Expenditure Increase	402-416-9-1110	Salaries-Permanent-Regular	\$16,493

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

Requested By: Joan Theurer, Health Officer

Date Completed: 2/25/2019

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)

Obesity Prevention Initiative 2017-2019

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

Marathon County Health Department is one of two sites in Wisconsin working collaboratively with University of WI- Madison on a project measuring the Collective Impact and Community Engagement approach to obesity prevention in the community. The program supports the work of: the Health Eating Active Living (HEAL) coalition; efforts supporting area farmers markets; creating walkable communities; and the community engaged participatory art program (known as RISEUP).

- 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? Yes

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Social Services

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	176-471 8 2453	SPECIAL SERV- STATE GRT & AID	\$97,931

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	176-471 9 7113	KINSHIP CARE BENEFITS	\$97,931

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: 2/22/2019

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)
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? _____ 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: Social Services

BUDGET YEAR: 2019

TRANSER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	176-472 8 2453	SPECIAL SERV- STATE GRT & AID	\$376,866

TRANSER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	176-472 9 7121	TPA EXP DIRECT RELIEF	\$376,866

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: 2/22/2019

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)

[Click here to enter program/grant name](#)

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

[Click here to enter description](#)

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? _____

Is a Budget Transfer Resolution Required? _____



Marathon County

2018 Annual Portfolio Review

Presented By:
Kathleen Walters and Jeff Schroeder

March 18, 2019

115 S 84th Street
Suite 315
Milwaukee, WI 53213

414.771.2700
414.771.1041 fax

www.pfm.com

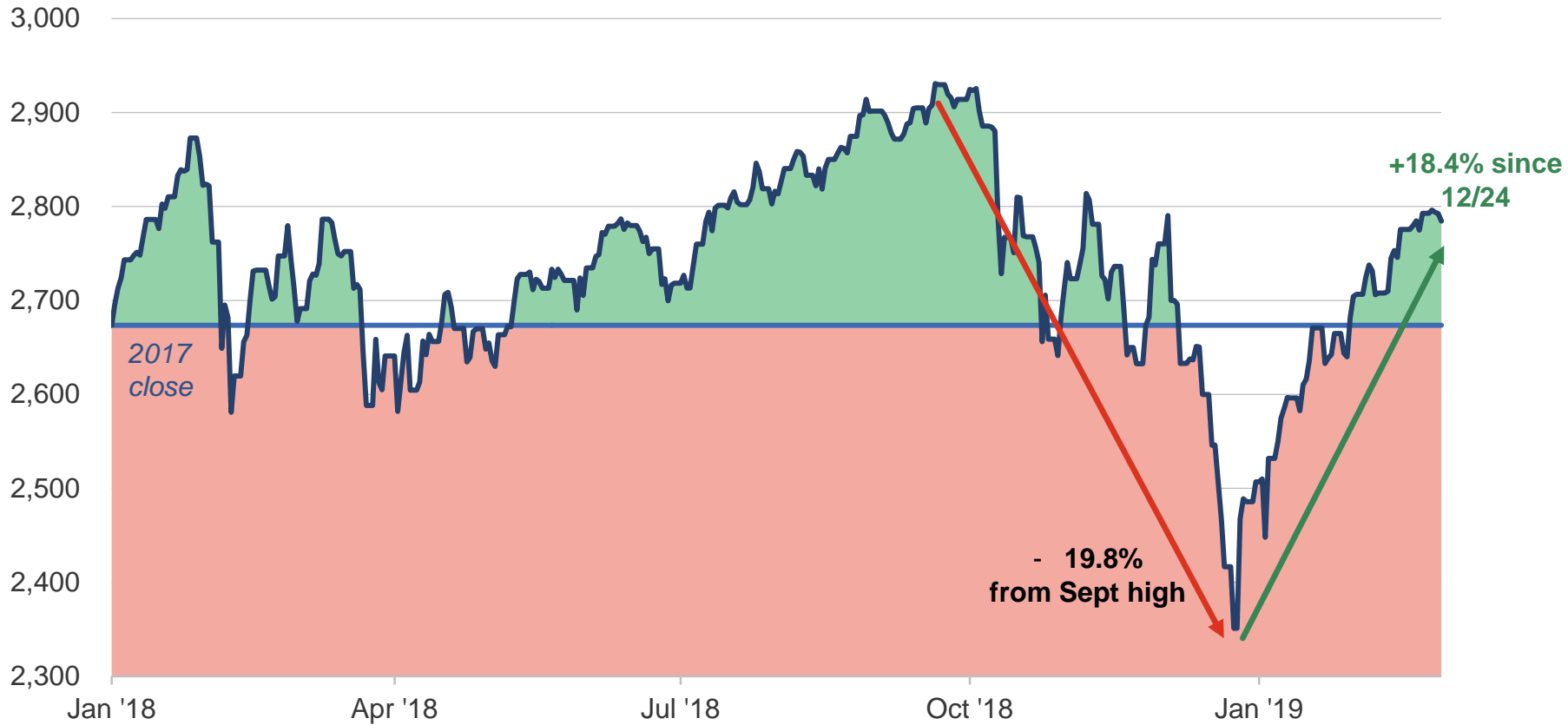


Market Update



Stock Market Continues to Rebound from Q4 Correction

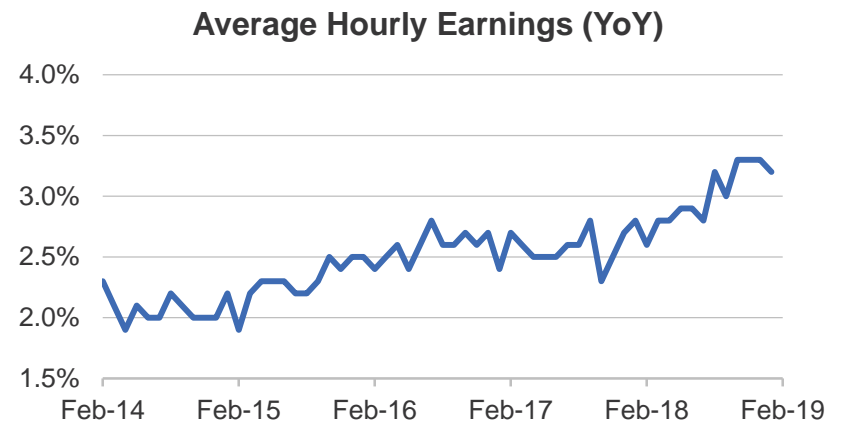
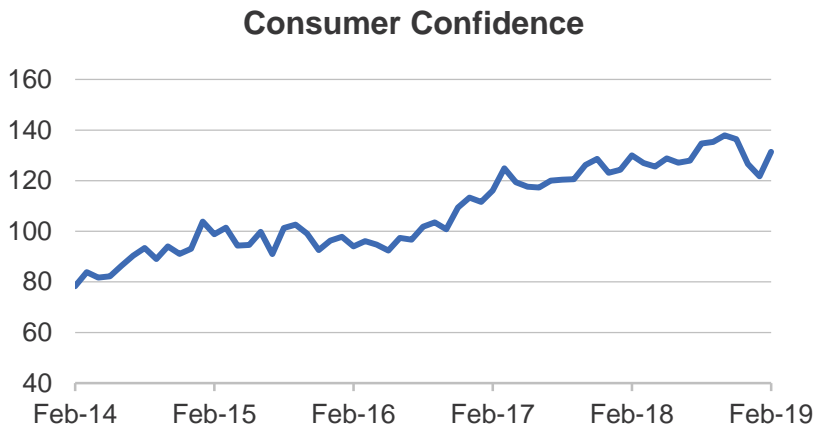
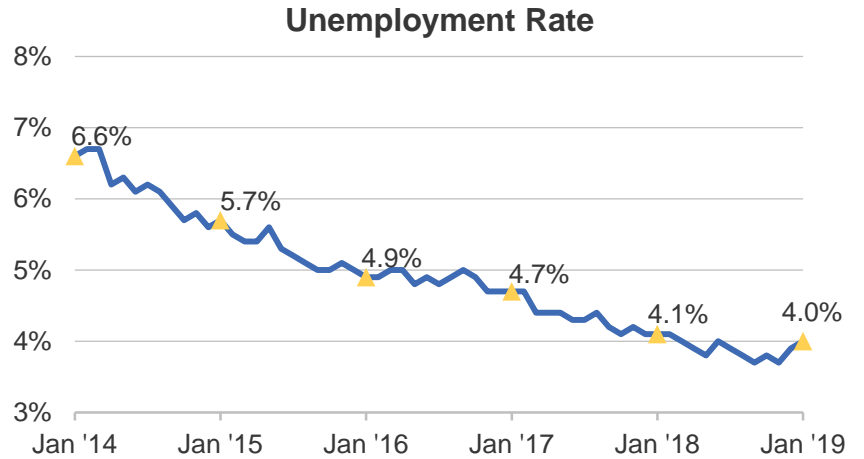
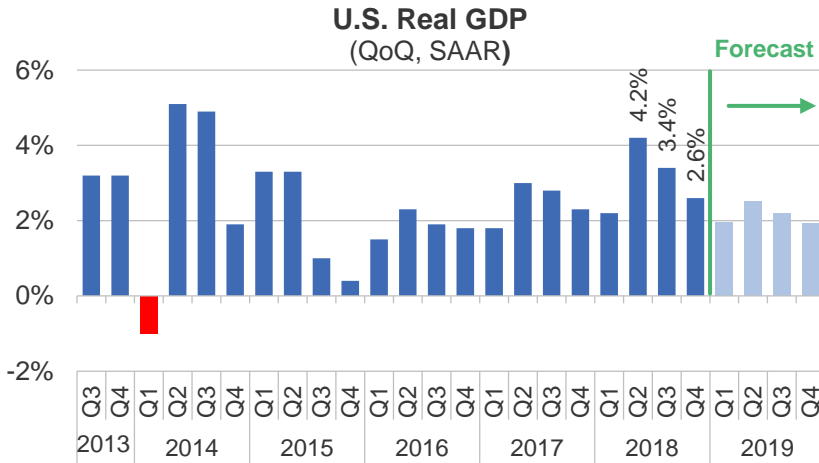
S&P Price Change



Source: Bloomberg, as of 02/28/2019.



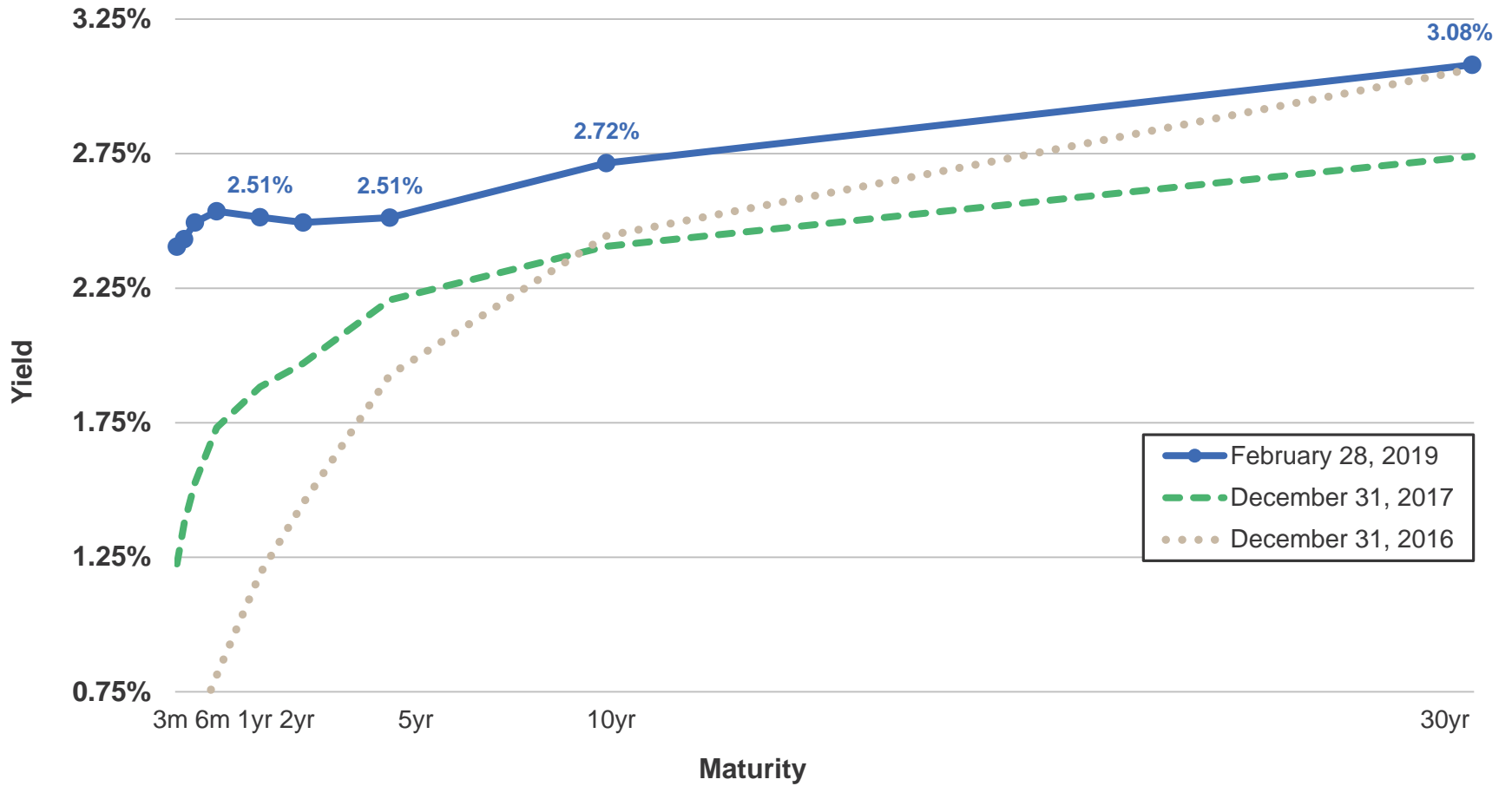
Current U.S. Economic Conditions Are Pretty Good



Source: Bloomberg, latest data available as of 2/28/19. SAAR is seasonally adjusted annualized rate.



U.S. Treasury Yield Curve

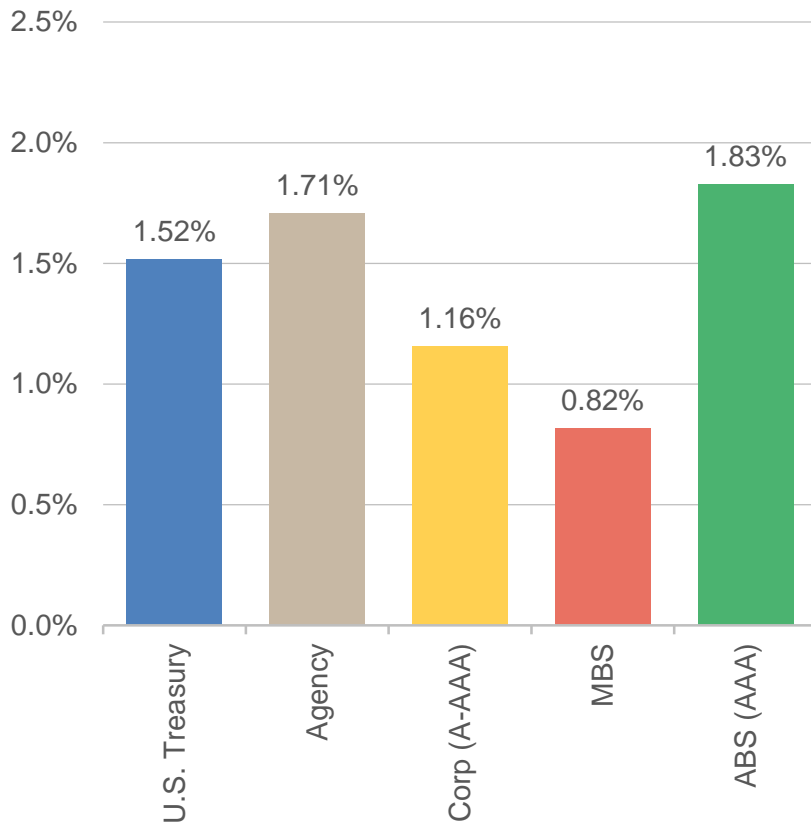


Source: Bloomberg, as of 02/28/19.

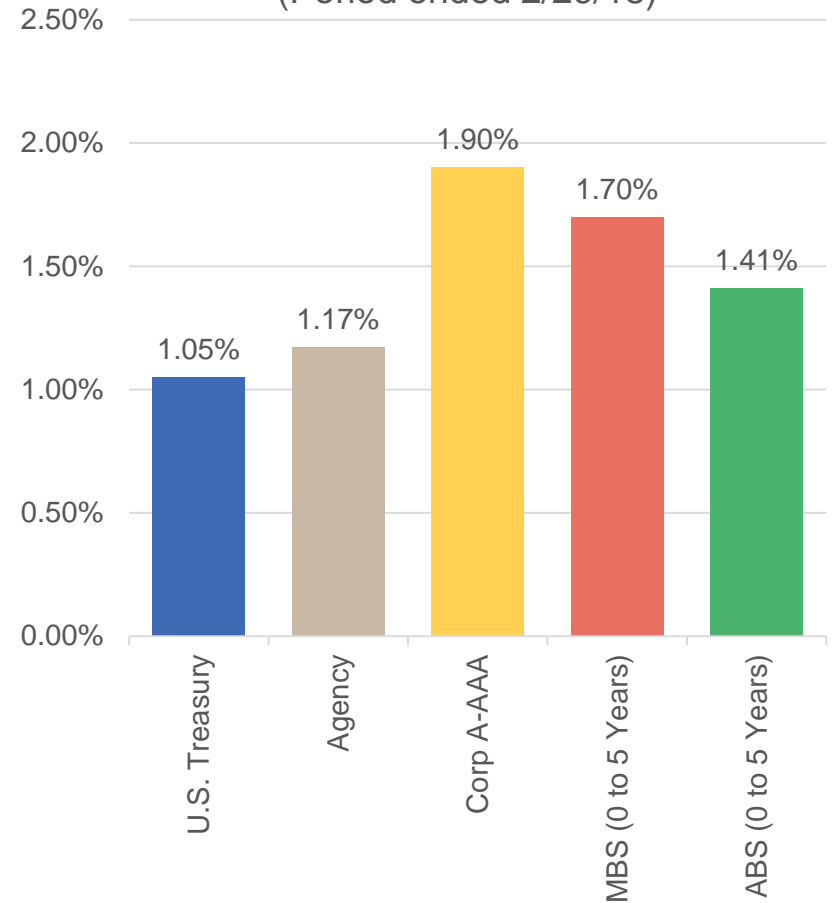


Fixed Income Sector Returns (1-5 Year Indices)

2018 Return



5-Year Average Annual Returns (Period ended 2/29/18)



Source: ICE BofAML Indices. MBS and ABS indices are 0-5 year, based on weighted average life. As of 02/28/19.



Marathon County Short Term

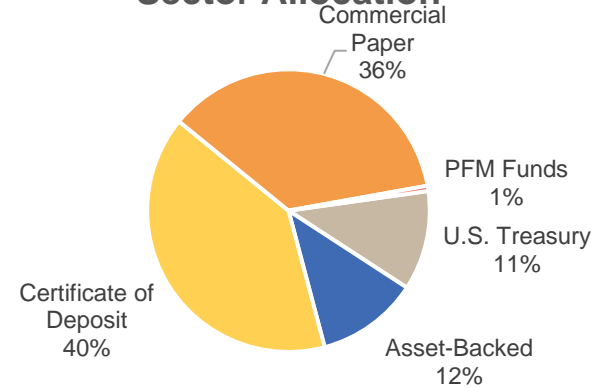


Short Term Portfolio Snapshot

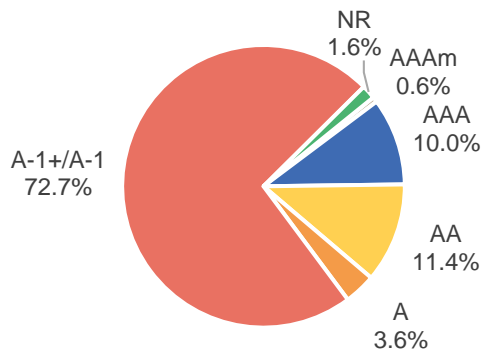
Portfolio Statistics

Par Amount Invested	\$27,515,995
Average Duration	0.34 years
Average Yield at Cost	2.69%
Average Yield at Market	2.76%

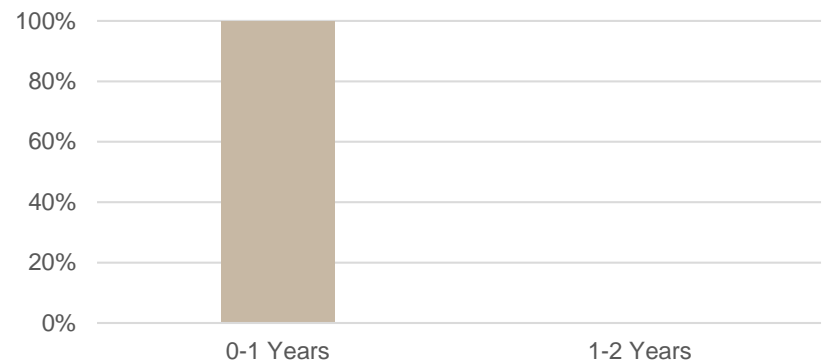
Sector Allocation



Credit Quality



Duration Distribution



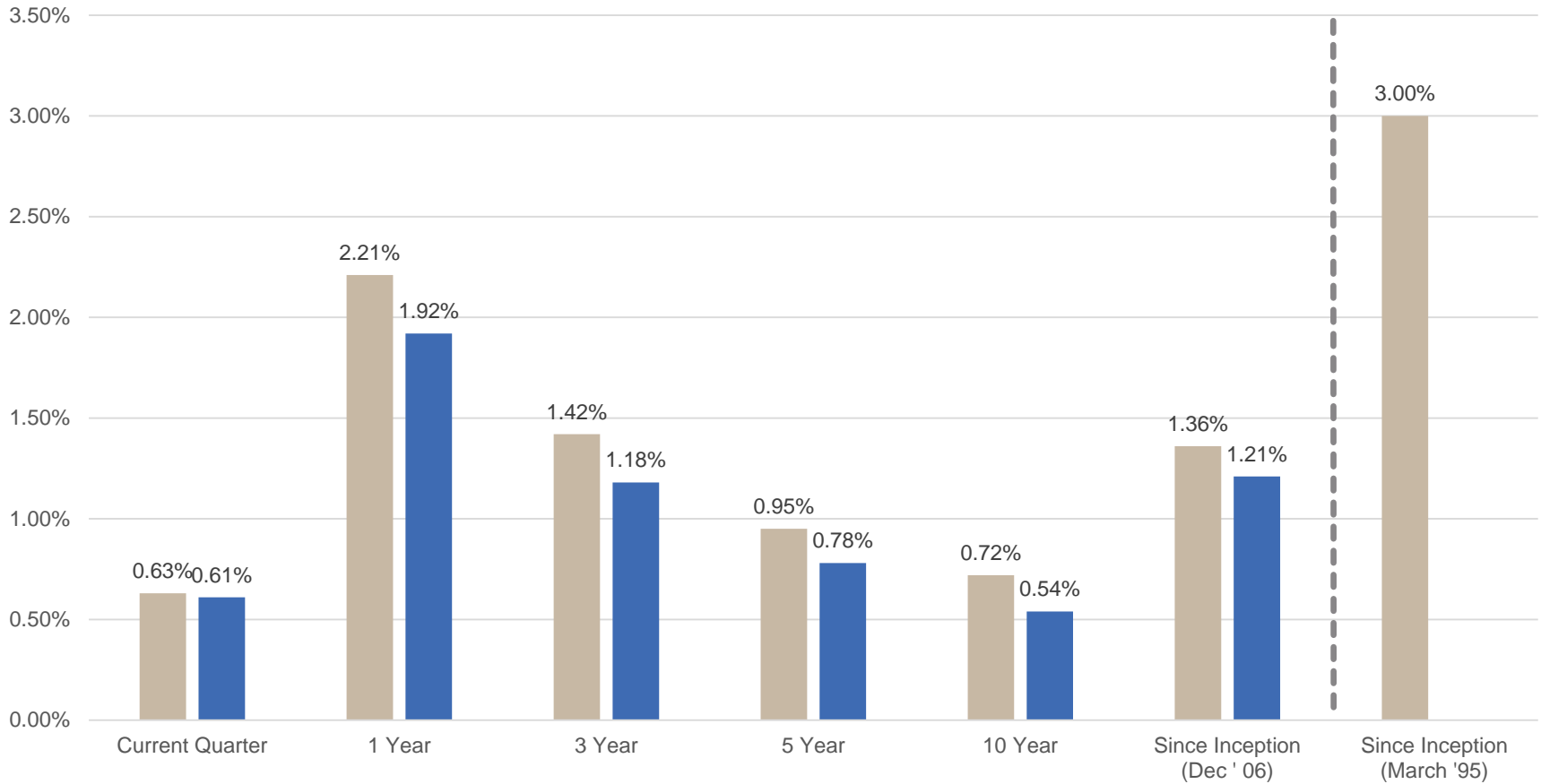
Portfolio holdings as of 12/31/18.



Short Term Portfolio Historical Performance

Periods Ending December 31, 2018

■ Marathon County Short-Term ■ Custom Index



Beginning December 31, 2006, the custom benchmark is the ICE BofAML 6 Month U.S. T-Bill
Prior to 2006, the portfolio was managed without a benchmark



Marathon County Long Term

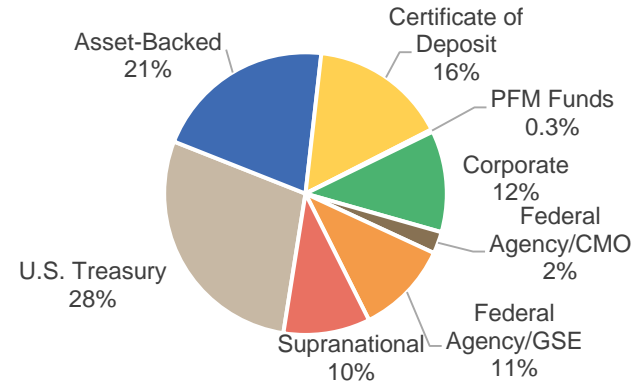


Long Term Portfolio Snapshot

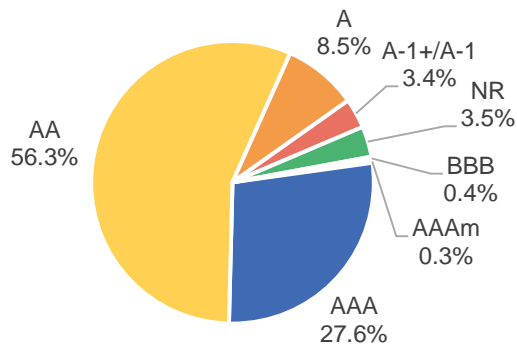
Portfolio Statistics

Par Amount Invested	\$82,009,970
Average Duration	1.64 years
Average Yield at Cost	2.30%
Average Yield at Market	2.73%

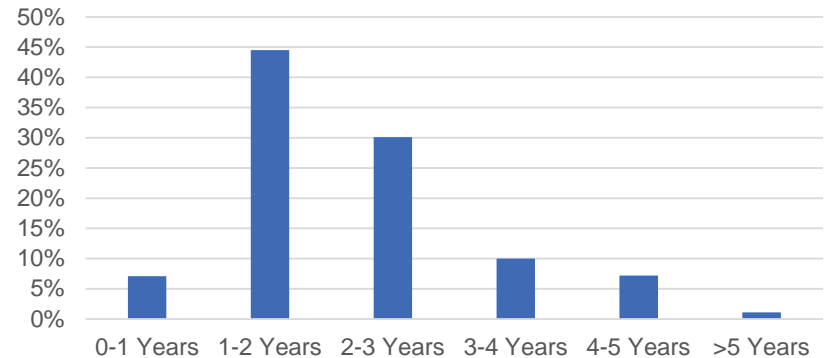
Sector Allocation



Credit Quality



Maturity Distribution

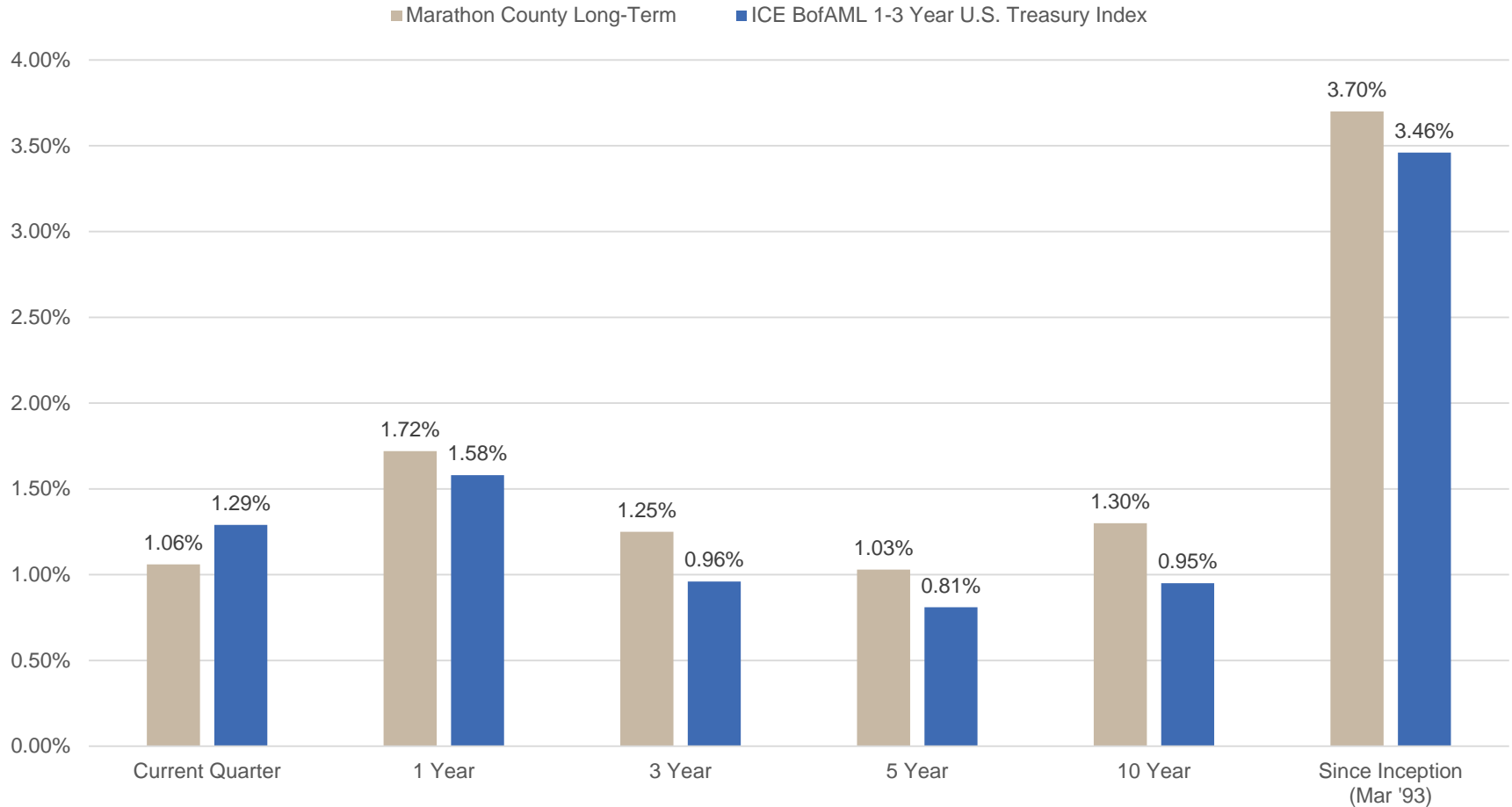


Portfolio holdings as of 12/31/18.



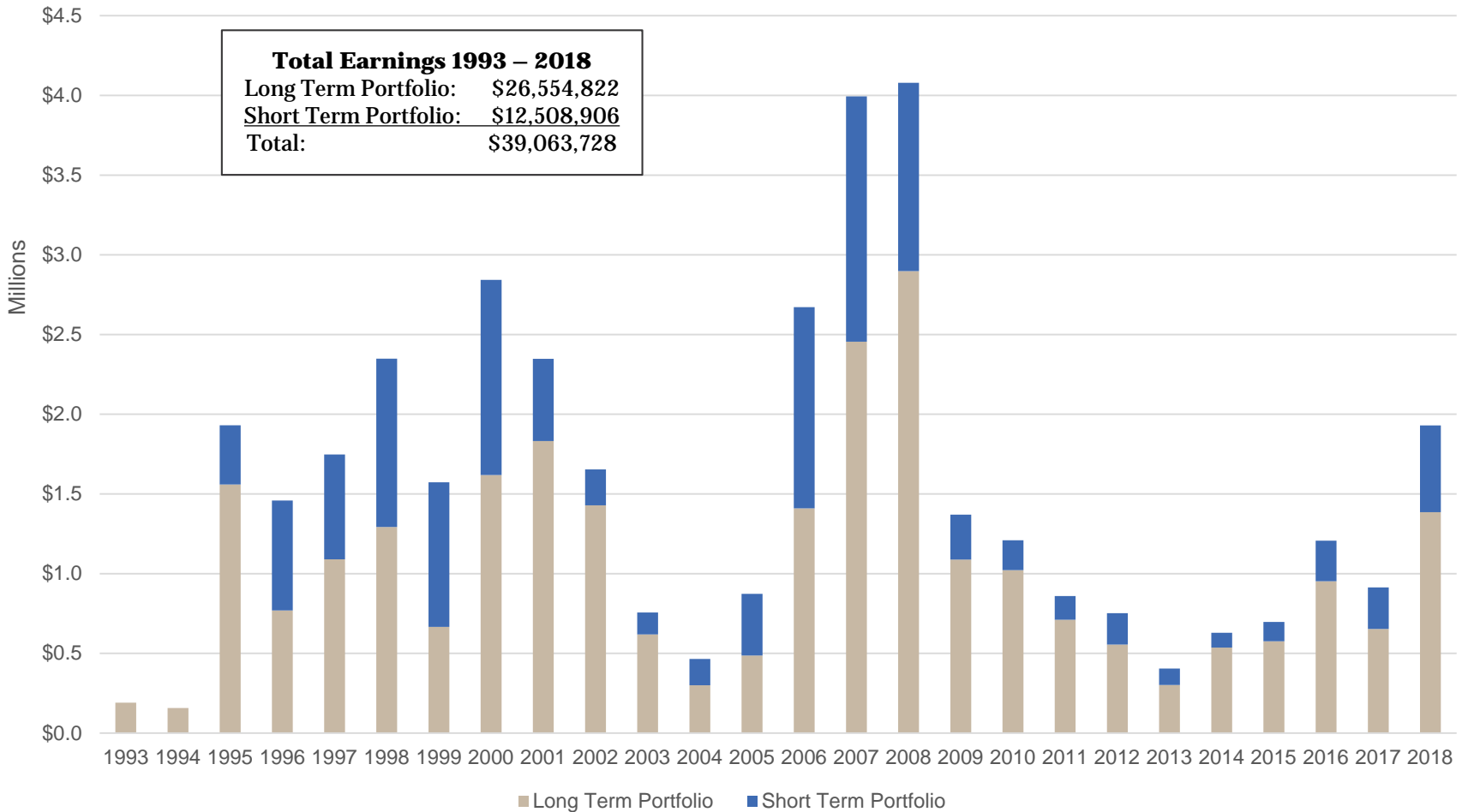
Long Term Portfolio Historical Performance

Periods Ending December 31, 2018





Market Value Earnings by Year





Disclosures

This material is based on information obtained from sources generally believed to be reliable and available to the public, however PFM Asset Management LLC cannot guarantee its accuracy, completeness or suitability. This material is for general information purposes only and is not intended to provide specific advice or a specific recommendation. All statements as to what will or may happen under certain circumstances are based on assumptions, some but not all of which are noted in the presentation. Assumptions may or may not be proven correct as actual events occur, and results may depend on events outside of your or our control. Changes in assumptions may have a material effect on results. Past performance does not necessarily reflect and is not a guaranty of future results. The information contained in this presentation is not an offer to purchase or sell any securities.



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