



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, April 8, 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 March 18, 2019 Human Resources, Finance and Property Committee Meeting.
4. Educational Presentations/Outcome Monitoring Reports
 - A. None
5. Operational Functions required by Statute, Ordinance, or Resolution:
 - A. Discussion and Possible Action by Human Resources and Finance and Property Committee
 - (1) Create two full-time Deputy Sheriff positions for Courthouse Security and abolish eight (reduce positions from 13 to 5) part-time Court Security Deputies-No additional Tax Levy – Plaza
 - (2) Approve March 2019 Claims and Questioned Costs-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
 - (2) **Motion to Go into Closed Session** (Roll Call Vote Suggested), pursuant to s. 19.85(1)(e), Wis. Stats., for the Purpose of Deliberating or Negotiating the Purchase of Public Properties, the Investing of Public Funds, or Conducting Other Specified Public Business, Whenever Competitive or Bargaining Reasons Require a Closed Session, to Wit: For the purpose of permitting the Committee to discuss its strategy for negotiating with the City of Wausau for the city's possible purchase of tax delinquent property located at 2101 Grand Avenue, Wausau, WI, 54403. Formerly, the Ponderosa Motel.
 - (3) Motion to Return to Open Session (No Roll Call Vote Required)
 - (4) Announcements and possible action on matters discussed in closed session
6. Policy Issues Discussion and Committee Determination
 - A. Discussion on 2020 Budget Assumptions
7. Announcements:
Next Meeting Date-April 29, 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 4/5/2019 1:15pm

NOTICE POSTED AT THE COURTHOUSE
By/Date/Time: K Palmer 4/5/2019 1:15 pm



MARATHON COUNTY HUMAN RESOURCES, FINANCE & PROPERTY COMMITTEE MEETING MINUTES

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**

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

Others: Frank Matel, Kristi Palmer, Audrey Jensen, Lance Leonhard, Michael Lotter, Alicia Richmond, Jeff Schroeder, Kathleen Walters, Brad Karger

1. Call to Order-Please silence your cellphones
2. Public Comment Period -- Not to Exceed 15 Minutes-None
3. Approval of the Minutes of the February 4, 18 and 19, 2019 Human Resources, Finance and Property Committee Meeting.

MOTION BY BUTTKE AND SECONDED BY GIBBS TO APPROVE THE MINUTES FROM FEBRUARY 18 AND 19; VOTE UNANIMOUS

4. Educational Presentations/Outcome Monitoring Reports
 - A. 2018 Investment Performance and 2019 Outlook Report by Public Financial Management (PFM)
Kathleen Walters from PFM completed a review of the 2018 investment portfolio for Marathon County. Unemployment rate is based on people actively looking for work and the February rate is even lower at 3.8%. The County's short-term portfolio return was 2.21 % which outperformed the benchmark. The long-term portfolio had a return of 1.72% which is above the benchmark. In 2018 the investment income earned was almost \$2 million. The Federal Reserve will meet and send guidance to the market but at this point, there is no anticipated interest rate hikes for 2019. No action taken
5. Operational Functions required by Statute, Ordinance, or Resolution:
 - A. Discussion and Possible Action by Human Resources and Finance and Property Committee
 - (1) New/Expanded Position Requests ER/HRFC policy
The request from departments will come in the month of May. There is a provision in the policy for the County Administrator to group requests in March and August and there will be a request from the Sheriff's department in April. Karger-Instead of rushing the Sheriff's request through in March, we will look at it in April. No action taken
 - (2) Approve February 2019 Claims and Questioned Costs-Palmer
MOTION BY GIBBS AND SECONDED BY XIONG TO APPROVE THE CLAIMS FROM FEBRUARY; VOTE UNANIMOUS
 - (3) Review 2018 ADRC Budget Transfers-Palmer
MOTION BY GIBBS AND SECONDED BY MILLER TO APPROVE THE ADRC-W BUDGET TRANSFERS; VOTE UNANIMOUS
 - B. Discussion and Possible Action by Committee to Forward to the County Board for its consideration
 - (1) Discussion and Possible Action by Committee-2019 Interdepartmental Transfers-Palmer
MOTION TO APPROVE BY BUTTKE AND SECONDED BY XIONG TO APPROVE THE INTERDEPARTMENTAL TRANSFERS; VOTE UNANIMOUS
6. Policy Issues Discussion and Committee Determination
 - A. NCHC Project Update and Financing Plan –Lotter discussed the projects at NCHC. The schematic design is done and we are working on the architectural design so we can get it out as a RFP. We had a design of a 4 story nursing facility and we have worked with the FAA and the City will agree with the FAA's decision. April 4 and 11th we will have an open forum with the neighborhood and discuss the project and go to the City to get permission to move forward. The pool is designed and ready to go in June with a completion date of January-February 2020. The CFRB will be completed in 2021. We will get the 4 story nursing building built and completed in 2021. The final phase of the site would be completed in 2022.

Pool Phase 1a \$6 million (\$3 million County)
CBRF-November 2020-\$5 million
Nursing tower \$34 million by January 2021

What is the short term need as far as cash? We will need \$3 million by January 2020 and the rest of the funds \$5-6 million by the end of 2020. Once the tower project is started we will need to borrow a larger amount to the construction of that building. Miller-Are we charging the other two Counties for the interest of the borrowing? There is no agreement to directly charge the other two counties for the cost of construction or interest.

7. Announcements:
Next Meeting Date-April 8, 2019 3 pm
8. Adjourn MOTION TO ADJOURN BY GIBBS AND SECONDED BY MILLER AT 4:00 PM; VOTE UNANIMOUS

MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: Health

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	TBD-TBD-8-5560	Oth Health Care Service	\$5,000

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	TBD-TBD-9-3490	Other Operating Supplies	\$5,000

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

Requested By: Joan Theurer, Health Officer

Date Completed: 3/25/2019

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)

Lead-Medicaid

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

This program provides specific public health interventions for children who have a blood lead level of 5 mcg/dL or greater. The public health interventions occur in the child's home and include nursing education, environmental health inspections to identify lead hazards and clearance investigations following lead hazard reduction activities. Lead-Medicaid is a Medicaid fee for service program and is not subject to single audit.

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

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DEPARTMENT: Library

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	101 665 9 9900	Transfer from General Fund Balance	242476.00

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	604 934 9 8300	Customer Service Area Remodel	242476.00

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: Ralph Illick, Tom O'Neill

Date Completed: 4/2/2019

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

[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? 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: Library

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	101 665 9 9900	Transfer from General Fund Balance	242476.00

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	604 934 9 8300	Customer Service Area Remodel	242476.00

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: Ralph Illick, Tom O'Neill

Date Completed: 4/2/2019

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

[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? No

Is a Budget Transfer Resolution Required? No

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	101-71489900	FUND BALANCE	2,749

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	101-71494520	SAND/GRAVEL	2,749

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: 3/20/2019

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)
Mountain Bay Trail – Park Dept.
- 2) Provide a brief (2-3 sentence) description of what this program does.
Maintain Mountain Bay Trail with Bike Trail 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: [Click here to enter description](#)
- 5) If this Program is a Grant, is there a “Local Match” Requirement?
 This Program is not a Grant.
 This Program is a Grant, but there is no Local Match requirement.
 This Program is a Grant, and there is a Local Match requirement of: (Check one)
 Cash (such as tax levy, user fees, donations, etc.)
 Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)
- 6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)
 No.
 Yes, the Amount is Less than \$30,000.
 Yes, the Amount is \$30,000 or more AND: (Check one)
 The capital request HAS been approved by the CIP Committee.
 The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Parks, Recreation & Forestry

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	455-70489900	FUND BALANCE	4,689

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	455-70492990	SUNDRY CONTRACTUAL SERVICE	4,689

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: 3/21/2019

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)
Summer ATV/UTV Grant 2017-2018

- 2) Provide a brief (2-3 sentence) description of what this program does.
Summer ATV/UTV Grant 2017-2018

- 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

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DEPARTMENT: Parks, Recreation & Forestry

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	254-75192990	SUNDRY CONTRACTUAL SERVICE	4,717

TRANSFER TO:

Action	Account Number	Account Description	Amount
Revenue Decrease	254-75189900	FUND BALANCE	4,717

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: 3/20/2019

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

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Parks, Recreation & Forestry

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	255-75289900	FUND BALANCE	214

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	255-75292360	OTHER REPAIR/MAINTENANCE	214

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: 3/20/2019

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

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Parks, Recreation & Forestry

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	147-71689900	FUND BALANCE	43,116

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	147-71698290	OTHER CAPITAL IMPROVEMENTS	43,116

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: 3/20/2019

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)
Fairground Maintenance
- 2) Provide a brief (2-3 sentence) description of what this program does.
Non-lapsing fund – maintain fairgrounds
- 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: Parks, Recreation & Forestry

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	174-75992190	OTHER PROFESSIONAL SERVICES	727

TRANSFER TO:

Action	Account Number	Account Description	Amount
Revenue Decrease	174-75989900	FUND BALANCE	727

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: 3/20/2019

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)
FEMA Cattail Removal
- 2) Provide a brief (2-3 sentence) description of what this program does.
FEMA Grant – Cattail Removal
- 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: Parks, Recreation & Forestry

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	257-75589900	FUND BALANCE	448

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	257-75598210	LAND	448

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: 3/20/2019

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)
Forestry State Aid
- 2) Provide a brief (2-3 sentence) description of what this program does.
Forestry State Aid – state grant
- 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: Parks, Recreation & Forestry

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	151-72589900	FUND BALANCE	14,617

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	151-72598290	OTHER CAPITAL IMPROVEMENTS	14,617

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: Jamie Polley

Date Completed: 3/20/2019

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)
Park Gifts
- 2) Provide a brief (2-3 sentence) description of what this program does.
Non-lapsing fund – donations for park 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? Yes Is a Budget Transfer Resolution Required? No

MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: Parks, Recreation & Forestry

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	153-77889900	FUND BALANCE	8,384

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	153-77898210	LAND	8,384

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: 3/20/2019

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

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Parks, Recreation & Forestry

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	285-69389900	FUND BALANCE	780

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	285-69392990	SUNDRY CONTRACTUAL SERVICE	780

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: 3/20/2019

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)
Snowmobile Grant 2016-2017

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

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

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

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

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

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Parks, Recreation & Forestry

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	469-70689900	FUND BALANCE	134,672

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	469-70692990	SUNDRY CONTRACTUAL SERVICE	134,672

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: 3/20/2019

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

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Parks, Recreation & Forestry

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	454-70389900	FUND BALANCE	179,870

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	454-70382990	SUNDRY CONTRACTUAL SERVICES	179,870

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: 3/20/2019

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)
Special Projects - Snowmobile

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

- 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: Parks, Recreation & Forestry

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	456-70589900	FUND BALANCE	33,343

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	456-70593630	SIGN PARTS/SUPPLIES	33,343

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: 3/21/2019

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)

Winter ATV Grant 2017-2018

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

Winter ATV Grant 2017-2018

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

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DEPARTMENT: Sheriff

BUDGET YEAR: 2019

TRANSFER FROM:

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

TRANSFER TO:

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

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

Requested By: Kristin Williams – Administrative Services Manager

Date Completed: 3/20/2019

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)

Central Area Drug Enforcement Group (CEADEG) Grant

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

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

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

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

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: Sheriff

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	361-23582420	Public Safety – State Grant	18,177

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	361-23591220	Wages – Perm OT	9,089
Expenditure Increase	361-23597998	Drug Grant – Personal Reimbursement	9,088

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

Requested By: Kristin Williams – Administrative Services Manager

Date Completed: 3/20/2019

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 of WI penalty assessment funds to supplement Central Area Drug Enforcement Group (CEADEG) Grant
- 2) Provide a brief (2-3 sentence) description of what this program does.
The Drug Task Force targets drugs, gangs, firearms and associated criminal investigations in an effort to combat drugs and keep streets and citizens safer. This is the State Matching portion and is used for Drug Officer wages. These funds are shared 50/50 with Marathon County and the City of Wausau.
- 3) This program is: (Check one)
 An Existing Program.
 A New Program.
- 4) What is the reason for this budget transfer?
 Carry-over of Fund Balance.
 Increase/Decrease in Grant Funding for Existing Program.
 Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
 Set up Initial Budget for New Grant Program.
 Set up Initial Budget for New Non-Grant Program
 Other. Please explain: [Click here to enter description](#)
- 5) If this Program is a Grant, is there a "Local Match" Requirement?
 This Program is not a Grant.
 This Program is a Grant, but there is no Local Match requirement.
 This Program is a Grant, and there is a Local Match requirement of: (Check one)
 Cash (such as tax levy, user fees, donations, etc.)
 Non-cash/In-Kind Services: (Describe) [Click here to enter description](#)
- 6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)
 No.
 Yes, the Amount is Less than \$30,000.
 Yes, the Amount is \$30,000 or more AND: (Check one)
 The capital request HAS been approved by the CIP Committee.
 The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: Sheriff

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	166-85182420	Public Safety – State Grant	15,041

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	166-85193140	Small Items Equipment	15,041

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

Requested By: Kristin Williams – Administrative Services Manager

Date Completed: 3/21/2019

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 County SO LiveScan Project

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

This grant is for programs or projects pursuant to the federal Omnibus Safe Streets and Crime Control Act of 1968, as amended. Marathon County will be purchasing a Live Scan Finger Printing Scanner for the courthouse.

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) Personnel

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: Sheriff

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	101-21788400	Other Miscellaneous Revenues	50,000

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	101-21792190	Other Professional Services	10,000
Expenditure Increase	101-21793140	Small Items Equipment	15,000
Expenditure Increase	101-21793193	Software Supplies	20,000
Expenditure Increase	101-21793190	Office Supplies	5,000

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

Requested By: Kristin Williams – Administrative Services Manager

Date Completed: 3/20/2019

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)

Wisconsin River Valley Regional Lab

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

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

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

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

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Sheriff

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	405-98882420	Public Safety – State Grant	51,380

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	405-98898190	Other Capital Equipment	51,380

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

Requested By: Kristin Williams – Administrative Services Manager

Date Completed: 3/20/2019

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)
Homeland Security – WEM/HS ALERT DIVE Side Scan Sonar
- 2) Provide a brief (2-3 sentence) description of what this program does.
This grant will allow Marathon County Sheriff's Office to purchase a side scan tow scanner that will allow a search of larger area to identify specific targets. The device will assist in keeping valuable resources with divers out of the water for extended periods.
- 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: Solid Waste Management

BUDGET YEAR: 2019

TRANSER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	758- 44692190	Professional services	\$14,696

TRANSER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	758-44691250	Wages-Temporary-Regular	\$13,392
Expenditure Increase	758-44691510	Retirement Employers Share	\$842
Expenditure Increase	758-44691580	Unemployment Compensation	\$14
Expenditure Increase	758-44691560	Workers Compensation Payments	\$448

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: Meleesa Johnson

Date Completed: 3/18/2019

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)
Summer internship program
- 2) Provide a brief (2-3 sentence) description of what this program does.
Provide hands-on learning opportunities for UWSP Waste Management majors which extend classroom learning. This also provides summer staff support for a wide variety of seasonal jobs.
- 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: Former internship program was contracted through UWSP. However, they will no longer cover workers compensation. We want to retain the program and provide an environment in which the interns are protected under workers compensation.
- 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: UW-Extension

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	101-7411189900	FUND BALANCE	1,602
Revenue Increase	101-7412089900	FUND BALANCE	4,374
Revenue Increase	101-7413089900	FUND BALANCE	30
Revenue Increase	101-7413189900	FUND BALANCE	1,176
Revenue Increase	101-7414089900	FUND BALANCE	924
Expenditure Decrease	101-7415092193	EDUCATIONAL SERVICES	370
Expenditure Decrease	101-7417093190	OFFICE SUPPLIES	2,011
Revenue Increase	101-7412189900	FUND BALANCE	62

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	101-7411192193	EDUCATIONAL SERVICES	1,602
Expenditure Increase	101-7412092193	EDUCATIONAL SERVICES	4,374
Expenditure Increase	101-7413092193	EDUCATIONAL SERVICES	30
Expenditure Increase	101-7413192193	EDUCATIONAL SERVICES	1,176
Expenditure Increase	101-7414092193	EDUCATIONAL SERVICES	924
Revenue Decrease	101-7415089900	FUND BALANCE	370
Revenue Decrease	101-7417089900	FUND BALANCE	2,011
Expenditure Increase	101-7412192193	EDUCATIONAL SERVICES	62

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: JASON HAUSLER

Date Completed: 3/20/2019

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)
UW Extension Program Receipts

- 2) Provide a brief (2-3 sentence) description of what this program does.
UW Extension programming areas each have an account under this GL code; specific programming expenses are paid for from these accounts and specific programming revenues are put into these accounts. The purpose of the accounts being separate is they are more long term, not necessarily yearly, and requesting balances at the end of the year to remain in the program area for use in the next year.

- 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

APPENDIX B NEW OR EXPANDED POSITION REQUEST

I. GENERAL INFORMATION

Department: Marathon County Sheriff's Office

Date: March 19, 2019

Position Requested: Deputy Sheriff (Court Security)
(If unsure of classification, indicate "To be determined")

FT PT FTE 100%

Number of Positions: 2

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

Projected Start Date of Position: May 6, 2019

Priority Number of This Position: NA

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

II. FULL EXPLANATION OF NEED FOR POSITION

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

Yes, Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly or in cooperation with other public and private partners, provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business.

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

The mission of the Marathon County Sheriff's Office exists to provide a safe, secure, and crime-free community through trust-building, enforcement, and public safety management.

The Sheriff's Office would like to save Marathon County approximately \$26,000 a year by hiring 2 FTE Court Security Deputies and reducing our part-time deputies from 13 to 5. By doing this we can reduce the re-occurring costs of these part-time positions. ([See Attached PDF](#))

No new funds are being requested. The Sheriff's Office is proposing to use a portion of current salaries to fund the 2 proposed FTE Court Security Deputies and reduce our part-time court security deputies from 13 to 5.

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.

Currently, the Court Security Unit has 13 part-time deputies responsible for staffing shifts within the Courthouse. Over the past year it has been more difficult to hire and retain these part-time deputies as they move on to full-time law enforcement positions. The current market for qualified law enforcement personnel is very competitive across the State. It is becoming more difficult to retain part-time officers as these officers are being hired into full-time positions.

The Sheriff's Office has lost 14 part-time deputies over the past 2 years to full-time positions. The continual costs of hiring, training and equipping these part-time deputies has become cost prohibitive to continue this part-time program to the scale it currently is.

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

The County has a potential to save approximately \$26,000 a year in re-occurring costs. The Sheriff's Office would also save valuable time and resources with the hiring process (backgrounds, interviews, Hilson, Psychological and Physical testing).

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

If the Sheriff's Office kept the staffing model as it is, it would cost the County more money, time and resources in the future.

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

The pool of certified law enforcement candidates who are willing to work part-time is dwindling. If they do take a part-time position they usually move on to a full-time position within weeks or months of being hired. This current model is not sustainable in its current state. The annual costs for this staffing model will continue to increase.

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?)

- We will continue to monitor the increased requests from judges to have court security officers in their courtrooms. These requests are classified as "essential" and "preferred".
- Gather statistical information of incidents which occur in the courthouse that require law enforcement.
- Keep statistics of prisoner escorts within the courthouse complex.
- Keep statistics of prisoner transports to outside facilities.
- Keep statistics of arrests made by our court security deputies
- Keep statistics on contraband confiscated at the checkpoint.

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.

- Screening Area (50%)
- Presence in courtroom/security. (20%)
- Prisoner escorts within the courthouse complex. (5%)
- Patrolling the courthouse complex. (5%)
- Arrests (5%)
- Prisoner transport to outside facilities. (15%)

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?

No, this position requires sworn officers.

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

The work is currently being done by 13 part-time deputies. Due to the re-occurring costs of hiring, training, equipping and retaining these deputies it has become cost prohibitive. The Sheriff's Office is proposing to scale back our part-time deputies from 13 to 5 and hiring 2 full-time court security deputies. (See attached PDF)

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.)

1. In 2018 salaries & benefits for part-time court security deputies were \$308,144
2. Requesting to use \$208,000 of the \$308,144 to fund two FTE court security deputies
3. Remaining funds would be used to fund only 5 part-time court security deputies instead of 13
4. This would reduce approximately \$26,000 per year of re-occurring costs to hire, train, equip and retain such a large pool of part-time deputies.

B. Explain specifically how position will be funded.

Amount of County tax levy: Not requesting additional funds (See above) % of total costs: 100% of current costs are from tax levy

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

Source of outside funding: NA

Length of outside funding: NA

Likelihood of funding renewal: NA

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

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

Yes, by reducing re-occurring costs by approximately \$26,000.

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?

These 2 new positions should not lead to cost avoidance or more extensive services in the future. These positions are an investment with future benefits to the county as it provides a safe and secure courthouse for its employees and the public.

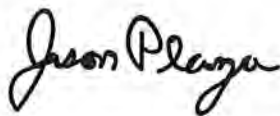
E. Can the position costs be offset by eliminating or reducing a lower priority function? If yes, explain.

The proposal is to eliminate 8 part-time court security deputies creating a yearly savings of approximately \$26,000.

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.



3/19/2019

Signature of Supervisor/Manager Completing Request

Date

Scott R. Parks / Sheriff srp

3/19/2019

Department Head Signature

Date

Marathon County Sheriff's Office

Court Security Staffing - Hours

Current Hours

FTE/PTE	Hours Per Pay Period
Lt.	80
Deputy / FTE	80
Deputy / FTE	80
Deputy / PTE .5	40
Deputy / PTE .5	40
Deputy / PTE .5	40
Deputy / PTE .5	40
Deputy / PTE .5	40
Deputy / PTE .5	40
Deputy / PTE .5	40
Deputy / PTE .5	40
Deputy / PTE .5	40
Deputy / PTE .5	40
Deputy / PTE .5	40
Deputy / PTE .5	40
Deputy / PTE .38	30
Deputy / PTE .38	30
Deputy / PTE .3	24
Hours Per Pay Period	724
Hours Per Year	18,824

Proposed Hours

FTE/PTE	Cost	Hours
Current Lt. / FTE		80
Current Deputy / FTE		80
Current Deputy / FTE		80
New Deputy / FTE	\$104,000	80
New Deputy / FTE	\$104,000	80
Deputy / PTE .5	22,800	40
Deputy / PTE .5	22,800	40
Deputy / PTE .5	22,800	40
Deputy / PTE .5	22,800	40
Deputy / PTE .5	22,800	40
Deputy / PTE .3	12,500	24

Hours Per Pay Period	584	140
Hours Per Year	15184	3,640

Difference in Hours **3,640**
 Partial Savings FTE \$76,440

Deputy Sheriff - Court Security
Sheriff's Department
FTE = 2.0

2019 BUDGET PLANNING - NEW/EXPANDED POSITION COST

		Deputy I	Deputy III	Deputy V
Item	Proposed Rates*	Minimum	Mid-Point	Maximum
Deputy Sheriff contract (2080 hours)		\$60,294	\$65,565	\$69,995
HOLIDAYS 10 days (80 hours)		\$2,320	\$2,522	\$2,693
Total Wages		\$62,614	\$68,087	\$72,688
Health - Family	1723.16	\$20,678	\$20,678	\$20,678
Dental - Family	58.57	\$703	\$703	\$703
FICA Retirement Rate	6.20%	\$3,882	\$4,221	\$4,507
FICA Medicare Rate	1.45%	\$908	\$987	\$1,054
Unemployment Insurance	0.15%	\$94	\$102	\$109
Retirement - Employer	11.22%	\$7,025	\$7,639	\$8,156
Worker's Comp - Law Enf.	2.24%	\$1,403	\$1,525	\$1,628
PEHP	\$21	\$546	\$546	\$546
Total Estimated Cost Per Deputy		\$97,853	\$104,488	\$110,069
Cost for 2 Full-time Deputies		\$195,706	\$208,977	\$220,138

Effective 5/6/2019: (18 pp remain)	\$67,744	\$72,338	\$76,201
Cost for two remainder of 2019:	\$135,488	\$144,676	\$152,402

MARATHON COUNTY 5 YEAR FINANCIAL PROJECTION
Revenue Assumptions

					Revenue	Assumption
2020	2021	2022	2023	2024		
0.95%	2.50%	2.50%	2.50%	2.50%	Property Taxes	Maintain levy at or below levy limit
1.20%	2.00%	1.50%	1.25%	1.00%	Sales Tax	Increase in stable economy
1.5%	1.0%	1.0%	1.0%	1.0%	Other Taxes	Increase in Economy
0.2%	0.0%	0.0%	0.0%	0.0%	Shared Revenue	Stable Shared Revenues
1.0%	2.0%	2.0%	2.0%	2.0%	Transportation Aids	slight increase
2.0%	2.0%	2.0%	2.0%	2.0%	Intergovernmental grants	slight increase
1.5%	1.5%	1.5%	1.5%	1.5%	Intergovernmental Charges	Cost of users charges
2.0%	1.0%	1.0%	1.0%	1.0%	Fines/Licenses	slight increase
1.0%	1.0%	1.0%	1.0%	1.0%	public charges	Keep up with cost of services
2.0%	1.0%	1.0%	1.0%	1.0%	Interdepartmental	Based on internal charges or carryover
2.0%	2.2%	2.3%	2.3%	2.4%	Misc Revenues	interest and treasurer fees
0.02%	2.25%	2.25%	2.00%	1.75%	Equalized Value	Used to calculate Tax Rate
0.95%	1.40%	1.60%	1.80%	2.00%	Net New Construction	Used to calculate Operating levy limit

MARATHON COUNTY 5 YEAR FINANCIAL PROJECTIONS
Expenditure Assumptions

2020	2021	2022	2023	2024	Appropriation Unit
2.0%	2.0%	2.0%	2.0%	2.0%	Salaries /Wages
8.0%	5.0%	3.0%	2.0%	2.0%	Health Insurance
0.2%	0.1%	0.2%	0.1%	0.0%	WRS
3.0%	2.0%	2.0%	1.0%	1.0%	Dental
-5.0%	0.0%	0.0%	1.0%	1.0%	Workers Compensation
0.0%	0.0%	0.0%	0.0%	0.0%	Unemployment
2.0%	2.0%	3.5%	2.0%	2.0%	Other insurance
2.1%	2.4%	2.1%	1.2%	3.3%	Total Personnel
5.0%	5.0%	20%	5%	2%	Debt Service
2.0%	1.5%	2%	2%	2%	Operating
2.0%	1.0%	2%	2%	5%	Capital
0.0%	0.0%	0%	0%	0%	Intergovernmental
0					Working Capital Return

WRS Contribution History

Employer contributions

	General	Protected
2019	6.55%	10.55%
2018	6.7%	10.7%
2017	6.8%	10.6%
2016	6.6%	9.4%
2015	6.8%	9.5%
2014	7.0%	10.1%