



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 AMENDED AGENDA

Date & Time of Meeting: **Monday, May 13, 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 April 29, 2019 Human Resources, Finance and Property Committee Meeting.
4. Educational Presentations/Outcome Monitoring Reports-None

5. Operational Functions required by Statute, Ordinance, or Resolution:

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

(1) Tax Deed Land Sale, Taking of Property and Changes to Tax Deed Parcels owned by the County

Possible Bid Opening for the following parcels:

<u>DESCRIPTION:</u>	<u>SET VALUE:</u>
<u>VILLAGE OF WESTON- SALE: 2019-1</u>	\$16,000

Crane Meadows – First Add Lot 77 .350 Acres M715-297 1233189
 #192-2808-322-0078 #62.022500.000.077.00.00

<u>CITY OF WAUSAU - SALE: 2019--2</u>	\$17,200
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2111 Northwestern Ave
 1119196 11-14364 Annex 497-93E M277-1 M394-442 .640 A
 EAU CLAIRE MEADOWS LOT 4 #291-2808-064-00004 #59.228300.000.004.00.00

<u>CITY OF WAUSAU - SALE: 2019-3</u>	\$ 1,900
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1308 N 16TH Ave
 1718115QC .360 A Westview Terrace Add Lot 5 Blk 1
 #291-2907-224-0090 #59.789500.001.005.0000

<u>CITY OF WAUSAU- SALE: 2019-4</u>	\$10,400
--	----------

312 Chicago Ave
 M783-420WD .140 A Dunbar & Browns Riverview Add Lot 3 Blk 1
 #291-2907-252-0211 #59.214000.001.003.00.00

(2) Approve April 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-Budget Transfer and Request from Contingency for the Equipment (\$405,430) and Materials (\$259,830) Budget for Highway Department County Winter Maintenance-Griesbach

(2) 2019 Interdepartmental Budget Transfers-Palmer

6. Policy Issues Discussion and Committee Determination

A. Update by Supervisor McEwen on the County Strategic Plan -Link to the County's 2018-2022 Strategic Plan
http://www.co.marathon.wi.us/Portals/0/Departments/CAD/Documents/StrategicPlan_2018-2022.pdf

7. Announcements: Next Meeting Date-June 3, 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

Faxed to: Wausau Daily Herald
 Faxed to: Record Review
 Faxed to: City pages
 Faxed by/time: K Palmer 5/9/2019 2:50 pm

NOTICE POSTED AT THE COURTHOUSE
 By/Date/Time: K Palmer 5/9/2019 2:50 pm



MARATHON COUNTY HUMAN RESOURCES, FINANCE & PROPERTY COMMITTEE MEETING MINUTES

Date & Time of Meeting: **Monday, April 29 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-excused, John Durham, Kurt Gibbs, Yee Leng Xiong, Jeff Zriny
Others: Scott Corbett, Brad Karger, Vicki Tylka, Nan Kottke, Frank Matel

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 April 8, 2019 Human Resources, Finance and Property Committee Meeting.

MOTION BY MILLER AND SECONDED BY GIBBSTO APPROVE THE MINUTES OF THE APRIL 8 MEETING; VOTE UNANIMOUS

4. Educational Presentations/Outcome Monitoring Reports-None
5. Operational Functions required by Statute, Ordinance, or Resolution:
 - A. Discussion and Possible Action by Human Resources and Finance and Property Committee
 - (1) Tax Deed Land Sale, Taking of Property and Changes to Tax Deed Parcels owned by the County
 - a. Tax Deed Land Sales-City of Mosinee Sale #2017-1 PIN#251-2707-332-9865
One (1) Sealed Bid was received:

Sealed Bid in the amount of \$30,000 by CSB Real Estate LLC & William / Leah Bouton, 435 Orbiting Drive Ste A, Mosinee, WI 54455 with 10% down payment in the amount of \$3,000.

MOTION BY GIBBS; SECONDED BY XIONG TO ACCEPT THE BID OF \$30,000 THE PROPERTY WAS AWARDED TO CSB REAL ESTATE LLC & WILLIAM/LEAH BOUTON; VOTE CARRIED, NOT UNANIMOUS – SUPERVISOR MILLER

- b. Tax Deed Land Sale-City of Wausau Sale#2017-3 PIN#291-2907-251-0061

Three bids were received:

Bid #1 submitted by Phoom Vang, 5202 Scott Street, Weston, WI 54476: \$28,100 - Deposit Included of 10%: \$2,810

Bid #2 submitted by Ryan Voigt Member / R.R. Voigt Properties LLC, 1741 N 1st Avenue, Wausau, WI 54401: \$31,500 - Deposit Included of 10%: \$3,150

Bid #3 submitted by Brian Rosewicz & Daniel Pheifer, 246566 Co Rd W, Merrill, WI 54452: \$8,000 - Deposit Included of 10%: \$800

MOTION BY SUPERVISOR MILLER; SECONDED BY SUPERVISOR ZRINY TO ACCEPT BID #2 – THE HIGHEST BID IN THE AMOUNT OF \$31,500 FROM RYAN VOIGT MEMBER / R.R. VOIGT PROPERTIES LLC; COUNTY BOARD CHAIR GIBBS ABSTAINED, VOTE CARRIED.

- (2) Abolish one .625 FTE Senior Accounting Professional (DBM C44 Position #26711); Create one full-time Accounting Professional(DBM C43) position for Department of Social Services – Matel/Tylka

MOTION BY XIONG AND SECONDED BY DURHAM TO ABOLISH ONE .625 FTE SENIOR ACCOUTNIGN PROFESSIONAL AND CREATE ONE FULL-TIME ACCOUTNIGN PROFESSIONAL POSITION AT THE DEPARTMENT OF SOCIAL SERVICES; 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-None
6. Policy Issues Discussion and Committee Determination

A. The Human Resources and Finance and Property Committee-Support of County's 2019 and 2020 Budget Goals

1. State Property Tax limit Policy Change-Allow Counties to increase property tax levy by the percentage change in Equalized Value Net New Construction or 2% whichever is higher

2. Increase in State Shared Revenue-Proposed 2% increase starting in 2020

ON ITEMS 6A 1 AND 2, MOTION BY XIONG AND SECONDED BY DURHAM TO FORWARD THESE BUDGET ITEMS TO THE EXECUTIVE COMMITTEE; VOTE UNANIMOUS

7. Announcements:

Next Meeting Date-May 13, 2019 3 pm

8. Adjourn-MOTION BY GIBBS AND SECONDED BY MILLER TO ADJOURN; 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: Finance

BUDGET YEAR: 2019

TRANSER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	101 1319120	Transfer from 101/101 Contingency	405,435
Expenditure Decrease	801 2789xxxx	County Road and Bridge Maintenance	259,830

TRANSER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	801 28094590	Winter Maintenance-Raw materials	259,830
Expenditure Increase	801 28095330	Winter Maintenance-Equipment Rent	405,435

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: James Griesbach

Date Completed: 5/2/2019

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)
Highway Winter Maintenance
- 2) Provide a brief (2-3 sentence) description of what this program does.
With the long winter and snow and ice emergencies the Highway 280 subfund is over budget
- 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 from Contingency and Highway Road and Bridge
- 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

Kristi,

Based on the current budget compared to our 3 year average this is my winter shortfall due to the extreme winter/spring.

I based these numbers on the 3 year average from 2016-2018 August-December

<u>Account Title</u>	<u>3 year Average</u>	<u>2019 unobligated</u>	<u>Shortfall</u>
Wage & Fringe	\$172,518	\$178,183	-----
Equipment Rent	\$201,273	(\$204,161)	\$405,435
Material 6% increase in salt price	\$259,829	\$189,721	<u>\$259,830</u> - Note
Total			\$665,265

Attached is the 280 account report.

Charges thru
4/30/19

GL787 HWY REV & EXP VS BUDGET-2019 Report Format 511

Period 5 ending May 31, 2019 Transaction status 1

Sub 801 COUNTY HIGHWAY Agy 0670 HIGHWAY

Description	2019 MODIFIED	Current Mth Expense	YTD Encumbrances	YTD Expense	YTD Total Obligations	Unobligated Budgeted Amt	% Expen
Or2 280 CTHS WINTER PROGRAM-HIGHWAY							
APR 624A HIGHWAY LVL 1-PERS SERVICE							
Cat 910 PERSONAL SERVICES							
Act 1210 WAGES-PERMANENT-REGULAR	445,906.00	221.10		295,904.07	295,904.07	150,001.93	66.4
Act 1390 OTHER LEAVE PAYMENT				49,060.19	49,060.19	49,060.19-	
Act 1510 SOCIAL SECURITY EMPLOYER	34,112.00			29,478.27	29,478.27	4,633.73	86.4
Act 1520 RETIREMENT EMPLOYERS SHA	28,048.00			23,339.13	23,339.13	4,708.87	83.2
Act 1540 HOSPITAL/HEALTH INSURANC	111,566.00			48,966.12	48,966.12	62,599.88	43.9
Act 1541 DENTAL INSURANCE	2,943.00			2,613.13	2,613.13	329.87	88.8
Act 1543 INCOME CONTINUATION INSU	1,650.00					1,650.00	
Act 1545 POST EMPLOYEE HEALTH PLA	10,167.00			5,578.53	5,578.53	4,588.47	54.9
Act 1550 LIFE INSURANCE	223.00			167.45	167.45	55.55	75.1
Act 1560 WORKERS COMPENSATION PAY	33,934.00			35,469.79	35,469.79	1,535.79-****	
Act 1580 UNEMPLOYMENT COMPENSATIO	446.00			235.32	235.32	210.68	52.8
Total Expenses	668,995.00	221.10		490,812.00	490,812.00	178,183.00	73.4
APR 624A HIGHWAY LVL 1-PERS SERVICE	668,995.00	221.10		490,812.00	490,812.00	178,183.00	73.4
APR 624B HIGHWAY LVL 1-OPERATING							
Cat 940 BUILDING MATERIALS							
Act 4590 OTHER RAW MATERIALS	930,500.00			740,778.53	740,778.53	189,721.47	79.6
Cat 950 FIXED CHARGES							
Act 5330 EQUIPMENT RENT	650,000.00	466.08		854,161.91	854,161.91	204,161.91-****	
Cat 980 CAPITAL OUTLAY							
Act 8190 OTHER CAPITAL EQUIPMENT-	185,020.00					185,020.00	
Total Expenses	1,765,520.00	466.08		1,594,940.44	1,594,940.44	170,579.56	90.3
APR 624B HIGHWAY LVL 1-OPERATING	1,765,520.00	466.08		1,594,940.44	1,594,940.44	170,579.56	90.3
APR 624Z HIGHWAY LVL 1-REVENUES							
Cat 848 MISCELLANEOUS REVENUE							
Act 8330 SALE OF ST MATERIALS& SU	130,000.00-			212,149.09-	212,149.09-	82,149.09	****
Total Revenues	130,000.00-			212,149.09-	212,149.09-	82,149.09	****
Or2 280 CTHS WINTER PROGRAM-HIGHWAY	2,304,515.00	687.18		1,873,603.35	1,873,603.35	430,911.65	81.3

→ Current thru 4/30/19 due to processing time lag

MARATHON COUNTY
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DEPARTMENT: ADRC-CW

BUDGET YEAR: 2018

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	DAL DAL 9 9130	INCR FB SUBSEQUENT YEARS	1726

TRANSFER TO:

Action	Account Number	Account Description	Amount
Revenue Decrease	DAL DAL 8 9900	TRANS FROM FUND BALANCE	1726

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

Requested By: Steve Prell

Date Completed: 3/26/2019

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 ADD LIFE

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

Provide prevention, education and fitness opportunities to older adults and those living with disabilities and chronic conditions.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: Balance APR units

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

This Program is not a Grant.

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

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

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

Non-cash/In-Kind Services: (Describe) State Alheimers grant is allowable match for this grant.

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: ADRC-CW

BUDGET YEAR: 2019

TRANSER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	DCF DCF 9 9130	INCR FB SUBSEQUENT YEAR	53069
Revenue Increase	DCF DCF 8 9900	TRANSFERS FROM FB	62841

TRANSER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DCF DCI 9 2180	FOOD SERVICES	115910

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

Requested By: Steve Prell

Date Completed: 3/26/2019

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 C1 NUTRITION GRANT

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

The C1 Nutrition grant is used to provide meals in a congregate setting to our older population.

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? _____

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DEPARTMENT: ADRC-CW

BUDGET YEAR: 2019

TRANSER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	DDA DDA 9 9130	INCREASE FB FOR SUBSEQ YRS	24297

TRANSER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DDA DDD 9 2180	FOOD SERVICES	24297

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

Requested By: Steve Prell

Date Completed: 3/26/2019

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 C2NUTRITION GRANT

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

The C2 Nutrition grant is used to provide meals on wheels to our older population.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: Balance APR units

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: ADRC-CW

BUDGET YEAR: 2019

TRANSER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	DAM DAM 9 9130	INCR FB SUBSEQUENT YEAR	1298

TRANSER TO:

Action	Account Number	Account Description	Amount
Revenue Decrease	DAM DAM 8 9900	TRANS FROM FUND BALANCE	1298

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

Requested By: Steve Prell

Date Completed: 3/27/2019

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 Elder Abuse funds

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

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

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

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

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

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: ADRC-CW

BUDGET YEAR: 2019

TRANSER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DDJ DDJ 8 9900	TRANS FROM FUND BALANCE	1037

TRANSER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DDJ DDJ 9 3490	SUPPLIES	1037

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

Requested By: Steve Prell

Date Completed: 3/27/2019

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 E NATIONAL FAMILY CAREGIVER GRANT

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

The III E National Family Caregiver grant is used to provide services, counseling, training and support to caregivers of those with dementia.

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? _____

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: 2019

TRANSER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DDL DDL 8 9900	TRANSFERS FROM FB	465
Expenditure Decrease	DDL DDL 9 9130	INCR FB SUBSEQUENT YEARS	224

TRANSER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DDL DDL 9 3490	OTHER OPERATING SUPPLIES	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: Steve Prell

Date Completed: 3/26/2019

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 IIID PREVENTION GRANT

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

The III D Prevention grant is used to provide evidence based health promotion classes and services to our older population.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: Balance APR units

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: ADRC-CW

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DAA DAA 8 9900	TRANS FROM FUND BALANCE	10856

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DAA DAA 9 9130	INCREASE FB SUBSEQUENT YEAR	10856

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

Requested By: Steve Prell

Date Completed: 3/26/2019

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 ADMIN

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

The support provided by each of the four counties helps provide administrative services and support various Aging programs. These are the unspent funds left at the end of 2018 to be added to the existing fund balance.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: Balance APR units

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: ADRC-CW

BUDGET YEAR: 2019

TRANSEFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DAT DAT 8 2388	MIPPA GRANT	17583

TRANSEFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DAT DAT 9 1250	WAGES TEMP REG	12000
Expenditure Increase	DAT DAT 9 1510	SOCIAL SECURITY EMPLOYER	920
Expenditure Increase	DAT DAT 9 1560	WORKERS COMPENSATION	450
Expenditure Increase	DAT DAT 8 1580	UNEMPLOYMENT COMPENSATION	30
Expenditure Increase	DAT DAT 8 3321	MILEAGE	2000
Expenditure Increase	DAT DAT 9 3130	PRINTING	850
Expenditure Increase	DAT DAT 9 3260	ADVERTISING	1333

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

Requested By: Steve Prell

Date Completed: 3/26/2019

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 MIPPA GRANT

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

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

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: Balance APR units

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: ADRC-CW

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DDO DDO 8 9900	TRANSFERS FROM FB	1591

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DDO DDO 9 2180	FOOD SERVICES	1591

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

Requested By: Steve Prell

Date Completed: 3/26/2019

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 NUTRITION VEHICLE

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

The Nutrition Vehicle fund was used to purchase a meal delivery van in 2018. The remaining balance must be spent in 2019 on operating costs of the Meals on Wheels program as directed by GWAAR.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: Balance APR units

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: ADRC-CW

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DDP DDP 8 8435	DONATIONS FR FOUNDATIONS	60000

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DDP DDP 9 8195	OTHER CAP EQUIP ADRC	60000

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

Requested By: Steve Prell

Date Completed: 3/27/2019

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 NUTR VEH - FOUNDATIONS

- 2) Provide a brief (2-3 sentence) description of what this program does.
During 2019 local foundations will be making donations to ADRC CW to purchase replacement meal delivery vehicles for the Meals on Wheels program.

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

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

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: ADRC-CW

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DAK DAK 8 9900	TRANSFERS FROM FUND BALANCE	988

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DAK DAK 9 3191	BOOKS / DIRECTORIES	400
Expenditure Increase	DAK DAK 9 3130	PRINTING	588

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

Requested By: Steve Prell

Date Completed: 3/26/2019

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 SECURITY HEALTH PLAN – Building Bridges to Connect Community and Healthcare

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

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

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: Balance APR units

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: ADRC-CW

BUDGET YEAR: 2018

TRANSER FROM:

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

TRANSER TO:

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

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

Requested By: Steve Prell

Date Completed: 3/27/2019

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

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: ADRC-CW

BUDGET YEAR: 2019

TRANSER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DDV DDV 8 2394	WIHA GRANT	6000

TRANSER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DDV DDV 9 3250	REGISTRATION FEES	2770
Expenditure Increase	DDV DDV 9 3321	MILEAGE	1194
Expenditure Increase	DDV DDV 9 3360	LODGING	1136
Expenditure Increase	DDV DDV 9 3191	BOOKS/DIRECTORIES	900

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

Requested By: Steve Prell

Date Completed: 3/27/2019

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 WIHA

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

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

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: Balance APR units

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? _____

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: ADRC-CW

BUDGET YEAR: 2019

TRANSER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	FBF FBF 9 9130	INCR FB SUBSEQUENT YEARS	662

TRANSER TO:

Action	Account Number	Account Description	Amount
Revenue Decrease	FBF FBF 8 9900	TRANSFERS FROM FB	662

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

Requested By: Steve Prell

Date Completed: 3/27/2019

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 ALZHEIMER'S WOOD CO FUNDS

- 2) Provide a brief (2-3 sentence) description of what this program does.
County specific funds from Incurage Foundation Alzheimer's Fund to be used for services similar to the Alzheimer's grant 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? _____

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: ADRC-CW

BUDGET YEAR: 2019

TRANSER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	FBH FBH 9 9130	INCR FB SUBSEQUENT YEARS	3795

TRANSER TO:

Action	Account Number	Account Description	Amount
Revenue Decrease	FBH FBH 8 9900	TRANSFERS FROM FUND BALANCE	3795

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

Requested By: Steve Prell

Date Completed: 3/27/2019

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) [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: ADRC-CW

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	FBG FBG 8 9900	TRANSFERS FROM FUND BALANCE	247

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	FBG FBG 9 9130	INCR FB SUBSEQUENT YEARS	247

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

Requested By: Steve Prell

Date Completed: 3/27/2019

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

COMPLETED BY FINANCE DEPARTMENT:

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

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	602-94389900	FUND BALANCE	2,267,995.00
Revenue Increase	602-93789900	FUND BALANCE	109,697.00

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	602-93798290	OTHER CAPITAL IMPROVEMENTS	109,697.00
Expenditure Increase	602-94398306	911 SYSTEM	256,832.00
Expenditure Increase	602-94398105	TIME & ATTENDANCE - HWY	54,000.00
Expenditure Increase	602-94398267	SHERIFF-911 SWITCH	386,000.00
Expenditure Increase	602-94398160	LAW ENFORCEMENT SYSTEM	1,366,826.00
Expenditure Increase	602-94398380	LAND RECORDS REPLACEMENT	204,337.00

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: Kristi Palmer & Gerry Klein

Date Completed: 4/17/2019

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)
CCITC Fund balance carryforwards

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

- 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: Finance

BUDGET YEAR: 2019

TRANSER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	628-93898466	HVAC REPLACEMENT-326 RIVER DR	105,000.00

TRANSER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	628-93898464	ROOF REPLACEMENT LIBRARY	105,000.00

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: Kristi Palmer

Date Completed: 5/2/2019

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)
CIP Funds
- 2) Provide a brief (2-3 sentence) description of what this program does.
The HVAC replacement is not being done, moving the funds to cover the library roof replacement.
- 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: Moving designated CIP money from one project to another.
- 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: Central Wisconsin Airport

BUDGET YEAR: 2018

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	701 300 89900	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? 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
Revenue Increase	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

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	441 - 73182474	DATCP/DNR GRANT-STATE	\$4,000

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	441 - 73192190	OTHER PROFESSIONAL SERVICES	\$4,000

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: Tom Lovlien

Date Completed: 4/9/2019

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)
Pittman-Robertson County Forest Habitat Wildlife Grant

- 2) Provide a brief (2-3 sentence) description of what this program does.
This state grant will be used to improve wildlife habitat on County Forests. The Forest Administrator will work cooperatively with the DNR Wildlife Biologist to identify eligible projects.

- 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: Register of Deeds

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	121-16885138	REDACTION ACCOUNT FOR ROD MAINTENANCE <i>548H</i>	30,000

TRANSFER TO:

00122

Action	Account Number	Account Description	Amount
Expenditure Increase	101 16593495	IMAGING <i>548B</i>	30,000

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

Requested By: DEAN STRATZ, REGISTER OF DEEDS

Date Completed: *05/09/19*
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)
REDACTION PROGRAM FUNDS
- 2) Provide a brief (2-3 sentence) description of what this program does.
THE REDACTION ACCOUNT HAD ENDED IN 2014 – FUNDS THAT REMAINED IN THE ACCOUNT IS TO BE USED FOR RECORD MAINTENANCE IN THE REGISTER OF DEEDS OFFICE PER STATUTE
- 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: WE ARE IMAGING THE MORTGAGE BOOKS TO PRESERVE THE RECORDS
- 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? _____



Proposal / Statement of Work

Date: 3/29/2019
Organization: Marathon County
Contact Info: Mr. Dean Stratz
 Register of Deeds
 500 Forest Street
 Wausau, WI 54403
 (715) 261-1488
Dean.Stratz@co.marathon.wi.us

Project # MC0011: Conversion for Register of Deeds Books

Project Scope:

Marathon County's Register of Deeds is interested in conversion services of Mortgage books. Documents will be transported and scanned at our processing center in Wausau, WI. Books are located in Marathon County Courthouse basement. Dean needs to be available to unlock storage room door.

Mortgage Books (181 books total)

- Create 300 DPI images, Group IV TIF images
- Books come apart (page size 11-1/4" w x 16" h), average 660 pages per book
- Volumes 225, 226, 230, 233, 234, 235, 236, 238 and 240-412
- All books are negative, invert images (create image with black text with white background)
- **If we find Vital Records (birth, marriage, death or military discharge), delete and note in exception report**
- Index Values
 - o Document # (6 digits, if no doc# please create list of missing doc#s)
 - o Volume
 - o Page
 - o Document Type
 - MORTGAGE - M026
 - ASSIGNMENT OF REAL ESTATE MORTGAGE - M027
 - SUBORDINATION AGREEMENT - M029
 - SATISFACTION OF MORTGAGE - M030 (might be called Release)
 - PARTIAL RELEASE OF MORTGAGE - M031
 - o Recorded Date (format mm/dd/yyyy), pad values

	Estimated Images	Cost per Image	Extended Price
Pick Up & Delivery			No Charge
181 Mortgage Volumes (Estimated 660 pages per book)	119,460	\$025	\$29,865.00
USB drive for Exports			\$25.00
Total			\$29,890.00



Project Deliverables:

Project will have a 100% Quality Control check. We will review image quality and correct page orientation. Poor Quality Originals and Deleted Pages (Voids and Vital Records) will be noted in Exceptions Report.

We will provide Laserfiche export (.LFB) and TriMin Export (regular export and book type export)

Customer will be invoiced for actual images processed

Insurance:

On Q Solutions will provide a Certificate of Liability listing Marathon County as an additional insured.

Marathon County may request documents from On Q Solutions during the conversion process. We will scan and send requested documents via e-mail at no additional cost. Requests can be sent to support@onqsolution.com



Acceptance of Proposal: # MC0011

Payment Terms:

- 50% down at order signing, with balance due upon project completion, Net 10 days.

"Thank you for the opportunity to provide a proposal for your conversion project. We realize how important the success of this project is to you and your staff"

"We respectfully request you to accept this Proposal / Statement of Work"

"Thank You"

On Q Solutions L.L.C.
 100 N. 72nd Ave,
 Suite 210
 Wausau, WI 54401
 Phone (715) 370-1338

Marathon County - Register of Deeds
 500 Forest Street
 Wausau, WI 54403
 Phone (715) 261-1488

By: _____

By: _____

Name: Rhonda Burish

Name: _____

Title: President

Title: _____

Date: _____

Date: _____

We will guarantee our pricing for 6 months from the proposal date.

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	221-98282351	Meal – Federal Grant Breakfast	5,000
Revenue Increase	222-98382351	Meals - Federal Grant Lunch	7,000

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	221-98292180	Food Services - Breakfast	5,000
Expenditure Increase	222-98392180	Food Services – Lunch	7,000

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

Requested By: Kristin Williams – Administrative Services Manager

Date Completed: 4/3/2019

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)
School Breakfast Program and National School Lunch Program
- 2) Provide a brief (2-3 sentence) description of what this program does.
Federal grant funds for states to provide nutritious breakfasts and lunches for school children. The Marathon County Juvenile Detention and Shelter Home receive partial reimbursements from the State of Wisconsin for food services provided at the Juvenile Facility.
- 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

Strategy A

Consider the potential to consolidate emergency service agencies.

Strategy B

Respond to maltreatment allegations and provide protective services for vulnerable populations.

Strategy C

Report every 2 years on the response time with advice for municipalities (ex: consolidation, realignment, or targeted education).



OBJECTIVE 7.1: Provide cost-effective and high quality public safety services.

By December 31, 2022, emergency response times for public safety services (law enforcement, fire, and emergency medical services) will decrease.

Baseline: To Be Determined
Source: Emergency Management & Sheriff's Office

Outcome Measure 1

Departments Contributing

- Central WI Airport
- Corporation Counsel
- County Administration
- Emergency Management
- Finance
- Library
- North Central Health Care
- Sheriff's Office
- Social Services

Strategy A

Maintain a safe highway network to provide access to all communities in the County.

Strategy B

Support technology in the workplace, particularly through access to broadband.

Strategy C

Work with municipalities to maintain a competitive inventory of serviced industrial land and office sites.

Strategy D

Provide appropriate access for trucks and employees for all business and industrial park sites.

Strategy E

Pursue federal & state funding to develop a county-wide revolving loan fund to assist communities with cleanup of contaminated sites.

Strategy F

Secure state and federal funding to maintain infrastructure and support economic growth.



OBJECTIVE 10.12: Maintain infrastructure to support economic growth.

Through December 31, 2022, the county highway overall Pavement Surface Evaluation and Rating Score will maintain an average annual rating of 7.0.

Baseline: 7.03 in 2018
Source: Marathon County Highway Department

Outcome Measure 1

By December 31, 2022, the total automobile crash rate will be reduced by 5% in Marathon County to improve traffic flow, efficiency, and safety.

Baseline: New Measure
Source: Wausau Area Metropolitan Planning Organization

Outcome Measure 2

Departments Contributing

- Central WI Airport
- City-County IT Commission
- Conservation, Planning & Zoning
- County Administration
- Facilities & Capital Management
- Highway

Strategy A

Support efforts by local municipalities to establish cooperative service and joint facility arrangements.

Strategy B

Continue to enhance E-911 dispatch services for all police, fire, and EMS* agencies in Marathon County.

Strategy C

Work with local municipalities and other government agencies to explore opportunities to share costs and/or consolidate public services.

Strategy D

Address solid waste management issues on a regional basis, cooperating with other counties.

Strategy E

Implement a plan to increase the number and nature of services accessible to the public online and identify achievable measures to track our progress at engaging the public.



OBJECTIVE 12.3: Promote cost-effective public services.

By December 31, 2020, all county departments will have employees with knowledge of continuous improvement and skills for facilitating improvement.

Baseline: To Be Determined
Source: Marathon County Administration

Outcome Measure 1

By December 31, 2022, the number of county employees who have completed the Marathon County Leadership Development Program will increase by 25%.

Baseline: To Be Determined
Source: Marathon County Administration

Outcome Measure 2

By December 31, 2020, a framework will be developed to share services with a local municipality, nearby county, or non-governmental entity to reduce cost and increase effectiveness, and thereafter meet at least once a year to discuss joint ventures.

Baseline: To Be Determined
Source: Marathon County Administration

Outcome Measure 3



* Emergency Medical Services