



**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, June 17, 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 May 23, 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) Approve May 2019 Claims and Questioned Costs-Palmer
    - (2) Tax Deed Owned by Marathon County: Eviction/Lease to Persons Occupying Property. State Law Requiring Public Sale:
      - Request by Joseph D Krueger, 608 Adams St. Wausau, WI 54403 to remain on property and purchase by private sale
      - Request by Summer Heather Krolczyk, 109 North Second Ave, Wausau, WI 54401 to remain on the property and purchase by private sale
    - (3) Discuss and approve method for administering performance-based pay in acknowledging excellent performance when executive positions are in a group of one (Airport Manager, ADRC Director, Library Director, County Administrator)-Karger
  - B. Discussion and Possible Action by Committee to Forward to the County Board for its consideration
    - (1) Discussion and Possible Action by Committee-2019 Interdepartmental Transfers-Palmer
6. Policy Issues Discussion and Committee Determination
  - A. None
7. Announcements:
  - Next Meeting Date-July 8, 2019 3 pm
  - Additional Meeting date –July 29, 2019 at 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](mailto: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 4:30 pm 6/13/2019

**NOTICE POSTED AT THE COURTHOUSE**  
By/Date/Time: K Palmer 6/13/2019 4:30 pm

**RESOLUTION # R-\_\_\_\_\_ - 19**  
**APPROVE 2019 BUDGET TRANSFERS FOR MARATHON COUNTY**  
**DEPARTMENT APPROPRIATIONS**

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

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

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

Transfer from:	Health 409-420 Other Healthcare services revenue
Transfer to:	Health 409-420 Salaries, Sundries and Educational Supplies
Amount:	\$12,775
Re:	Wisconsin Wins program to decrease youth access to tobacco products

Transfer from:	Health 417-427 Other Healthcare Services revenue
Transfer to:	Health 417-427 Expenditures Various
Amount:	\$95,207
Re:	Tobacco Multi-jurisdictional Coalition-program for tobacco prevention and control in Marathon, Portage and Wood Counties

Transfer from:	CPZ TBD DNR Lake Grant Revenue
Transfer to:	CPZ TBD expenditures various-supplies, direct payments, wages
Amount:	\$100,000
Re:	Wi DNR Lake Protection Grant for shoreland and wetland restoration

Transfer from:	CPZ-TBD Norbert Guden DNR TRM Grant revenue
Transfer to:	CPZ-TBD Direct Payments
Amount:	\$534,447
Re:	WI DNR Target Runoff Management grant for Norbert Guden for manure storage and barnyard runoff to solve water quality problem

Transfer from:	CPZ 269-791 NACF Technical Assistance Grant
Transfer to:	CPZ 269-791 Expenditures various
Amount:	\$40,000
Re:	NACD-National Association of Conservation Districts Technical Assistance Grant to fund staff for conservation practices

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

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

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

Respectfully submitted this 25th day of June 2019.

**HUMAN RESOURCES, FINANCE AND PROPERTY COMMITTEE**


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

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

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

**DEPARTMENT:** Conservation, Planning & Zoning

**BUDGET YEAR:** 2019

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	XXX-XXX-8-2485	LPT63719 DNR LAKE GRANT 2019	100,000

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	XXX-XXX-9-7170	DIRECT PAYMENTS	7500
Expenditure Increase	XXX-XXX-9-3390	MEETING EXPENSES	4000
Expenditure Increase	XXX-XXX-9-3410	AG AND HORTICULTURE SUPPLIES	23100
Expenditure Increase	XXX-XXX-9-3480	EDUCATIONAL SUPPLIES	5400
Expenditure Increase	XXX-XXX-9-1250	WAGES – TEMP REGULAR	50000
Expenditure Increase	XXX-XXX-9-1510	SOCIAL SECURITY	4000
Expenditure Increase	XXX-XXX-9-1520	RETIREMENT	4000
Expenditure Increase	XXX-XXX-9-1543	INCOME CONTINUATION	200
	XXX-XXX-9-1550	LIFE INSURANCE	10
	XXX-XXX-9-1560	WORKERS COMPENSATION	1700
	XXX-XXX-9-1580	UNEMPLOYMENT COMPENSATION	90

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

**Requested By:** Diane Hanson

**Date Completed:** 5/13/2019

**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)

Wisconsin Department of Natural Resource Lake Protection Grant for Building Community Capacity:  
Water Resources Protection.

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

This grant will provide funds for a casual employee to assist landowners with shoreland and wetland restoration efforts and continue to engage local communities and landowners in soil and water resource protection efforts.

- 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) CPZ staff time, office supplies, etc.

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

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**COMPLETED BY FINANCE DEPARTMENT:**

Is 10% of this program appropriation unit or fund?       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:** Conservation, Planning & Zoning

**BUDGET YEAR:** 2019

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	XXX-XXX-8-2485	Norbert Guden DNR TRM Grant	\$534,447

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	XXX-XXX-9-7170	Direct Payments	\$534,447

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

**Requested By:** Diane Hanson

**Date Completed:** 5/13/2019

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

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**COMPLETED BY FINANCE DEPARTMENT:**

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



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

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

**DEPARTMENT:** Conservation, Planning & Zoning

**BUDGET YEAR:** 2019

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	269-791 -9- 7212	National Association of Conservation Districts (NACD) Technical Assistance Grant	40000

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	269-791 9 1110	SALARIES – PERMANENT REGULAR	25598
Expenditure Increase	269-791 9 1510	SOCIAL SECURITY	1836
Expenditure Increase	269-791 9 1520	RETIREMENT	1680
Expenditure Increase	269-791 9 1540	HOSPITAL/HEALTH INSURANCE	8882
Expenditure Increase	269-791 9 1541	DENTAL INSURANCE	352
Expenditure Increase	269-791 9 1543	INCOME CONTINUATION	122
Expenditure Increase	269-791 9 1545	POST EMPLOYEE HEALTH PLAN	286
Expenditure Increase	269-791 9 1550	LIFE INSURANCE	16

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

**Requested By:** Diane Hanson

**Date Completed:** 6/10/2019

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

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**COMPLETED BY FINANCE DEPARTMENT:**

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

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

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**DEPARTMENT:** Conservation, Planning & Zoning

**BUDGET YEAR:** 2019

**TRANSER FROM:**

TEch	Account Number	Account Description	Amount
Select action	Click to enter GL Account	National Association of Conservation Districts (NACD) Technical Assistance Grant – PAGE 2	Enter amount

**TRANSER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	269-791 9 1560	WORKERS COMPENSATION	1164
Expenditure Increase	269-791 9 1580	UNEMPLOYMENT COMPENSATION	64

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

**Requested By:** Diane Hanson

**Date Completed:** 6/10/2019

**COMPLETED BY FINANCE DEPARTMENT:**

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

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

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

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**DEPARTMENT:** Health

**BUDGET YEAR:** 2019

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	417-42782446	Oth Health Care Serv-St Grant	\$95,207

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	417-42791110	Salaries-Permanent-Regular	\$75,000
Expenditure Increase	417-42792990	Sundry Contractual Services	\$2,500
Expenditure Increase	417-42793130	Printing/Duplication	\$350
Expenditure Increase	417-42793390	Meeting Expenses	\$600
Expenditure Increase	417-42792141	Internet Service	\$25
Expenditure Increase	417-42793321	Personal Auto Mileage	\$4,700
Expenditure Increase	417-42793360	Lodging	\$771
Expenditure Increase	417-42793350	Meals	\$225

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:** 5/24/2019

**COMPLETED BY FINANCE DEPARTMENT:**

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

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

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

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

- 1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)  
Tobacco Multi-Jurisdictional Coalition (MJC) 2019-2020
  
- 2) Provide a brief (2-3 sentence) description of what this program does.  
This program provides tobacco education, outreach and capacity building related to tobacco prevention and control in a three county area, including Marathon, Portage and Wood.
  
- 3) This program is: (Check one)  
 An Existing Program.  
 A New Program.
  
- 4) What is the reason for this budget transfer?  
 Carry-over of Fund Balance.  
 Increase/Decrease in Grant Funding for Existing Program.  
 Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.  
 Set up Initial Budget for New Grant Program.  
 Set up Initial Budget for New Non-Grant Program  
 Other. Please explain: Set up initial budget for new fiscal year for an existing grant program
  
- 5) If this Program is a Grant, is there a “Local Match” Requirement?  
 This Program is not a Grant.  
 This Program is a Grant, but there is no Local Match requirement.  
 This Program is a Grant, and there is a Local Match requirement of: (Check one)  
 Cash (such as tax levy, user fees, donations, etc.)  
 Non-cash/In-Kind Services: (Describe)
  
- 6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)  
 No.  
 Yes, the Amount is Less than \$30,000.  
 Yes, the Amount is \$30,000 or more AND: (Check one)  
 The capital request HAS been approved by the CIP Committee.  
 The capital request HAS NOT been approved by the CIP Committee.

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**COMPLETED BY FINANCE DEPARTMENT:**

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

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

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

**DEPARTMENT:** Health

**BUDGET YEAR:** 2019

**TRANSEFER FROM:**

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

**TRANSEFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	417-42793250	Registration	\$885
Expenditure Increase	417-42792250	Telephone	\$96
Expenditure Increase	417-42793241	Licenses & Certifications	\$55
Expenditure Increase	417-42792133	Indirect	\$10,000

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:** 5/24/2019

**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)

Tobacco Multi-Jurisdictional Coalition (MJC) 2019-2020

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

This program provides tobacco education, outreach and capacity building related to tobacco prevention and control in a three county area, including Marathon, Portage and Wood.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: Set up initial budget for new fiscal year for an existing grant program

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

---

**COMPLETED BY FINANCE DEPARTMENT:**

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

Is a Budget Transfer Resolution Required?           Yes

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

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

**DEPARTMENT:** Health

**BUDGET YEAR:** 2019

**TRANSFER FROM:**

Action	Account Number	Account Description	Amount
Revenue Increase	409-42082446	Oth Health Care Serv-St G	\$12,775

**TRANSFER TO:**

Action	Account Number	Account Description	Amount
Expenditure Increase	409-42091110	Salaries-Permanent-Regular	\$5,617
Expenditure Increase	409-42092990	Sundry Contractual Service	\$7,008
Expenditure Increase	409-42093480	Educational Supplies	\$150

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:** 5/24/2019

**COMPLETED BY FINANCE DEPARTMENT:**

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

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



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

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

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

Tobacco Wisconsin Wins 2019-2020

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

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

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: Set up initial budget for new fiscal year for an existing grant program

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

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**COMPLETED BY FINANCE DEPARTMENT:**

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

Is a Budget Transfer Resolution Required?           Yes