



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, July 8, 2019; 3:00 p.m.**
Meeting Location: **Marathon County Courthouse, County Board Assembly Room 500 Forest Street, Wausau, WI 54403**

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

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

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

1. Call to Order-Please silence your cellphones
2. Public Comment Period -- Not to Exceed 15 Minutes
3. Approval of the Minutes of the June 17, 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) Approve June 2019 Claims and Questioned Costs-Palmer
 - (2) CIP Projects and Rolling Stock
 - CIP Committee request to review 2020 increase costs for rolling stock
 - Review of County Fleet Management Program in 2019 and Recommendations for 2020
 - Committee Review and Approval of the Facilities and Capital Management 2020 CIP requests and forward the requests to the CIP Committee-Lotter
 - B. Discussion and Possible Action by Committee to Forward to the County Board for its consideration
 - (1) Discussion and Possible Action by Committee-2019 Interdepartmental Transfers-Palmer
 - (2) Create one .6 FTE Motorized Recreation Coordinator position for the PRF Dept.-Polley
 - (3) Purchase of Kerswill Property for County Forest-Lovlien
 - (4) Approving an Application to Acquire Funding Through the Knowles-Nelson Stewardship Program-Lovlien
 - (5) **Motion to Go into Closed Session** (Roll call vote suggested) Pursuant to §19.85(1)(e), Wis. Stats., for the purpose of Deliberating or Negotiating the Purchase of Public Properties, the Investing of Public Funds, out Conducting Other Specified Public Business, Whenever Competitive or Bargaining Reasons Require a Closed Session, to Wit: For the purpose of permitting the Committee to discuss its strategy for negotiating with the City of Wausau, 2101 Grand Ave Wausau, WI 54403 formerly the Ponderosa Motel-Corbett
 - (6) Motion to Return to Open Session
 - (7) Announcements and Possible Action on Matters Discussed in Closed Session
6. Policy Issues Discussion and Committee Determination
 - (1) 2020 Budget Assumptions
 - 5 Year Financial Plan with the following:
 - Wage and Benefit Assumptions
 - Operating and Debt Service Costs
 - Revenues estimates
 - Transportation Funding/Out of Home Placement Funding
 - Sales Tax
 - Equalized Value/Net New Construction

7. Announcements:
Next Meeting Date-July 29, 2019 3 pm

8. Adjourn

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

SIGNED EJ STARK/s/K Palmer

Presiding Officer or Designee

Faxed to: Wausau Daily Herald
Faxed to: City Pages
Faxed to: Record Review
Faxed by/time: K Palmer 2:30 pm 7/2/2019

NOTICE POSTED AT THE COURTHOUSE

By/Date/Time: K Palmer 7/2/2019 2:30 pm



MATHON COUNTY HUMAN RESOURCES, FINANCE & PROPERTY COMMITTEE MEETING MINUTES

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

Others present: Audrey Jensen, Alicia Richmond, Brad Karger, Scott Corbett

1. Call to Order by Chairman Stark at 3:00 pm
2. Public Comment Period - None
3. Approval of the Minutes of the May 23, 2019 Human Resources, Finance and Property Committee Meeting.
MOTION BY: Durham
SECONDED BY: Zriny
VOTE: Unanimous
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
MOTION BY: Buttke
SECONDED BY: Xiong
VOTE: Unanimous

(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

DISCUSSION: Corbett - After numerous notices the county took possession of 608 Adams St. Wausau, WI. Mr. Krueger signed the certified letters as received but did not respond to the County Treasurer. A 60 day letter to repurchase the property was sent to Mr. Krueger in September 2018. The 60 days is not subject to an extension and now must be sold at a public auction according to ordinance. The County has a policy in place that we don't sell property until the occupants are removed. The property has to be sold by public sale, not directly to Mr. Krueger, and would have to move forward with publication requirements. Krueger - stated he did not have the funds to pay the taxes and would need assistance. Further discussion included Marathon County needing to have the property appraised to determine advertised price, and ordinance calls for a sealed bid. Back taxes, penalties and interest are \$17,863.18 per Treasurer.

Motion to Authorize Corp Counsel up to 120 days to negotiate a lease with J. Krueger. After 120 days be prepared to go to public bid, and have Corp Counsel research homestead.

MOTION BY: Gibbs

SECONDED BY: Durham

VOTE: Unanimous

- Request by Summer Heather Krolczyk, 109 North Second Ave, Wausau, WI 54401 to remain on the property and purchase by private sale

DISCUSSION: Krolczyk was not present at the meeting. No action was taken by the committee at this time.

(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

DISCUSSION: County administration needs to review this and come back with actual potential policy language that would shift the evaluations from Committees to County administration, specifically B. Karger. No action at this time.

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

Motion to approve Interdepartmental Transfers

MOTION BY: Gibbs

SECONDED BY: Durham

Vote: Unanimous

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

Motion to adjourn at 3:52 pm by Buttke and seconded by Miller, vote unanimous

MOTION BY: Buttke

SECONDED BY: Miller

VOTE: Unanimous



Cost Savings Analysis - Lease Replacement Plan

Vehicle	Dept	Truck #	Year	Make	Model	Lease Term	Months In Service	Estimated Mileage Spring 2019	Expected Spring Equity from Sale of Current Lease	Current Monthly Lease Payment [Includes ALL Maintenance]	Proposed 2019 Lease Payment [Includes ALL Maintenance]	Proposed New Vehicle
225TZS	Public Works	1002	2016	Ford	F-150	60	29	7,500	\$11,000	\$469	\$377	2019 Ram 1500
225TZW	Public Works	1015	2016	Ford	F-150	60	29	10,000	\$9,000	\$432	\$356	2019 Ford F150
225TV8	Public Works	1019	2016	Ford	F-150	60	29	4,500	\$13,000	\$366	\$278	2019 Ram 1500
225TTG	Public Works	1179	2016	Ford	F-150	60	29	23,000	\$3,500	\$366	\$278	2019 Ram 1500
225TVV	Public Works	1201	2016	Ford	F-150	60	29	25,000	\$3,500	\$366	\$278	2019 Ram 1500

	<i>Monthly</i>	<i>Annually</i>
Current Budget:	\$1,998	\$23,976
Proposed Budget:	\$1,567	\$18,804
Actual Savings:	\$431	\$5,172

2020 Facilities and Capital Management 2020 CIP Requests

20BM-01C	Social Services Boiler Replacement (\$84,000).
20BM-02C	Sheriff Dept. Boiler Replacement (\$84,000).
20BM-03C	NCHC Phased Steam Removal and Equipment Upgrade (\$).
20BM-04C	LVPP Elevator Replacement (\$298,000).
20BM-05C	Social Services Roof Replacement (\$148,000).
20BM-06C	West Street Fire and Security System Replacement (\$).
20BM-07C	Juvenile Roof Replacement (\$465,600).
20BM-08C	LVPP Window Replacement (\$).



Capital Project Request Form

Project		CIP Funds Requested	\$84,000.00
Project Number	<i>(Do NOT fill in – for use by F&CM Department)</i>		Request for Year 2020

General Instructions for completing this form:

- Enter requested information after placing the cursor (point and click) in the corresponding gray-shaded blank.
- For all but the most obvious items, more detailed instructions are available by typing the F1 key while the cursor placed on the corresponding blank.
- Each box will expand as necessary to include your text. Limits on text length are noted in the F1 instructions.
- Use the tab key to advance the cursor to the next blank; use shift/tab to move the cursor to the previous blank.
- *If this Charter form is not completed in its entirety, your request may not be ranked.*

1. REQUEST INFORMATION			
Project Title	Social Services Boiler replacement		
Location	400 East Thomas Street		
Description	Replace 2 existing boilers		
Date of Request	06/03/2019	Project Type	Repair/Replacement
Submitted By	Michael J. Lotter	Phone	715-261-6980
Department	Facilities Capital Management	Email	michael.lotter@co.marathon.wi.us
Has this request been approved by the appropriate standing committee or board.	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	<i>Minutes of the meeting in which the funding request was approved must be submitted to F&CM Dept. prior to July 1st.</i>	
Has funding for this project been requested previously but not ranked high enough to be funded?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	If so, how many times has the request been submitted previously?	
Is this request a continuation of a previously funded CIP project?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	If so, in which year was that project funded?	
Will this project be closed out within three years of the fiscal year in which it was funded? If not, please explain why below.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Is this project necessary due to a federal, state, or local legal mandate? If yes, please identify the specific mandate below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Will this project comply with recommendations or objectives addressed in an adopted plan (e.g. strategic plan), referendum, or study? If yes, please identify the specific plan, referendum, or study below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		



Capital Project Request Form

2. PROJECT DEFINITION AND SCOPE																							
Project Objective(s)	Pre-emptive replacement of critical equipment, with equipment of higher efficiency. The project will produce a more modern, reliable and efficient heating system.																						
Alignment to Departmental Mission Statement	The department performs maintenance and custodial duties to maintain County facilities, equipment, machinery, and furnishings in good repair and in clean orderly, and safe condition for Marathon County employees and patrons. The department will preserve and extend the useful life of existing facilities, maintaining the appearance of buildings and grounds, assist in the efficient usage of space, provide emergency repairs and preventive maintenance of equipment and structures.																						
Departmental Priority (check a different priority for each project)	(High)	<table border="0"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Low)
1	2	3	4	5	6	7	8	9	10														
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Related Other Projects																							
Alternatives Considered	<ol style="list-style-type: none"> Continue to maintain existing equipment until failure. 																						
Why Alternatives Listed Above Were Rejected	<ol style="list-style-type: none"> Age and condition of existing equipment. Burner parts are no longer available/very difficult to find. Have had several issues this spring with exhaust smell in the building, staff going home sick. 																						
Target Start Date	5/1/2020	Anticipated Completion Date	September 30, 2020																				
Project Scope Statement List the major components of the project's scope of work below. Refer to documentation such as RFP's, proposals, functional specifications, etc. to set and limit the project scope.																							
<p>"In Scope" = everything the project will include to meet the requirements of the project objectives.</p> <p>"Not in Scope" = any responsibilities, activities, deliverables, or other areas that are NOT to be funded as part of this project, even though they may have some relation to it.</p>	<p>In Scope:</p> <ul style="list-style-type: none"> Removal of 2 existing PK boilers. Required control equipment Installation of 2 new 97% efficient boilers Installation of 2 new circulating pumps, required valves and piping. New intake and venting Start up and commissioning 	<p>Not in Scope:</p> <ul style="list-style-type: none"> 																					



Capital Project Request Form

3. PROJECT RISK FACTORS

Assumptions	Limited to swapping old equipment for new.
Dependencies	
Constraints	Schedule

4. PROJECT COST

Estimated Cost Components		Cost Allocation Per Fiscal Year	
Preliminary Design or Study	\$0.00	If project funds can be allocated over more than 1 year, please indicate the amount to be allocated for each year below:	
Final Design and Engineering	\$0.00		
Land Acquisition	\$0.00	Fiscal Year 2020	Amount \$84,000.00
Construction	\$0.00	Fiscal Year	Amount \$0.00
Equipment/Furnishings	\$84,000.00	Fiscal Year	Amount \$0.00
Other:	\$0.00	Fiscal Year	Amount \$0.00
Miscellaneous Costs	\$0.00	Fiscal Year	Amount \$0.00
Project Budget (total of estimated cost components)	\$84,000.00	←----- (sum of above should equal) -----!	
Is this project to be funded entirely with CIP funds?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If not, list below any other (non-CIP) funding sources for this project			Funding Amount
•			\$
•			\$
•			\$
Total CIP Funding Requested		\$84,000.00	

5. ASSET LIFE, RECURRING COSTS, AND RETURN ON INVESTMENT

If an existing asset (facility or equipment) is being renovated or replaced, what is the age of the existing asset in years?	30	
Expected service life (in years) of the existing asset, based on applicable industry standards?	25	
Estimated Service Life of Improvement (in years)	25	
Future Estimated Recurring Costs	Annual Operating Costs	\$0.00
	Annual Maintenance Costs	\$0.00
	Other Non-Capital Costs	\$0.00
	Total Recurring Costs	\$0.00
Estimated Return on Investment (in years)		



Capital Project Request Form

6. OPERATING COST IMPACT	
Will this project lead to a reduction in personnel or maintenance costs? If yes, please explain below.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Current exhaust concerns required labor hours and equipment maintenance costs.	
Will this project lead to increased efficiency or productivity? If yes, please explain below.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
New equipment will be more efficient than existing.	
Will this project provide an additional revenue generating opportunity? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

7. ECONOMIC AND PUBLIC BENEFIT	
Does this project have the potential to promote economic development county-wide? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project have the potential to promote economic development within a specific area of the county? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Will this project result in an increase of long-term jobs within the county? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project enhance or increase recreational opportunities and/or green space? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project contribute toward improved transportation efficiency? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project impact the quality of life of the general county population? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project impact the quality of life of a specific demographic within the county? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project enhance or increase cultural or educational opportunities? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project contribute toward improving the wellness of Marathon County Citizens? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



Capital Project Request Form

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8. RELATED DOCUMENTS

List below any attached documentation including estimates, studies or plans, photographs, standing committee or board minutes, etc. that supports this project request.

- May 2nd 2018 Budget proposal from Stainless specialist updated verbally 6/2019
-
-



Capital Project Request Form

Project		CIP Funds Requested	\$84,000.00
Project Number	<i>(Do NOT fill in – for use by F&CM Department)</i>		Request for Year 2020

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- Use the tab key to advance the cursor to the next blank; use shift/tab to move the cursor to the previous blank.
- *If this Charter form is not completed in its entirety, your request may not be ranked.*

1. REQUEST INFORMATION			
Project Title	Sheriffs Dept. Boiler replacement		
Location	500 Forest Street		
Description	Replace 2 existing boilers		
Date of Request	06/03/2019	Project Type	Repair/Replacement
Submitted By	Michael J. Lotter	Phone	715-261-6980
Department	Facilities Capital Management	Email	michael.lotter@co.marathon.wi.us
Has this request been approved by the appropriate standing committee or board.	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	<i>Minutes of the meeting in which the funding request was approved must be submitted to F&CM Dept. prior to July 1st.</i>	
Has funding for this project been requested previously but not ranked high enough to be funded?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	If so, how many times has the request been submitted previously?	
Is this request a continuation of a previously funded CIP project?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	If so, in which year was that project funded?	
Will this project be closed out within three years of the fiscal year in which it was funded? If not, please explain why below.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Is this project necessary due to a federal, state, or local legal mandate? If yes, please identify the specific mandate below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Will this project comply with recommendations or objectives addressed in an adopted plan (e.g. strategic plan), referendum, or study? If yes, please identify the specific plan, referendum, or study below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		



Capital Project Request Form

2. PROJECT DEFINITION AND SCOPE

Project Objective(s)	Pre-emptive replacement of critical equipment, with equipment of higher efficiency. The project will produce a more modern, reliable and efficient heating system.																						
Alignment to Departmental Mission Statement	The department performs maintenance and custodial duties to maintain County facilities, equipment, machinery, and furnishings in good repair and in clean orderly, and safe condition for Marathon County employees and patrons. The department will preserve and extend the useful life of existing facilities, maintaining the appearance of buildings and grounds, assist in the efficient usage of space, provide emergency repairs and preventive maintenance of equipment and structures.																						
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Alternatives Considered	<ol style="list-style-type: none"> Continue to maintain existing equipment until failure. 																						
Why Alternatives Listed Above Were Rejected	<ol style="list-style-type: none"> Age and condition of existing equipment. Burner parts are no longer available/very difficult to find. 																						
Target Start Date	5/1/2020	Anticipated Completion Date	September 30, 2020																				

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Capital Project Request Form

3. PROJECT RISK FACTORS

Assumptions	Limited to swapping old equipment for new.
Dependencies	
Constraints	Schedule

4. PROJECT COST

Estimated Cost Components		Cost Allocation Per Fiscal Year	
Preliminary Design or Study	\$0.00	If project funds can be allocated over more than 1 year, please indicate the amount to be allocated for each year below:	
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Land Acquisition	\$0.00	Fiscal Year 2020	Amount \$84,000.00
Construction	\$0.00	Fiscal Year	Amount \$0.00
Equipment/Furnishings	\$84,000.00	Fiscal Year	Amount \$0.00
Other:	\$0.00	Fiscal Year	Amount \$0.00
Miscellaneous Costs	\$0.00	Fiscal Year	Amount \$0.00
Project Budget (total of estimated cost components)	\$84,000.00	←----- (sum of above should equal) -----!	
Is this project to be funded entirely with CIP funds?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If not, list below any other (non-CIP) funding sources for this project			Funding Amount
•			\$
•			\$
•			\$
Total CIP Funding Requested		\$84,000.00	

5. ASSET LIFE, RECURRING COSTS, AND RETURN ON INVESTMENT

If an existing asset (facility or equipment) is being renovated or replaced, what is the age of the existing asset in years?	32	
Expected service life (in years) of the existing asset, based on applicable industry standards?	25	
Estimated Service Life of Improvement (in years)	25	
Future Estimated Recurring Costs	Annual Operating Costs	\$0.00
	Annual Maintenance Costs	\$0.00
	Other Non-Capital Costs	\$0.00
	Total Recurring Costs	\$0.00
Estimated Return on Investment (in years)		



Capital Project Request Form

6. OPERATING COST IMPACT	
Will this project lead to a reduction in personnel or maintenance costs? If yes, please explain below.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>New equipment should eliminate service calls.</i>	
Will this project lead to increased efficiency or productivity? If yes, please explain below.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>New equipment will be more efficient than existing.</i>	
Will this project provide an additional revenue generating opportunity? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

7. ECONOMIC AND PUBLIC BENEFIT	
Does this project have the potential to promote economic development county-wide? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project have the potential to promote economic development within a specific area of the county? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Will this project result in an increase of long-term jobs within the county? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project enhance or increase recreational opportunities and/or green space? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project contribute toward improved transportation efficiency? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project impact the quality of life of the general county population? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project impact the quality of life of a specific demographic within the county? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project enhance or increase cultural or educational opportunities? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project contribute toward improving the wellness of Marathon County Citizens? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



Capital Project Request Form

Page
5 of 5

8. RELATED DOCUMENTS

List below any attached documentation including estimates, studies or plans, photographs, standing committee or board minutes, etc. that supports this project request.

- May 2nd 2018 Budget proposal from Stainless specialist updated verbally 6/2019
-
-



Capital Project Request Form

Project		CIP Funds Requested	\$302,000.00
Project Number	<i>(Do NOT fill in – for use by F&CM Department)</i>		Request for Year 2020

General Instructions for completing this form:

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- *If this Charter form is not completed in its entirety, your request may not be ranked.*

1. REQUEST INFORMATION			
Project Title	Lake View Professional Plaza boiler install		
Location	1200 Lake View Drive, 1000 lake view drive,		
Description	This will be the first phase of a multi year project eventually leading to the replacement of 50+ year old steam boilers in the Health Care Center. It will allow us to replace inefficient steam heating		
Date of Request	06/03/2019	Project Type	Repair/Replacement
Submitted By	Michael J. Lotter	Phone	715-261-6980
Department	Facilities Capital Management	Email	michael.lotter@co.marathon.wi.us
Has this request been approved by the appropriate standing committee or board.	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	<i>Minutes of the meeting in which the funding request was approved must be submitted to F&CM Dept. prior to July 1st.</i>	
Has funding for this project been requested previously but not ranked high enough to be funded?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	If so, how many times has the request been submitted previously?	1
Is this request a continuation of a previously funded CIP project?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	If so, in which year was that project funded?	
Will this project be closed out within three years of the fiscal year in which it was funded? If not, please explain why below.		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is this project necessary due to a federal, state, or local legal mandate? If yes, please identify the specific mandate below.		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Will this project comply with recommendations or objectives addressed in an adopted plan (e.g. strategic plan), referendum, or study? If yes, please identify the specific plan, referendum, or study below.		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>



Capital Project Request Form

2. PROJECT DEFINITION AND SCOPE

Project Objective(s)	To replace existing steam boilers that are well past their useful life with more efficient equipment.																						
Alignment to Departmental Mission Statement	The department performs maintenance and custodial duties to maintain County facilities, equipment, machinery, and furnishings in good repair and in clean orderly, and safe condition for Marathon County employees and patrons. The department will preserve and extend the useful life of existing facilities, maintaining the appearance of buildings and grounds, assist in the efficient usage of space, provide emergency repairs and preventive maintenance of equipment and structures.																						
Departmental Priority (check a different priority for each project)	(High)	<table border="0"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Low)
1	2	3	4	5	6	7	8	9	10														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Related Other Projects																							
Alternatives Considered	<ol style="list-style-type: none"> Do nothing, continue to maintain. Replace with steam boilers. 																						
Why Alternatives Listed Above Were Rejected	<ol style="list-style-type: none"> Age of boilers. Steam is old technology and really isn't used anymore. We are have trouble getting them serviced and purchasing parts at a reasonable price. Safety 																						
Target Start Date	1/1/2020	Anticipated Completion Date	August 1, 2021																				

Project Scope Statement List the major components of the project's scope of work below. Refer to documentation such as RFP's, proposals, functional specifications, etc. to set and limit the project scope.

<p>"In Scope" = everything the project will include to meet the requirements of the project objectives.</p> <p>"Not in Scope" = any responsibilities, activities, deliverables, or other areas that are NOT to be funded as part of this project, even though they may have some relation to it.</p>	<p>In Scope:</p> <ul style="list-style-type: none"> Design/ load calculations necessary gas lines Installation of 2 boilers VAV replacement on third floor control work Demo and disposal of existing heat exchanger balancing of existing system 	<p>Not in Scope:</p> <ul style="list-style-type: none"> next phases remodel or expansion of existing room/space
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Capital Project Request Form

3. PROJECT RISK FACTORS

Assumptions	Equipment will fit in room, no asbestoes abatement needed
Dependencies	
Constraints	Daily operation, season

4. PROJECT COST

Estimated Cost Components		Cost Allocation Per Fiscal Year	
Preliminary Design or Study	\$0.00	If project funds can be allocated over more than 1 year, please indicate the amount to be allocated for each year below:	
Final Design and Engineering	\$20,000.00		
Land Acquisition	\$0.00	Fiscal Year 2020	Amount \$302000.00
Construction	\$0.00	Fiscal Year	Amount \$0.00
Equipment/Furnishings	\$242,000.00	Fiscal Year	Amount \$0.00
Other: controls	\$40,000.00	Fiscal Year	Amount \$0.00
Miscellaneous Costs	\$0.00	Fiscal Year	Amount \$0.00
Project Budget (total of estimated cost components)	\$302,000.00	←----- (sum of above should equal) -----!	
Is this project to be funded entirely with CIP funds?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If not, list below any other (non-CIP) funding sources for this project			Funding Amount
•			\$
•			\$
•			\$
Total CIP Funding Requested		\$302,000.00	

5. ASSET LIFE, RECURRING COSTS, AND RETURN ON INVESTMENT

If an existing asset (facility or equipment) is being renovated or replaced, what is the age of the existing asset in years?	50	
Expected service life (in years) of the existing asset, based on applicable industry standards?	30	
Estimated Service Life of Improvement (in years)	30	
Future Estimated Recurring Costs	Annual Operating Costs	\$0.00
	Annual Maintenance Costs	\$0.00
	Other Non-Capital Costs	\$0.00
	Total Recurring Costs	\$0.00
Estimated Return on Investment (in years)		



Capital Project Request Form

6. OPERATING COST IMPACT	
Will this project lead to a reduction in personnel or maintenance costs? If yes, please explain below.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of service calls will be reduced.	
Will this project lead to increased efficiency or productivity? If yes, please explain below.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
New boilers will be more efficient than existing steam boilers.	
Will this project provide an additional revenue generating opportunity? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

7. ECONOMIC AND PUBLIC BENEFIT	
Does this project have the potential to promote economic development county-wide? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project have the potential to promote economic development within a specific area of the county? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Will this project result in an increase of long-term jobs within the county? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project enhance or increase recreational opportunities and/or green space? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project contribute toward improved transportation efficiency? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project impact the quality of life of the general county population? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project impact the quality of life of a specific demographic within the county? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project enhance or increase cultural or educational opportunities? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project contribute toward improving the wellness of Marathon County Citizens? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



Capital Project Request Form

8. RELATED DOCUMENTS

List below any attached documentation including estimates, studies or plans, photographs, standing committee or board minutes, etc. that supports this project request.

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Capital Project Request Form

Project		CIP Funds Requested	\$298,000.00
Project Number	<i>(Do NOT fill in – for use by F&CM Department)</i>		Request for Year 2020

General Instructions for completing this form:

- Enter requested information after placing the cursor (point and click) in the corresponding gray-shaded blank.
- For all but the most obvious items, more detailed instructions are available by typing the F1 key while the cursor placed on the corresponding blank.
- Each box will expand as necessary to include your text. Limits on text length are noted in the F1 instructions.
- Use the tab key to advance the cursor to the next blank; use shift/tab to move the cursor to the previous blank.
- *If this Charter form is not completed in its entirety, your request may not be ranked.*

1. REQUEST INFORMATION			
Project Title	Lake Veiw Professional Plaza Elevator replacement		
Location	1200 Lake View Drive		
Description	Replace existing east elevator		
Date of Request	06/03/2019	Project Type	Repair/Replacement
Submitted By	Michael J. Lotter	Phone	715-261-6980
Department	Facilities Capital Management	Email	michael.lotter@co.marathon.wi.us
Has this request been approved by the appropriate standing committee or board.	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	<i>Minutes of the meeting in which the funding request was approved must be submitted to F&CM Dept. prior to July 1st.</i>	
Has funding for this project been requested previously but not ranked high enough to be funded?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	If so, how many times has the request been submitted previously?	
Is this request a continuation of a previously funded CIP project?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	If so, in which year was that project funded?	
Will this project be closed out within three years of the fiscal year in which it was funded? If not, please explain why below.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Is this project necessary due to a federal, state, or local legal mandate? If yes, please identify the specific mandate below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Will this project comply with recommendations or objectives addressed in an adopted plan (e.g. strategic plan), referendum, or study? If yes, please identify the specific plan, referendum, or study below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		



Capital Project Request Form

2. PROJECT DEFINITION AND SCOPE			
Project Objective(s)	Safe and reliable elevator for the east end of Lake View Professional Plaza.		
Alignment to Departmental Mission Statement	This equipment replacement project will provide the building with a more safe and reliable elevator for patrons using this building. In addition to providing more serviceable equipment, it will solve the problem of no longer being able to get parts for this elevator.		
Departmental Priority (check a different priority for each project)	(High)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>	(Low)
Related Other Projects			
Alternatives Considered	1. Do nothing, continue to maintain. 2. 3.		
Why Alternatives Listed Above Were Rejected	1. Age of elevator 2. Serviceable issues have ben happening more frequently 3. Parts are no longer available		
Target Start Date	1/1/2020	Anticipated Completion Date	December 31, 2021
Project Scope Statement <i>List the major components of the project's scope of work below. Refer to documentation such as RFP's, proposals, functional specifications, etc. to set and limit the project scope.</i>			
"In Scope" = everything the project will include to meet the requirements of the project objectives. "Not in Scope" = any responsibilities, activities, deliverables, or other areas that are NOT to be funded as part of this project, even though they may have some relation to it.	In Scope: <ul style="list-style-type: none"> • Removal of existing elevator. • Install required new equipment • Any necessary electrical work • Any necessary modifications to elevator equipment room. • • • • • • 	Not in Scope: <ul style="list-style-type: none"> • • • • • • • • • • 	

3. PROJECT RISK FACTORS	
Assumptions	
Dependencies	
Constraints	Daily operation.



Capital Project Request Form

4. PROJECT COST			
Estimated Cost Components		Cost Allocation Per Fiscal Year	
Preliminary Design or Study	\$0.00	If project funds can be allocated over more than 1 year, please indicate the amount to be allocated for each year below:	
Final Design and Engineering	\$0.00		
Land Acquisition	\$0.00	Fiscal Year 2020	Amount \$298,000.00
Construction	\$0.00	Fiscal Year	Amount \$0.00
Equipment/Furnishings	\$298,000.00	Fiscal Year	Amount \$0.00
Other:	\$0.00	Fiscal Year	Amount \$0.00
Miscellaneous Costs	\$0.00	Fiscal Year	Amount \$0.00
Project Budget (total of estimated cost components)	\$298,000.00	←----- (sum of above should equal) -----!	
Is this project to be funded entirely with CIP funds?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If not, list below any other (non-CIP) funding sources for this project			Funding Amount
•			\$
•			\$
•			\$
Total CIP Funding Requested		\$298,000.00	

5. ASSET LIFE, RECURRING COSTS, AND RETURN ON INVESTMENT	
If an existing asset (facility or equipment) is being renovated or replaced, what is the age of the existing asset in years?	70
Expected service life (in years) of the existing asset, based on applicable industry standards?	30
Estimated Service Life of Improvement (in years)	30
Future Estimated Recurring Costs	Annual Operating Costs \$0.00
	Annual Maintenance Costs \$0.00
	Other Non-Capital Costs \$0.00
	Total Recurring Costs \$0.00
Estimated Return on Investment (in years)	



Capital Project Request Form

6. OPERATING COST IMPACT	
Will this project lead to a reduction in personnel or maintenance costs? If yes, please explain below.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Current maintenance calls due to elevator not working.	
Will this project lead to increased efficiency or productivity? If yes, please explain below.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
New elevator will operate more efficiently from an energy perspective.	
Will this project provide an additional revenue generating opportunity? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

7. ECONOMIC AND PUBLIC BENEFIT	
Does this project have the potential to promote economic development county-wide? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project have the potential to promote economic development within a specific area of the county? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Will this project result in an increase of long-term jobs within the county? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project enhance or increase recreational opportunities and/or green space? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project contribute toward improved transportation efficiency? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project impact the quality of life of the general county population? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project impact the quality of life of a specific demographic within the county? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project enhance or increase cultural or educational opportunities? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project contribute toward improving the wellness of Marathon County Citizens? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



Capital Project Request Form

8. RELATED DOCUMENTS

List below any attached documentation including estimates, studies or plans, photographs, standing committee or board minutes, etc. that supports this project request.

- Budget proposal from Kone
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Capital Project Request Form

Project		CIP Funds Requested	\$148,000.00
Project Number	<i>(Do NOT fill in – for use by F&CM Department)</i>		Request for Year 2020

General Instructions for completing this form:

- Enter requested information after placing the cursor (point and click) in the corresponding gray-shaded blank.
- For all but the most obvious items, more detailed instructions are available by typing the F1 key while the cursor placed on the corresponding blank.
- Each box will expand as necessary to include your text. Limits on text length are noted in the F1 instructions.
- Use the tab key to advance the cursor to the next blank; use shift/tab to move the cursor to the previous blank.
- *If this Charter form is not completed in its entirety, your request may not be ranked.*

1. REQUEST INFORMATION			
Project Title	Social Services Roof replacement		
Location	400 East Thomas Street		
Description	Replace existing fully adhered/ballasted EPDM roof system with PVC membrane roof system		
Date of Request	06/03/2019	Project Type	Repair/Replacement
Submitted By	Michael J. Lotter	Phone	715-261-6980
Department	Facilities Capital Management	Email	michael.lotter@co.marathon.wi.us
Has this request been approved by the appropriate standing committee or board.	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	<i>Minutes of the meeting in which the funding request was approved must be submitted to F&CM Dept. prior to July 1st.</i>	
Has funding for this project been requested previously but not ranked high enough to be funded?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	If so, how many times has the request been submitted previously?	
Is this request a continuation of a previously funded CIP project?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	If so, in which year was that project funded?	
Will this project be closed out within three years of the fiscal year in which it was funded? If not, please explain why below.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Is this project necessary due to a federal, state, or local legal mandate? If yes, please identify the specific mandate below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Will this project comply with recommendations or objectives addressed in an adopted plan (e.g. strategic plan), referendum, or study? If yes, please identify the specific plan, referendum, or study below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		



Capital Project Request Form

2. PROJECT DEFINITION AND SCOPE			
Project Objective(s)	To provide long term weather protection at the roof of the Social Services facility.		
Alignment to Departmental Mission Statement	This preventative maintenance project will help to maintain the Social Services facility in good repair and will preserve and extend the useful life of the existing building for many years.		
Departmental Priority (check a different priority for each project)	(High)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>	(Low)
Related Other Projects			
Alternatives Considered	<ol style="list-style-type: none"> Continue to patch and repair the existing roof whenever leaks are observed. Replace only a section where the most issues currently exist. 		
Why Alternatives Listed Above Were Rejected	<ol style="list-style-type: none"> Reacting to leaks won't prevent damage to the buildings interior and contents Its not always possible to trace leaks back to their source. Roof is at the end of its expected life cycle (22 years) 		
Target Start Date	6/1/2020	Anticipated Completion Date	September 1, 2020
Project Scope Statement List the major components of the project's scope of work below. Refer to documentation such as RFP's, proposals, functional specifications, etc. to set and limit the project scope.			
<p>"In Scope" = everything the project will include to meet the requirements of the project objectives.</p> <p>"Not in Scope" = any responsibilities, activities, deliverables, or other areas that are NOT to be funded as part of this project, even though they may have some relation to it.</p>	<p>In Scope:</p> <ul style="list-style-type: none"> Tear off existing membrane roof. Repair/replace any water damaged or warped roof insulation with new material. Install new 25-year PVC roofing system with related flashing details per manufacturers recommendations. Install protection for new membrane at areas of anticipated foot traffic. Long term manufacturers warranty Add additional 2" of insulation (r-11.4) 	<p>Not in Scope:</p> <ul style="list-style-type: none"> complete replacement of roof insulation Removal of existing chimney will be done in house. 	



Capital Project Request Form

3. PROJECT RISK FACTORS

Assumptions	Existing roof insulation will remain other than pieces found to be warped or damaged.
Dependencies	Suitable weather.
Constraints	Warm weather season, available staging/parking on site.

4. PROJECT COST

Estimated Cost Components		Cost Allocation Per Fiscal Year	
Preliminary Design or Study	\$0.00	If project funds can be allocated over more than 1 year, please indicate the amount to be allocated for each year below:	
Final Design and Engineering	\$0.00		
Land Acquisition	\$0.00	Fiscal Year 2020	Amount \$148,000.00
Construction	\$148,000.00	Fiscal Year	Amount \$0.00
Equipment/Furnishings	\$0.00	Fiscal Year	Amount \$0.00
Other:	\$0.00	Fiscal Year	Amount \$0.00
Miscellaneous Costs	\$0.00	Fiscal Year	Amount \$0.00
Project Budget (total of estimated cost components)	\$148,000.00	←----- (sum of above should equal) -----!'	
Is this project to be funded entirely with CIP funds?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If not, list below any other (non-CIP) funding sources for this project			Funding Amount
•			\$
•			\$
•			\$
Total CIP Funding Requested		\$148,000.00	

5. ASSET LIFE, RECURRING COSTS, AND RETURN ON INVESTMENT

If an existing asset (facility or equipment) is being renovated or replaced, what is the age of the existing asset in years?	18	
Expected service life (in years) of the existing asset, based on applicable industry standards?	20	
Estimated Service Life of Improvement (in years)	25	
Future Estimated Recurring Costs	Annual Operating Costs	\$0.00
	Annual Maintenance Costs	\$0.00
	Other Non-Capital Costs	\$0.00
	Total Recurring Costs	\$0.00
Estimated Return on Investment (in years)		



Capital Project Request Form

6. OPERATING COST IMPACT	
Will this project lead to a reduction in personnel or maintenance costs? If yes, please explain below.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Current roof leaks in multiple areas so we have repair costs	
Will this project lead to increased efficiency or productivity? If yes, please explain below.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
We will be adding and additional 2" of insulation (r-11.4)	
Will this project provide an additional revenue generating opportunity? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

7. ECONOMIC AND PUBLIC BENEFIT	
Does this project have the potential to promote economic development county-wide? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project have the potential to promote economic development within a specific area of the county? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Will this project result in an increase of long-term jobs within the county? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project enhance or increase recreational opportunities and/or green space? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project contribute toward improved transportation efficiency? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project impact the quality of life of the general county population? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project impact the quality of life of a specific demographic within the county? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project enhance or increase cultural or educational opportunities? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project contribute toward improving the wellness of Marathon County Citizens? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



Capital Project Request Form

8. RELATED DOCUMENTS

List below any attached documentation including estimates, studies or plans, photographs, standing committee or board minutes, etc. that supports this project request.

- Budget proposal from Kulp's
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Capital Project Request Form

Project		CIP Funds Requested	\$75,000.00
Project Number	<i>(Do NOT fill in – for use by F&CM Department)</i>		Request for Year 2020

General Instructions for completing this form:

- Enter requested information after placing the cursor (point and click) in the corresponding gray-shaded blank.
- For all but the most obvious items, more detailed instructions are available by typing the F1 key while the cursor placed on the corresponding blank.
- Each box will expand as necessary to include your text. Limits on text length are noted in the F1 instructions.
- Use the tab key to advance the cursor to the next blank; use shift/tab to move the cursor to the previous blank.
- *If this Charter form is not completed in its entirety, your request may not be ranked.*

1. REQUEST INFORMATION			
Project Title	West Street fire and security system replacement		
Location	1308 West Street		
Description	Replace existing fire and security system		
Date of Request	06/03/2019	Project Type	Repair/Replacement
Submitted By	Michael J. Lotter	Phone	715-261-6980
Department	Facilities Capital Management	Email	michael.lotter@co.marathon.wi.us
Has this request been approved by the appropriate standing committee or board.	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	<i>Minutes of the meeting in which the funding request was approved must be submitted to F&CM Dept. prior to July 1st.</i>	
Has funding for this project been requested previously but not ranked high enough to be funded?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	If so, how many times has the request been submitted previously?	
Is this request a continuation of a previously funded CIP project?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	If so, in which year was that project funded?	
Will this project be closed out within three years of the fiscal year in which it was funded? If not, please explain why below.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Is this project necessary due to a federal, state, or local legal mandate? If yes, please identify the specific mandate below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Will this project comply with recommendations or objectives addressed in an adopted plan (e.g. strategic plan), referendum, or study? If yes, please identify the specific plan, referendum, or study below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		



Capital Project Request Form

2. PROJECT DEFINITION AND SCOPE			
Project Objective(s)	To provide a reliable fire and security system to the West Street property.		
Alignment to Departmental Mission Statement	The department performs maintenance and custodial duties to maintain County facilities, equipment, machinery, and furnishings in good repair and in clean orderly, and safe condition for Marathon County employees and patrons. The department will preserve and extend the useful life of existing facilities, maintaining the appearance of buildings and grounds, assist in the efficient usage of space, provide emergency repairs and preventive maintenance of equipment and structures.		
Departmental Priority (check a different priority for each project)	(High)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>	(Low)
Related Other Projects			
Alternatives Considered	1. Do nothing, continue to maintain. 2. 3.		
Why Alternatives Listed Above Were Rejected	1. Age and quality of system 2. Serviceable issues have been happening more frequently 3. Facilities and Capital Management is no longer located in that building		
Target Start Date	1/1/2020	Anticipated Completion Date	December 31 2020
Project Scope Statement <i>List the major components of the project's scope of work below. Refer to documentation such as RFP's, proposals, functional specifications, etc. to set and limit the project scope.</i>			
"In Scope" = everything the project will include to meet the requirements of the project objectives. "Not in Scope" = any responsibilities, activities, deliverables, or other areas that are NOT to be funded as part of this project, even though they may have some relation to it.	In Scope: <ul style="list-style-type: none"> • Removal of existing system. • Install required new equipment • training on use of system • • • • • • • 	Not in Scope: <ul style="list-style-type: none"> • • • • • • • • • • 	

3. PROJECT RISK FACTORS	
Assumptions	
Dependencies	Protection of records on site needs to be maintained.
Constraints	Daily operation.



Capital Project Request Form

4. PROJECT COST			
Estimated Cost Components		Cost Allocation Per Fiscal Year	
Preliminary Design or Study	\$0.00	If project funds can be allocated over more than 1 year, please indicate the amount to be allocated for each year below:	
Final Design and Engineering	\$0.00		
Land Acquisition	\$0.00	Fiscal Year 2020	Amount \$75000.00
Construction	\$75,000.00	Fiscal Year	Amount \$0.00
Equipment/Furnishings	\$0.00	Fiscal Year	Amount \$0.00
Other:	\$0.00	Fiscal Year	Amount \$0.00
Miscellaneous Costs	\$0.00	Fiscal Year	Amount \$0.00
Project Budget (total of estimated cost components)	\$75,000.00	←----- (sum of above should equal) -----!	
Is this project to be funded entirely with CIP funds?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If not, list below any other (non-CIP) funding sources for this project			Funding Amount
•			\$
•			\$
•			\$
Total CIP Funding Requested		\$75,000.00	

5. ASSET LIFE, RECURRING COSTS, AND RETURN ON INVESTMENT	
If an existing asset (facility or equipment) is being renovated or replaced, what is the age of the existing asset in years?	25
Expected service life (in years) of the existing asset, based on applicable industry standards?	20
Estimated Service Life of Improvement (in years)	20
Future Estimated Recurring Costs	Annual Operating Costs \$0.00
	Annual Maintenance Costs \$0.00
	Other Non-Capital Costs \$0.00
	Total Recurring Costs \$0.00
Estimated Return on Investment (in years)	



Capital Project Request Form

6. OPERATING COST IMPACT	
Will this project lead to a reduction in personnel or maintenance costs? If yes, please explain below.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Current maintenance calls due to system not working.	
Will this project lead to increased efficiency or productivity? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Will this project provide an additional revenue generating opportunity? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

7. ECONOMIC AND PUBLIC BENEFIT	
Does this project have the potential to promote economic development county-wide? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project have the potential to promote economic development within a specific area of the county? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Will this project result in an increase of long-term jobs within the county? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project enhance or increase recreational opportunities and/or green space? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project contribute toward improved transportation efficiency? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project impact the quality of life of the general county population? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project impact the quality of life of a specific demographic within the county? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project enhance or increase cultural or educational opportunities? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project contribute toward improving the wellness of Marathon County Citizens? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



Capital Project Request Form

8. RELATED DOCUMENTS

List below any attached documentation including estimates, studies or plans, photographs, standing committee or board minutes, etc. that supports this project request.

- Budget proposal from H & S
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Capital Project Request Form

Project		CIP Funds Requested	\$465,600.00
Project Number	<i>(Do NOT fill in – for use by F&CM Department)</i>		Request for Year 2020

General Instructions for completing this form:

- Enter requested information after placing the cursor (point and click) in the corresponding gray-shaded blank.
- For all but the most obvious items, more detailed instructions are available by typing the F1 key while the cursor placed on the corresponding blank.
- Each box will expand as necessary to include your text. Limits on text length are noted in the F1 instructions.
- Use the tab key to advance the cursor to the next blank; use shift/tab to move the cursor to the previous blank.
- *If this Charter form is not completed in its entirety, your request may not be ranked.*

1. REQUEST INFORMATION			
Project Title	Juvenile Facility Roof replacement		
Location	7015 Packer Drive		
Description	Replace existing fully adhered/ballasted EPDM roof system with PVC membrane roof system		
Date of Request	06/03/2019	Project Type	Repair/Replacement
Submitted By	Michael J. Lotter	Phone	715-261-6980
Department	Facilities Capital Management	Email	michael.lotter@co.marathon.wi.us
Has this request been approved by the appropriate standing committee or board.	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	<i>Minutes of the meeting in which the funding request was approved must be submitted to F&CM Dept. prior to July 1st.</i>	
Has funding for this project been requested previously but not ranked high enough to be funded?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	If so, how many times has the request been submitted previously?	
Is this request a continuation of a previously funded CIP project?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	If so, in which year was that project funded?	
Will this project be closed out within three years of the fiscal year in which it was funded? If not, please explain why below.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Is this project necessary due to a federal, state, or local legal mandate? If yes, please identify the specific mandate below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Will this project comply with recommendations or objectives addressed in an adopted plan (e.g. strategic plan), referendum, or study? If yes, please identify the specific plan, referendum, or study below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		



Capital Project Request Form

2. PROJECT DEFINITION AND SCOPE			
Project Objective(s)	To provide long term weather protection at the roof of the Juvenile facility.		
Alignment to Departmental Mission Statement	This preventative maintenance project will help to maintain the Juvenile facility in good repair and will preserve and extend the useful life of the existing building for many years.		
Departmental Priority (check a different priority for each project)	(High)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>	(Low)
Related Other Projects			
Alternatives Considered	1. Continue to patch and repair the existing roof whenever leaks are observed. 2. Replace only a section where the most issues currently exist. 3.		
Why Alternatives Listed Above Were Rejected	1. Reacting to leaks won't prevent damage to the buildings interior and contents 2. Its not always possible to trace leaks back to their source. 3. Roof is at the end of its expected life cycle (22 years)		
Target Start Date	6/1/2020	Anticipated Completion Date	September 1, 2020
Project Scope Statement <i>List the major components of the project's scope of work below. Refer to documentation such as RFP's, proposals, functional specifications, etc. to set and limit the project scope.</i>			
<p>"In Scope" = everything the project will include to meet the requirements of the project objectives.</p> <p>"Not in Scope" = any responsibilities, activities, deliverables, or other areas that are NOT to be funded as part of this project, even though they may have some relation to it.</p>	<p>In Scope:</p> <ul style="list-style-type: none"> • Tear off existing membrane roof. • Repair/replace any water damaged or warped roof insulation with new material. • Install new 25-year PVC roofing system with related flashing details per manufacturers recommendations. • Install protection for new membrane at areas of anticipated foot traffic. • Long term manufacturers warranty • Add additional 2" of insulation (r-11.4) • disposal of existing roof materials • • • 	<p>Not in Scope:</p> <ul style="list-style-type: none"> • complete replacement of roof insulation • • • • • • • • 	



Capital Project Request Form

3. PROJECT RISK FACTORS

Assumptions	Existing roof insulation will remain other than pieces found to be warped or damaged.
Dependencies	Suitable weather.
Constraints	Warm weather season, available staging/parking on site.

4. PROJECT COST

Estimated Cost Components		Cost Allocation Per Fiscal Year	
Preliminary Design or Study	\$0.00	If project funds can be allocated over more than 1 year, please indicate the amount to be allocated for each year below:	
Final Design and Engineering	\$0.00		
Land Acquisition	\$0.00	Fiscal Year 2020	Amount \$465,600.00
Construction	\$465,600.00	Fiscal Year	Amount \$0.00
Equipment/Furnishings	\$0.00	Fiscal Year	Amount \$0.00
Other:	\$0.00	Fiscal Year	Amount \$0.00
Miscellaneous Costs	\$0.00	Fiscal Year	Amount \$0.00
Project Budget (total of estimated cost components)	\$465,600.00	←----- (sum of above should equal) -----!	
Is this project to be funded entirely with CIP funds?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If not, list below any other (non-CIP) funding sources for this project			Funding Amount
•			\$
•			\$
•			\$
Total CIP Funding Requested		\$465,600.00	

5. ASSET LIFE, RECURRING COSTS, AND RETURN ON INVESTMENT

If an existing asset (facility or equipment) is being renovated or replaced, what is the age of the existing asset in years?	22	
Expected service life (in years) of the existing asset, based on applicable industry standards?	20	
Estimated Service Life of Improvement (in years)	25	
Future Estimated Recurring Costs	Annual Operating Costs	\$0.00
	Annual Maintenance Costs	\$0.00
	Other Non-Capital Costs	\$0.00
	Total Recurring Costs	\$0.00
Estimated Return on Investment (in years)		



Capital Project Request Form

6. OPERATING COST IMPACT	
Will this project lead to a reduction in personnel or maintenance costs? If yes, please explain below.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Current roof leaks in multiple areas so we have repair costs	
Will this project lead to increased efficiency or productivity? If yes, please explain below.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
We will be adding and additional 2" of insulation (r-11.4)	
Will this project provide an additional revenue generating opportunity? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

7. ECONOMIC AND PUBLIC BENEFIT	
Does this project have the potential to promote economic development county-wide? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project have the potential to promote economic development within a specific area of the county? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Will this project result in an increase of long-term jobs within the county? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project enhance or increase recreational opportunities and/or green space? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project contribute toward improved transportation efficiency? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project impact the quality of life of the general county population? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project impact the quality of life of a specific demographic within the county? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project enhance or increase cultural or educational opportunities? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project contribute toward improving the wellness of Marathon County Citizens? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



Capital Project Request Form

8. RELATED DOCUMENTS

List below any attached documentation including estimates, studies or plans, photographs, standing committee or board minutes, etc. that supports this project request.

- Budget proposal from Kulp's
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Capital Project Request Form

Project		CIP Funds Requested	\$640,000.00
Project Number	<i>(Do NOT fill in – for use by F&CM Department)</i>		Request for Year 2020

General Instructions for completing this form:

- Enter requested information after placing the cursor (point and click) in the corresponding gray-shaded blank.
- For all but the most obvious items, more detailed instructions are available by typing the F1 key while the cursor placed on the corresponding blank.
- Each box will expand as necessary to include your text. Limits on text length are noted in the F1 instructions.
- Use the tab key to advance the cursor to the next blank; use shift/tab to move the cursor to the previous blank.
- *If this Charter form is not completed in its entirety, your request may not be ranked.*

1. REQUEST INFORMATION			
Project Title	Lake Veiw Professional Plaza Window replacement		
Location	1200 Lake View Drive		
Description	Replace existing windows		
Date of Request	06/03/2019	Project Type	Repair/Replacement
Submitted By	Michael J. Lotter	Phone	715-261-6980
Department	Facilities Capital Management	Email	michael.lotter@co.marathon.wi.us
Has this request been approved by the appropriate standing committee or board.	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	<i>Minutes of the meeting in which the funding request was approved must be submitted to F&CM Dept. prior to July 1st.</i>	
Has funding for this project been requested previously but not ranked high enough to be funded?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	If so, how many times has the request been submitted previously?	
Is this request a continuation of a previously funded CIP project?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	If so, in which year was that project funded?	
Will this project be closed out within three years of the fiscal year in which it was funded? If not, please explain why below.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Is this project necessary due to a federal, state, or local legal mandate? If yes, please identify the specific mandate below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Will this project comply with recommendations or objectives addressed in an adopted plan (e.g. strategic plan), referendum, or study? If yes, please identify the specific plan, referendum, or study below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		



Capital Project Request Form

2. PROJECT DEFINITION AND SCOPE		
Project Objective(s)	Weather tight building envelope, weather tight efficient windows.	
Alignment to Departmental Mission Statement	The department performs maintenance and custodial duties to maintain County facilities, equipment, machinery, and furnishings in good repair and in clean orderly, and safe condition for Marathon County employees and patrons. The department will preserve and extend the useful life of existing facilities, maintaining the appearance of buildings and grounds, assist in the efficient usage of space, provide emergency repairs and preventive maintenance of equipment and structures.	
Departmental Priority (check a different priority for each project)	(High) 1 2 3 4 5 6 7 8 9 10 (Low) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Related Other Projects		
Alternatives Considered	1. Do nothing, continue to maintain. 2. 3.	
Why Alternatives Listed Above Were Rejected	1. Age of windows 2. Windows continue to develop leaks. 3.	
Target Start Date	5/1/2020	Anticipated Completion Date September 30, 2020
Project Scope Statement List the major components of the project's scope of work below. Refer to documentation such as RFP's, proposals, functional specifications, etc. to set and limit the project scope.		
<p>"In Scope" = everything the project will include to meet the requirements of the project objectives.</p> <p>"Not in Scope" = any responsibilities, activities, deliverables, or other areas that are NOT to be funded as part of this project, even though they may have some relation to it.</p>	<p>In Scope:</p> <ul style="list-style-type: none"> • Removal of existing windows. • Installation of new windows. • Interior drywall repair. • All needed flashing. • Clean up. • • • • • • 	<p>Not in Scope:</p> <ul style="list-style-type: none"> • Mold clean up if needed. • • • • • • • • •

3. PROJECT RISK FACTORS	
Assumptions	No mold in walls, insulation is dry.
Dependencies	
Constraints	Daily operation.



Capital Project Request Form

4. PROJECT COST			
Estimated Cost Components		Cost Allocation Per Fiscal Year	
Preliminary Design or Study	\$0.00	If project funds can be allocated over more than 1 year, please indicate the amount to be allocated for each year below:	
Final Design and Engineering	\$0.00		
Land Acquisition	\$0.00	Fiscal Year 2020	Amount \$640,000.00
Construction	\$640,000.00	Fiscal Year	Amount \$0.00
Equipment/Furnishings	\$0.00	Fiscal Year	Amount \$0.00
Other:	\$0.00	Fiscal Year	Amount \$0.00
Miscellaneous Costs	\$0.00	Fiscal Year	Amount \$0.00
Project Budget (total of estimated cost components)	\$640,000.00	←----- (sum of above should equal) -----!	
Is this project to be funded entirely with CIP funds?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If not, list below any other (non-CIP) funding sources for this project			Funding Amount
•			\$
•			\$
•			\$
Total CIP Funding Requested		\$640,000.00	

5. ASSET LIFE, RECURRING COSTS, AND RETURN ON INVESTMENT	
If an existing asset (facility or equipment) is being renovated or replaced, what is the age of the existing asset in years?	29
Expected service life (in years) of the existing asset, based on applicable industry standards?	20
Estimated Service Life of Improvement (in years)	20
Future Estimated Recurring Costs	Annual Operating Costs \$0.00
	Annual Maintenance Costs \$0.00
	Other Non-Capital Costs \$0.00
	Total Recurring Costs \$0.00
Estimated Return on Investment (in years)	



Capital Project Request Form

6. OPERATING COST IMPACT	
Will this project lead to a reduction in personnel or maintenance costs? If yes, please explain below.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Current maintenance calls due to leaks or other problems.	
Will this project lead to increased efficiency or productivity? If yes, please explain below.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
New windows will operate more efficiently from an energy perspective.	
Will this project provide an additional revenue generating opportunity? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

7. ECONOMIC AND PUBLIC BENEFIT	
Does this project have the potential to promote economic development county-wide? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project have the potential to promote economic development within a specific area of the county? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Will this project result in an increase of long-term jobs within the county? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project enhance or increase recreational opportunities and/or green space? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project contribute toward improved transportation efficiency? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project impact the quality of life of the general county population? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project impact the quality of life of a specific demographic within the county? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project enhance or increase cultural or educational opportunities? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this project contribute toward improving the wellness of Marathon County Citizens? If yes, please explain below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



Capital Project Request Form

8. RELATED DOCUMENTS

List below any attached documentation including estimates, studies or plans, photographs, standing committee or board minutes, etc. that supports this project request.

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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	408-419-8-2446	Oth Health Care Serv-St Grnt	\$4,000

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	408-419-9-1110	Salaries-Permanent-Regular	\$3,700
Expenditure Increase	408-419-9-2133	Indirect Cost Expense	\$300

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: 6/11/2019

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

HIV Partner Services

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

This money is used to assist HIV-infected persons to assess their risks, utilize needed services and inform partners about their potential risk for HIV. This money is used to serve Marathon, Portage and Wood counties.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: Adjust budget to match state contract for 2019

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? Yes

APPENDIX B
NEW OR EXPANDED POSITION REQUEST

I. GENERAL INFORMATION

Department: Parks, Recreation & Forestry _____

Date: June 12, 2019 _____

Position Requested: Motorized Recreation Coordinator _____
(If unsure of classification, indicate "To be determined")

FT PT FTE .6 %
Number of Positions: 1

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

Projected Start Date of Position: July 22, 2019 _____

Priority Number of This Position: _____

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

II. FULL EXPLANATION OF NEED FOR POSITION

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

Yes the position provides opportunities to Marathon County residents to engage in outdoor recreation enhancing their quality of life. The user groups this position serves also manages and maintains miles of trails for residents and visitors to use allowing them to visit different areas of the County. Managing the snowmobile and ATV programs contributes to making Marathon County the healthiest and most prosperous county.

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

Our mission statement is to adaptively manage our park and forest lands for natural resource sustainability while providing healthy recreational opportunities and unique experiences making Marathon County the preferred place to live, work and play. Snowmobiling and ATVing are unique recreational experiences. Managing the 29 snowmobile clubs to ensure they get funding to provide trails that allow users to have these recreational experiences is needed to ensure the groups are managing and maintaining the trails properly, providing safe trails to ride and enhancing the natural resources of the county.

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

The position of Motorized Recreation Administrator was a standalone position of the County until 2005. Prior to 2005 the position went from a part time position to a full time position. In 2005 the position was vacated and the tasks were given temporarily to the County's Park Ranger. The dual role of the Park Ranger did not remain temporary and continued as a dual role for 14 years. Over the years the Park Ranger's time commitments for motorized recreational trail management has increased and his enforcement of County Ordinances and attention to visitor safety has decreased.

The current Park Ranger is now retiring and it is important to once again separate out these two positions. A full time Park Ranger is needed to ensure the safety of visitors and the protection of our natural resources. The Motorized Recreation Coordinator is a position required by the state of WI if snowmobile and ATV funds are distributed to clubs for trail maintenance and trail project. This position will be required to work more hours in Sept-March and less hours April-August.

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

This position will fill the requirement of the WI DNR to have a manager of the County's snowmobile and ATV programs in order for the clubs to receive state funding. This position will work closely with the groups ensure all groups receive the same information, the trails are managed properly and the trails are safe for visitors.

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

It was considered to keep this position's tasks within the requirements of the County Park Ranger. It was concluded that these tasks are not an efficient and effective use of the Park Rangers time or expertise.

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

The snowmobile and ATV clubs in the County will not receive the funding from the state to have and maintain trails within the county.

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

This position is partially funding by the grants they manage. The amount of grant funding received, the number of projects completed and input from the clubs will indicate the effectiveness and performance of this position.

III. SPECIFIC DUTIES OF NEW POSITION

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

Administers and coordinates the maintenance and development of snowmobile and all-terrain vehicle (ATV) trails; prepares grant applications and reimbursement requests for trail maintenance and development projects; updates and prepares maps of snowmobile and ATV trails. 75%

Provides assistance to snowmobile and ATV clubs on State requirements for the maintenance and development of snowmobile and ATV trails; assists snowmobile and ATV clubs with landowner trail issues. 12%

Investigates complaints and works with the appropriate snowmobile or ATV club to resolve problems; conducts inspections to ensure trails, signing, and trail infrastructure are in compliance with State and local regulations and maintained to DNR standards. 5%

Promotes trail openings and closings in news release and interviews with local media; updates the County website with trail condition reports as necessary. 2%

Obtains supplies and equipment necessary to department operations. 2%

Reports trail hazards and maintenance needs to the appropriate club for repairs or attention. 2%

Responds to questions and provides miscellaneous information on snowmobile and ATV related inquiries. 2%

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

This position will have expertise in managing state grants and could be used as a resource to other departments.

The only other department that could possibly assist with the requirement of this position would be the Sherriff's department however they do not have the staff to assist at this time.

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

The position of Motorized Recreation Administrator was a standalone position of the County until 2005. Prior to 2005 the position went from a part time position to a full time position. In 2005 the position was vacated and the tasks were given temporarily to the County's Park Ranger. The dual role of the Park Ranger did not remain temporary and continued as a dual role for 14 years. Over the years the Park Ranger's time commitments for motorized recreational trail management has increased and his enforcement of County Ordinances and attention to visitor safety has decreased.

The current Park Ranger is now retiring and it is important to once again separate out these two positions. A full time Park Ranger is needed to ensure the safety of visitors and the protection of our natural resources. The Motorized Recreation Coordinator is a position required by the state of WI if snowmobile and ATV funds are distributed to clubs for trail maintenance and trail project. This position will be required to work more hours in Sept-March and less hours April-August.

IV. POSITION COSTS AND FUNDING SOURCES

- A. What is the anticipated total cost of this position? (Include salary; benefits; office space, remodeling, furniture, and equipment; travel; and other applicable costs.)
Please see attached position cost breakdown.

- B. Explain specifically how position will be funded.

Amount of County tax levy: \$19,000 % of total costs: 56 %

Amount of any outside funding: \$15,000 % of total costs: 44 %

Source of outside funding: State Grants

Length of outside funding: Annual

Likelihood of funding renewal: Guaranteed as long as the state funds snowmobile and ATV programs

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

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

No but the amount of grant funding could be increased to offset levy expenses.

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

Yes, the ability to manage the snowmobile and ATV funds that pay to keep our trails maintained and available to users ensures the clubs will provide that work for the county. If the clubs did not receive the state funding the county would not have snowmobile or ATV trails or it would be the county expenses paying for the trails and trail maintenance.

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

No

V. COMMITTEE OF JURISDICTION

What is the recommendation of the committee of jurisdiction? Presented to Parks and Recreation Committee and Environmental Resources Committee on Tuesday, July 2.

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

Signature of Supervisor/Manager Completing Request

Date

Department Head Signature

Date

Motorized Recreational Coordinator

Payroll Occ Code: XXXX
DBM Rating: B23
FLSA: Non-Exempt
Reports to: Parks, Recreation & Forestry Director

Position Summary:

This is a part-time position working an average of 24 hours per week. September through March may require more than 24 hours per week, while April through August may require less than 24 hours per week. This position administers and coordinates snowmobile, all-terrain vehicle (ATV) and utility terrain vehicle (UTV) trail maintenance and development on both private and public land. The work is performed under the direction of the Parks, Recreation and Forestry Director.

Examples of Work Performed:

The following duties are typical for this position. These are not to be construed as exclusive or all-inclusive. Other duties may be required and assigned.

- Administers and coordinates the maintenance and development of snowmobile and all-terrain vehicle (ATV) trails; prepares grant applications and reimbursement requests for trail maintenance and development projects; updates and prepares maps of snowmobile and ATV trails.
- Provides assistance to snowmobile and ATV clubs on State requirements for the maintenance and development of snowmobile and ATV trails; assists snowmobile and ATV clubs with landowner trail issues.
- Investigates complaints and works with the appropriate snowmobile or ATV club to resolve problems; conducts inspections to ensure trails, signing, and trail infrastructure are in compliance with State and local regulations and maintained to DNR standards
- Promotes trail openings and closings in news release and interviews with local media; updates the County website with trail condition reports as necessary.
- Obtains supplies and equipment necessary to department operations.
- Reports trail hazards and maintenance needs to the appropriate club for repairs or attention.
- Responds to questions and provides miscellaneous information on snowmobile and ATV related inquiries.
- Performs other related functions as required.

Minimum Qualifications Required:

- High school diploma or equivalent.
- Two (2) years of administrative support experience.
- Experience in planning and managing grant programs or projects preferred.
- Public relations or customer service experience desired.
- Equivalent combination of job-related duties and experience desirable.
- Possession of a valid Wisconsin driver's license and a driving record that meets County standards, or the ability to obtain reliable transportation.

Knowledge, Skills, and Abilities Required to Perform Essential Job Functions:

- Knowledge of recreational trails and user issues.

- Skills in working with various recreational trail stakeholders.
- Ability to implement decisions based on data analysis, and overseeing the execution of these decisions.
- Ability to utilize a variety of advisory data and information such as reports, grant instructions and payments, liability insurance, aerial photography and mapping, technical operating and owner manuals, snowmobile bridge guidelines, statutes, procedures, and non-routine correspondence.
- Ability to communicate orally and in writing with supervisor, snowmobile and ATV clubs, other County departments and agencies, State agencies, vendors, committees, the media, and the public.
- Ability to advise and provide interpretation regarding the application of policies, procedures and standards to specific situations.
- Ability to perform addition, subtraction, multiplication and division; calculate percentages, and decimals; may require the ability to utilize descriptive statistics.
- Judgment and Situational Reasoning Ability
- Ability to exercise independent judgment to apply facts and principles for developing approaches and techniques to problem resolution.
- Ability to operate and perform complex rapid adjustment on equipment, machinery and tools such as a snowmobile, ATV, first aid and CPR equipment, chainsaw, small hand tools, computer, and/or related materials used in performing essential functions.
- Ability to work under conditions which require exposure to environmental factors such as temperature and noise extremes, chemicals or machinery. This exposure may cause some discomfort and presents a risk of injury.

Compensation:

Salary range: (B23)

PURCHASE OF KERSWILL PROPERTY FOR COUNTY FOREST

WHEREAS, on December 18, 2018, the Marathon County Board of Supervisors approved Resolution #R-60-18 authorizing the application for funding through the Knowles-Nelson Stewardship Land Acquisition Grant program, secure an appraisal and negotiate the purchase with a landowner of 199.84 acres in the Town of Hewitt, Marathon County, Wisconsin; and

WHEREAS, Randy and Denise Kerswill has accepted Marathon County's offer at the appraised value of \$349,000.00 for 199.84 acres under the terms of the attached Offer to Purchase; and

WHEREAS, the property is further described in addendum A attached to the Offer to Purchase; and

WHEREAS, the Human Resources, Finance and Property Committee, Environmental Resources Committee and the Forestry/Recreation Committee recommends purchasing the Kerswill property to meet the objectives of the Marathon County Forest Comprehensive Plan; and

WHEREAS, Objective 5.2 of the 2018 – 2022 Marathon County Strategic Plan promotes sound land use decisions that conserve and preserve natural resources in decisions with economic development and growth; and

WHEREAS, "C and F" of the Strategic Plan are to acquire land for public park and forest use to retain natural landscapes and protect natural resources; and

WHEREAS, this purchase of land meets outcome measure 3 of the Strategic Plan of acquiring an average of 320 acres of land per year for the Marathon County Parks and Forests system; and

WHEREAS, the County Board has the authority to acquire said property for the purpose of establishing County forest land pursuant to Wis. Stats. 59.52(6) and 28.10; and

WHEREAS, acquisition of this property would perpetually provide forest products to our local economy, revenues to the County, outdoor recreation opportunities to the public, and improve property administration on the County Forest; and

WHEREAS, the leadership of the Town of Hewitt supports the County acquiring the property; and

WHEREAS, Wis. Stats 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;

NOW, THEREFORE, BE IT RESOLVED that the County Board of Supervisors of the County of Marathon does hereby ordain as follows:

1. To authorize the purchase of the Kerswill property in accordance with the terms and conditions of the Accepted Offer to Purchase;
2. That the County Forest blocking boundaries listed and described in Chapter 900 of the Marathon County Forest Comprehensive Land Use Plan 2006 – 2020 be amended to include this property;
3. Direct the property to be entered under Wis. Stats. 28.11 and be designated as regular County forest lands;
4. To authorize the proper County officials to execute the documents necessary to complete this transaction.
5. To create the budget transfer to modify the 2019 land purchase – State grant fund to reflect additional state grant money to fund purchase.

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

Dated this 23rd day of July, 2019.

FORESTRY/RECREATION COMMITTEE

ENVIRONMENTAL RESOURCES COMMITTEE

HUMAN RESOURCES, FINANCE AND PROPERTY COMMITTEE

Fiscal Impact Estimate: Modified the 2019 budget for the Land Purchase – State Grant Fund. In total \$355,460.00 for the purchase of this property to be funded as follows:

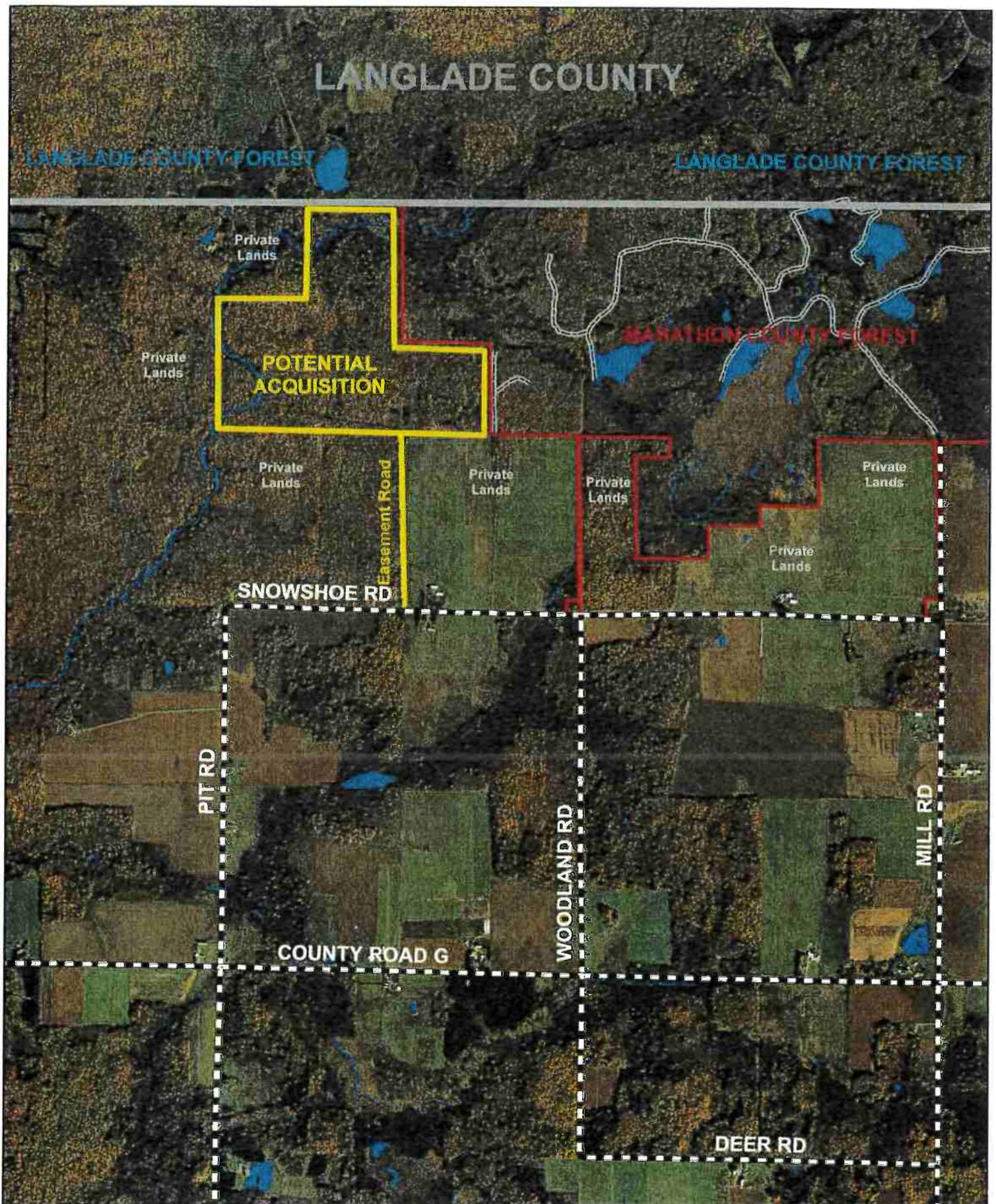
1. Land Purchase – State Grant - \$347,033.00
2. Forestry Segregated Land Purchase Account - \$8,427.00

Or

Fiscal Impact Estimate: Modified the 2019 budget for the Land Purchase – State Grant Fund. In total \$355,460.00 for the purchase of this property to be funded as follows:

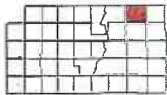
1. Land Purchase-State Grant - \$176,980.00
2. Forestry Segregated Land Purchase Account - \$26,500.00
3. Forestry State Aid Account - \$151,980.00

Harrison-Hewitt Acquisition For County Forest



0 0.5 1 2 Miles





SEE PAGE 97

21700

20100

18500

16900

15300

13700

12100

10500

17200

15600

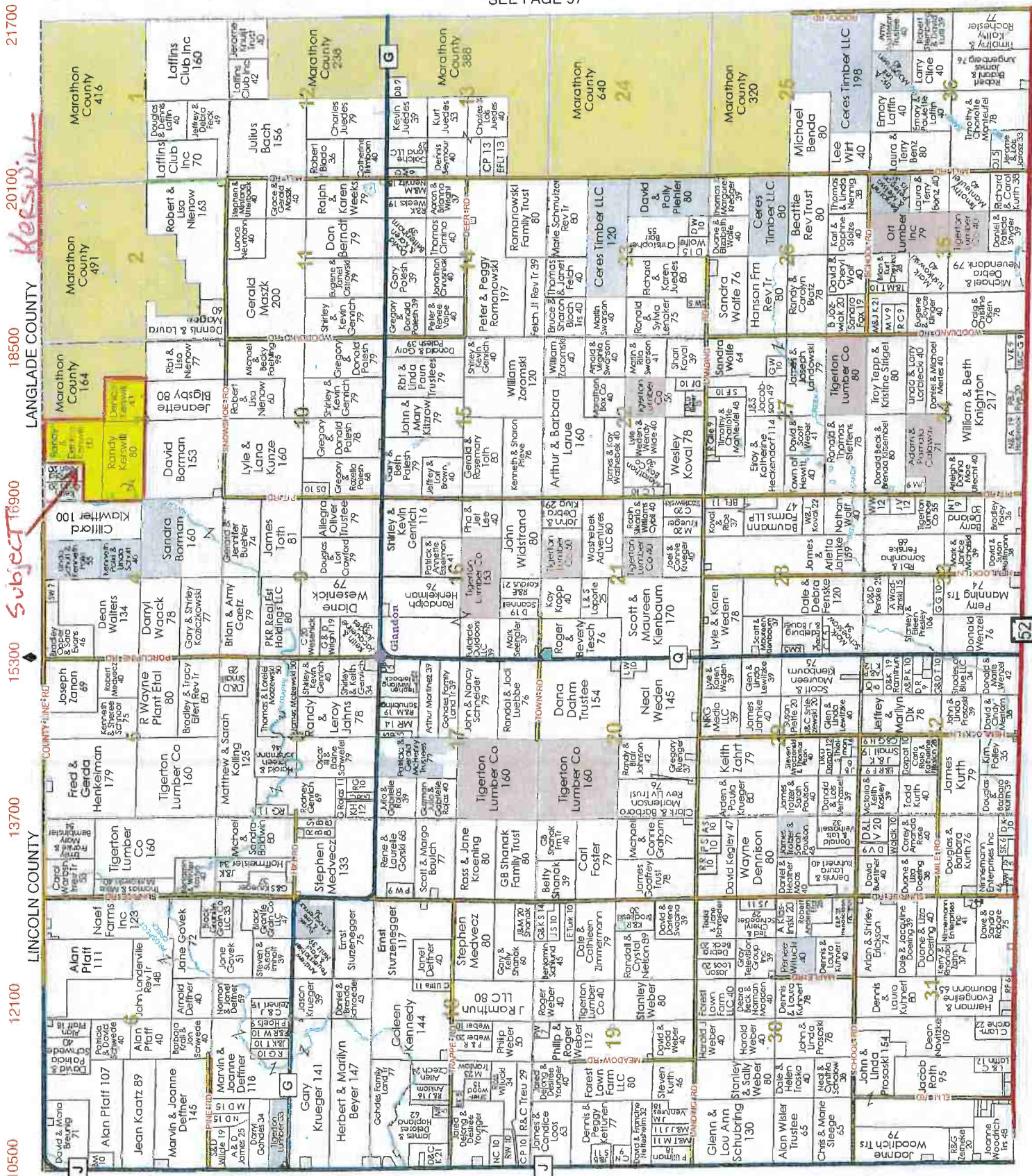
14000

12400

10800

9200

7600



SEE PAGE 93

SEE PAGE 79

APPROVING AN APPLICATION TO ACQUIRE STATE FUNDING THROUGH THE KNOWLES-NELSON STEWARDSHIP GRANT PROGRAM

WHEREAS, the Human Resources, Finance and Property Committee, Environmental Resources Committee and the Forestry/Recreation Committee recommends approving an application to acquire funding through the Knowles-Nelson Stewardship Grant Program; and

WHEREAS, the landowner of 40 acres in Section 25, Township 27 North, Range 8 East, Village of Kronenwetter, Marathon County, Wisconsin has indicated they are interested in selling the property and is willing to work with the County on a transaction; and

WHEREAS, the County Board has the authority to acquire said property for the purpose of establishing County Forest land pursuant to SS. 28.10 Wis. Stats; and

WHEREAS, said Stewardship Grant Program may provide funding up to 50% of the acquisition price; and

WHEREAS, balance of funding would be determined at a later date and be approved by County Board resolution; and

WHEREAS, acquisition of this property would perpetually provide forest products to our local economy, revenues to the County, outdoor recreation opportunities to the public, and improve property administration on the County Forest; and

NOW, THEREFORE, the Board of Supervisors of the County of Marathon does hereby ordain and resolve that the County request grant funding available from the Wisconsin Department of Natural Resources under the "Knowles-Nelson Stewardship Land Acquisition Grant Program"

HEREBY AUTHORIZES the proper County officials to act on behalf of Marathon County to submit an application to the State of Wisconsin for land acquisition grant funding; negotiate, and secure an appraisal on the above described property.

BE IT FURTHER RESOLVED that Marathon County recognizes and acknowledges that if financial assistance is made available by the Wisconsin Department of Natural Resources, and the County accepts the financial assistance, the County will comply with State rules for the program and meet the financial obligations under the grant;

BE IT FURTHER RESOLVED that the County Board will be notified if grant funding becomes available and then will consider authorization for the acquisition.

Dated this 23rd day of July, 2019.

FORESTRY/RECREATION COMMITTEE

ENVIRONMENTAL RESOURCES COMMITTEE

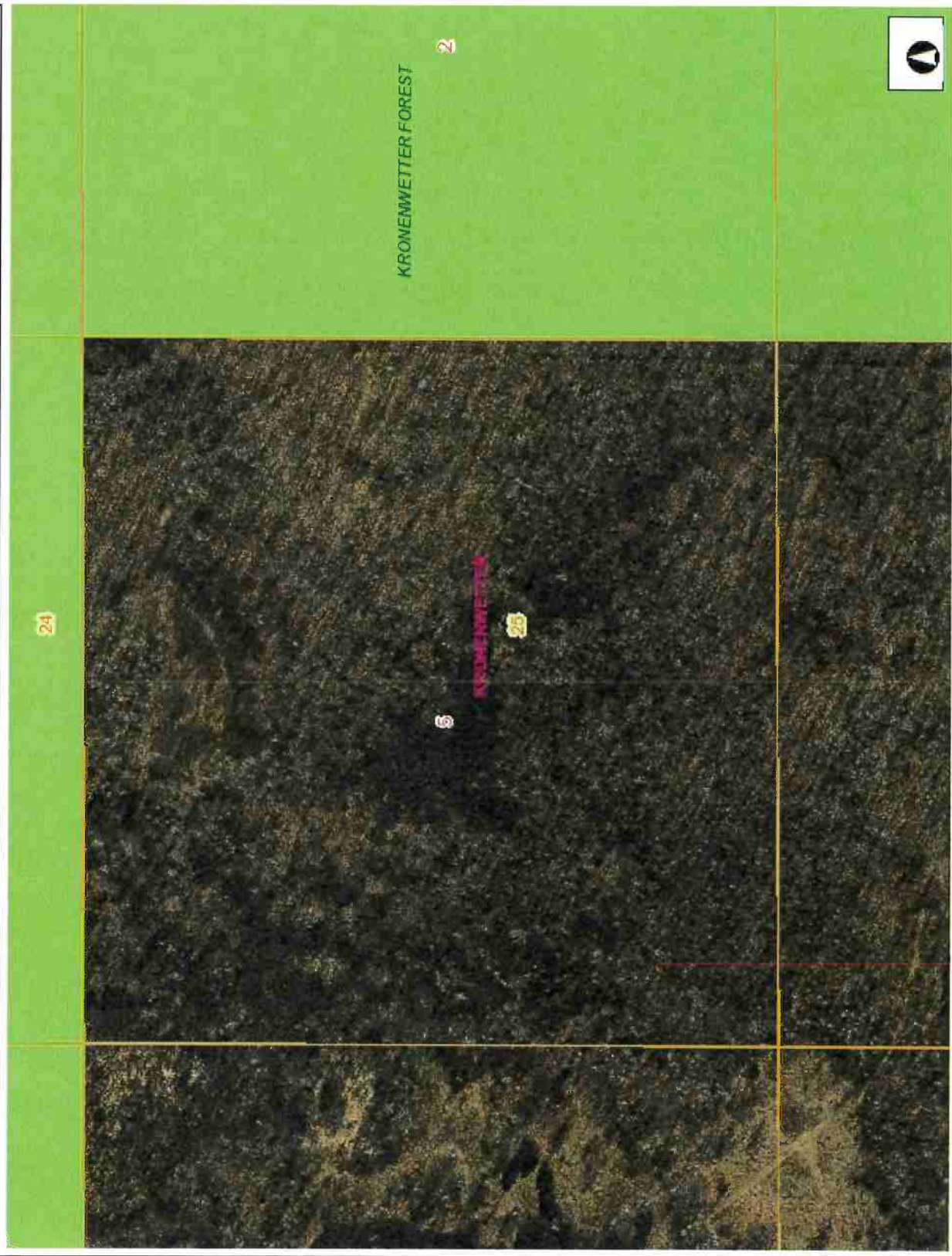
HUMAN RESOURCES, FINANCE AND PROPERTY COMMITTEE

Fiscal Impact Estimate: No County Tax Levy.



WAUSAU

Land Information Mapping System



- TAYLOR
- HALSEY
- BERN
- HOLDEN
- HULL
- BRIGHTON
- SPENCER
- WOOD
- LINCOLN
- HEWITT
- TEXAS
- SESTON
- STANGE
- REID
- FRANZEN
- PORTAGE

Legend

- Parcel Annotations
- Parcels
- Land Hooks
- Section Lines/Numbers
- Right Of Ways
- Municipalities
- County Forest Units
- 2015 Orthos
 - Red: Band_1
 - Green: Band_2
 - Blue: Band_3

140.14 0 140.14 Feet

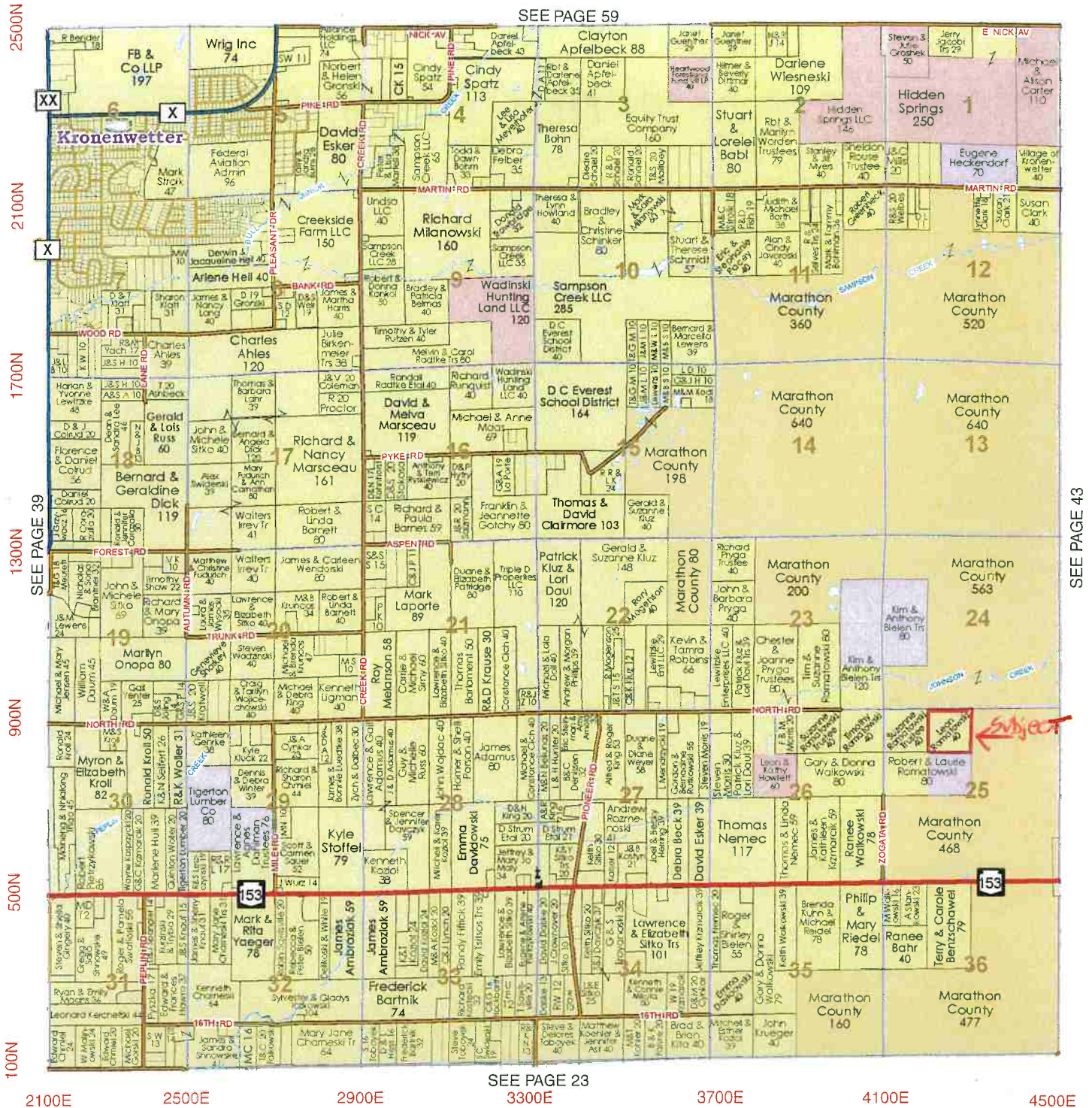
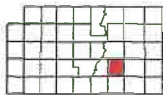


NAD_1983_HARN_WISCRS_Marathon_County_Feet

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THIS MAP IS NOT TO BE USED FOR NAVIGATION

Notes



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SEE PAGE 39

SEE PAGE 23

SEE PAGE 43

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 (715) 261-1230



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