



MARATHON COUNTY HUMAN RESOURCES, FINANCE & PROPERTY COMMITTEE MEETING AGENDA

Date & Time of Meeting: **Monday, October 7, 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
3. Approval of the Minutes of the September 30, 2019 Human Resources, Finance and Property Committee Meeting
4. Educational Presentations/Outcome Monitoring Reports
 - A. 2020 Budget Part I –Preliminary Levy, Tax Rate and Proposed 2020 CIP Program
 - B. Impact of senate bill 458 (Assembly bill 470) on Marathon County Judicial Staffing Needs and Court Costs
5. Operational Functions required by Statute, Ordinance, or Resolution:
 - A. Discussion and Possible Action by Human Resources and Finance and Property Committee
 1. Approval of the September 2019 Claims and Questioned Costs-Palmer
 2. Budget Transfers-ADRC review only
 3. Tax Deed Owned by Marathon County: Eviction/Lease to Persons Occupying Property. State Law Requiring Public Sale: Second request by Joseph D Krueger, 608 Adams Street, Wausau, WI to remain on property and purchase by private sale postponed from September 30, 2019
 - B. Discussion and Possible Action by Committee to Forward to the County Board for its consideration
 1. County Board Salaries for Next Term Office 2020-2022-Matel
6. Policy Issues Discussion and Committee Determination
 - A. Discussion on tentative 2019 Debt Issuance for Marathon County-Palmer
 - B. Discussion of Indirect Costs and Cost Recovery of Services-Karger
 - C. Volunteer Time Off Policy-Karger with link to article
<https://wisconsincentraltimenews.com/2019/09/24/paid-time-off-for-marathon-county-government-staff-to-volunteer/>
7. Announcements:
Next Meeting Date-October 14, 2019 at 3:00 p.m. 2020 BUDGET MEETING
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 10/3/2019 12:45 pm

Posted to the County Website:

NOTICE POSTED AT THE COURTHOUSE

By/Date/Time: K Palmer 10/3/2019 12:45 pm

www.co.marathon.wi.us



MARATHON COUNTY HUMAN RESOURCES, FINANCE & PROPERTY COMMITTEE MEETING MINUTES

Date & Time of Meeting: **Monday, September 30, 2019; 4:00 p.m.**

Meeting Location: **Central Wisconsin Airport, Meeting Room A, 200 CWA Dr., Mosinee WI 54455**

Members: EJ Stark, Chair; Bill Miller, Vice-Chair; Tim Buttke-excused, John Durham, Kurt Gibbs, Yee Leng Xiong, Jeff Zriny Others; Kristi Palmer, Brad Karger, Lance Leonhard, Michael Puerner, Sean McCarthy, Chad Billeb, Joseph Krueger, Supervisor Robinson, Frank Matel, Sheriff Scott Parks, District Attorney Theresa Wetzsteon, Nancy Solberg, Kelly Newcomb, Molly Lawrence, Kyle Mayo, Audrey Jensen,

1. Call to Order-Please silence your cellphones
2. Public Comment Period – None
3. Approval of the Minutes of the September 9, 2019 Human Resources, Finance and Property Committee Meeting
Motion by Zriny and seconded by Durham to approve the minutes from September 9, 2019; vote unanimous
4. Educational Presentations/Outcome Monitoring Reports-2020 Budget Update
 - A. 2019 Borrowing Timeline-Palmer provided the Committee the 2019 borrowing timeline. Supervisor Gibbs asked the jail emergency capital project be included in the 2019 borrowing. Not formal action taken
5. Operational Functions required by Statute, Ordinance, or Resolution:
 - A. Tax Deed Owned by Marathon County: Eviction/Lease to Persons Occupying Property. State Law Requiring Public Sale:
 1. Second request by Joseph D Krueger, 608 Adams Street, Wausau, WI to remain on property and purchase by private sale
Mr. Krueger attended along with Supervisor Robinson and Mr. Krueger notified the committee of his search for another place to live. Supervisor Robinson will work with Mr. Krueger to assist in his search.
Motion by Gibbs and seconded by Zriny to postpone to the next meeting any action and suspend the eviction until next Monday (October 7, 2019). Mr. Krueger will report with Supervisor Robinson their work on finding housing on October 7, 2019; vote unanimous
 - B. Discussion and Possible Action by Human Resources and Finance and Property Committee
 1. Possible taking of Tax Deed
 - a) 1407 N 2nd St, Wausau, WI (PIN 291-2907-252-0335)
Motion by Gibbs and seconded by Durham to take the property by tax deed; vote unanimous
 - b) 513 Vane St, Mosinee, WI (PIN 251-2707-283-1042)
Motion by Gibbs and seconded by Zriny to take the property on tax deed; vote unanimous
 - c) 1115 W Grand Ave, Rothschild, WI (PIN 176-2807-241-9965)
Motion by Gibbs and seconded by Miller to take the property on tax deed; vote unanimous
 - d) 307 S 9th Ave, Wausau, WI (PIN 291-2907-263-0474)
Motion by Xiong and seconded by Miller to take the property on tax deed; vote unanimous
 - C. Discussion and Possible Action by Committee to Forward to the County Board for its consideration
 - (1) Interdepartmental Budget Transfers
Motion by Xiong and seconded Gibbs to approve the budget transfer; vote unanimous
 - (2) Marathon County General Code of Ordinances, relevant to the District Attorney's Office
Motion by Xiong and seconded by Zriny to repeal and recreate the District Attorney's Fees Ordinance; vote unanimous
 - (3) Recommendation by the Civil Service Commission to Amend Ordinance 5.01 to Allow the Sheriff's Office to Recruit, Examine, and Hire new Deputy Sheriff Candidates Without the Oversight of the Civil Service Committee
Motion by Gibbs and seconded by Xiong to change the Ordinance for the Civil Service Committee; vote unanimous



(4) District Attorney's Office Staffing Requests

The District Attorney discussed the staff needs in her department with the Committee. The state will now pay for 3.5 assistant District Attorney's and she has additional needs in her department based on caseload. County Administrator Karger stated that in the 2020 budget one position was eliminated and a new position in Victim Witness was created to fill a need in the department. The Committee will get to decide in two weeks when they receive the 2020 budget from the County Administrator. No formal action taken

6. Policy Issues Discussion and Committee Determination-

A. Discussion of Indirect Costs and Cost Recovery of Services-Brad Karger

Motion by Gibbs and seconded by Xiong to postpone the Indirect Cost and Cost Recovery of Services discussion until October 7, 2019; vote unanimous

7. Announcements:

Next Meeting Date-October 7, 2019 at 3:00 p.m.

8. Adjourn-Motion by Durham and seconded by Gibbs to adjourn at 5:14pm; vote unanimous

MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: ADRC-CW

BUDGET YEAR: 2019

TRANSER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DAB DAB 8 2386	ADRC MFP-NH RELOCATE	6000
Revenue Increase	DAB DAB 8 2453	ADRC SPEC SERV STATE GRANT	9012

TRANSER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DAB DAC 9 3142	OFFICE FURNITURE	15012

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

Requested By: Steve Prell

Date Completed: 9/24/2019

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

ADRC CW AGING AND DISABILITY RECS CTR

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

To provide ADRC Specialist and Benefit Specialist services in Marathon, Wood, Lincoln and Langlade counties. These funds were approved by the State to replace furnishings in our Merrill office and install a door opener in our Wausau office.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: Balance APR units

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? No

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: ADRC-CW

BUDGET YEAR: 2019

TRANSER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	DDJ DDJ 9 7190	OTHER DIRECT RELIEF	2413

TRANSER TO:

Action	Account Number	Account Description	Amount
Revenue Decrease	DDJ DDJ 8 2525	NATIONAL FAMILY CAREGIVER GRANT IIIE	2413

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

Requested By: Steve Prell

Date Completed: 9/24/2019

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

ADRC CW NATIONAL FAMILY CAREGIVER IIIIE GRANT

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

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

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: Balance APR units

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

This Program is not a Grant.

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

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

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

Non-cash/In-Kind Services: (Describe) Alzheimers grant is used as match.

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: ADRC-CW

BUDGET YEAR: 2019

TRANSER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DDL DDL 8 2524	III D PREVENTION GRANT	1693

TRANSER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DDL DDL 9 1110	SAL/PERM/REG/FT	1693

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

Requested By: Steve Prell

Date Completed: 9/24/2019

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

ADRC CW IIID PREVENTION GRANT

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

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

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: Balance APR units

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? No

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: ADRC-CW

BUDGET YEAR: 2019

TRANSER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DDA DDA 8 2521	C2 GRANT MEALS ON WHEELS	43572
Revenue Increase	DDA DDA 8 2521	C2 GRANT MEALS ON WHEELS	3233

TRANSER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DDA DDG 9 8195	OTHER CAP EQUIP - ADRC	44770
Expenditure Increase	DDA DDD 9 2180	FOOD SERVICES	2035

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

Requested By: Steve Prell

Date Completed: 9/24/2019

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

ADRC CW C2 NUTRITION GRANT

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

The C2 Nutrition grant is used to provide Meals on Wheels services to the older population. GWAAR authorized ADRC CW to transfer Congregate Meal funds to our Meals on Wheels program to purchase a replacement meal delivery vehicle.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: Balance APR units

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? No

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: ADRC-CW

BUDGET YEAR: 2019

TRANSER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	DAT DAT 9 1250	WAGES/TEMP/REG/PT	6000

TRANSER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DAT DAT 9 3260	ADVERTISING	3000
Expenditure Increase	DAT DAT 9 3482	PUBLIC EDUCATION SUPPLIES	3000

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

Requested By: Steve Prell

Date Completed: 9/25/2019

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

ADRC CW MIPPA GRANT

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

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

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: Balance APR units

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? No

MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: ADRC-CW

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Revenue Increase	DDP DDP 8 8435	DONATIONS FR FOUNDATIONS	10000

TRANSFER TO:

Action	Account Number	Account Description	Amount
Expenditure Increase	DDP DDP 9 8195	OTHER CAP EQUIP ADRC	10000

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

Requested By: Steve Prell

Date Completed: 9/24/2019

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

- 1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)
ADRC CW NUTR VEH - FOUNDATIONS

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

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

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

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

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

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: ADRC-CW

BUDGET YEAR: 2019

TRANSER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	DCF DCI 9 2180	FOOD SERVICES	44770

TRANSER TO:

Action	Account Number	Account Description	Amount
Revenue Decrease	DCF DCF 8 2521	C1 GRANT CONGREGATE MEALS	43572
Revenue Decrease	DCF DCF 8 8410	C1 DONATIONS	1198

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

Requested By: Steve Prell

Date Completed: 9/24/2019

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

ADRC CW C1 NUTRITION GRANT

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

The C1 Nutrition grant is used to provide meals in a congregate setting to our older population. GWAAR authorized ADRC CW to transfer additional funds to our Meals on Wheels program.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: Balance APR units

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? No

MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: ADRC-CW

BUDGET YEAR: 2019

TRANSFER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	DDH DDH 9 2180	FOOD SERVICES	5179

TRANSFER TO:

Action	Account Number	Account Description	Amount
Revenue Decrease	DDH DDH 8 2522	NSIP NUTRITION GRANT	5179

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

Requested By: Steve Prell

Date Completed: 9/24/2019

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

ADRC CW NSIP NUTRITION GRANT

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

The NSIP Nutrition grant is used to purchase food in the nutrition program.

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: Balance APR units

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? No

MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: ADRC-CW

BUDGET YEAR: 2019

TRANSER FROM:

Action	Account Number	Account Description	Amount
Expenditure Decrease	DCB DCC 9 1211	WAGES/PERM/REG/PT	7520

TRANSER TO:

Action	Account Number	Account Description	Amount
Revenue Decrease	DCB DCB 8 2520	ADRC CW III B GRANT	7520

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

Requested By: Steve Prell

Date Completed: 9/24/2019

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

ADRC CW III B GRANT

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

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

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

Other. Please explain: Balance APR units

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? No

(19) *Rule 19. Compensation.*

(a) Supervisor and Board Chair Salaries. Annual salary for the positions of supervisor and board chair shall be set by the County Board, pursuant to § 59.10(3)(i), Wis. Stats., (Alternative Method of Compensation), which provides as follows: "[T]he board may at its annual meeting [the Tuesday after the second Monday of November], by a two-thirds vote of the members entitled to a seat, fix the compensation of the supervisors to be next elected at an annual salary for all services to the county including all committee services ... The board may, in like manner, allow additional salary for the ... chairperson of the board." A vote will be taken in November of odd-numbered years for the next succeeding two-year term. By rule, and unless modified as set forth below, the initial resolution before the board will provide for a three-percent annual increase in salary to County Board members and the chair to be effective the first pay period in April following the Spring Election of supervisors in even-numbered years, and January 1 of odd-numbered years. Any recommended modifications to the initial resolution will be developed and proposed to the County Board by the Human Resources, Finance and Property Committee.

(b) Vice-Chair shall receive an additional \$3,500.00 of annual compensation above base salary.

(c) Chairs of Standing Committees, excluding the County Board Chair and Vice-Chair, shall receive an additional \$600.00 of annual compensation above base salary.

(d) Method of Payment. County Board salaries shall be paid in biweekly increments by direct deposit to each supervisor.

Marathon County, Wisconsin
Project Components of the 2019 Note Issue
October 2, 2019

Type of Debt Dated Date (Closing)	Without Jail Project GO Notes December 5, 2019	With Jail Project GO Notes December 5, 2019
2019 CIP*	\$2,233,015	\$2,233,015
Aquatic Therapy Pool**	\$2,093,198	\$2,093,198
Jail Project***	\$0	\$2,200,000
The Central Utility Plant for NCHC****	\$2,421,701	\$2,421,701
Financial Advisor Fee (PFM)*	\$17,500	\$17,500
Bond Counsel Fee (Quarles & Brady)	\$12,400	\$15,000
Rating Agency Fee (Moody's)	\$16,000	\$16,000
lpreo (posting of POS)	\$1,000	\$1,000
Underwriters Discount	\$68,650	\$90,900
Contingency	\$1,536	\$1,686
TOTAL PAR AMOUNT OF BONDS	\$6,865,000	\$9,090,000

*The initial resolution for the CIP projects was adopted on February 19, 2019. The resolution authorized a "not to exceed" amount of \$2,295,000. The County only needs \$2,233,015.

** The initial resolution for the Aquatic Therapy Pool project was adopted on September 19, 2017. The resolution had a "not to exceed" amount of \$3,400,000. The total cost of the pool is \$5,093,198 and \$3,400,000 has been raised. The County will be financing the difference.

*** If the board wants to include the jail project in the financing, the board would need to adopt a reimbursement resolution and an initial resolution at the October 22, 2019 board meeting.

**** The initial resolution for the NCHC Master Facilities Plan project was adopted on June 19, 2018. The resolution had a "not to exceed" amount of \$67,000,000. The Central Utility Plant costs \$2,421,701.01 of the \$67,000,000 of the NCHC project.



Chapter 7

Employee Paid and Unpaid Leave Benefits

Section 6 Volunteer Time Off (VTO)

Volunteering goes hand in hand with the public services Marathon County employees provide. Both volunteering and public service give individuals a sense of purpose, create personal satisfaction, and improve our community.

The County provides paid volunteer time off (VTO) to support and encourage volunteer services that enhance and serve the communities in which we live and work. Employees who are currently eligible for PTO may receive up to their equivalent of one standard work day of paid VTO per calendar year (prorated based upon FTE allocation level) to perform volunteer services through eligible non-profit organizations as defined by this policy.

Eligible new hires will be credited with VTO at time of hire, while VTO for recurring employees will be credited annually in the first full pay period in January. VTO balances will not be adjusted during the year in the event of a change in FTE allocation. Instead, the VTO allocation will be revised when credited in the first full pay period in January. Unused VTO will not be paid out or carried over to the next calendar year. VTO cannot be used for an activity for which an individual is paid. (*e.g.*, serving on a board of directors where board members receive a per diem payment)

Eligible employees are encouraged to use VTO in full or half day increments, but smaller increments may be used with supervisory approval. VTO must be used during the employee's regular scheduled work hours with advance notice to, and approval by, his/her supervisor.

VTO time is not considered hours worked and therefore, employees are not covered by Marathon County worker's compensation and liability insurances during VTO. To ensure consistency in managing time off approvals under this policy, Marathon County will provide VTO for employees to serve non-profit organizations affiliated with the United Way. A listing of eligible Marathon County organizations can be found here: <https://www.unitedwaymc.org/improve-lives/funded-programs/>.

The VTO policy does not in any way infringe, or limit, an employee's ability to utilize PTO to volunteer for any organization regardless of whether the organization is included on the above list.

Procedure: Prior to using VTO, employees must obtain supervisor approval by completing the "*Volunteer Time Off Form*". The request may be approved based on supervisory discretion in light of the business and operational needs of the department. Upon approval, the employee must provide verification of the service performed by obtaining the signature of a representative of the organization on the Volunteer Time Off Form and returning it to his/her supervisor within ten business days of the time off. If completed form is not returned, VTO will be switched to PTO or other paid leave.



Volunteer Time Off (VTO) Form

The Volunteer Time Off Policy allows all regular PTO – eligible employees up to one day of paid time off from regularly schedules work hours each calendar year to perform volunteer services through organization affiliated with the Marathon County United Way.

VTO time is not considered hours worked and therefore, employees are not covered under Marathon County worker's compensation and liability insurances.

Please see the [Volunteer Time Off Policy](#) for more details.

Step 1: Complete prior to volunteer service

Employee Name: _____ Employee #: _____

Department: _____

**Hourly employees should record time under the IntelliTime Pay Code "VTO" or Payroll Pay Code ???*

Requested Volunteer Time Off:

United Way Affiliated Organization: _____

City, State: _____ Date: _____

Start – End Time: _____ Half-Day Full-Day

Description of volunteer activity you will do: _____

Supervisor Name (Printed): _____

Step 2: Volunteer service confirmation – Complete at the conclusion of volunteer service

United Way Affiliated Organization: _____

Representative's Name (Printed): _____

Representative's Phone or Email: _____

Representative's Signature: _____ Date: _____

Step 3: Employee returns signed form to supervisor

Step 4: Supervisor / department payroll designee will verify appropriate pay code is used and keeps completed form on file in their department.

Thank you for helping our community by volunteering!