

**OFFICIAL NOTICE AND AGENDA
of a meeting of the County
Board, Committee, Agency,
Corporation or a sub-unit
thereof.**



MARATHON COUNTY, WISCONSIN

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.*

An educational meeting of the **MARATHON COUNTY BOARD OF SUPERVISORS** will be held at the Marathon County Courthouse, Assembly Room, 500 Forest Street, in the City of Wausau, at **7:00 p.m.**, on **Thursday, June 20, 2019.**

AGENDA

1. Meeting called to order at 7:00 p.m. by Chairperson Gibbs, the agenda being duly signed and posted
2. Pledge of Allegiance to the Flag; Followed by a Moment of Silence/Reflection
3. Reading of Notice
4. Request to Silence Cell Phones and Other Electronic Devices
5. Roll Call
6. Acknowledgement of Visitors
7. 15 Minute Public Comment
8. Education Presentations / Reports:
 - a) Standing Committee Chairpersons or Designees
 - b) Transferring Birth to 3 Program to Marathon County Special Ed - Michael Loy, North Central Health Care
 - c) The Role of the Board of Health – John Robinson and Joan Theurer
9. Appointments
 - a) Local Emergency Planning Committee
 - b) Board of Adjustment
 - c) Solid Waste Management Board

FAXED TO DAILY HERALD

Date: 06-19-2019 Time: 12 P.M.
BY: Nan Kottke, Marathon County Clerk

Signed: _____ /s/ Kurt Gibbs

Presiding Officer or Designee
THIS NOTICE POSTED AT THE COURTHOUSE
Date: 06-19-2019 Time: 12 P.M.

10. Review and discussion of Tuesday meeting agenda items:
 - a) Ordinances:
 1. Health & Human Services Committee:
 - A. Amending Sec. 2.05(1)(d), Gen. Code of Ord. To Provide for Board of Health Membership to Track Statutory Language #O-8-19
 2. Environmental Resources Committee:
 - A. Town of Eau Pleine Rezone, Nathan Wincensten of Riverside Land Surveying for June A. Landwehr Irrevocable Trust #O-9-19
 - B. Town of Elderon Rezone, Matthew and Robyn Krull on behalf of Ruth Bessette #O-10-19
 - C. Town of Elderon Rezone, Tammy L. Miller (Kiedrowski) #O-11-19
 - b) Resolutions:
 1. Human Resources, Finance, and Property Committee:
 - A. Approve 2019 Budget Transfers from Marathon County Department Appropriations #R-31-19
 2. Diversity Affairs Commission and Extension, Education, and Economic Development Committee:
 - A. Declaring June as Pride Month in Marathon County #R-33-19
 - c) Policy Question:
 1. Should NCHC work with it's county partners to facilitate the transfer of the Birth to 3 Program from NCHC to Marathon County Special Education?
11. Announcements and/or Requests
12. 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 261-1500 or e-mail infomarathon@co.marathon.wi.us one business day before the meeting.

APPOINTMENT
Local Emergency Planning Committee

I, Brad Karger, Marathon County Administrator, do hereby upon approval of the Board of Supervisors, appoint Robert Paradowski, Kraft Heinz ORM Manager, to the Local Emergency Planning Committee for an indefinite term, replacing Brian Lu.

DATED: June 25, 2019

Brad Karger
Marathon County Administrator

STATE OF WISCONSIN)
)SS.
COUNTY OF MARATHON)

I, Nan Kottke, County Clerk in and for Marathon County, Wisconsin, hereby certify that the above appointment was confirmed by the Marathon County Board of Supervisors at their Adjourned Organizational meeting which was held June 25, 2019.

S E A L

Nan Kottke
Marathon County Clerk

APPOINTMENT
Solid Waste Management Board

I, Brad Karger, Marathon County Administrator, do hereby upon approval of the Board of Supervisors, reappoint the following individuals to the Solid Waste Management Board for three year terms to expire April 30, 2022:

County Supervisor Thomas Seubert
County Supervisor Maynard Tremelling
Myron Podjaski, 226880 County Road Q, Ringle

Mileage/expense reimbursement will be paid to all members of the Board. Per diem will be paid to citizen members.

Dated this 25th day of June, 2019.

Brad Karger
Marathon County Administrator

STATE OF WISCONSIN)
)SS.
COUNTY OF MARATHON)

I, Nan Kottke, County Clerk in and for Marathon County, Wisconsin, hereby certify that the above appointments were confirmed by the Marathon County Board of Supervisors at their Adjourned Organizational meeting which was held June 25, 2019.

S E A L

Nan Kottke
Marathon County Clerk

ORDINANCE #O-8-19

AMENDING SEC. 2.05(1)(d), GEN. CODE OF ORD. TO PROVIDE FOR BOARD OF HEALTH MEMBERSHIP TO TRACK STATUTORY LANGUAGE

WHEREAS, on April 19, 2018, the Board of Supervisors for the County of Marathon adopted § 2.05 of the General Code of Ordinances for Marathon County, establishing the membership requirements for the Board of Health; and

WHEREAS, the State of Wisconsin mandates relative to the membership requirements for local boards of health; and

WHEREAS, on May 7, 2019, the Marathon County Board of Health voted to amend § 2.05(1)(d), Gen. Code, to modify membership requirements in order to track with state statute; and

WHEREAS, on May 20, 2019, the Marathon County Health & Human Service Committee voted to amend § 2.05(1)(d), Gen. Code, as provided for in the attached addendum, to reference the requirements provided for in state statute; and

WHEREAS, §2.01(intro.), Gen. Code, permits amendment of the County Board rules of procedure by two-thirds majority vote of a quorum of the members present at a County board meeting.

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

1. To amend § 2.05(1)(d) of the General Code of Ordinances, pursuant to the addendum attached hereto.

BE IT FURTHER RESOLVED that the ordinance shall take effect upon passage and publication as required by law.

Dated this 25th day of June, 2019

HEALTH & HUMAN SERVICES COMMITTEE

_____	_____
_____	_____
_____	_____

Estimated Fiscal Impact: None.

Proposed Amendment to Code of Ordinances, Chapter 2, the Governing Body,
Section 2.05(1)(d) Board of Health Membership

(1) *Board of Health.*

- (a) *Committee type and reporting relationship:* The Marathon County Board of Health coordinates through the Marathon County Health and Human Services committee to the County Board.
- (b) *Mission/purpose statement:* The purpose of the Marathon County Board of Health is to develop and recommend for consideration by the Health and Human Services Standing Committee, health policies which create an environment in which individuals can be healthy.
- (c) *Statutory responsibilities:* Wisconsin Statutes, Chapter 251.
- (d) *Membership:* Total of nine members consisting of at least three of whom are not elected County officials and no less than three County Board Supervisors. Board of Health members will demonstrate interest or competence in the field of public health or community health. ~~A good faith effort to include at least one physician, one registered nurse, one dentist, and one veterinarian will be made.~~The membership composition will be in keeping with Wisconsin Statute 251.03.

The Medical Director of the Health Department shall serve as an Ex Officio member of the Board of Health. This position advises the Board, the Health Officer, and the Health Department staff on medical issues. This position shall not vote nor contribute to the quorum requirements of the Board.

- (e) *Member term:* Board of Health members are appointed by the County Administrator and confirmed by the Marathon County Board of Supervisors. Citizen members are appointed for five-year staggered terms. There are no term limits. County Board Supervisors are appointed to serve two-year terms concurrent with their terms of office. Committee vacancies will be filled according to County Board Rule 13.
- (f) *Duties and responsibilities:*
 - 1. Assure the enforcement of public health statutes and rules.
 - 2. Assure the local health department meets the requirements of a Level III Health Department as defined by statute.
 - 3. Adopt local public health regulations to protect and improve the public's health which are no less stringent than, and do not conflict with, state statutes or the rules of the State Department of Public Health.
 - 4. Assess public health needs and advocate for the provision of reasonable and necessary public health services.
 - 5. Develop policy and provide leadership to meet public health needs.
 - 6. Assure the local health department collaborates with other public health partners.
 - 7. Assure accountability of the local health department.
- (g) *Other organization relationships:* The Board of Health will work with the Marathon County Health and Human Services Standing Committee to develop County-wide Health policies. Work with other County Board Committees, as the needs arise.

ORDINANCE # O - _____ -19

Town of Eau Pleine Rezone

WHEREAS, the Marathon County Board of Supervisors has been petitioned to amend the General Code of Ordinances for Marathon County Chapter 17 Zoning Code Chapter 17; by Nathan Wincentsen of Riverside Land Surveying on behalf of June A. Landwehr Irrevocable Trust to rezone from F-P, Farmland Preservation to R-R Rural Residential described as part of the NE ¼ of the SW ¼ of Section 05, Township 27 North, Range 03 East, Town of Eau Pleine, proposed as Lot #2 (3.000 Acres) of the Preliminary Survey submitted by Riverside Land Surveying LLC. Part of parent parcel PIN# 020-2703-053-0999 with a property address: 218334 Greenbrier Lane, Stratford WI, 54484.

WHEREAS, the petition was referred to the Marathon County Environmental Resources Committee (the Committee) for public hearing; and

WHEREAS, the Committee, on due notice, conducted a public hearing thereon, pursuant to Section 59.69, Wisconsin Statutes on June 6, 2019 to consider the petition to amend Chapter 17; and


WHEREAS, the Committee being duly informed of the facts pertinent to the changes proposed, having reviewed the staff report, and duly advised of the recommendations of the Town of Eau Pleine, hereby recommends the petition be GRANTED AS APPLIED FOR

NOW, THEREFORE, the County Board of Supervisors of the County of Marathon does ordain as follows: The General Code of Ordinances for Marathon County Chapter 17 Zoning Code (and accompanying Zoning Map) is amended as stated above.

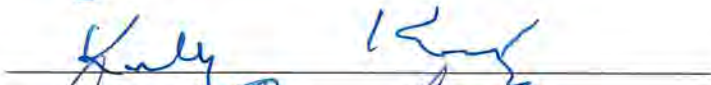
Dated this 6th day of June, 2019

ENVIRONMENTAL RESOURCES COMMITTEE

 _____ Chair

 _____

 _____

 _____

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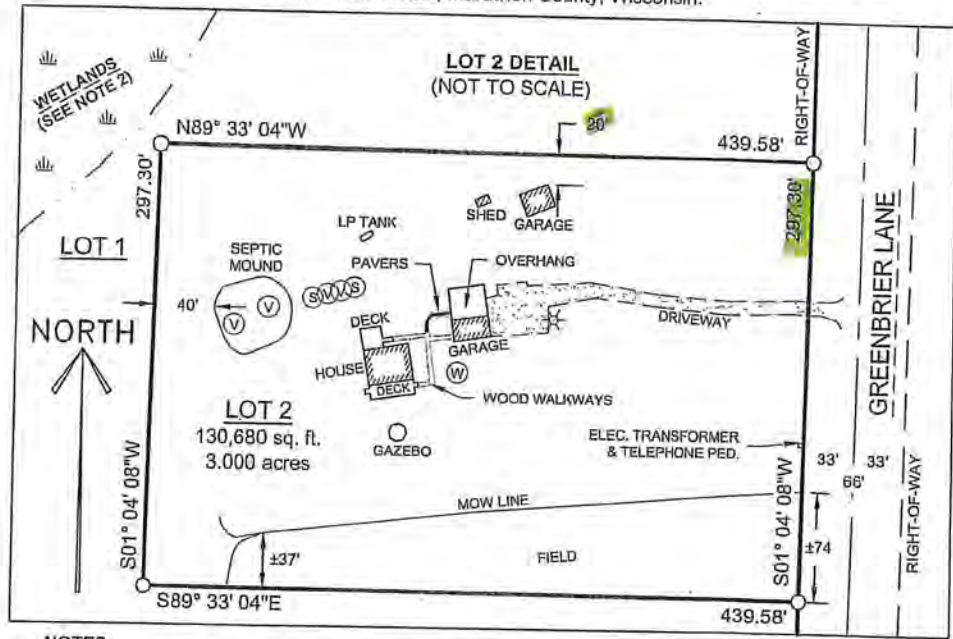
 _____

Dated this _____ day of _____, 2019

Kurt Gibbs – Marathon County Board Chair

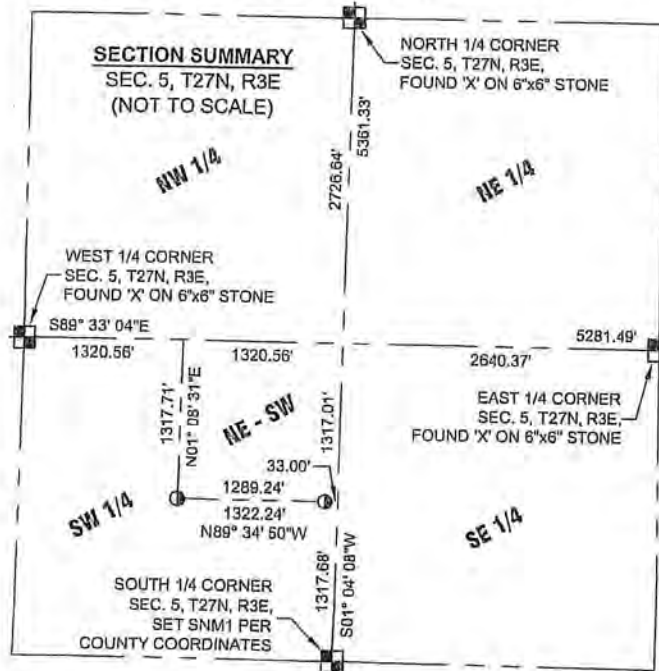
MARATHON CO. CERTIFIED SURVEY MAP NO. _____

Of a part of the Northeast 1/4 of the Southwest 1/4 of Section 5, Township 27 North, Range 3 East, Town of Eau Pleine, Marathon County, Wisconsin.



NOTES:

- 1.) BEARINGS ARE BASED ON THE WISCONSIN COUNTY COORDINATE SYSTEM, MARATHON COUNTY NAD 83 (2011) AND REFERENCED TO THE EAST LINE OF THE SOUTHWEST 1/4 OF SECTION 5, TOWNSHIP 27 NORTH, RANGE 3 EAST, MEASURED TO BEAR NORTH 01°04'08\"/>



LEGEND	
⊙	- FOUND 1\"/>
○	- SET 1-1/4\"/>
()	- RECORDED BEARING/LENGTH
*	- LIGHT POLE
Ⓜ	- WELL
Ⓥ	- SEPTIC VENT
Ⓢ	- SEPTIC TANK COVER
▨	- EXISTING GRAVEL

SHEET 2 OF 3

<p>RIVERSIDE LAND SURVEYING LLC 5310 WILLOW STREET, WESTON, WI 54476 email - mail@riversidelandsurveying.com</p>	<p>DRAWN BY S.M.H.</p>	<p>DATE MARCH 29, 2019</p>
	<p>CHECKED BY N.J.W.</p>	<p>PROJECT NO. 3030</p>
	<p>PREPARED FOR: SHAWN KARL</p>	

MARATHON CO. CERTIFIED SURVEY MAP NO. _____

Of a part of the Northeast 1/4 of the Southwest 1/4 of Section 5, Township 27 North, Range 3 East,
Town of Eau Pleine, Marathon County, Wisconsin.

I, Nathan J. Wincentsen, Professional Land Surveyor S-2539, hereby certify to the best of my knowledge and belief:
That I have surveyed, mapped and divided a part of the Northeast 1/4 of the Southwest 1/4 of Section 5, Township 27
North, Range 3 East, Town of Eau Pleine, Marathon County, Wisconsin described as follows:

Commencing at the South 1/4 corner of said Section 5; Thence North 01°04'08" East along the East line of said
Southwest 1/4, 1317.68 feet to the South line of said Northeast 1/4 of the Southwest 1/4; Thence North 89°34'50" West
along said South line, 33.00 feet to the West right-of-way line of Greenbrier Lane and the point of beginning; Thence
continuing North 89°34'50" West along said South line, 1289.24 feet to the West line of said Northeast 1/4 of the
Southwest 1/4; Thence North 01°08'31" East along said West line, 1317.71 feet to the North line of said Northeast 1/4
of the Southwest 1/4; Thence South 89°33'04" East along said North line, 1287.55 feet to said West right-of-way line;
Thence South 01°04'08" West along said West right-of-way line, 1317.03 feet to the point of beginning.

That the above described parcel of land contains 1,697,183 square feet or 38.962 acres, more or less;

That said parcel is subject to all easements, restrictions and right-of-ways of record;

That I have made this survey, division and map thereof at the direction of SHAWN KARL, Agent of said parcel;

That I have fully complied with the provisions of Section 236.34 of the Wisconsin Statutes, Chapter A-E7 of the
Wisconsin Administrative Code and the subdivision regulations of Marathon County and the Town of Eau Pleine in
Surveying, Mapping and Dividing the same.

That said map is a correct and accurate representation of the exterior boundaries of said parcel and the division
thereof.

Dated this _____ day of _____

Riverside Land Surveying LLC
Nathan J. Wincentsen
P.L.S. No. 2539

Approved for recording under the terms
of the Marathon Co. Land Division Regulations.

By _____

Date _____
Marathon County Department of Conservation,
Planning and Zoning
CPZ Tracking No. _____

TOWN OF EAU PLEINE

Approved for recording under the terms
of the Town of Eau Pleine Land Division Regulations.

By _____

Date _____

SHEET 3 OF 3

 RIVERSIDE LAND SURVEYING LLC 5310 WILLOW STREET, WESTON, WI 54476 PH 715-241-7500 - FAX 715-355-6894 email - mail@riversidelandsurveying.com	DRAWN BY S.M.H.	DATE MARCH 28, 2019
	CHECKED BY N.J.W.	PROJECT NO. 3030
	PREPARED FOR: SHAWN KARL	

RECEIVED

MAY 13 2019

MARATHON CO. CONSERVATION
PLANNING & ZONING DEPT

STATE OF WISCONSIN)
MARATHON COUNTY)
TOWN OF EAU PLEINE)

RESOLUTION ON ZONING ORDINANCE AMENDMENT

TO THE MARATHON COUNTY ENVIRONMENTAL RESOURCES COMMITTEE

I, Deanna Landwehr, Clerk of the Town of Eau Pleine, Marathon County, State of Wisconsin, do hereby certify that the following is a true and correct copy of a resolution adopted by the Town of Eau Pleine Town Board at a meeting held on the 7th day of May, 2019.

RESOLUTION

WHEREAS, Section 59.69(5)(e)3m., Wisconsin Statutes, provides that if a town affected by a proposed amendment disapproves of the proposed amendment, the town board may file a certified copy of a resolution adopted by such board disapproving of the petition with the Environmental Resources Committee prior to, at or within ten (10) days after the public hearing, and

WHEREAS, if the town board of the town affected in the case of an ordinance relating to the location of boundaries of districts files such a resolution, the Environmental Resources Committee may not recommend to the County Board approval of the petition without change, but may only recommend approval with change or recommend disapproval.

NOW, THEREFORE BE IT RESOLVED that the Town of Eau Pleine Town Board considered on the 7th day of May, 2019, petition by Nathan Wincensten of Riverside Land Surveying on behalf of June A. Landwehr Irrevocable Trust to amend the Marathon County Zoning Ordinance from F-P, Farmland Preservation to R-R Rural Residential in the Town of Eau Pleine described as part of the NE 1/4 of the SW 1/4 of Section 05, Township 27 North, Range 03 East, Town of Eau Pleine, proposed as Lot #2 (3.000 Acres) of the Preliminary Survey submitted by Riverside Land Surveying LLC. Part of parent parcel Pin# 020-2703-053-0999 with a property address: 218334 Greenbrier Lane, Stratford WI, 54484.

The Town of Eau Pleine hereby has considered the following standards for rezoning above property (use additional sheets if necessary):

- 1) Has the applicant provided what public facilities and/or services currently serve the proposed development, what additional services may be required, and how the additional services will be provided?
 No Yes Explain: No additional services required
- 2) Has the applicant demonstrated how the provision of the public facilities will not be an unreasonable burden to local government?
 No Yes Explain: _____
- 3) Has the applicant determined that the land is suitable for the development proposed? Explain.
 No Yes Explain: NA
- 4) Has the applicant demonstrated what will have to be done so the development will not cause unreasonable air and water pollution, soil erosion, or adverse effects on rare or irreplaceable natural areas? Explain.
 No Yes Explain: N/A
- 5) Is there any potential for conflict with existing land uses in the area?
 No Yes Explain: _____

(OVER)

- 6) Has the applicant demonstrated the need for the proposed development at this location? Explain.
 No Yes Explain: No new development
-
- 7) Has the applicant demonstrated the availability of alternative locations? Be specific
 No Yes Explain: NA
-
- 8) Is cropland is being consumed by this zone change? What is the productivity of the agricultural lands involved?
 No Yes Explain: Minimal change only loss of 1/2 acre of cropland
-
- 9) Has the applicant explained how the proposed development will be located to minimize the amount of agricultural land converted?
 No Yes Explain: _____
-
- 10) Is proposed rezone request consistent with the town's adopted Comprehensive Plan? Explain.
 No Yes Explain: _____
-
- 11) Is there anything else the Town wishes to present or comment on regarding this application to the Marathon County Environmental Resources (ERC) Committee?
 No Yes Explain: _____

The Town of _____ recommends: **Approval** **Disapproval** of the amendment and/or zone change.

OR **Requests an Extension*** for the following reasons: _____

*Wis. Stats §59.69(5)(e), (3), and (3m) authorizes Towns to extend the time to disapprove a zone change for a total of thirty (30) days beyond the date of the public hearing. The extension must be by Town Board Resolution and remains in effect until the Town Board adopts a resolution rescinding the extension.

Clerk [Signature]
 Town Board [Signature]
[Signature]
[Signature]

NOTE: If you recommend disapproval of this request, please make every effort to send a representative to the Environmental Resources Committee Public Hearing. Town input at the hearing is always appreciated. Please return this form before June 6, 2019 to:

Marathon County Conservation, Planning and Zoning Department
 210 River Drive
 Wausau, WI 54403

ORDINANCE # O - _____ -19

Town of Elderon Rezone

WHEREAS, the Marathon County Board of Supervisors has been petitioned to amend the General Code of Ordinances for Marathon County Chapter 17 Zoning Code Chapter 17; by Matthew and Robyn Krull on behalf of Ruth Bessette to rezone from G-A, General Agriculture to R-R, Rural Residential described as part of the SW ¼ of the SW ¼ of Section 01, Township 27 North, Range 10 East, Town of Elderon, proposed area to be rezoned (approximately 3.50 acres) of the Preliminary Survey submitted by Plover River Land Co. Part of parent parcel PIN# 022-2710-013-0990.

WHEREAS, the petition was referred to the Marathon County Environmental Resources Committee (the Committee) for public hearing; and







WHEREAS, the Committee, on due notice, conducted a public hearing thereon, pursuant to Section 59.69, Wisconsin Statutes on June 6, 2019 to consider the petition to amend Chapter 17; and

WHEREAS, the Committee being duly informed of the facts pertinent to the changes proposed, having reviewed the staff report, and duly advised of the recommendations of the Town of Elderon hereby recommends the petition be GRANTED AS APPLIED FOR

NOW, THEREFORE, the County Board of Supervisors of the County of Marathon does ordain as follows: The General Code of Ordinances for Marathon County Chapter 17 Zoning Code (and accompanying Zoning Map) is amended as stated above.

Dated this 6th day of June, 2019

ENVIRONMENTAL RESOURCES COMMITTEE

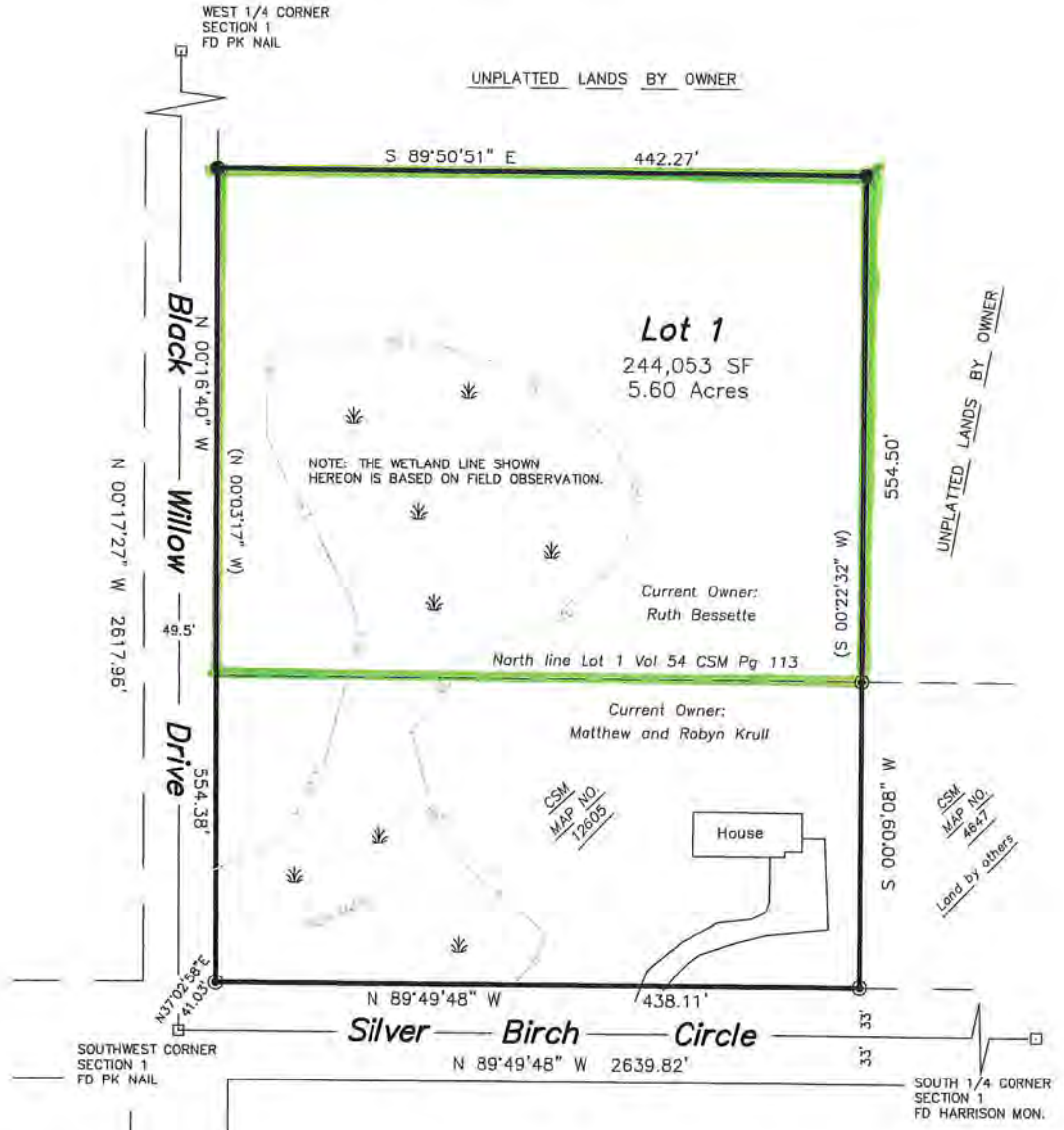
 Chair
 Rick Dufort
 Sara Guild
 Kelly
 Whaley
 Al

Dated this _____ day of _____, 2019

Kurt Gibbs – Marathon County Board Chair

CERTIFIED SURVEY MAP NO. _____ VOL. _____ PAGE _____

OF ALL OF LOT 1, VOLUME 54 CERTIFIED SURVEY MAPS, PAGE 113 AND PART OF THE
SOUTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 1, TOWNSHIP 28 NORTH, RANGE 10 EAST,
TOWN OF ELDERON, MARATHON COUNTY, WISCONSIN



- Ⓧ Ⓣ SEPTIC VENT/TANK
- Ⓧ WELL
- 3/4" X 18" IRON ROD WEIGHING 1.68 LBS./LINEAL FOOT SET
- ⊙ FOUND 1" I. PIPE
- FOUND GOV'T CORNER
- () RECORD DATA

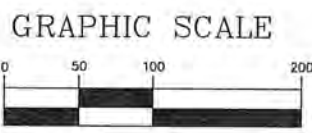
APPROVED FOR RECORDING UNDER THE TERMS OF THE MARATHON CO. LAND DIVISION CODE

BY _____

DATE _____

MARATHON COUNTY CONSERVATION PLANNING AND ZONING DEPT.

CPZ TRACKING # _____



1 inch = 100ft.

BEARINGS ARE REFERENCED TO THE SOUTH LINE OF THE SW 1/4 OF SEC 1 ASSUMED TO BEAR N89° 49' 48" W

RECEIVED

MAY 16 2019

MARATHON CO. CONSERVATION,
PLANNING & ZONING DEPT

STATE OF WISCONSIN)
MARATHON COUNTY)
TOWN OF ELDERON)

RESOLUTION ON ZONING ORDINANCE AMENDMENT

TO THE MARATHON COUNTY ENVIRONMENTAL RESOURCES COMMITTEE

I, Mary Ostrowski, Clerk of the Town of Elderon, Marathon County, State of Wisconsin, do hereby certify that the following is a true and correct copy of a resolution adopted by the Town of Elderon Town Board at a meeting held on the 7th day of May, 2019.

RESOLUTION

WHEREAS, Section 59.69(5)(e)3m., Wisconsin Statutes, provides that if a town affected by a proposed amendment disapproves of the proposed amendment, the town board may file a certified copy of a resolution adopted by such board disapproving of the petition with the Environmental Resources Committee prior to, at or within ten (10) days after the public hearing, and

WHEREAS, if the town board of the town affected in the case of an ordinance relating to the location of boundaries of districts files such a resolution, the Environmental Resources Committee may not recommend to the County Board approval of the petition without change, but may only recommend approval with change or recommend disapproval.

NOW, THEREFORE BE IT RESOLVED that the Town of Elderon Town Board considered on the 7th day of May, 2019, petition by Matthew and Robyn Krull on behalf of Ruth Bessette to amend the Marathon County Zoning Ordinance from G-A, General Agriculture to R-R, Rural Residential in the Town of Elderon, described as: Part of the SW 1/4 of the SW 1/4 of Section 01, Township 27 North, Range 10 East, Town of Elderon, proposed area to be rezoned (approximately 3.50 acres) of the Preliminary Survey submitted by Plover River Land Co. Part of parent parcel PIN# 022-2710-013-0990.

The Town of Elderon hereby has considered the following standards for rezoning above property (use additional sheets if necessary):

- 1) Has the applicant provided what public facilities and/or services currently serve the proposed development, what additional services may be required, and how the additional services will be provided?
 No Yes Explain: No additional services required, adding to adjacent parcel
- 2) Has the applicant demonstrated how the provision of the public facilities will not be an unreasonable burden to local government?
 No Yes Explain: NO burden to local government
- 3) Has the applicant determined that the land is suitable for the development proposed? Explain.
 No Yes Explain: no new development will be done
- 4) Has the applicant demonstrated what will have to be done so the development will not cause unreasonable air and water pollution, soil erosion, or adverse effects on rare or irreplaceable natural areas? Explain.
 No Yes Explain: n/A see above
- 5) Is there any potential for conflict with existing land uses in the area?
 No Yes Explain: no conflict

(OVER)

- 6) Has the applicant demonstrated the need for the proposed development at this location?, Explain.
 No Yes Explain: no new development, adding to existing parcel
- 7) Has the applicant demonstrated the availability of alternative locations? Be specific
 No Yes Explain: no other property adjacent to his current parcel
- 8) Is cropland is being consumed by this zone change? What is the productivity of the agricultural lands involved?
 No Yes Explain: cropland will continue in production
- 9) Has the applicant explained how the proposed development will be located to minimize the amount of agricultural land converted?
 No Yes Explain: n/a
- 10) Is proposed rezone request consistent with the town's adopted Comprehensive Plan? Explain.
 No Yes Explain: adding to existing parcel
- 11) Is there anything else the Town wishes to present or comment on regarding this application to the Marathon County Environmental Resources (ERC) Committee?
 No Yes Explain: no conflict with this amendment

The Town of _____ recommends: **Approval** **Disapproval** of the amendment and/or zone change.

OR **Requests an Extension*** for the following reasons: _____

*Wis. Stats §59.69(5)(e), (3), and (3m) authorizes Towns to extend the time to disapprove a zone change for a total of thirty (30) days beyond the date of the public hearing. The extension must be by Town Board Resolution and remains in effect until the Town Board adopts a resolution rescinding the extension.

Clerk Mary Ostrowski
 Town Board [Signature] supervisor
[Signature]

NOTE: If you recommend disapproval of this request, please make every effort to send a representative to the Environmental Resources Committee Public Hearing. Town input at the hearing is always appreciated. Please return this form before June 6, 2019 to:

Marathon County Conservation, Planning and Zoning Department
 210 River Drive
 Wausau, WI 54403

ORDINANCE # O - _____ -19

Town of Elderon Rezone

WHEREAS, the Marathon County Board of Supervisors has been petitioned to amend the General Code of Ordinances for Marathon County Chapter 17 Zoning Code Chapter 17 by Tammy L. Miller (Kiedrowski) to rezone from G-A General Agriculture to R-R, Rural Residential described as part of the NW ¼ of the NE ¼ of Section 07, Township 27 North, Range 10 East, Town of Elderon, proposed as Lot #1 (approximately 2.00 acres) of the Preliminary Certified Survey Map (CSM) submitted by Riverside Land Surveying LLC. Part of parent parcel Pin# 022-2710-071-0996.

WHEREAS, the petition was referred to the Marathon County Environmental Resources Committee (the Committee) for public hearing; and

WHEREAS, the Committee, on due notice, conducted a public hearing thereon, pursuant to Section 59.69, Wisconsin Statutes on June 6, 2019 to consider the petition to amend Chapter 17; and

WHEREAS, the Committee being duly informed of the facts pertinent to the changes proposed, having reviewed the staff report, and duly advised of the recommendations of the Town of Elderon hereby recommends the petition be GRANTED AS APPLIED FOR

NOW, THEREFORE, the County Board of Supervisors of the County of Marathon does ordain as follows: The General Code of Ordinances for Marathon County Chapter 17 Zoning Code (and accompanying Zoning Map) is amended as stated above.

Dated this 6th day of June, 2019

ENVIRONMENTAL RESOURCES COMMITTEE

 _____ Chair

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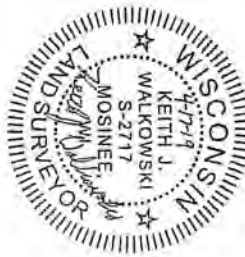
 _____

Dated this _____ day of _____, 2019

Kurt Gibbs – Marathon County Board Chair

MARATHON COUNTY CERTIFIED SURVEY MAP NO.

Of part of the Northwest 1/4 of the Northeast 1/4 of Section 7, Township 27 North,
Range 10 East, Town of Elderon, Marathon County, Wisconsin.



NORTH

- NOTES:
1. THE WETLANDS LOCATION AS SHOWN HEREON WERE SCALED FROM THE MARATHON COUNTY GIS WETLAND INDICATOR MAP AND ARE APPROXIMATE. A WETLANDS DELINEATION WOULD NEED TO BE PERFORMED TO DETERMINE THE EXACT LOCATION.
 2. DOCUMENT NO. 157605 EXCEPTS ANY PART THEREOF USED FOR HIGHWAY PURPOSES.

BEARINGS ARE BASED ON THE WISCONSIN COUNTY COORDINATE SYSTEM, MARATHON COUNTY NAD 83 (2011) AND REFERENCED TO THE NORTH LINE OF THE NORTHEAST 1/4 OF SECTION 7, TOWNSHIP 27 NORTH, RANGE 10 EAST, MEASURED TO BEAR NORTH 89°49'29" EAST.

LEGEND	
○	SET 1-1/4" O.D. x 24" IRON PIPE WEIGHING 1.68 LBS/LIN. FT.
●	FOUND 1-1/4" O.D. IRON PIPE

WEST LINE OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4

RIGHT-OF-WAY

RIGHT-OF-WAY

RIGHT-OF-WAY

± 37 ACRES UNPLATTED LANDS REMAINING BY DIVIDER

WETLANDS

SEPTIC VENTS

SEPTIC COVER (S)

HOUSE

WELL

CONCRETE

SEPTIC VENTS

SEPTIC VENTS

SEPTIC VENTS

SEPTIC VENTS

LOT 1
87,120 sq. ft.
2.000 acres

RED CEDAR DRIVE

9SEE NOTE 2)

LOT 1, C.S.M. 17164
VOL. 81, PAGE 56
OWNED BY OTHERS

SHEET 1 OF 2

NORTH 1/4 CORNER
SEC. 7, T27N, R10E,
SET SMP NAIL

968.92'
41.25'

500° 10' 31"E
41.25'

186.07'

RIGHT-OF-WAY

1316.82'

347.90'

322.81'

2633.64'

N89° 49' 29"E

41.25'

186.07'

1316.82'

347.90'

322.81'

2633.64'

1316.82'

2633.64'

RIGHT-OF-WAY NOTE:
THE WEST LINE OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 & THE RIGHT-OF-WAY OF RED CEDAR DRIVE WAS DETERMINED FROM C.S.M. 10462, VOL. 43, PAGE 94 AND C.S.M. 6559, VOL. 25, PAGE 59 AND A ROAD SURVEY FROM 1989.

COUNTY ROAD "H"

NORTHEAST CORNER
SEC. 7, T27N, R10E,
SET SMP NAIL

RIVERSIDE LAND SURVEYING LLC
5310 WILLOW STREET, WESTON, WI 54476 PH 715-241-7500 - FAX 715-355-6894
email - mail@riversidelandsurveying.com

DRAWN BY M.F.L.	DATE APRIL 15, 2019
CHECKED BY K.J.W.	PROJECT NO. 3045
PREPARED FOR:	TAMMY MILLER

MARATHON CO. CERTIFIED SURVEY MAP NO. _____

Of part of the Northwest 1/4 of the Northeast 1/4 of Section 7, Township 27 North, Range 10 East, Town of Elderon, Marathon County, Wisconsin.

I, Keith J. Walkowski, Professional Land Surveyor S-2717, hereby certify to the best of my knowledge and belief: That I have surveyed, mapped and divided part of the Northwest 1/4 of the Northeast 1/4 of Section 7, Township 27 North, Range 10 East, Town of Elderon, Marathon County, Wisconsin, described as follows:

Commencing at the North 1/4 corner of said Section 7; Thence North 89°49'29" East along the North line of said Northeast 1/4, 968.92 feet; Thence South 00°10'31" East, 41.25 feet to the South right-of-way line of County Road "II" and the point of beginning; Thence North 89°49'29" East along said South right-of-way line, 322.81 feet to the West right-of-way line of Red Cedar Drive; Thence South 00°18'04" West along said West right-of-way line, 285.07 feet; Thence South 89°49'29" West, 223.81 feet; Thence North 44°56'14" West, 139.42 feet; Thence North 00°18'04" East, 186.07 feet to the point of beginning.

That the above described parcel of land contains 87,120 square feet or 2.000 acres, more or less;

That said parcel is subject to all easements, restrictions and right-of-ways of record;

That I have made this survey, division and map thereof at the direction of Tammy Miller, Owner of said parcel;

That I have fully complied with the provisions of Section 236.34 of the Wisconsin Statutes, Chapter A-E7 of the Wisconsin Administrative Code and the subdivision regulations of Marathon County and the Town of Elderon in Surveying, Mapping and Dividing the same.

That said map is a correct and accurate representation of the exterior boundaries of said parcel and the division thereof.

Dated this 17TH day of APRIL, 2019
Keith J. Walkowski
Riverside Land Surveying LLC
Keith J. Walkowski
P.L.S. No. 2717



Approved for recording under the terms of the Marathon Co. Land Division Regulations.

By _____

Date _____
Marathon County Department of Conservation,
Planning and Zoning
CPZ Tracking No. _____

SHEET 2 OF 2

 RIVERSIDE LAND SURVEYING LLC 5310 WILLOW STREET, WESTON, WI 54476 PH 715-341-7500 - FAX 715-355-6894 email - mall@riversidelandsurveying.com	DRAWN BY M.F.L.	DATE APRIL 15, 2019
	CHECKED BY K.J.W.	PROJECT NO. 3045
	PREPARED FOR:	TAMMY MILLER

RECEIVED

MAY 16 2019

MARATHON CO. CONSERVATION,
PLANNING & ZONING DEPT

STATE OF WISCONSIN)
MARATHON COUNTY)
TOWN OF ELDERON)

RESOLUTION ON ZONING ORDINANCE AMENDMENT

TO THE MARATHON COUNTY ENVIRONMENTAL RESOURCES COMMITTEE

I, Mary Ostrowski, Clerk of the Town of Elderon, Marathon County, State of Wisconsin, do hereby certify that the following is a true and correct copy of a resolution adopted by the Town of Elderon Town Board at a meeting held on the 7th day of May, 2019.

RESOLUTION

WHEREAS, Section 59.69(5)(e)3m., Wisconsin Statutes, provides that if a town affected by a proposed amendment disapproves of the proposed amendment, the town board may file a certified copy of a resolution adopted by such board disapproving of the petition with the Environmental Resources Committee prior to, at or within ten (10) days after the public hearing, and

WHEREAS, if the town board of the town affected in the case of an ordinance relating to the location of boundaries of districts files such a resolution, the Environmental Resources Committee may not recommend to the County Board approval of the petition without change, but may only recommend approval with change or recommend disapproval.

NOW, THEREFORE BE IT RESOLVED that the Town of Elderon Town Board considered on the 7th day of May, 2019, petition by Tammy L. Miller (Kiedrowski) to amend the Marathon County Zoning Ordinance from G-A (General Agriculture) to R-R (Rural Residential), on property described as part of the NW 1/4 of the NE 1/4 of Section 07, Township 27 North, Range 10 East, Town of Elderon, Proposed area to be rezoned (approximately 2.00 acres) as described in the survey description and preliminary Certified Survey Map (CSM) submitted by Riverside Land Surveying LLC. Part of Parent Parcel Pin# 022-2710-071-0996.

The Town of Elderon hereby has considered the following standards for rezoning above property (use additional sheets if necessary):

- 1) **Has the applicant provided what public facilities and/or services currently serve the proposed development, what additional services may be required, and how the additional services will be provided?**
 No Yes Explain: NO NEW SERVICES

- 2) **Has the applicant demonstrated how the provision of the public facilities will not be an unreasonable burden to local government?**
 No Yes Explain: all facilities existing

- 3) **Has the applicant determined that the land is suitable for the development proposed? Explain.**
 No Yes Explain: N/A

- 4) **Has the applicant demonstrated what will have to be done so the development will not cause unreasonable air and water pollution, soil erosion, or adverse effects on rare or irreplaceable natural areas? Explain.**
 No Yes Explain: no adverse effects

- 5) **Is there any potential for conflict with existing land uses in the area?**
 No Yes Explain: does not conform to 10 acre lot size

(OVER)

- 6) Has the applicant demonstrated the need for the proposed development at this location? Explain.
 No Yes Explain: NO development proposed
- 7) Has the applicant demonstrated the availability of alternative locations? Be specific
 No Yes Explain: applicant stated not an option
- 8) Is cropland is being consumed by this zone change? What is the productivity of the agricultural lands involved?
 No Yes Explain: _____
- 9) Has the applicant explained how the proposed development will be located to minimize the amount of agricultural land converted?
 No Yes Explain: N/A
- 10) Is proposed rezone request consistent with the town's adopted Comprehensive Plan? Explain.
 No Yes Explain: does NOT conform to towns 10 acre minimum lot size
- 11) Is there anything else the Town wishes to present or comment on regarding this application to the Marathon County Environmental Resources (ERC) Committee?
 No Yes Explain: see above

The Town of _____ recommends: Approval Disapproval of the amendment and/or zone change.

OR Requests an Extension* for the following reasons: _____

*Wis. Stats §59.69(5)(e), (3), and (3m) authorizes Towns to extend the time to disapprove a zone change for a total of thirty (30) days beyond the date of the public hearing. The extension must be by Town Board Resolution and remains in effect until the Town Board adopts a resolution rescinding the extension.

Clerk Mary Ostrowski
 Town Board Craig Grotz supervisor
Chris Witzinger supervisor

NOTE: If you recommend disapproval of this request, please make every effort to send a representative to the Environmental Resources Committee Public Hearing. Town input at the hearing is always appreciated. Please return this form before June 6, 2019 to:

Marathon County Conservation, Planning and Zoning Department
 210 River Drive
 Wausau, WI 54403

RESOLUTION # R-_____ - 19
APPROVE 2019 BUDGET TRANSFERS FOR MARATHON COUNTY
DEPARTMENT APPROPRIATIONS

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

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

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

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

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

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

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

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

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

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

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

Respectfully submitted this 25th day of June 2019.

HUMAN RESOURCES, FINANCE AND PROPERTY COMMITTEE

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: Conservation, Planning & Zoning

BUDGET YEAR: 2019

TRANSFER FROM:

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

TRANSFER TO:

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

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

Requested By: Diane Hanson

Date Completed: 5/13/2019

COMPLETED BY FINANCE DEPARTMENT:

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

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

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

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

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

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

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

This Program is not a Grant.

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

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

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

Non-cash/In-Kind Services: (Describe) CPZ staff time, office supplies, etc.

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? Yes

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Conservation, Planning & Zoning

BUDGET YEAR: 2019

TRANSFER FROM:

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

TRANSFER TO:

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

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

Requested By: Diane Hanson

Date Completed: 5/13/2019

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

- 1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)
Wisconsin Department of Natural Resources Target Runoff Management Grant for Norbert Guden

- 2) Provide a brief (2-3 sentence) description of what this program does.
This grant will provide cost share funds to Norbert Guden for the installation of a manure storage and barnyard runoff project to resolve a water quality issue.

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

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

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

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

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: Conservation, Planning & Zoning

BUDGET YEAR: 2019

TRANSFER FROM:

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

TRANSFER TO:

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

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

Requested By: Diane Hanson

Date Completed: 6/10/2019

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

- 1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)
National Association of Conservation Districts Technical Assistance Grant

- 2) Provide a brief (2-3 sentence) description of what this program does.
Grant program to provide funding for staff to provide technical assistance for conservation practices. Marathon County intends to utilize the funds to offset tax levy costs for staff assisting landowners with soil health practices including grazing.

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

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

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

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

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: Conservation, Planning & Zoning

BUDGET YEAR: 2019

TRANSER FROM:

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

TRANSER TO:

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

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

Requested By: Diane Hanson

Date Completed: 6/10/2019

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Health

BUDGET YEAR: 2019

TRANSFER FROM:

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

TRANSFER TO:

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

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

Requested By: Joan Theurer, Health Officer

Date Completed: 5/24/2019

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

- 1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)
Tobacco Multi-Jurisdictional Coalition (MJC) 2019-2020

- 2) Provide a brief (2-3 sentence) description of what this program does.
This program provides tobacco education, outreach and capacity building related to tobacco prevention and control in a three county area, including Marathon, Portage and Wood.

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

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

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

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

COMPLETED BY FINANCE DEPARTMENT:

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

MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Health

BUDGET YEAR: 2019

TRANSEFER FROM:

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

TRANSEFER TO:

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

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

Requested By: Joan Theurer, Health Officer

Date Completed: 5/24/2019

COMPLETED BY FINANCE DEPARTMENT:

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

Tobacco Multi-Jurisdictional Coalition (MJC) 2019-2020

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

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

- 3) This program is: (Check one)

An Existing Program.

A New Program.

- 4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

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

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? Yes

MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: Health

BUDGET YEAR: 2019

TRANSFER FROM:

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

TRANSFER TO:

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

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

Requested By: Joan Theurer, Health Officer

Date Completed: 5/24/2019

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: _____

Date Transferred: _____

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

Tobacco Wisconsin Wins 2019-2020

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

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

3) This program is: (Check one)

An Existing Program.

A New Program.

4) What is the reason for this budget transfer?

Carry-over of Fund Balance.

Increase/Decrease in Grant Funding for Existing Program.

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

Set up Initial Budget for New Grant Program.

Set up Initial Budget for New Non-Grant Program

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

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

This Program is not a Grant.

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

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

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

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

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

No.

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

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

The capital request HAS been approved by the CIP Committee.

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

COMPLETED BY FINANCE DEPARTMENT:

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

Is a Budget Transfer Resolution Required? Yes

RESOLUTION #R-33-19

DECLARING JUNE AS “PRIDE MONTH IN MARATHON COUNTY”

WHEREAS, Marathon County supports the rights of every citizen to experience equality and freedom from discrimination; and

WHEREAS, all people regardless of age, gender identity, race, ethnicity, religion, marital status, national origin, sexual orientation, or physical abilities have the right to be treated on the basis of their intrinsic value as human beings; and

WHEREAS, Marathon County’s [Comprehensive Plan 2016](#) identifies the county’s overarching goal to be the healthiest, safest, and most prosperous county in the State of Wisconsin and calls for leadership to ensure that Marathon County is an open, inclusive, and diverse place to live and work; and

WHEREAS, the Williams Institute at the UCLA School of Law [reported](#) in January 2019 that 3.8% of the population of Wisconsin identifies as LGBTQ+; and

WHEREAS, assuming that state statistics hold true locally and 3.8% of Marathon County residents identify as being LGBTQ+, they represent one of the larger minority/marginalized groups in the County; and

WHEREAS, a 2010 study (“Marathon County: A Next Generation Talent Magnet”) conducted by Next Generation Consulting of Madison, WI, (referenced in Marathon County’s [Comprehensive Plan 2016](#)) concluded that being a place that is perceived as open, safe, and accessible to people of diverse backgrounds is a critical issue that needs to be addressed in order to ensure Marathon County’s future prosperity; and

WHEREAS, the [2019 Economic Development Strategic Plan](#) completed by TIP Strategies of Austin, TX, commissioned by the Wausau Region Chamber of Commerce identified talent recruitment as a fundamental component of economic success, stating that competing successfully for top-tier talent will require that the Greater Wausau Region bring in nontraditional workers to attract and retain skilled workers from outside the region; and

WHEREAS, June 28, 2019, marks the 50th anniversary of the “Stonewall Uprising,” which is generally [recognized](#) as a turning point in the struggle for civil rights of the LGBTQ+ community; and

WHEREAS, in 1982, Wisconsin was the first state to ban discrimination based on sexual orientation in employment, housing, education, credit, and all public accommodations — When signed into law by Governor Lee S. Dreyfus, he [said](#), “It is a fundamental tenet of the Republican Party that government ought not intrude in the private lives of individuals where no state purpose is served, and there is nothing more private or intimate than who you live with and who you love”; and

WHEREAS, we recognize that diversity and inclusiveness is key to the future economic and social success of Marathon County; and

WHEREAS, we recognize and embrace the responsibility for Marathon County to set a positive example for the community in ensuring that our employment practices and work environments are respectful of all people, regardless of age, gender identity, race, color, religion, marital status, national origin, sexual orientation, or physical challenges,

NOW THEREFORE, BE IT RESOLVED by the Marathon County Board of Supervisors that the month of June shall be proclaimed as “Pride Month in Marathon County,” when all Marathon County residents are

invited to reflect on ways that we can live and work together with a commitment to mutual respect and understanding; and

BE IT FURTHER RESOLVED by the Marathon County Board of Supervisors that the County Administrator is directed to evaluate Marathon County Government’s employment policies/practices and facilities/work environments to assure that they meet the County’s expectation of being open and inclusive to people who identify as LGBTQ+, consistent with our Comprehensive Plan.

Dated this 25th day of June, 2019.

DIVERSITY AFFAIRS COMMISSION

_____	_____
_____	_____
_____	_____

EXTENSION, EDUCATION, AND ECONOMIC DEVELOPMENT COMMITTEE

_____	_____
_____	_____
_____	_____

Fiscal Impact: There is no cost to declaring the month of June as “Pride Month in Marathon County.”

It is unknown at this time whether the evaluation of Marathon County Government employment practices and facilities to ensure they are open and inclusive to LGBTQ+ people will require any financial investment.

Note of Clarification: The term “LGBTQ+” represents:

L = Lesbian

G = Gay

B = Bisexual

T = Transgender

Q = Queer or Questioning

+ = encompasses a list of other identities that fall under the “Queer” umbrella