ADJOURNED ORGANIZATIONAL MEETING

THE ADJOURNED ORGANIZATIONAL MEETING of the Marathon County Board of Supervisors, composed of thirty-eight (38) members, will convene at the Marathon County Courthouse, Assembly Room, 500 Forest Street, Wausau, on Tuesday, June 25, 2019, at 7:00 p.m. to consider the following matters:

A. OPENING OF SESSION:
   1. Meeting called to order by Chairperson Gibbs at 7:00 p.m., 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 for silencing of cellphones and other electronic devices
   5. Roll Call
   6. Acknowledgment of visitors

B. EDUCATION PRESENTATIONS / REPORTS:
   7. Update on the work of the Aging and Disability Resource Center of Central Wisconsin – Jonette Arms and Tim Buttke
   8. The Role of the Board of Health – John Robinson and Joan Theuer

C. CONSENT AGENDA:
   9. Approval of minutes from the May 23 and 28, 2019 meetings
   10. Referral of bills and communications to respective committees
   11. Authorizing the Clerk to issue orders, bills and claims from the last session through this session
   12. Appointments
      a) Local Emergency Planning Committee
      b) Board of Adjustment
      c) Solid Waste Management Board
   13. Enactment of Ordinances:
      a) Environmental Resources Committee:
         A. Town of Eau Pleine Rezone, Nathan Wincentsen of Riverside Land Surveying on behalf of June A. Landwehr Irrevocable Trust #O-9-19
         B. Town of Elderon Rezone, Matthew & Robyn Krull for Ruth Bessette #O-10-19
   14. Amending Sec. 2.05(1)(d), Gen. Code of Ord. To Provide for Board of Health Membership to Track Statutory Language #O-8-19
E. HUMAN RESOURCES, FINANCE, AND PROPERTY COMMITTEE:
15. Approving 2019 Interdepartmental Budget Transfers from Marathon County Department Appropriations #R-31-19

F. EXTENSION, EDUCATION, AND ECONOMIC DEVELOPMENT COMMITTEE AND DIVERSITY AFFAIRS COMMISSION:
16. Declaring June as Pride Month in Marathon County #R-33-19

G. POLICY QUESTION:
17. Motion to determine whether NCHC should work with our county partners to facilitate the transfer of the Birth to 3 Program from NCHC to Marathon County Special Education?

H. MISCELLANEOUS BUSINESS:
18. Announcements or Requests
19. Move to adjourn

WITNESS: My signature this 25th day of June, 2019

Nan Kottke
Marathon County Clerk

NOTE: The next meeting of the County Board will be the Educational Meeting on Thursday, July 18, 2019. The Business Meeting will be on Tuesday, July 23, 2019. Both meetings will be held at 7:00 p.m. in the Assembly Room of the Courthouse.

NOTICE PROVIDED TO: County Board Members
Marathon County Departments
News Media
Posted on County Website: www.co.marathon.wi.us

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.
Who We Are

The Aging and Disability Resource Center of Central Wisconsin (ADRC-CW) represents a regional collaboration through an Intergovernmental Agreement between four counties: Langlade, Lincoln, Marathon, and Wood. The ADRC-CW covers a large (7087.71 square miles), mostly rural area, in the center of the state. Services are provided to the surrounding communities from five office locations in: Antigo, Marshfield, Merrill, Wausau, and Wisconsin Rapids. The total population of the region is 256,573 with 62,250 or 24.3 percent of the population over the age of 60.

Our Mission

The Aging and Disability Resource Center of Central Wisconsin promotes choice and independence through personalized education, advocacy, and access to services that prevent, delay, and lessen the impacts of aging and disabilities in the lives of adults.

Volunteers

The ADRC-CW volunteers help in the offices, lead classes, set tables, package meals, deliver meals, and contribute to the overall success of the organization. It would not be possible to provide the services we do without the dedication of our volunteers.

Total ADRC-CW Volunteers: 308
Langlade: 61
Lincoln: 83
Marathon: 54
Wood: 110

Total Volunteer Hours: 44,518
Langlade: 11,935
Lincoln: 8951
Marathon: 7,268
Wood: 16,364
Resource Services

The resource specialists connect individuals, concerned family or friends, and professionals to information and support for issues related to aging or disabilities. The information can include options for older adults, transition services for youth with disabilities, and long-term care programs.

**Total Contacts: 21,386**
- Langlade: 2602
- Lincoln: 2858
- Marathon: 9347
- Wood: 6579

**Total Customers: 15,061**
- Langlade: 1476
- Lincoln: 1638
- Marathon: 7030
- Wood: 4917

**Total Enrollments: 451**
- Family Care: 396
- Iris: 55

Disability and Elder Benefit Services

The benefit specialists can help answer questions and solve problems related to benefits such as Medicare, Medicaid, Social Security, FoodShare, and private health insurance.

**Total Disability Benefit Customers: 226**
- Langlade/Lincoln: 78
- Marathon: 61
- Wood: 87

**Total Elder Benefit Customers: 1355**
- Langlade: 291
- Lincoln: 246
- Marathon: 464
- Wood: 354

Senior Nutrition

The ADRC-CW provides nutritious meals to seniors in three ways: meals on wheels, community congregate dining, and with the State’s only Café 60 program.

Hot and frozen meals are delivered to meet 1/3 of the daily requirements for an older adult.

Community congregate dining sites are a wonderful way to gather and have a meal.

The Café 60 program, available in Marathon County, offers choices not typical of a traditional senior nutrition program.

**Total MOW Customers: 1,152**
- Langlade: 163
- Lincoln: 221
- Marathon: 498
- Wood: 270

**Total Congregate Customers: 908**
- Langlade: 146
- Lincoln: 147
- Marathon: 95
- Wood: 520

**Total Café 60 Customers: 367**

**Total MOW Meals Served: 137,667**
- Langlade: 17,224
- Lincoln: 28,094
- Marathon: 64,215
- Wood: 28,134

**Total Congregate Meals Served: 44,933**
- Langlade: 5,642
- Lincoln: 8,427
- Marathon: 8,164
- Wood: 22,700

**Total Café 60 Meals Served: 20,114**
Promoting Healthy Aging

The ADRC-CW provides evidence based classes to help older adults learn new skills and stay healthy. The community-based wellness and prevention classes include topics that address chronic conditions, diabetes, and falls prevention.

Total Class Participants: 327
Langlade: 15
Lincoln: 51
Marathon: 92
Wood: 169

Total Class Hours: 3,760
Langlade: 180
Lincoln: 611
Marathon: 1013
Wood: 1955

Caregiver Support

The ADRC-CW recognizes that it is often the family, friends, and neighbors who help an individual with a disability, chronic illness, or age-related needs. The ADRC-CW provides classes, resources, and information to lessen the stress of caregiving

Total Contacts: 1,089
Case Management Customers: 80
Case Management Contacts: 693
Powerful Tools for Caregivers Sessions: 268
Langlade: 46
Marathon: 88
Wood: 134

Classes scheduled in Lincoln County were cancelled due to low enrollment.

Community Presence and Media

The ADRC-CW provides information about its work and services using multiple communication channels. We understand the importance of reaching as many people as we can to ensure that anyone who can benefit from ADRC-CW services knows about them and how to contact us.

Educational Presentations
Through partnerships with radio, television, and employers, the ADRC-CW conducted 122 presentations and interviews throughout the year.

Monthly Newsletter
The ADRC-CW distributed more than 92,000 copies of its monthly publication, CHOICES. Copies are provided to all meal program participants and are delivered to businesses throughout the region.

Organizational Website
The ADRC-CW launched a new web design and domain late in 2017. The new site includes information on programs, classes, menus, and several ways to contact the offices.

There were 17,210 visitors to the website throughout the year. Of these visitors, 16,972 were new visitors.

Social Media
The ADRC-CW has a very active Facebook page with a growing number of followers. In 2018, the Facebook page had 405 unique followers and several posts received hundreds of likes reactions, and engagements.
ADRC-CW 2018 Funding Sources

Total Revenue from all Funding Sources: $6,374,673
ADRC Grants: $2,887,364
Aging Grants and Donations: $2,603,140
County Tax Levy: $858,181
Other: $25,988

ADRC-CW 2018 Expenses

Total Expenses: $6,338,704
ADRC Specialists: $1,946,586
Nutrition Programs: $1,885,824
Elder and Benefit Specialists: $800,201
Caregiver Programs: $407,948
Prevention Programs: $236,933
Administrative Costs: $1,034,852
Other: $26,360
Why does it exist?
What does it do?

Marathon County Board of Health
Apple a Day Keeps ...

Prevent infectious disease threats to the public

Prevent unsafe food and water

Promote strong healthy families during the early years

Creating places where it is easy to support healthy lifestyles

Protect against health hazards

Monitor and address community health priorities
251.001 Legislative findings. The legislature finds that the provision of public health services in this state is a matter of statewide concern.
The Why?

Assure the local health department is meeting its statutory charge, that is, overseeing the health of individuals, families and the communities in which they live, learn, work, and play.
... Individuals who reflect the diversity of the community and have a demonstrated interest or competency in the field of public health. State Statute 251.03

The Who?

John Robinson, Chair
Sandi Cihlar, Vice-Chair, County Board of Supervisor
Lori Shepherd, MD, Secretary
Many Ann Crosby, County Board of Supervisor
Dean Danner,
Kue Her, RN
Michael McGrail, MD
Laura Scudiere
The What?

• Assure state public health statutes and rules are carried out
• Assure it meets the requirements of a health department
• Adopt local public health regulations to protect and improve the public’s health
• Assess public health needs & advocate for the provision of services
• Develop policy and provide leadership to meet public health needs
• Assure department collaborates with other partners
Marathon County ...

- Adopt human health hazards and licensing regulations
- Select community health priorities every 4 years
- Host educational meeting with public officials, advance resolutions
- Study the effectiveness of program services
- Represent the diverse perspectives of residents
- Advise the Health Officer
The Policy Decision ...

Broaden the diversity of members to be in a better position to respond to today’s challenges in addressing the social and economic issues impacting the health of our community.
Next time you see an apple ...
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.

________________________________
SEAL  
Nan Kottke  
Marathon County Clerk
APPOINTMENT
Board of Adjustment

I, Kurt Gibbs, Chairperson of the Marathon County Board of Supervisors, do hereby
upon approval of the Board, re-appoint the following individuals to the Marathon County Board
of Adjustment for three year terms to expire June 30, 2022:

Richard Lawson, 163228 Meadow Road, Wausau
Roger Zimmermann, 216255 Esker Road, Hatley

Mileage/expense reimbursement is allowed for meeting attendance, paid upon request. Per
diem will be paid to citizen members of the Board.

Dated this 25th day of June, 2019.

______________________________
Kurt Gibbs
County Board Chairperson

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
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, appoint and reappoint the following individuals to the Solid Waste Management Board for three year terms to expire April 30, 2022:

County Supervisor Jim Bove - appoint
County Supervisor Thomas Seubert – reappoint
County Supervisor Maynard Tremelling - reappoint
Myron Podjaski, 226880 County Road Q, Ringle – reappoint

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 # 0 - 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 Wincenten 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

[Signatures]

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°04'03" East.
2.) The wetlands location as shown herein were scaled from the Marathon County GIS mapping and are approximate. A wetlands delineation would need to be performed to determine the exact location.

SECTION SUMMARY
SEC. 5, T27N, R3E (NOT TO SCALE)

LEGEND

RIVERSIDE LAND SURVEYING LLC
5316 WILLOW STREET, WESTON, WI 54476
PHONE 715-341-7560 • FAX 715-345-1084
e-mail: mail@riversidelandsurveying.com

DRAWN BY
S.M.H.
DATE
MARCH 26, 2019
CHECKED BY
N.J.W.
PROJECT NO.
3032
PREPARED FOR:
SHAWN KARL
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°04'06" East along the East line of said
Southwest 1/4, 1317.66 feet to the South line of said Northeast 1/4 of the Southwest 1/4; Thence North 88°34'50" West
along said South line, 33.00 feet to the West right-of-way line of Greenbriar Lane and the point of beginning; Thence
continuing North 88°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 88°53'04" East along said North line, 1287.55 feet to said West right-of-way line;
Thence South 01°04'09" 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-ET 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 ______________________________

RIVERSIDE LAND SURVEYING LLC
5310 WILLOW STREET, WESTON, WI 54476
PH 715-341-7601 - FAX 715-341-9821
email - mail@riversidebandsurveying.com
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 day of __________., 2019.

RESOLUTION

WHEREAS, Section 59.69(5)(e) 5m., 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 __________ day of __________., 2019, petition by Nathan Wicensten 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 ¼ of the SW ¼ of Section 01, 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# 020-2703-053-0099 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: __________ 

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: __________

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: __________

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: N/A

8) Is cropland 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 §69.69(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
Town Board

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

__________________________

__________________________

__________________________

Dated this ______ day of ________, 2019

__________________________
Kurt Gibbs – Marathon County Board Chair
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: [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.
   [X] No  [ ] Yes  Explain: no new development, adding to existing parcel

7) Has the applicant demonstrated the availability of alternative locations? Be specific
   [ ] No  [X] Yes  Explain: no other property adjacent to his current parcel

8) Is cropland being consumed by this zone change? What is the productivity of the agricultural lands involved?
   [ ] No  [X] 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  [X] Yes  Explain: 

10) Is proposed rezone request consistent with the town’s adopted Comprehensive Plan? Explain.
   [X] 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?
   [X] Yes  Explain: no conflict with this amendment

The Town of recommends: [X] 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

Town Board

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-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.
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:

<table>
<thead>
<tr>
<th>Transfer from:</th>
<th>Transfer to:</th>
<th>Amount</th>
<th>Re:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health 409-420 Other Healthcare services revenue</td>
<td>Health 409-420 Salaries, Sundries and Educational Supplies</td>
<td>$12,775</td>
<td>Wisconsin Wins program to decrease youth access to tobacco products</td>
</tr>
<tr>
<td>Health 417-427 Other Healthcare Services revenue</td>
<td>Health 417-427 Expenditures Various</td>
<td>$95,207</td>
<td>Tobacco Multi-jurisdictional Coalition-program for tobacco prevention and control in Marathon, Portage and Wood Counties</td>
</tr>
<tr>
<td>CPZ TBD DNR Lake Grant Revenue</td>
<td>CPZ TBD expenditures various-supplies, direct payments, wages</td>
<td>$100,000</td>
<td>Wi DNR Lake Protection Grant for shoreland and wetland restoration</td>
</tr>
<tr>
<td>CPZ-TBD Norbert Guden DNR TRM Grant revenue</td>
<td>CPZ-TBD Direct Payments</td>
<td>$534,447</td>
<td>WI DNR Target Runoff Management grant for Norbert Guden for manure storage and barnyard runoff to solve water quality problem</td>
</tr>
<tr>
<td>CPZ 269-791 NACF Technical Assistance Grant</td>
<td>CPZ 269-791 Expenditures various</td>
<td>$40,000</td>
<td>NACD-National Association of Conservation Districts Technical Assistance Grant to fund staff for conservation practices</td>
</tr>
</tbody>
</table>

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.
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

<table>
<thead>
<tr>
<th>TRANSFER FROM:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Action</td>
<td>Account Number</td>
</tr>
<tr>
<td>Revenue Increase</td>
<td>XXX-XXX-8-2485</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRANSFER TO:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Action</td>
<td>Account Number</td>
</tr>
<tr>
<td>Expenditure Increase</td>
<td>XXX-XXX-9-7170</td>
</tr>
<tr>
<td>Expenditure Increase</td>
<td>XXX-XXX-9-3390</td>
</tr>
<tr>
<td>Expenditure Increase</td>
<td>XXX-XXX-9-3410</td>
</tr>
<tr>
<td>Expenditure Increase</td>
<td>XXX-XXX-9-3480</td>
</tr>
<tr>
<td>Expenditure Increase</td>
<td>XXX-XXX-9-1250</td>
</tr>
<tr>
<td>Expenditure Increase</td>
<td>XXX-XXX-9-1510</td>
</tr>
<tr>
<td>Expenditure Increase</td>
<td>XXX-XXX-9-1520</td>
</tr>
<tr>
<td>Expenditure Increase</td>
<td>XXX-XXX-9-1543</td>
</tr>
<tr>
<td>Expenditure Increase</td>
<td>XXX-XXX-9-1550</td>
</tr>
<tr>
<td>Expenditure Increase</td>
<td>XXX-XXX-9-1560</td>
</tr>
<tr>
<td>Expenditure Increase</td>
<td>XXX-XXX-9-1580</td>
</tr>
</tbody>
</table>

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

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:

<table>
<thead>
<tr>
<th>Action</th>
<th>Account Number</th>
<th>Account Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue Increase</td>
<td>XXX-XXX-8-2485</td>
<td>Norbert Guden DNR TRM Grant</td>
<td>$534,447</td>
</tr>
</tbody>
</table>

### TRANSER TO:

<table>
<thead>
<tr>
<th>Action</th>
<th>Account Number</th>
<th>Account Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditure Increase</td>
<td>XXX-XXX-9-7170</td>
<td>Direct Payments</td>
<td>$534,447</td>
</tr>
</tbody>
</table>

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:
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

<table>
<thead>
<tr>
<th>TRANSFER FROM:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Action</td>
<td>Account Number</td>
<td>Account Description</td>
<td>Amount</td>
</tr>
<tr>
<td>Revenue Increase</td>
<td>269-791 -9- 7212</td>
<td>National Association of Conservation Districts (NACD) Technical Assistance Grant</td>
<td>40000</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>TECH</th>
<th>Account Number</th>
<th>Account Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select action</td>
<td>Click to enter GL Account</td>
<td>National Association of Conservation Districts (NACD) Technical Assistance Grant – PAGE 2</td>
<td>Enter amount</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action</th>
<th>Account Number</th>
<th>Account Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditure Increase</td>
<td>269-791 9 1560</td>
<td>WORKERS COMPENSATION</td>
<td>1164</td>
</tr>
<tr>
<td>Expenditure Increase</td>
<td>269-791 9 1580</td>
<td>UNEMPLOYMENT COMPENSATION</td>
<td>64</td>
</tr>
</tbody>
</table>

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: 
This form must be completed electronically and emailed to Alice 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

<table>
<thead>
<tr>
<th>TRANSER FROM:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action</strong></td>
<td><strong>Account Number</strong></td>
</tr>
<tr>
<td>Revenue Increase</td>
<td>417-42782446</td>
</tr>
</tbody>
</table>

**TRANSER TO:**

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

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:**
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 _____
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:

<table>
<thead>
<tr>
<th>Action</th>
<th>Account Number</th>
<th>Account Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select action</td>
<td>Click to enter GL Account</td>
<td>Click here to enter account description</td>
<td>Enter amount</td>
</tr>
</tbody>
</table>

TRANSFER TO:

<table>
<thead>
<tr>
<th>Action</th>
<th>Account Number</th>
<th>Account Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditure Increase</td>
<td>417-42793250</td>
<td>Registration</td>
<td>$885</td>
</tr>
<tr>
<td>Expenditure Increase</td>
<td>417-42792250</td>
<td>Telephone</td>
<td>$96</td>
</tr>
<tr>
<td>Expenditure Increase</td>
<td>417-42793241</td>
<td>Licenses &amp; Certifications</td>
<td>$55</td>
</tr>
<tr>
<td>Expenditure Increase</td>
<td>417-42792133</td>
<td>Indirect</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

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 ☐ Yes
Is a Budget Transfer Resolution Required? ☐ Yes ☒ 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: Health

BUDGET YEAR: 2019

<table>
<thead>
<tr>
<th>TRANSFER FROM:</th>
<th>Action</th>
<th>Account Number</th>
<th>Account Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue Increase</td>
<td>409-42082446</td>
<td>Oth Health Care Serv-St G</td>
<td>$12,775</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRANSFER TO:</th>
<th>Action</th>
<th>Account Number</th>
<th>Account Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditure Increase</td>
<td>409-42091110</td>
<td>Salaries-Permanent-Regular</td>
<td>$5,617</td>
<td></td>
</tr>
<tr>
<td>Expenditure Increase</td>
<td>409-42092990</td>
<td>Sundry Contractual Service</td>
<td>$7,008</td>
<td></td>
</tr>
<tr>
<td>Expenditure Increase</td>
<td>409-42093480</td>
<td>Educational Supplies</td>
<td>$150</td>
<td></td>
</tr>
</tbody>
</table>

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.

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
NOTE: In light of the fact that this substitute resolution has not been debated before the full County Board, the County Board Chair asks that you be mindful of the Wisconsin Open Meeting Law and refrain from contacting him, or other board members, to discuss the substitute resolution and instead, offer all of your comments at the full County Board meeting on Tuesday.

SUBSTITUTE RESOLUTION #R-33-19

DECLARING JUNE AS “DIVERSITY AND INCLUSIVENESS 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, we recognize that there have been instances in Marathon County when our community has fallen far short of our goal of being inclusive and when people in minority or marginalized groups have been discriminated against by virtue of their age, gender identity, race, ethnicity, religion, marital status, national origin, sexual orientation, or physical abilities; 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 in which to live and work; 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, Marathon County’s Strategic Plan 2018–2022 outlines the Core Values that Marathon County stands for, which include diversity, demonstrated by “actively welcoming and valuing people with different perspectives and experiences”; 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 attract and retain nontraditional skilled workers from outside the region; 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, ethnicity, religion, marital status, national origin, sexual orientation, or physical abilities; and

WHEREAS, we recognize and embrace our responsibility to educate ourselves and our community on the discrimination and struggles faced by minority or marginalized groups.
NOW THEREFORE, BE IT RESOLVED by the Marathon County Board of Supervisors that the month of June shall be proclaimed as “Diversity and Inclusiveness 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 and practices and facilities and work environments to ensure that they meet the County’s expectation of being open and inclusive to all people, consistent with our Comprehensive Plan; and

BE IT FURTHER RESOLVED by the Marathon County Board of Supervisors that it will commit to educating itself on the plight and challenges faced by minority or marginalized groups to better develop truly inclusive public services, policies, and practices. Specifically, the County Administrator is directed to support the board by arranging for regular educational sessions, beginning in September of 2019 and concluding in June of 2020, intended to develop (A) a common understanding of the terminology for discussing the status of minority and marginalized groups, (B) an accurate understanding of the history of minority and marginalized groups in Marathon County, and (C) a solid understanding of the dynamics of implicit and explicit bias and institutional and structural discrimination that can lead to health disparities and other outcomes that are inconsistent with our commitment to diversity and inclusion and our goal of being the healthiest, safest, and most prosperous county in Wisconsin; and

BE IT FURTHER RESOLVED by the Marathon County Board of Supervisors that it will commit to utilizing the public engagement methodology to discuss how specific county government policies and practices can be changed or updated to ensure that Marathon County lives up to its goal of being welcoming and inclusive to all people. This public engagement process will start shortly after the educational sessions are completed but not later than September of 2020.

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 “Diversity and Inclusiveness 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 all people will require any financial investment. County Board education is likely to have some cost associated with it to bring forward presenters with subject matter expertise. The estimated cost will range from $1000 to $5000.
POLICY QUESTION:

Motion to determine whether NCHC should work with our county partners to facilitate the transfer of the Birth to 3 Program from NCHC to Marathon County Special Education?
Transfer of Birth to 3 Program from NCHC to MCSE

Policy Question
Should NCHC work with our county partners to facilitate the transfer of the Birth to 3 Program from NCHC to Marathon County Special Education?

Agenda
- Describe Marathon County Special Education
- Overview Birth to 3 Services
- History of NCHC Providing Birth to 3 Services
- Analysis of Transfer
- Highlights of the Transfer Process
- Questions

Marathon County Special Education

Marathon County Special Education (MCSE)
- Children with Disabilities Education Board (CCDEB)
- MCSE is a legally separate entity from Marathon County government
- One of four remaining in the State
- Established in 1958 – Statutorily created to provide services to students with disabilities ages 3-21
- The CCDEB has regulatory guidance from the Federal Individuals with Disabilities Act (IDEA)
- Birth to Three program integration provides a logical fit and expansion of MCSE continuity of care
- The reference to Marathon County is only a historical geographic reference and has no limitation to taking on the Birth to Three program regionally
Overview of Birth to 3 Services

Children ages birth to 36 months are eligible. Eligibility is based on a diagnosed disability of 25% delay in one or more areas of development. The child’s ability to:
- Learn (cognitive development)
- Move, see and hear (physical/motor development)
- Communicate (speech and language development)
- Respond to and relate with others (social and emotional development)
- Eat, dress and care for daily living needs (adaptive development)

The Birth to 3 service team consists of the parent, service coordinator, and at least two professionals knowledgeable about the child’s suspected areas of need

NCHC implemented a regional Birth to 3 Program in 2012

Service Coordination and/or Service Delivery
History of NCHC Providing Birth to 3 Services

Background
- Wisconsin has had early intervention programs since the 1970's
- Federally mandated program (Part C of the Individual with Disabilities Education Act (IDEA)) enacted in 1986
- Wisconsin enacted DHS Administrative Code 90 to ensure parity with federal guidance, and implemented a statewide Birth to 3 program in 1991 through delegation to counties
- County Boards must designate a county agency or contract with another public agency to administer Birth to 3 programs – NCHC designated agency

Analysis of Transfer

Initial transfer discussions began in late 2018 for two primary reasons:
- Fit with updated mission and service line strategies
- Campus renovations

Marathon County Special Education was identified as the most suitable partner
- Public entity
- Expertise
- Enhanced coordination into the schools
- Clinical staff recruitment and retention

Feasibility of the transfer was examined and a transfer agreement was developed to document the intention and commitments of the parties
Analysis of Transfer

Approval Sequence

- Marathon County Special Education Board
- North Central Health Care Board
- Retained County Authority Committee
- Langlade County Board
  - Langlade County Social Services Committee
- Lincoln County Board
  - Lincoln County Administrative & Legislative Committee
- Marathon County Board
  - Marathon County Human Services Committee

Following approval, each County will need to develop a service contract directly with MCSE by December 19, 2019—Quality (14 indicators), Costs and Funding

Analysis of Transfer

Analysis

- MCSE is willing to assume the delegation from the counties for Birth to 3 Services as currently delivered
- MCSE is agreeing to the full scope of responsibility of services and to maintain the fidelity of the program on a multi-county basis
- Employees will transfer to new office location adjacent to MCSE and become employees of MCSE effective July 1, 2019
- Transfer timeline of up to 18 months (December 31, 2020)
Analysis of Transfer

Conditions Required to Complete the Transfer
- Facilities
- Approval and Appointment by Appointing Counties
- DHS Approval
- Medicaid Status
- Grant Transfer
- Other Approvals

Analysis of Transfer

Services to be Performed by NCHC in the Transfer
- Start-up and Transfer Assistance
- Initial Training
- Billing and Collection Services
- Budgeting Consultative Support
- Transfer of Equipment
- Limited Access to Medical Records
- Transfer of Policies, Procedures and Records
Analysis of Transfer

Birth to 3 Personnel to be transferred
- 1.0 FTE – Birth to Three Manager
- 1.0 FTE – Administrative Assistant
- 5.0 FTE – Case Manager
- 1.0 FTE – Child Development Specialist
- 1.0 FTE – Physical Therapist
- 1.0 FTE – Occupational Therapist
- 3.0 FTE – Speech & Language Pathologist

Transfer of Birth to 3 Program from NCHC to MCSE

Birth to 3 Program Revenues and Expenses
- NCHC will remain fiscal agent until December 31, 2019
- NCHC will reimburse MCSE for all expenses until December 31, 2019
- MCSE will become fiscal agent and receive tax levy directly from each county effective January 1, 2020
- Effective January 1, 2020 until December 31, 2020, NCHC will bill for any costs incurred in support of the transfer
- Special financial considerations:
  - Segregation of funds
  - Maintenance of Effort
    - Langlade County $79,482
    - Lincoln County $133,923
    - Marathon County $631,707
### Analysis of Transfer

#### BIRTH TO THREE BUDGET HISTORY

<table>
<thead>
<tr>
<th></th>
<th>2017 Budget</th>
<th>2018 Budget</th>
<th>2019 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Patient Services Revenue</td>
<td>379,000</td>
<td>318,000</td>
<td>233,000</td>
</tr>
<tr>
<td>Grant</td>
<td>519,000</td>
<td>519,000</td>
<td>519,000</td>
</tr>
<tr>
<td>County Appropriation</td>
<td>835,112</td>
<td>835,112</td>
<td>714,404</td>
</tr>
<tr>
<td>Contract</td>
<td></td>
<td>23,000</td>
<td>12,000</td>
</tr>
<tr>
<td>TOTAL REVENUES</td>
<td>1,733,112</td>
<td>1,695,112</td>
<td>1,478,404</td>
</tr>
<tr>
<td><strong>EXPENDITURES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>928,489</td>
<td>922,623</td>
<td>864,642</td>
</tr>
<tr>
<td>Benefits</td>
<td>354,214</td>
<td>336,435</td>
<td>321,170</td>
</tr>
<tr>
<td>Other Direct Expenses</td>
<td>101,430</td>
<td>138,620</td>
<td>70,903</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES</td>
<td>1,384,133</td>
<td>1,397,678</td>
<td>1,256,715</td>
</tr>
<tr>
<td><strong>NET OPERATIONS</strong></td>
<td>348,979</td>
<td>297,434</td>
<td>221,689</td>
</tr>
</tbody>
</table>