OFFICIAL NOTICE AND AGENDA-of a meeting of the County Board, Committee, Agency, Corporation or Sub-Unit thereof MARATHON COUNTY, WISCONSIN

FINANCE AND PROPERTY COMMITTEE AGENDA

Monday, February 15, 2016
Courthouse Assembly Room 500 Forest Street, Wausau, WI 54403

4:00 pm or immediately following the joint Environmental Resource Committee/Finance Committee meeting

Chair: Lee Peek; Vice Chair: Bill Miller, Members: John Robinson, Gary Wyman, Chuck Soukup, John Durham, E.J. Stark

1. Call to Order-Meeting called to order by Chairman Peek at 4:00 p.m., the agenda being duly signed and posted.
   a. Please silence your cellphones

2. Public Comment Period-not to exceed 15 minutes

3. Approval of Minutes for February 1, 2016 meeting

4. Policy Issues Discussion and Committee Determination and Approval:
   A. Discussion and Possible Action-Tax Deed Land Sales, Possible Taking of Property and Changes to Tax Deed Parcels owned by the County
      1. Tax Deed Sale

   B. Discussion and Possible Action-Marathon County Priority Based Budgeting
   C. Discussion and Possible Action-WI Taxpayer Alliance FOCUS article

5. Policy Issues Discussion and Committee Determination to the County Board for its Consideration
   A. Discussion and Possible Action- 2015 and 2016 Interdepartmental Budget Transfers

6. Policy Issues Discussion and Audit Committee Determination and Approval
   A. Best Practices-Budgeting for Results and Outcomes

7. Announcements-Next meeting date-**March 07, 2016 at 3:00 pm**

8. Adjourn

SIGNED /s/Lee Peek
Presiding Officer or Designee

Faxed to: Wausau Daily Herald
Faxed to: Record Review

Faxed to: City Pages
Faxed by/time 02/12/2016 at 10:45am by D DeLaporte

NOTICE POSTED AT THE COURTHOUSE

By/Date/Time: 02/12/2016 at 10:50am
by D DeLaporte

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.

FINANCE AND PROPERTY COMMITTEE MINUTES

Monday, February 1, 2016 **Courthouse Assembly Room**
3:00 pm **500 Forest Street, Wausau, WI 54403**

Chair: Lee Peek-excused; Vice Chair: Bill Miller, Members: John Robinson, Gary Wyman, Chuck Soukup, John Durham, E.J. Stark
Others: Kristi Kordus, Scott Corbett, Becky Frisch, Brad Karger

1. Call to Order-Meeting called to order by Vice-Chairman Miller at 3:00 p.m., the agenda being duly signed and posted.
   a. Please silence your cellphones

2. Public Comment Period-not to exceed 15 minutes-None

3. Approval of Minutes for January 4, 2016 meeting
   Motion to approve the minutes from January 4, 2016
   Motion: Soukup
   Second: Wyman
   Vote: All ayes

4. Policy Issues Discussion and Committee Determination and Approval:
   A. Discussion and Possible Action-Tax Deed Land Sales, Possible Taking of Property and Changes to Tax Deed Parcels owned by the County
      1. Tax Deed Sale-None

   B. Discussion and Possible Action-Claims and Questioned Claims-Approval of January 2016 Claims
   Motion to approve the January 2016 claims
   Motion: Wyman
   Second: Stark
   Vote: All Ayes

   C. Discussion and Possible Action-Marathon County Fiscal Dashboard Indicators

5. Policy Issues Discussion and Committee Determination to the County Board for its Consideration
   A. Discussion and Possible Action- 2015 and 2016 Interdepartmental Budget Transfer
   Motion to approve the 2015 and 2016 Budget Transfers
   Motion: Stark
   Second: Wyman
   Vote: All ayes

6. Policy Issues Discussion and Audit Committee Determination and Approval
   A. Best Practices-Budgeting for Results and Outcomes
   Discussion on the Policy Statement-Budgeting for Results and Outcomes (Priority Based Budgeting). This would work well with the RFP for services that is currently being reviewed. Miller-Who will be reviewing the RFP? Karger-I am open to work with the Committees to review the proposals. Karger-What role do you want to play in this process? Robinson-Someone has to set the framework. Miller-I think we are the ones (Finance Committee) to get it going. This item for discussion only.

7. Announcements-Next meeting date-**Joint Environmental Resources Committee and Finance Committee Meeting February 15, 2016 at 3:00 pm followed by the Finance Committee Meeting**

8. Adjourn-Motion by Durham and second Stark to adjourn at 4:20 pm

FOCUS
01.11.2016 • No. 1

County levies up 2%; total property taxes statewide up slightly more

Based on levy increases of 2.1% for schools, 2.4% for technical colleges, and 2.0% for counties, it is estimated that 2015-16 property taxes statewide will increase about 2.2% when figures are finalized this spring. After state tax credits, the net increase will be somewhat over 1%. County property tax changes were mostly under 2%, though two counties had double-digit increases due to borrowing.

Enough information from local governments around Wisconsin is now available to estimate that total property taxes levied statewide this past December are increasing about 2.2% to over $10.6 billion (b). This compares to annual growth averaging 0.5% during the preceding five-year period (2010-15).

After subtracting state tax-funded property tax credits, the net levy should rise about 1.3% to $9.6b, compared to the prior five-year annual average of 0.6%. The new figures are for December 2015 tax bills payable in 2016. Totals will be finalized when municipal levies are recapped this spring.

By type of government, school taxes are increasing 2.1% to $4.85b, compared to a five-year average of 0.9%. Technical college levies are rising 2.4% to $416.7 million (m) after a dramatic drop last year due to increased state aid. The state forestry tax is up 2.4% to $83.3m.

As detailed here, the latest news is that county property taxes statewide are rising almost 2.0% to $2.09b. This is somewhat above the 2010-15 average (1.3%).

Large counties

Of the $2.09b total, about two-thirds is levied in the 16 most populous counties, those with populations over 100,000 (see table above, right). Tax hikes exceeded four percent in three counties: Dane (4.9%), Eau Claire (4.8%), and Brown (4.4%). Of the most populous counties, three cut levies: Racine (-0.1%), Washington, and Winnebago (both -0.7%).

Couuty Property Tax Levies, 2015-16
Levies in $m and Percent Change

County	14-15	15-16	Chg.
Brown	80.86	84.43	4.4
Dane	154.38	161.91	4.9
Eau Claire	27.69	29.02	4.8
Fond du Lac	41.41	42.20	1.9
Kenosha	61.98	63.52	2.5
La Crosse	31.58	32.68	3.5
Marathon	47.15	47.61	1.0
Milwaukee	283.84	287.83	1.4
Outagamie	64.68	66.01	2.1
Racine	51.14	51.06	-0.1
Rock	63.05	64.16	1.8
Sheboygan	47.01	48.36	2.9
Walworth	61.15	61.55	0.6
Washington	35.43	35.18	-0.7
Waukesha	103.91	104.41	0.5
Winnebago	65.44	65.00	-0.7
State	2,046.5	2,086.5	2.0

Increases—and decreases

Large urban and suburban counties were not necessarily those with the largest levy increases. While the state's second most populous county, Dane, raised property taxes 4.9%, Milwaukee, the state's largest, raised them 1.4%, or less than the 2.0% county average.

The largest increases came in two rural counties to the north, Vilas (19.5%) and Rusk (14.1%). Since state law more or less freezes levy growth, with exceptions mainly for new construction and debt, increases of this magnitude are unusual. In the case of these two counties, the reason behind the increases is borrowing.

The table (below) displays the nine counties with property tax growth of 3.5% or more. Seven of the nine counties with the largest tax increases were in northern or western Wisconsin.

However, another county to the west, Monroe, had the largest cut (-3.2%). Generally, though, reductions were few—only six counties lowered levies—and modest, with the remaining five trimming taxes less than 1% (also, see table below).

Rest of the story

The vast majority of counties were at neither extreme. Of the 72, three-quarters (54) raised levies between 0% and 2%; an added four raised them be-

Largest Changes in Co. Levies. 2015-16
Levies in $m and Percent Change

County	14-15	15-16	Chg.
Co. Increases > 3.5%+ (9)			
Vilas	12.86	15.37	19.5
Rusk	6.37	7.27	14.1
Vernon	9.85	10.47	6.3
Oconto	18.28	19.35	5.8
Dane	154.38	161.91	4.9
Eau Claire	27.69	29.02	4.8
Brown	80.86	84.43	4.4
Trempealeau	10.15	10.58	4.2
Buffalo	6.00	6.22	3.7
Co's with Decreases (6)			
Racine	51.14	51.06	-0.1
Dunn	20.94	20.90	-0.2
Winnebago	65.44	65.00	-0.7
Washington	35.43	35.18	-0.7
Waushara	16.25	16.11	-0.9
Monroe	18.41	17.82	-3.2

tween 3% and 4%. Counties not in prior tables are shown in the accompanying table (right).

The "tightness" of the state-mandated levy limit is also illustrated in the table. In addition to the six counties with tax cuts, 15 more raised levies less than 1%.

County	14-15	15-16	Chg	County	14-15	15-16	Chg
Adams	17.28	17.47	1.1	Lafayette	7.11	7.27	2.4
Ashland	6.59	6.65	0.9	Langlade	9.11	9.19	0.9
Barron	19.17	19.57	2.1	Lincoln	13.62	13.76	1.0
Bayfield	9.48	9.55	0.7	Manit'woc	29.05	29.26	0.7
Burnett	9.26	9.30	0.5	Marinette	15.92	16.28	2.3
Calumet	17.49	17.69	1.2	Marquette	11.62	11.89	2.3
Chippewa	17.21	17.51	1.7	Meno'nee	2.64	2.66	0.8
Clark	14.62	14.74	0.8	Oneida	15.49	15.76	1.7
Columbia	24.86	25.47	2.4	Ozaukee	20.05	20.28	1.1
Crawford	8.15	8.22	0.9	Pepin	3.87	3.97	2.5
Dodge	32.73	32.98	0.8	Pierce	17.08	17.37	1.7
Door	26.31	26.82	2.0	Polk	21.83	22.14	1.5
Douglas	16.28	16.40	0.7	Portage	26.03	26.65	2.4
Florence	4.07	4.10	0.7	Price	7.88	7.94	0.8
Forest	5.36	5.49	2.6	Richland	6.69	6.79	1.4
Grant	11.33	11.45	1.0	St. Croix	29.46	30.49	3.5
Green	14.87	15.04	1.1	Sauk	29.88	30.18	1.0
Gr. Lake	13.94	14.04	0.8	Sawyer	10.19	10.29	1.0
Iowa	10.59	10.61	0.3	Shawano	14.89	15.40	3.4
Iron	4.21	4.26	1.1	Taylor	10.94	11.01	0.6
Jackson	10.03	10.21	1.8	Washburn	10.54	10.62	0.8
Jefferson	28.40	28.62	0.8	Waupaca	24.58	25.21	2.6
Juneau	12.17	12.29	1.0	Wood	22.80	23.38	2.6
Kewaunee	11.03	11.18	1.4	State	2,046.5	2,086.5	2.0

Looking ahead

For a number of counties and municipalities that have operated with a near levy freeze since 2011, two questions immediately arise. First, since local services—snow plowing, street repair, police and fire—are labor intensive, can local units hold their annual property tax growth near zero while affording to cover rising utility costs and to increase compensation as needed to retain employees?

And, second, if state government restricts or freezes local revenue increases, how can it justify reaping the benefits of sales and income taxes that often grow between 3% and 6% per year? □

wistax
Wisconsin Taxpayers Alliance
401 North Lawn Avenue • Madison, WI 53704-5033
608.241.9789 • www.wistax.org

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MARATHON COUNTY
COURTHOUSE
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WAUSAU WI 54403-5554

54403$5566 C008

Capitol Notes

■ *Beginning January 9, Division of Motor Vehicle service centers in Madison (East), La Crosse, Eau Claire, Wausau, and Appleton are open from 8:30 a.m. to noon on Saturdays. Last year, there were Saturday hours in only Milwaukee and at a renewal-only office in Madison.*

■ *The 2015-17 state budget increased admission fees and trail pass prices for Wisconsin state parks, forests, trails, and recreation centers. Effective January 2016, annual admission sticker fees increased from $25 to $28 for state residents, from $35 to $38 for non-residents, and $10 to $13 for resident seniors. Trail passes increased from $20 to $25 for an annual pass and from $4 to $5 for a daily pass.*

■ *There are a total of 34,058 tax-exempt organizations registered with the IRS in Wisconsin, or 5.9 per 1,000 state residents. Wisconsin ranks above Michigan (4.8 per 1,000) and Illinois (5.1), but below Iowa (8.8) and Minnesota (6.1). A total of 1,535,388 (5.4 per 1,000) tax-exempt organizations are registered with the IRS nationwide. (Source: Tax Foundation)*

■ *Wisconsin ended 2015 with 556 traffic fatalities, 62 (or 12.6%) more than 2014, according to preliminary data from the Wisconsin Department of Transportation. In 2014, traffic fatalities in Wisconsin were at their lowest in 71 years.*

Focus is published by the Wisconsin Taxpayers Alliance, 401 N. Lawn Ave., Madison, WI, 26 times per year. Subscriptions are $44 for one year. WISTAX contributors of $85 or more receive a free copy. Media is encouraged to quote contents, with credit to WISTAX. Electronic reproduction or forwarding is prohibited, unless permission is granted. Send requests to wistax@wistax.org. Per IRS regulations, WISTAX financial statements are available on request.

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

Instructions for using this form: [This form must be completed and submitted electronically.]

Email your completed form to Jill Zeinert in Finance, with a "cc" to your Department Head.
Forms which are incomplete, incorrect, out of balance or have not been "cc'd" to your Department Head will be returned to the originating party.

DEPARTMENT: CONSERVATION, PLANNING & ZONING **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☒Exp Decr ☐Rev Incr	116-79993412	Drill equip supplies	403
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☐Exp Incr ☒Rev Decr	116-79989900	Fund balance	403
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Rebecca Frisch Date: 2/2/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Grazing and drill rentals

2. Provide a brief (2-3 sentences) description of what this program does.
   Non-lapsing fund

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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DEPARTMENT: CONSERVATION, PLANNING & ZONING **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☒Exp Decr ☐Rev Incr	117-79693390	Meeting exp	2,193
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☐Exp Incr ☒Rev Decr	117-79689900	Fund balance	2,193
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Rebecca Frisch Date: 2/2/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Grazing Project

2. Provide a brief (2-3 sentences) description of what this program does.
   Non-lapsing fund

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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DEPARTMENT: PARKS, RECREATION & FORESTRY **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	101-71489900	Fund balance	1,497
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	101-71494520	Sand/gravel	1,497
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Bill Duncanson Date: 2/2/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Mountain Bay Trail – Park Dept

2. Provide a brief (2-3 sentences) description of what this program does.
   Maintain Mountain Bay Trail with bike trail fees

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

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DEPARTMENT: PARKS, RECREATION & FORESTRY **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	141-72189900	Fund balance	5,708
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	141-72192150	Architectural/Engineering	5,708
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Bill Duncanson Date: 2/2/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Bluegill Bay Park Restoration

2. Provide a brief (2-3 sentences) description of what this program does.
   Bluegill Bay Park Restoration project

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

Instructions for using this form: [This form must be completed and submitted electronically.]

Email your completed form to Jill Zeinert in Finance, with a "cc" to your Department Head.

Forms which are incomplete, incorrect, out of balance or have not been "cc'd" to your Department Head will be returned to the originating party.

DEPARTMENT: PARKS, RECREATION & FORESTRY **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	147-71689900	Fund Balance	5,403
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	147-71698290	Other Capital Improvements	5,403
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Bill Duncanson Date: 2/2/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Fairground Maintance

2. Provide a brief (2-3 sentences) description of what this program does.
   Non-lapsing fund – maintain fairgrounds

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

Instructions for using this form: [This form must be completed and submitted electronically.]

Email your completed form to Jill Zeinert in Finance, with a "cc" to your Department Head.

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DEPARTMENT: PARKS, RECREATION & FORESTRY **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	151-72589900	Fund balance	31,559
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	151-72598290	Other Capital Improvements	31,559
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Bill Duncanson Date: 2/2/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Park Gifts

2. Provide a brief (2-3 sentences) description of what this program does.
   Non-lapsing fund – donations for Park improvements

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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DEPARTMENT: PARKS, RECREATION & FORESTRY **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	174-75989900	Fund balance	127
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	174-75992190	Other Professional serv	127
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Bill Duncanson Date: 2/2/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   FEMA cattail removal

2. Provide a brief (2-3 sentences) description of what this program does.
   FEMA grant – cattail removal

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

Instructions for using this form: [This form must be completed and submitted electronically.]

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DEPARTMENT: PARKS, RECREATION & FORESTRY **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	255-75289900	Fund balance	38
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	255-75292360	Other Repair/Maint	38
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Bill Duncanson Date: 2/4/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   County Forest Road Aids

2. Provide a brief (2-3 sentences) description of what this program does.
   County Forest Road Aids – state grant

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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DEPARTMENT: PARKS, RECREATION & FORESTRY **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	257-75589900	Fund balance	303
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	257-75598210	Land	303
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Bill Duncanson Date: 2/4/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Forestry State Aid

2. Provide a brief (2-3 sentences) description of what this program does.
   Forestry State Aid– state grant

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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Forms which are incomplete, incorrect, out of balance or have not been "cc'd" to your Department Head will be returned to the originating party.

DEPARTMENT: PARKS, RECREATION & FORESTRY **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☒Exp Decr ☐Rev Incr	258-75692190	Other Professional services	409
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☐Exp Incr ☒Rev Decr	258-75689900	Fund balance	409
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Bill Duncanson Date: 2/4/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Wildlife Habitat Management

2. Provide a brief (2-3 sentences) description of what this program does.
   Wildlife Habitat Management– state grant

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

Instructions for using this form: [This form must be completed and submitted electronically.]

Email your completed form to Jill Zeinert in Finance, with a "cc" to your Department Head.
Forms which are incomplete, incorrect, out of balance or have not been "cc'd" to your Department Head will be returned to the originating party.

DEPARTMENT: PARKS, RECREATION & FORESTRY **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☒Exp Decr ☐Rev Incr	454-70392990	Sundry contractual service	1,808
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☐Exp Incr ☒Rev Decr	454-70389900	Fund balance	1,808
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Bill Duncanson Date: 2/4/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Special projects Snowmobile Trails

2. Provide a brief (2-3 sentences) description of what this program does.
   Snowmobile trails – special projects grant

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

Instructions for using this form: [This form must be completed and submitted electronically.]

Email your completed form to Jill Zeinert in Finance, with a "cc" to your Department Head.
Forms which are incomplete, incorrect, out of balance or have not been "cc'd" to your Department Head will be returned to the originating party.

DEPARTMENT: PARKS, RECREATION & FORESTRY **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	153-77889900	Fund balance	141
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	153-77898210	Land	141
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Bill Duncanson Date: 2/2/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Segregated Land Purchase

2. Provide a brief (2-3 sentences) description of what this program does.
   Non-lapsing fund – Segregated Land Purchase

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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DEPARTMENT: PARKS, RECREATION & FORESTRY **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	432-69889900	Fund Balance	1,568
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	432-69892990	Sundry Contractual services	1,568
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Bill Duncanson Date: 2/9/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Summer ATV 2015-2016

2. Provide a brief (2-3 sentences) description of what this program does.
   Burma trail ATV/UTV

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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DEPARTMENT: PARKS, RECREATION & FORESTRY **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	454-70389900	Fund Balance	49
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	454-70392990	Sundry Contractual services	49
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Bill Duncanson Date: 2/9/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Special Projects-Snowmobile

2. Provide a brief (2-3 sentences) description of what this program does.
   Special Projects-Snowmobile

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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DEPARTMENT: PARKS, RECREATION & FORESTRY **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	469-70689900	Fund Balance	6102
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	469-70692990	Sundry Contractual services	6102
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Bill Duncanson Date: 2/9/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Special Projects ATV

2. Provide a brief (2-3 sentences) description of what this program does.
   Snowmobile Trails/ATV Trails

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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DEPARTMENT: CONSERVATION, PLANNING & ZONING **BUDGET YEAR: 2015**

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

From:

Action	Account Number	Account Description	Amount
☒Exp Decr ☐Rev Incr	237 874 92993	Temporary/Contractual Labor	31187
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☐Exp Incr ☒Rev Decr	237 874 82390	Other Federal Grants	31187
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Rebecca Frisch Date: 2/4/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Brownfield Assessment Grant

2. Provide a brief (2-3 sentences) description of what this program does.
   The Brownfield Assessment Grant provided funding for contracting with a firm to complete Brownfield Assessment and Planning for specific sites within the county.

3. This Program is (check one only):
   ☒ 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, fees) for Existing Program.
   ☐ Set up Initial Budget for New Grant Program.
   ☐ Set up Initial Budget for New Non-Grant Program.
   ☒ Other. Please explain:
   Modify budget to actual amounts expended and received

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

Instructions for using this form: [This form must be completed and submitted electronically.]

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Forms which are incomplete, incorrect, out of balance or have not been "cc'd" to your Department Head will be returned to the originating party.

DEPARTMENT: CONSERVATION, PLANNING & ZONING **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☐Rev Incr	Click to enter GL	DNR Fenwood Creek Plan	Enter amount
☐Exp Decr ☒Rev Incr	321-792-8-2485	DNR Grant	35000
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☐Exp Incr ☐Rev Decr	Click to enter GL	DNR Fenwood Creek Plan	Enter amount
☒Exp Incr ☐Rev Decr	321-792-9-1110	Salaries	20760
☒Exp Incr ☐Rev Decr	321-792-9-1520	Retirement	4900
☒Exp Incr ☐Rev Decr	321-792-9-1540	Hospital/Health Insurance	4650
☒Exp Incr ☐Rev Decr	321-792-9-1541	Dental Insurance	138
☒Exp Incr ☐Rev Decr	321-792-9-1543	Income Continuation	22
☒Exp Incr ☐Rev Decr	321-792-9-1545	Post Employee Health Insurance	192
☐Exp Incr ☐Rev Decr			

Requested By (Dept Head or Designee): Rebecca Frisch Date: 2/5/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Department of Natural Resources Grant

2. Provide a brief (2-3 sentences) description of what this program does.
   The Department of Natural Resources, through the United States Environmental Protection Agency, provides funds to counties to develop nine key element watershed plans. These funds can be utilized for staff and support costs associated with the development of the watershed plan. These funds will be used for staff to develop a nine key element watershed plan for the Fenwood Creek Watershed.

3. This Program is (check one only):
   ☐ 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, 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 text.

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 the non-cash match below):
   Staff time

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☒Yes ☐ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

Instructions for using this form: [This form must be completed and submitted electronically.]

Email your completed form to Jill Zeinert in Finance, with a "cc" to your Department Head.
Forms which are incomplete, incorrect, out of balance or have not been "cc'd" to your Department Head will be returned to the originating party.

DEPARTMENT: CONSERVATION, PLANNING & ZONING **BUDGET YEAR: 2015**

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

From:

Action	Account Number	Account Description	Amount
☒Exp Decr ☐Rev Incr	37080497170	Direct Payments	32571
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☐Exp Incr ☒Rev Decr	37080482485	DNR – State Grant	32571
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Rebecca Frisch Date: 2/1/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Department of Natural Resources Targeted Runoff Management Grant for the Dennis Geiger Farm.

2. Provide a brief (2-3 sentences) description of what this program does.
   This grant provides funding to landowners to resolve water quality problems. The Geiger Farm will be receiving funds for a manure storage project.

3. This Program is (check one only):
   ☒ 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, fees) for Existing Program.
   ☐ Set up Initial Budget for New Grant Program.
   ☐ Set up Initial Budget for New Non-Grant Program.
   ☒ Other. Please explain:
   Modify budget to actual expenditures and revenues

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☒Yes ☐ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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DEPARTMENT: CONSERVATION, PLANNING & ZONING **BUDGET YEAR: 2015**

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

From:

Action	Account Number	Account Description	Amount
☒Exp Decr ☐Rev Incr	357 179 91110	MPO Salaries	22,735
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	357 179 93143	MPO Office Equipment	21,191
☒Exp Incr ☐Rev Decr	357 179 9 3360	MPO Lodging	1,544
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Rebecca Frisch Date: 2/9/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Metropolitan Planning Organization funding from the Department of Transportation

2. Provide a brief (2-3 sentences) description of what this program does.
   This grant provides funding for planning staff and support as well as other special transportation projects. This budget transfer shifts personnel funds to operation funds as approved by the Wisconsin Department of Transportation. This budget adjustment is for 2015 calendar year.

3. This Program is (check one only):
   ☒ 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, fees) for Existing Program.
   ☐ Set up Initial Budget for New Grant Program.
   ☐ Set up Initial Budget for New Non-Grant Program.
   ☒ Other. Please explain:
   Shifting of funds between line items within MPO budget as approved by Wisconsin Department of Transportation

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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DEPARTMENT: CONSERVATION, PLANNING & ZONING **BUDGET YEAR: 2015**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	262 784 82474	DATCP/DNR Grant State	6372
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	262 784 92993	Temporary/Contractual Labor	6372
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Rebecca Frisch Date: 2/4/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Wildlife Damage Program

2. Provide a brief (2-3 sentences) description of what this program does.
   This program provides wildlife damage abatement and claims for landowners experiencing wildlife damage on agricultural crops.

3. This Program is (check one only):
   ☒ 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, fees) for Existing Program.
   ☐ Set up Initial Budget for New Grant Program.
   ☐ Set up Initial Budget for New Non-Grant Program.
   ☒ Other. Please explain:
   Modify budget to actual amounts expended and received

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☒Yes ☐ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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DEPARTMENT: LIBRARY **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☒Exp Decr ☐Rev Incr	252-66793161	Books	9,842
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☐Exp Incr ☒Rev Decr	252-66789900	Fund balance	9,842
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Ralph Illick Date: 2/2/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Library Gifts

2. Provide a brief (2-3 sentences) description of what this program does.
   Donations/gifts received by the Library

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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Forms which are incomplete, incorrect, out of balance or have not been "cc'd" to your Department Head will be returned to the originating party.

DEPARTMENT: FINANCE **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	604-93489900	Fund Balance	511,577
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	604-93498118	Libr branch dev	23,549
☒Exp Incr ☐Rev Decr	604-93498137	PC upgrade	39,089
☒Exp Incr ☐Rev Decr	604-93498291	Libr automation	11,814
☒Exp Incr ☐Rev Decr	604-93498298	Libr 3rd floor	317,624
☒Exp Incr ☐Rev Decr	604-93498400	Libr customer serv	1,950
☒Exp Incr ☐Rev Decr	604-93498402	Libr marketing equipment	30,000
☒Exp Incr ☐Rev Decr	604-93498444	Libr customer serv area	73,999
☒Exp Incr ☐Rev Decr	604-93498445	Libr staff training room	13,552

Requested By (Dept Head or Designee): Kristi Kordus Date: 2/8/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Capital Improvements-Library

2. Provide a brief (2-3 sentences) description of what this program does.
   Capital Improvements-Library

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☐ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☒ Yes, the Amount is $30,000 or more AND (check one box):
   ☒ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

Instructions for using this form: [This form must be completed and submitted electronically.]

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DEPARTMENT: FINANCE **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	708-30989900	Fund Balance	60,103
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	708-30993260	Advertising	60,103
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Kristi Kordus Date: 2/8/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Central WI Airport

2. Provide a brief (2-3 sentences) description of what this program does.
   Economic Development/small commercial air service development

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

Instructions for using this form: [This form must be completed and submitted electronically.]

Email your completed form to Jill Zeinert in Finance, with a "cc" to your Department Head.

Forms which are incomplete, incorrect, out of balance or have not been "cc'd" to your Department Head will be returned to the originating party.

DEPARTMENT: FINANCE **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	714-31389900	Fund Balance	226,358
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	714-31398220	Buildings	226,358
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Kristi Kordus Date: 2/8/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Central WI Airport

2. Provide a brief (2-3 sentences) description of what this program does.
   Construction project – 2015A PN

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

Instructions for using this form: [This form must be completed and submitted electronically.]

Email your completed form to Jill Zeinert in Finance, with a "cc" to your Department Head.

Forms which are incomplete, incorrect, out of balance or have not been "cc'd" to your Department Head will be returned to the originating party.

DEPARTMENT: ADMINISTRATOR **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	101-11589900	Fund balance	916
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	101-11597225	Support Community projects/activity	916
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Brad Karger Date: 2/2/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   County Admin-Support Community Projects

2. Provide a brief (2-3 sentences) description of what this program does.
   Support United Way/Book Fair, etc employee activities

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

Instructions for using this form: [This form must be completed and submitted electronically.]

Email your completed form to Jill Zeinert in Finance, with a "cc" to your Department Head.
Forms which are incomplete, incorrect, out of balance or have not been "cc'd" to your Department Head will be returned to the originating party.

DEPARTMENT: MEDICAL EXAMINER **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	101-11089900	Fund Balance	54,740
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	101-11093140	Small items equipment	3,800
☒Exp Incr ☐Rev Decr	101-11092190	Other prof serv	9,000
☒Exp Incr ☐Rev Decr	101-11093424	supplies	1,500
☒Exp Incr ☐Rev Decr	101-11098110	Vehicle	19,999
☒Exp Incr ☐Rev Decr	101-11098133	Software – Medical Examiner	20,441
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Kristi Kordus Date: 2/8/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Medical Examiner

2. Provide a brief (2-3 sentences) description of what this program does.
   Medical Examiner

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

Instructions for using this form: [This form must be completed and submitted electronically.]

Email your completed form to Jill Zeinert in Finance, with a "cc" to your Department Head.
Forms which are incomplete, incorrect, out of balance or have not been "cc'd" to your Department Head will be returned to the originating party.

DEPARTMENT: FINANCE **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	101-92589900	Fund Balance	130,550
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	101-92592190	Other Prof Service	130,550
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Kristi Kordus Date: 2/8/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Consultants approved in 2015 for 2016

2. Provide a brief (2-3 sentences) description of what this program does.
   Health Service Consultant , Priority Based Budgeting

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:

10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

Instructions for using this form: [This form must be completed and submitted electronically.]

Email your completed form to Jill Zeinert in Finance, with a "cc" to your Department Head.

Forms which are incomplete, incorrect, out of balance or have not been "cc'd" to your Department Head will be returned to the originating party.

DEPARTMENT: FACILITIES & CAPITAL MGMT **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	101-21089900	Fund Balance	23,609
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	101-21092190	Other Professional Service	23,609
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Michael Lotter Date: 2/2/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Focus On Energy – Facilities and Capital Management

2. Provide a brief (2-3 sentences) description of what this program does.
   Rebates from Focus on Energy used for installing additional energy savings items

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:

10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

Instructions for using this form: [This form must be completed and submitted electronically.]

Email your completed form to Jill Zeinert in Finance, with a "cc" to your Department Head.

Forms which are incomplete, incorrect, out of balance or have not been "cc'd" to your Department Head will be returned to the originating party.

DEPARTMENT: FINANCE **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	118-11489900	Fund balance	94,761
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	118-11492190	Other Professional Serv	94,761
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Kristi Kordus Date: 2/2/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Orgn Excellance – County Admin

2. Provide a brief (2-3 sentences) description of what this program does.
   Orgn Excellance – management training, LEAN

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

Instructions for using this form: [This form must be completed and submitted electronically.]

Email your completed form to Jill Zeinert in Finance, with a "cc" to your Department Head.

Forms which are incomplete, incorrect, out of balance or have not been "cc'd" to your Department Head will be returned to the originating party.

DEPARTMENT: UW EXTENSION **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	101-74989900	Fund Balance	10,478
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	101-74993110	Postage/box rent	10,478
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Jean Burger Date: 2/2/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   UW Ext- Postage Allocations

2. Provide a brief (2-3 sentences) description of what this program does.
   Postage account used to pay for postage on bulk mailings for 4H newsletters; Ag/Dairy newsletters, and other large mailings done by UW Extension. Revenue to this account comes partially from the State Extension office.

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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DEPARTMENT: UW EXTENSION **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	101-7417089900	Fund balance	15,456
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	101-7417093190	Office supplies	15,456
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			

Requested By (Dept Head or Designee): Jean Burger Date: 2/2/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   UW Extension-program receipts

2. Provide a brief (2-3 sentences) description of what this program does.
   UW Extension Programming areas each have an account under this GL code; specific programming expenses are paid for from these accounts and specific programming revenues are put into these accounts. Purpose of accounts being separate is they are more long term, not necessarily yearly, and requesting balances at end of year to remain in program area for use in the next year.

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

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DEPARTMENT: UW EXTENSION **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☒Exp Decr ☐Rev Incr	101-7411092193	Educational services	3,900
☐Exp Decr ☒Rev Incr	101-7411189900	Fund balance	11,353
☐Exp Decr ☒Rev Incr	101-7412089900	Fund balance	18,631
☒Exp Decr ☐Rev Incr	101-7413092193	Educational services	2,471
☐Exp Decr ☒Rev Incr	101-7413289900	Fund balance	527
☐Exp Decr ☒Rev Incr	101-7414089900	Fund balance	1,087
☐Exp Decr ☒Rev Incr	101-7414589900	Fund balance	7,886
☒Exp Decr ☒Rev Incr	101-7415089900	Fund balance	8,686

To:

Action	Account Number	Account Description	Amount
☐Exp Incr ☒Rev Decr	101-7411089900	Fund balance	3,900
☒Exp Incr ☐Rev Decr	101-7411192193	Educational services	11,353
☒Exp Incr ☐Rev Decr	101-7412092193	Educational services	18,631
☐Exp Incr ☒Rev Decr	101-7413089900	Fund balance	2,471
☒Exp Incr ☐Rev Decr	101-7413293190	Office supplies	527
☒Exp Incr ☐Rev Decr	101-7414092193	Educational services	1,087
☒Exp Incr ☐Rev Decr	101-7414592193	Educational services	7,886
☒Exp Incr ☐Rev Decr	101-7415092193	Educational services	8,686

Requested By (Dept Head or Designee): Jean Burger Date: 2/2/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   UW Extension-program receipts

2. Provide a brief (2-3 sentences) description of what this program does.
   UW Extension Programming areas each have an account under this GL code; specific programming expenses are paid for from these accounts and specific programming revenues are put into these accounts. Purpose of accounts being separate is they are more long term, not necessarily yearly, and requesting balances at end of year to remain in program area for use in the next year.

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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DEPARTMENT: UW EXTENSION **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	101-74089900	Fund Balance	7,804
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	101-74093290	Other publications	7,804
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Jean Burger Date: 2/2/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   UW Extension-resource matericals

2. Provide a brief (2-3 sentences) description of what this program does.
   UW Extension Publications for each programming area; 4H, Ag, Dairy, Family Living etc. Public purchases publications from our office and revenue goes into this account. We purchase new publications and pay for them from this account.

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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DEPARTMENT: VETERANS **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	101-55689900	Fund balance	28,928
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	101-55697170	Direct Payments	28,928
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Scott Berger Date: 2/2/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Veterans Relief Fund

2. Provide a brief (2-3 sentences) description of what this program does.
   Aid to needy veterans

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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Email your completed form to Jill Zeinert in Finance, with a "cc" to your Department Head.

Forms which are incomplete, incorrect, out of balance or have not been "cc'd" to your Department Head will be returned to the originating party.

DEPARTMENT: FINANCE **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	501-81389900	Fund balance	12,597
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	501-81396131	Aid to county forest loan-principal	12,597
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Kristi Kordus Date: 2/2/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Debt-Aid to County Forest Loan

2. Provide a brief (2-3 sentences) description of what this program does.
   Forest Loan debt – payments on loan from stumpage fees

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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DEPARTMENT: FINANCE **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	BAF-BAF89900	Fund Balance	21,255
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	BAF-BAF98386	Fiber conn to State patrol hq	21,255
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Kristi Kordus Date: 2/2/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   ARRA-BTOP project 2010/2013

2. Provide a brief (2-3 sentences) description of what this program does.
   Fiber connection to State Patrol headquarters

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

Instructions for using this form: [This form must be completed and submitted electronically.]

Email your completed form to Jill Zeinert in Finance, with a "cc" to your Department Head.

Forms which are incomplete, incorrect, out of balance or have not been "cc'd" to your Department Head will be returned to the originating party.

DEPARTMENT: FINANCE **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	625-91889626	Transfer from 626	616,754
☐Exp Decr ☒Rev Incr	626-84689900	Fund balance	616,754
☐Exp Decr ☒Rev Incr	610-92089900	Fund balance	1,806,532
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	625-91898129	Data network upgrades	616,754
☒Exp Incr ☐Rev Decr	626-84699625	Transfer to 625	616,754
☒Exp Incr ☐Rev Decr	610-92098159	Rib Mtn Tower Replacement	1,806,532
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Kristi Kordus Date: 2/8/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Rib Mountain Tower Project

2. Provide a brief (2-3 sentences) description of what this program does.
   Rib Mountain Tower Project/2009A PN

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☒Yes ☐ No Budget Transfer Resolution Required? ☒Yes ☐ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

Instructions for using this form: [This form must be completed and submitted electronically.]

Email your completed form to Jill Zeinert in Finance, with a "cc" to your Department Head.

Forms which are incomplete, incorrect, out of balance or have not been "cc'd" to your Department Head will be returned to the originating party.

DEPARTMENT: CONSERVATION, PLANNING & ZONING **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	272-17289900	Fund balance	180
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	272-17293250	Registration fees	180
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Rebecca Frisch Date: 2/4/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   WLIP Training Education grant

2. Provide a brief (2-3 sentences) description of what this program does.
   Non-lapsing fund

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:

10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

Instructions for using this form: [This form must be completed and submitted electronically.]

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Forms which are incomplete, incorrect, out of balance or have not been "cc'd" to your Department Head will be returned to the originating party.

DEPARTMENT: HEALTH **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☒Exp Decr ☐Rev Incr	281-332-9-3490	Other Operating Supplies	$1,325
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☐Exp Incr ☒Rev Decr	281-332-8-9900	Transfers from Fund Balance	$1,325
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Joan Theurer, Health Officer Date: 1/28/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Mercury Reduction

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

The program's goal is to reduce mercury in surface water, by promoting proper disposal of mercury containing products. Funds for the program come from the City of Wausau and Town of Rib Mountain Sewage Districts.

3. This Program is (check one only):
   - ☒ 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, 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 text.

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 the non-cash match below):
       Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   - ☒ No.
   - ☐ Yes, the Amount is Less than $30,000.
   - ☐ Yes, the Amount is $30,000 or more AND (check one box):
     - ☐ The capital request HAS been approved by the CIP Committee.
     - ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:

10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

Instructions for using this form: [This form must be completed and submitted electronically.]

Email your completed form to Jill Zeinert in Finance, with a "cc" to your Department Head.
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DEPARTMENT: HEALTH **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	322-359-8-2446	Oth Health Care Serv-St Grnt	$1,062
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	322-359-9-3321	Personal Auto Mileage	$690
☒Exp Incr ☐Rev Decr	322-359-9-3360	Lodging	$280
☒Exp Incr ☐Rev Decr	322-359-9-3350	Meals	$92
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Joan Theurer, Health Officer Date: 1/28/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Race to the Top

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

The purpose of this grant is to engage private sector businesses in the advancement of early childhood development; increase the connection of local parents to our early childhood systems of support; and grow community awareness about the early years as a critical time to invest.

3. This Program is (check one only):
   - ☒ 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, 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 text.

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 the non-cash match below):
       Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   - ☒ No.
   - ☐ Yes, the Amount is Less than $30,000.
   - ☐ Yes, the Amount is $30,000 or more AND (check one box):
     - ☐ The capital request HAS been approved by the CIP Committee.
     - ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:

10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☒Yes ☐ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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Email your completed form to Jill Zeinert in Finance, with a "cc" to your Department Head.

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DEPARTMENT: HEALTH **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	338-369-8-9900	Transfers from Fund Balance	$6,084
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	338-369-9-3490	Other Operating Supplies	$6,084
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			

Requested By (Dept Head or Designee): Joan Theurer, Health Officer Date: 1/28/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Department of Natural Resources-Transient Non-Community

2. Provide a brief (2-3 sentences) description of what this program does.
   The Health Department has a contract with the DNR for assuring compliance with regulations for Transient Non-Community (TNC) water systems. A TNC is a defined as a facility that serves at least 25 individuals daily for at least 60 days each year, who are not the same individuals each day. The program collects drinking water samples, conducts follow up sampling based on sample results, and inspects the sanitary condition of the well for compliance with DNR regulations for restaurants, taverns, campgrounds, parks, recreational and educational camps, and churches.

3. This Program is (check one only):
   ☒ 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, fees) for Existing Program.
   ☐ Set up Initial Budget for New Grant Program.
   ☐ Set up Initial Budget for New Non-Grant Program.
   ☐ Other. Please explain:

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 the non-cash match below):
         Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $25,000.
   ☐ Yes, the Amount is $25,000 or more AND (check one box):
      ☐ The capital request HAS been approved by the CIP Committee.
      ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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DEPARTMENT: HEALTH **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	350-377-8-2446	Oth Health Care Serv-St G	$3,103
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	309-349-9-1110	Salaries	$3,103
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Joan Theurer, Health Officer Date: 2/2/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Prevention

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

Prevention funds from the Centers for Disease Control (CDC) are utilized in support of the Marathon County's goal to increase the percentage of individuals who are at a healthy weight by increasing access to fruits and vegetables and increasing physical activity.

3. This Program is (check one only):
   - ☒ 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, fees) for Existing Program.
   - ☐ Set up Initial Budget for New Grant Program.
   - ☐ Set up Initial Budget for New Non-Grant Program.
   - ☒ Other. Please explain:
     Amendment to budget to reflect actual grant amount.

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 the non-cash match below):
       Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   - ☒ No.
   - ☐ Yes, the Amount is Less than $30,000.
   - ☐ Yes, the Amount is $30,000 or more AND (check one box):
     - ☐ The capital request HAS been approved by the CIP Committee.
     - ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:

10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☒Yes ☐ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

Instructions for using this form: [This form must be completed and submitted electronically.]

Email your completed form to Jill Zeinert in Finance, with a "cc" to your Department Head.
Forms which are incomplete, incorrect, out of balance or have not been "cc'd" to your Department Head will be returned to the originating party.

DEPARTMENT: HEALTH **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	367-383-8-9900	Transfers from Fund Balance	$3,933
☒Exp Decr ☐Rev Incr	367-383-9-3321	Personal Auto Mileage	$1,600
☒Exp Decr ☐Rev Incr	367-383-9-1211	Wages-Permanent-Regular-Part time	$5,278
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☐Exp Incr ☒Rev Decr	367-383-8-2500	Grants F/Oth Local Govern	$10,811
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			

Requested By (Dept Head or Designee): Joan Theurer, Health Officer Date: 1/28/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Hearing and Vision Screening 2015-2016

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

These funds allowed the Health Department to continue to perform hearing and vision screening checks on school age children in Marathon County for the 2015-2016 school year. This program is subcontracted from local school districts through the Marathon County Special Education Service to MCHD. MCHD is the service provider.

3. This Program is (check one only):
   - ☒ 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, fees) for Existing Program.
   - ☐ Set up Initial Budget for New Grant Program.
   - ☐ Set up Initial Budget for New Non-Grant Program.
   - ☐ Other. Please explain:

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 the non-cash match below):
       Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   - ☒ No.
   - ☐ Yes, the Amount is Less than $25,000.
   - ☐ Yes, the Amount is $25,000 or more AND (check one box):
     - ☐ The capital request HAS been approved by the CIP Committee.
     - ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:

10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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Email your completed form to Jill Zeinert in Finance, with a "cc" to your Department Head.

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DEPARTMENT: HEALTH **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	374-389-8-9900	Transfers from Fund Balance	$5,634
☒Exp Decr ☐Rev Incr	374-389-9-2250	Telephone	$34
☒Exp Decr ☐Rev Incr	374-389-9-2995	Computer Maintenance Contract	$1,500
☒Exp Decr ☐Rev Incr	374-389-9-3350	Meals	$100
☒Exp Decr ☐Rev Incr	374-389-9-3360	Lodging	$300
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☐Exp Incr ☒Rev Decr	374-389-8-2446	Oth Health Care Serv-St G	$1,129
☒Exp Incr ☐Rev Decr	374-389-9-2133	Indirect Cost Expense	$4,900
☒Exp Incr ☐Rev Decr	374-389-9-3250	Registration Fees/Tuition	$600
☒Exp Incr ☐Rev Decr	374-389-9-3321	Personal Auto Mileage	$250
☒Exp Incr ☐Rev Decr	374-389-9-1110	Salaries-Permanent-Regular	$689
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			

Requested By (Dept Head or Designee): Joan Theurer, Health Officer Date: 2/1/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Public Health Preparedness

2. Provide a brief (2-3 sentences) description of what this program does.
   The fiscal year for this funding is 7/1/15-6/30/16. The program exists to develop and maintain plans so the Marathon County Health Department, along with our partners, is prepared to respond to public health emergencies.

3. This Program is (check one only):
   ☒ 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, fees) for Existing Program.
   ☐ Set up Initial Budget for New Grant Program.
   ☐ Set up Initial Budget for New Non-Grant Program.
   ☐ Other. Please explain:

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 the non-cash match below):
         Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $25,000.
   ☐ Yes, the Amount is $25,000 or more AND (check one box):
      ☐ The capital request HAS been approved by the CIP Committee.
      ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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DEPARTMENT: HEALTH **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	397-409-8-2446	Oth Health Care Serv-St G	$158,148
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	397-409-9-1110	Salaries-Permanent-Regular	$119,899
☒Exp Incr ☐Rev Decr	397-409-9-2250	Telephone	$190
☒Exp Incr ☐Rev Decr	397-409-9-2995	Computer Maint.	$850
☒Exp Incr ☐Rev Decr	397-409-9-3130	Printing	$250
☒Exp Incr ☐Rev Decr	397-409-9-3140	Small Items Equipment	$500
☒Exp Incr ☐Rev Decr	397-409-9-3241	Licenses & Certifications	$110
☒Exp Incr ☐Rev Decr	397-409-9-3250	Registration Fees	$500
☒Exp Incr ☐Rev Decr	397-409-9-3321	Personal Auto Mileage	$3,000

Requested By (Dept Head or Designee): Joan Theurer, Health Officer Date: 2/2/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Community Engagement Collective Impact 2014-2017

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

Money awarded to implement a pilot study on the effectiveness of utilizing "collective impact" model to address obesity in communities. The demonstration project would involve selecting a mix of strategies from the evidence-base that span various settings (e.g., schools, early childhood sites, worksites, community, and healthcare) for communities to implement and evaluate.

3. This Program is (check one only):
   - ☒ 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, fees) for Existing Program.
   - ☐ Set up Initial Budget for New Grant Program.
   - ☐ Set up Initial Budget for New Non-Grant Program.
   - ☐ Other. Please explain:

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 the non-cash match below):
       Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   - ☒ No.
   - ☐ Yes, the Amount is Less than $30,000.
   - ☐ Yes, the Amount is $30,000 or more AND (check one box):
     - ☐ The capital request HAS been approved by the CIP Committee.
     - ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:

10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☒Yes ☐ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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DEPARTMENT: HEALTH **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	397-409-9-3350	Meals	$150
☒Exp Incr ☐Rev Decr	397-409-9-3360	Lodging	$280
☒Exp Incr ☐Rev Decr	397-409-9-3390	Meeting Expenses	$500
☒Exp Incr ☐Rev Decr	397-409-9-3480	Educational Supplies	$500
☒Exp Incr ☐Rev Decr	397-409-9-3490	Other Operating Supplies	$31,419
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			

Requested By (Dept Head or Designee): Joan Theurer, Health Officer Date: 2/2/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Community Engagement Collective Impact 2014-2017

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

Money awarded to implement a pilot study on the effectiveness of utilizing "collective impact" model to address obesity in communities. The demonstration project would involve selecting a mix of strategies from the evidence-base that span various settings (e.g., schools, early childhood sites, worksites, community, and healthcare) for communities to implement and evaluate.

3. This Program is (check one only):
   - ☒ 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, fees) for Existing Program.
   - ☐ Set up Initial Budget for New Grant Program.
   - ☐ Set up Initial Budget for New Non-Grant Program.
   - ☐ Other. Please explain:

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 the non-cash match below):
       Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   - ☒ No.
   - ☐ Yes, the Amount is Less than $30,000.
   - ☐ Yes, the Amount is $30,000 or more AND (check one box):
     - ☐ The capital request HAS been approved by the CIP Committee.
     - ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:

10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☒Yes ☐ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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DEPARTMENT: HEALTH **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	398-412-8-2446	Oth Health Care Serv-St G	$266
☒Exp Decr ☐Rev Incr	398-412-9-3321	Personal Auto Mileage	$65
☒Exp Decr ☐Rev Incr	398-412-9-3490	Other Operating Supplies	$18,000
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	398-412-9-1110	Salaries	$15,846
☒Exp Incr ☐Rev Decr	398-412-9-2133	Indirect Cost Expense	$1,480
☒Exp Incr ☐Rev Decr	398-412-9-2141	Internet Service	$368
☒Exp Incr ☐Rev Decr	398-412-9-3140	Small Items Equipment	$637
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			

Requested By (Dept Head or Designee): Joan Theurer, Health Officer Date: 2/2/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Ebola Preparedness

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

These funds will be used to support accelerated public health preparedness planning for Ebola virus disease (EVD), improve and assure operational readiness for EVD, and assure collaboration, coordination, and partnership with the healthcare system to assist in the development of a tiered system for EVD patient care.

3. This Program is (check one only):
   - ☒ 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, fees) for Existing Program.
   - ☐ Set up Initial Budget for New Grant Program.
   - ☐ Set up Initial Budget for New Non-Grant Program.
   - ☐ Other. Please explain:

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 the non-cash match below):
       Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   - ☒ No.
   - ☐ Yes, the Amount is Less than $30,000.
   - ☐ Yes, the Amount is $30,000 or more AND (check one box):
     - ☐ The capital request HAS been approved by the CIP Committee.
     - ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:

10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☒Yes ☐ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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DEPARTMENT: HEALTH **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☒Exp Decr ☐Rev Incr	401-415-9-1110	Salaries-Permanent-Regular	$12,939
☒Exp Decr ☐Rev Incr	401-415-9-1510	Social Security Employers	$990
☒Exp Decr ☐Rev Incr	401-415-9-1520	Retirement Employers Share	$854
☒Exp Decr ☐Rev Incr	401-415-9-1540	Hospital/Health Insurance	$2,822
☒Exp Decr ☐Rev Incr	401-415-9-1541	Dental Insurance	$24
☒Exp Decr ☐Rev Incr	401-415-9-1543	Income Continuation Insurance	$43
☒Exp Decr ☐Rev Incr	401-415-9-1545	Post Employee Health Plan	$131
☒Exp Decr ☐Rev Incr	401-415-9-1550	Life Insurance	$2

To:

Action	Account Number	Account Description	Amount
☐Exp Incr ☒Rev Decr	401-415-8-2446	Oth Health Care Serv-St G	$125,000
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Joan Theurer, Health Officer Date: 2/1/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Community Engagement Collective Impact 2016-2017

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

Money awarded to implement a pilot study on the effectiveness of utilizing "collective impact" model to address obesity in communities. The demonstration project would involve selecting a mix of strategies from the evidence-base that span various settings (e.g., schools, early childhood sites, worksites, community, and healthcare) for communities to implement and evaluate.

3. This Program is (check one only):
   - ☒ 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, fees) for Existing Program.
   - ☐ Set up Initial Budget for New Grant Program.
   - ☐ Set up Initial Budget for New Non-Grant Program.
   - ☒ Other. Please explain:
     We do not need to maintain a separate subfund for continued funding for this grant.

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 the non-cash match below):
       Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   - ☒ No.
   - ☐ Yes, the Amount is Less than $30,000.
   - ☐ Yes, the Amount is $30,000 or more AND (check one box):
     - ☐ The capital request HAS been approved by the CIP Committee.
     - ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:

10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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DEPARTMENT: HEALTH **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☒Exp Decr ☐Rev Incr	401-415-9-1560	Workers Compensation	$583
☒Exp Decr ☐Rev Incr	401-415-9-1580	Unemployment Compensation	$10
☒Exp Decr ☐Rev Incr	401-415-9-2250	Telephone	$185
☒Exp Decr ☐Rev Incr	401-415-9-2995	Computer Maint. Contract	$477
☒Exp Decr ☐Rev Incr	401-415-9-3130	Printing/Duplication	$250
☒Exp Decr ☐Rev Incr	401-415-9-3140	Small Items Equipment	$500
☒Exp Decr ☐Rev Incr	401-415-9-3241	Licenses & Certifications	$110
☒Exp Decr ☐Rev Incr	401-415-9-3250	Registration Fees/Tuition	$500

To:

Action	Account Number	Account Description	Amount
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Joan Theurer, Health Officer Date: 2/1/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Community Engagement Collective Impact

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

Money awarded to implement a pilot study on the effectiveness of utilizing "collective impact" model to address obesity in communities. The demonstration project would involve selecting a mix of strategies from the evidence-base that span various settings (e.g., schools, early childhood sites, worksites, community, and healthcare) for communities to implement and evaluate.

3. This Program is (check one only):
   - ☒ 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, fees) for Existing Program.
   - ☐ Set up Initial Budget for New Grant Program.
   - ☐ Set up Initial Budget for New Non-Grant Program.
   - ☒ Other. Please explain:
     We do not need to maintain a separate subfund for continued funding for this grant.

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 the non-cash match below):
       Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   - ☒ No.
   - ☐ Yes, the Amount is Less than $30,000.
   - ☐ Yes, the Amount is $30,000 or more AND (check one box):
     - ☐ The capital request HAS been approved by the CIP Committee.
     - ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:

10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

Instructions for using this form: [This form must be completed and submitted electronically.]

Email your completed form to Jill Zeinert in Finance, with a "cc" to your Department Head.
Forms which are incomplete, incorrect, out of balance or have not been "cc'd" to your Department Head will be returned to the originating party.

DEPARTMENT: HEALTH **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☒Exp Decr ☐Rev Incr	401-415-9-3321	Personal Auto Mileage	$2,913
☒Exp Decr ☐Rev Incr	401-415-9-3350	Meals	$150
☒Exp Decr ☐Rev Incr	401-415-9-3360	Lodging	$280
☒Exp Decr ☐Rev Incr	401-415-9-3390	Meeting Expenses	$500
☒Exp Decr ☐Rev Incr	401-415-9-3480	Educational Supplies	$500
☒Exp Decr ☐Rev Incr	401-415-9-3490	Other Operating Supplies	$100,237
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			

To:

Action	Account Number	Account Description	Amount
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Joan Theurer, Health Officer Date: 2/1/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Community Engagement Collective Impact

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

Money awarded to implement a pilot study on the effectiveness of utilizing "collective impact" model to address obesity in communities. The demonstration project would involve selecting a mix of strategies from the evidence-base that span various settings (e.g., schools, early childhood sites, worksites, community, and healthcare) for communities to implement and evaluate.

3. This Program is (check one only):
   - ☒ 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, fees) for Existing Program.
   - ☐ Set up Initial Budget for New Grant Program.
   - ☐ Set up Initial Budget for New Non-Grant Program.
   - ☒ Other. Please explain:
     We do not need to maintain a separate subfund for continued funding for this grant.

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 the non-cash match below):
       Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   - ☒ No.
   - ☐ Yes, the Amount is Less than $30,000.
   - ☐ Yes, the Amount is $30,000 or more AND (check one box):
     - ☐ The capital request HAS been approved by the CIP Committee.
     - ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:

10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

Instructions for using this form: [This form must be completed and submitted electronically.]

Email your completed form to Jill Zeinert in Finance, with a "cc" to your Department Head.

Forms which are incomplete, incorrect, out of balance or have not been "cc'd" to your Department Head will be returned to the originating party.

DEPARTMENT: HEALTH **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☒Exp Decr ☐Rev Incr	402-416-9-1110	Salaries-Permanent-Regular	$71,475
☒Exp Decr ☐Rev Incr	402-416-9-1510	Social Security Employers	$5,469
☒Exp Decr ☐Rev Incr	402-416-9-1520	Retirement Employers Share	$4,717
☒Exp Decr ☐Rev Incr	402-416-9-1540	Hospital/Health Insurance	$15,452
☒Exp Decr ☐Rev Incr	402-416-9-1541	Dental Insurance	$137
☒Exp Decr ☐Rev Incr	402-416-9-1543	Income Continuation Insurance	$240
☒Exp Decr ☐Rev Incr	402-416-9-1545	Post Employee Health Plan	$727
☒Exp Decr ☐Rev Incr	402-416-9-1550	Life Insurance	$9

To:

Action	Account Number	Account Description	Amount
☐Exp Incr ☒Rev Decr	402-416-8-2446	Oth Health Care Serv-St G	$107,866
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Joan Theurer, Health Officer Date: 2/1/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Community Engagement Collective Impact

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

Money awarded to implement a pilot study on the effectiveness of utilizing "collective impact" model to address obesity in communities. The demonstration project would involve selecting a mix of strategies from the evidence-base that span various settings (e.g., schools, early childhood sites, worksites, community, and healthcare) for communities to implement and evaluate.

3. This Program is (check one only):
   - ☒ 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, fees) for Existing Program.
   - ☐ Set up Initial Budget for New Grant Program.
   - ☐ Set up Initial Budget for New Non-Grant Program.
   - ☒ Other. Please explain:
     We do not need to maintain a separate subfund for continued funding for this grant.

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 the non-cash match below):
       Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   - ☒ No.
   - ☐ Yes, the Amount is Less than $30,000.
   - ☐ Yes, the Amount is $30,000 or more AND (check one box):
     - ☐ The capital request HAS been approved by the CIP Committee.
     - ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:

10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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DEPARTMENT: HEALTH **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☒Exp Decr ☐Rev Incr	402-416-9-1560	Workers Compensation	$3,217
☒Exp Decr ☐Rev Incr	402-416-9-1580	Unemployment Compensation	$58
☒Exp Decr ☐Rev Incr	402-416-9-2250	Telephone	$185
☒Exp Decr ☐Rev Incr	402-416-9-2995	Computer Maint. Contract	$477
☒Exp Decr ☐Rev Incr	402-416-9-3130	Printing/Duplication	$250
☒Exp Decr ☐Rev Incr	402-416-9-3140	Small Items Equipment	$500
☒Exp Decr ☐Rev Incr	402-416-9-3241	Licenses & Certifications	$110
☒Exp Decr ☐Rev Incr	402-416-9-3250	Registration Fees/Tuition	$500

To:

Action	Account Number	Account Description	Amount
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Joan Theurer, Health Officer Date: 2/1/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Community Engagement Collective Impact

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

Money awarded to implement a pilot study on the effectiveness of utilizing "collective impact" model to address obesity in communities. The demonstration project would involve selecting a mix of strategies from the evidence-base that span various settings (e.g., schools, early childhood sites, worksites, community, and healthcare) for communities to implement and evaluate.

3. This Program is (check one only):
   - ☒ 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, fees) for Existing Program.
   - ☐ Set up Initial Budget for New Grant Program.
   - ☐ Set up Initial Budget for New Non-Grant Program.
   - ☒ Other. Please explain:
     We do not need to maintain a separate subfund for continued funding for this grant.

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 the non-cash match below):
       Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   - ☒ No.
   - ☐ Yes, the Amount is Less than $30,000.
   - ☐ Yes, the Amount is $30,000 or more AND (check one box):
     - ☐ The capital request HAS been approved by the CIP Committee.
     - ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:

10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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DEPARTMENT: HEALTH **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☒Exp Decr ☐Rev Incr	402-416-9-3321	Personal Auto Mileage	$2,913
☒Exp Decr ☐Rev Incr	402-416-9-3350	Meals	$150
☒Exp Decr ☐Rev Incr	402-416-9-3360	Lodging	$280
☒Exp Decr ☐Rev Incr	402-416-9-3390	Meeting Expenses	$500
☒Exp Decr ☐Rev Incr	402-416-9-3480	Educational Supplies	$500
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			

To:

Action	Account Number	Account Description	Amount
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Joan Theurer, Health Officer Date: 2/1/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Community Engagement Collective Impact

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

Money awarded to implement a pilot study on the effectiveness of utilizing "collective impact" model to address obesity in communities. The demonstration project would involve selecting a mix of strategies from the evidence-base that span various settings (e.g., schools, early childhood sites, worksites, community, and healthcare) for communities to implement and evaluate.

3. This Program is (check one only):
   - ☒ 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, fees) for Existing Program.
   - ☐ Set up Initial Budget for New Grant Program.
   - ☐ Set up Initial Budget for New Non-Grant Program.
   - ☒ Other. Please explain:
     We do not need to maintain a separate subfund for continued funding for this grant.

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 the non-cash match below):
       Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   - ☒ No.
   - ☐ Yes, the Amount is Less than $30,000.
   - ☐ Yes, the Amount is $30,000 or more AND (check one box):
     - ☐ The capital request HAS been approved by the CIP Committee.
     - ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:

10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

Instructions for using this form: [This form must be completed and submitted electronically.]

Email your completed form to Jill Zeinert in Finance, with a "cc" to your Department Head.
Forms which are incomplete, incorrect, out of balance or have not been "cc'd" to your Department Head will be returned to the originating party.

DEPARTMENT: HEALTH **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☒Exp Decr ☐Rev Incr	408-419-9-3490	Other Operating Expense	$8,250
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	408-419-9-1110	Salaries-Permanent-Regular	$8,250
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			

Requested By (Dept Head or Designee): Joan Theurer, Health Officer Date: 2/2/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   HIV Partner Services

2. Provide a brief (2-3 sentences) description of what this program does.
   This money is used to assist HIV-infected persons to assess their risks, utilize needed services and inform partners about their potential risk for HIV. This money is used to serve Marathon, Portage and Wood counties.

3. This Program is (check one only):
   ☒ 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, fees) for Existing Program.
   ☐ Set up Initial Budget for New Grant Program.
   ☐ Set up Initial Budget for New Non-Grant Program.
   ☒ Other. Please explain:
   Amend budget to match state contract

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $25,000.
   ☐ Yes, the Amount is $25,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

Instructions for using this form: [This form must be completed and submitted electronically.]

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DEPARTMENT: CONSERVATION, PLANNING & ZONING **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr ☒Rev Incr	470-79889900	Fund balance	4,690
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	470-79891110	Salaries	4,690
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Rebecca Frisch Date: 2/9/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Grazing Lands Conservation Initiative grant

2. Provide a brief (2-3 sentences) description of what this program does.
   Carryover funds

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

Instructions for using this form: [This form must be completed and submitted electronically.]

Email your completed form to Jill Zeinert in Finance, with a "cc" to your Department Head.

Forms which are incomplete, incorrect, out of balance or have not been "cc'd" to your Department Head will be returned to the originating party.

DEPARTMENT: SOCIAL SERVICES **BUDGET YEAR: 2015**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr X Rev Incr	176 457 8 2453	SPECIAL SERV-STATE GRT & AID	$3,000.00
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
X Exp Incr ☐Rev Decr	176 457 9 3143	OFFICE EQUIPMENT	$3,000.00
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Vicki Tylka Date: 2/1/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Department of Health Services- Income Maintenance Funding

2. Provide a brief (2-3 sentences) description of what this program does.
   Provides eligibility determination for Foodshare, Medical Assistance and Child Care Assistance.

3. This Program is (check one only):
   X An Existing Program.
   ☐ A New Program.

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

5. If this Program is a Grant, is there a "Local Match" Requirement?
   ☐ This Program is not a Grant.
   X 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 the non-cash match below):
         Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   X No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
      ☐ The capital request HAS been approved by the CIP Committee.
      ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:

10% of program, appropriation unit or fund? ☐Yes x No Budget Transfer Resolution Required? xYes ☐ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

Instructions for using this form: [This form must be completed and submitted electronically.]

Email your completed form to Jill Zeinert in Finance, with a "cc" to your Department Head.

Forms which are incomplete, incorrect, out of balance or have not been "cc'd" to your Department Head will be returned to the originating party.

DEPARTMENT: SOCIAL SERVICES **BUDGET YEAR: 2015**

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

From:

Action	Account Number	Account Description	Amount
☐Exp Decr X Rev Incr	176 483 8 2453	SPECIAL SERV-STATE GRT & AID	$60,004
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Decr ☐Rev Incr	Click to enter GL	Click here to enter text.	Enter amount

To:

Action	Account Number	Account Description	Amount
X Exp Incr ☐Rev Decr	176 483 9 7144	LIEAP – CRISIS GRANT	$60,004
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Vicki Tylka Date: 2/1/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Department of Administration – Low Income Energy Assistance Program

2. Provide a brief (2-3 sentences) description of what this program does.
   Provides funding for the low income energy assistance program.

3. This Program is (check one only):
   X An Existing Program.
   ☐ A New Program.

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

5. If this Program is a Grant, is there a "Local Match" Requirement?
   ☐ This Program is not a Grant.
   X 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 the non-cash match below):
         Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   X No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
      ☐ The capital request HAS been approved by the CIP Committee.
      ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:

10% of program, appropriation unit or fund? xYes ☐ No Budget Transfer Resolution Required? xYes ☐ No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

Instructions for using this form: [This form must be completed and submitted electronically.]

Email your completed form to Jill Zeinert in Finance, with a "cc" to your Department Head.

Forms which are incomplete, incorrect, out of balance or have not been "cc'd" to your Department Head will be returned to the originating party.

DEPARTMENT: SHERIFF **BUDGET YEAR: 2016**

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

From:

Action	Account Number	Account Description	Amount
☒Exp Decr ☐Rev Incr	148-23893490	Other Operating Supplies	4,566
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr		Federal Forfeiture Account	
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			

To:

Action	Account Number	Account Description	Amount
☐Exp Incr ☒Rev Decr	148-23889900	Fund Balance	4,566
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			

Requested By (Dept Head or Designee): **Sheriff Scott Parks** Date: 1/28/2016

Funds Available, Verified By: _____ Date: _____

Authorized/Approved By Finance, Property & Facilities Committee Minutes: Date _____

Transfer Entered By: _____ Date: _____

MARATHON COUNTY

Request Authorization for Change in Budget/Transfer of Funds—Supplemental Information

NOTE: Attach this supplemental information to the original Change in Budget/Transfer of Funds form. All questions must be completed by the requesting department, or the Transfer form will be returned.

1. What is the Name of this Program/Grant? (Do NOT use abbreviations or acronyms)
   Federal Forfeitures

2. Provide a brief (2-3 sentences) description of what this program does.
   Assets seized in drug related activities are adjudicated through the Federal Department of Justice, and a portion of the funds are returned to law enforcement to assist with expenses related to fighting drug activity.

3. This Program is (check one only):
   ☒ 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, 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 text.

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 the non-cash match below):
   Click here to enter text.

6. Does this Transfer Request increase any General Ledger Account Code in the 8000's (Capital Outlay)?
   ☒ No.
   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND (check one box):
   ☐ The capital request HAS been approved by the CIP Committee.
   ☐ The capital request HAS NOT been approved by the CIP Committee.

FOR FINANCE DEPARTMENT USE ONLY:
10% of program, appropriation unit or fund? ☐Yes ☒ No Budget Transfer Resolution Required? ☐Yes ☒ No

Wisconsin Tax payer Alliance
FOCUS Article 1/11/2016
County levies up 2%, total property taxes statewide up slightly more

Based on the State Levy Limit, Wisconsin counties can raise the operating levy only up to the amount of the county's net new construction (NNC). The NNC does include all construction in the County including construction in TIDs. The County can increase the levy above this amount for several exceptions. In some counties Library and Bridge Aid are excluded from the operating levy limit as well.

The most common exception to the County's operating levy limit is the amount of debt service levy for general obligation debt authorized after July 1, 2005. This amount is upcoming scheduled principle and interest payments for the upcoming year. Other adjustments to the levy include:

- levy increase approved by referendum
- Levy increase to pay unreimbursed expenses related to an emergency declared by the Governor under state law (sec. 323.10, Wis. Stats.)
- increase or decrease in tax levy for the transfer of services from another governmental unit
- increase for the county's consolidation of services that were previously provided by another governmental unit within the county
- levy increase for your county's share of refunded or rescinded taxes certified by DOR under sec. 74.41(5), Wis. Stats
- Increase or decrease in costs associated with an intergovernmental cooperation agreement. It must a redistribution of costs in an existing agreement.

The Taxpayer Alliance article from FOCUS, dated January 11, 2016, "County levies up 2%, total property taxes statewide up slightly more" lists the County levies for all Wisconsin Counties. Of particular interest were the higher increases in levy for several counties that exceeded the 2% increase or decrease. This memo will provide some insight as to what drives the increases/decreases in these counties.

In many cases, the County's tax levy increase is very similar to the County's Net New Construction increase and therefore tracks closely with the levy limit law. The largest increase in NNC is Kenosha County which had a NNC increase of 2.59%, followed by Trempealeau County at 2.39%, Barron County 2.25%, and Dane at 2.21%.

Attached is a chart that tries to explain the increases in tax levy for the top highest County increases. In some cases, there is no information available for the county. In other cases the main increase over Net New Construction is due to: increased annual debt service payments supported by tax levy, increases programs exempt from the operating levy limit (library aid and bridge aid) or in the case of Portage County and increase in the tax levy for County-wide EMS services. Monroe County is the only County that had a significant decrease in its tax levy at a 3.2% reduction and that is from a $700,000 reduction in its debt service payments.

Wisconsin Tax payer Alliance
FOCUS Article 1/1/2016
County levies up 2%, total property taxes statewide up slightly more

Largest Changes in County Levies 2015-16 (in Millions)

County	14-15	15-16	% change	Net New Construction % NNC	Comment
Vilas	$ 12.86	$ 15.37	19.5%	0.59%	Annual Debt payment increase to $4.2M from $861K Tax rate $2.40 from $1.88
Rusk	$ 6.37	$ 7.27	14.1%	0.95%	Annual Debt payment increase to $1.3M from $466K
Vernon	$ 9.85	$ 10.47	6.3%	0.90%	No information available
Oconto	$ 18.28	$ 19.35	5.9%	1.00%	No information available
Dane	$ 154.38	$ 161.91	4.9%	2.21%	Levy increase $7.3M; Annual Debt payment increase of $3.8M Tax rate $3.15 from $3.12
Eau Claire	$ 27.69	$ 29.02	4.8%	2.06%	Levy increase $1.4 M; Annual Debt payment increase of $825K Tax rate $4.02 from $3.97
Brown	$ 80.86	$ 84.43	4.4%	1.48%	Pay off $14.5M in debt in 2016; tax rate $4.47 from $4.48
Trempealeau	$ 10.15	$ 10.58	4.2%	2.39%	From on-line minutes-Exempt Library Aid increase $129,000 Bridge aid increase $90,000
St Croix	$ 29.46	$ 30.49	3.5%	1.57%	Debt service levy increase $652,000 Tax rate $3.86 from $3.965
Shawano	$ 14.89	$ 15.40	3.4%	0.68%	Proposed budget-Exempt Libray levy $458,000
Portage	$ 26.03	$ 26.65	2.4%	1.00%	levy increases debt-$130,900, expempt bridge aid-$118,000 and County EMS-$106,219
Decrease in tax levy 2016 over 2015					
Monroe	$ 18.41	$ 17.82	-3.2%	1.32%	Reduce annual debt service payments by $700K