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, April 4, 2016
Courthouse Assembly Room 500 Forest Street, Wausau, WI 54403 at 3:00 pm

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 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

3. Approval of Minutes for the March 7, 2016 Finance Committee 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-Claims and Questioned Claims-Approval of March 2016 Claims

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

   B. Discussion and Possible Action – Environmental Impact Fund-Amending Sec. 2.01(23) the General Code of Ordinances for Marathon County: Policy and Guidance for Environmental Impact Fund (EIF) #O- ---16

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

7. Announcements-Next meeting date-**April 18, 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 04/01/2016 at 11:45 am by K Kordus

NOTICE POSTED AT THE COURTHOUSE

By/Date/Time: 04/11/2016 at 11:35 am
by K Kordus

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, March 07, 2016
Courthouse Assembly Room 500 Forest Street, Wausau, WI 54403 at 3:00 pm

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

1. Call to Order-Meeting called to order by Chairman Peek 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 February 15, 2016 Joint Environmental Resources Committee and Finance Committee meeting and Regular Finance Committee Meeting.
   Motion to approve the minutes from the February 15 Joint meeting and Finance Committee Meeting.
   Motion: Soukup
   Second: Stark
   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 February 2016 Claims
   Motion to approve the February Claims
   Motion: Stark
   Second: Miller
   Vote: All ayes

   C. Discussion and Possible Action-Remodel project at 326 River Drive
   Michael Lotter from the Facilities and Capital Management department discussed a request from the US Department of Agriculture (USDA) to remodel and modify the server room at 326 River Drive. The USDA will pay for the remodel of the sever room as a part of a long term lease. The CIP committee approved the project. Lotter will need to get an architect to determine the price of the remodeling. This would also include some additional remodeling and HVAC work that the County would like to have as a part of remodel. The project will include the server room, changing the vestibule and remodeling to assist in the flow of the work space. The USDA would pay us back for the cost either up front or as a part of the long-term lease. Corbett-A memorandum of understanding (MOU) would assist us in creating the agreement. Lotter would like the blessing of the Finance Committee to have funding to hire an architect and develop a scope of the project. We would develop a new lease with the USDA. Corbett-I think that there should be a MOU that states that we will hire an architect to come up with a plan for the remodel of the building for USDA and that the cost of the architect would be in the cost of the rental of 326 River Drive.
   Motion to approve hiring an architect, up to $10,000, and move forward with the cost being funded by small CIP for the 326 River Drive remodel subject to a MOU with the County and USDA being signed.
   Motion: Miller
   Second: Soukup
   Vote: All ayes

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
   Motion to approve the transfers
   Motion: Miller
   Second: Stark
   Vote: All ayes

   B. Discussion and Possible Action – Bluegill Bay Restoration – Environmental Impact Fund Request
   Motion to approve the resolution for the Bluegill Bay Restoration
   Motion: Stark
   Second: Durham
   Vote: All ayes

FINANCE AND PROPERTY COMMITTEE MINUTES
Monday, March 07, 2016

C. Discussion and Possible Action-CCIT project replacing Register of Deeds Tract Index System
The CIP minutes show that the project was approved for the 2016 CIP –the land records fund will pay for the project from the land records modernization fund.
Motion to approve the 2016 Land Records modernization project
Motion: Stark
Second: Miller
Vote: All ayes

D. Discussion and Possible Action-Update Marathon County's Municipalities Continuing Disclosure Cooperation Initiative Policy-No action for information only

6. Policy Issues Discussion and Audit Committee Determination and Approval
   A. Best Practices-Budgeting for Results and Outcomes-Property Request to calculate the value per capita. Kordus will add that column. Peek-Please forward to Executive Committee for their March 9 meeting.

7. Announcements-Next meeting date-**March 21, 2016 at 3:00 pm –May be subject to change**

8. Adjourn-Motion to adjourn by Durham and seconded by Stark to adjourn at 3:55 pm.

ORDINANCE #0-____-16

AMENDING SEC. 2.01(23) THE GENERAL CODE OF ORDINANCES FOR MARATHON COUNTY: POLICY AND GUIDANCE FOR ENVIRONMENTAL IMPACT FUND (EIF)

WHEREAS, on April 15, 2014, the Board of Supervisors of the County of Marathon adopted Chapter 2.01 of the General Code of Ordinances for Marathon County (Gen. Code) establishing rules of procedure for the Marathon County Board and its governance subgroups; and

WHEREAS, Sec. 2.01 (intro), Gen. Code, provides that, after adoption, said rules may be changed pursuant to a two-thirds vote of a quorum of the Board in attendance at a County Board meeting; and

WHEREAS, the Environmental Impact Fund (EIF) is derived from moneys paid to Marathon County by the American Transmission Company. The policy for distribution of said funds has evolved since 2004; and

WHEREAS, on September 17, 2013, the Board of Supervisors of the County of Marathon created §2.01(23), Gen. Code, as County Board Rule of Procedure 23, EIF Policy and Administrative Guidance, to better define the relative roles of Marathon County Committees and Departments with respect to distribution and use of said fund; and

WHEREAS, on March 10, 2016, the Environmental Resources Committee, reviewed and approved recommendations for the amendment of the EIF Policy and Administrative Guidance, §2.01(23), Rule 23, Gen. Code, pursuant to the attached addendum; and

WHEREAS, on April 4, 2016, the Finance and Property Committee, reviewed and approved recommendations for the amendment of the EIF Policy and Administrative Guidance, §2.01(23), Rule 23, pursuant to the attached addendum

NOW, THEREFORE, BE IT ORDAINED AND RESOLVED by the Board of Supervisors of Marathon County:

1. That §2.01(23) Gen. Code, Policy and Administrative Guidance for the Environmental Impact Fund (EIF), is hereby amended, pursuant to the attached addendum.

BE IT FURTHER ORDAIN ED AND RESOLVED that said ordinance shall take effect upon passage and publication as required by law.

Respectfully submitted this _____ day of _____, 2016.

ENVIRONMENTAL RESOURCES COMMITTEE

_____	_____
_____	_____
_____	_____
_____	_____

FINANCE AND PROPERTY COMMITTEE

_____	_____
_____	_____
_____	_____
_____	_____

Fiscal Impact: None

ENVIRONMENTAL IMPACT FUND (EIF)

POLICY AND ADMINISTRATIVE GUIDELINES

Policy Statement:

Service

Marathon County will provide grant assistance for the following projects:

Non-reoccurring projects in Marathon County for the purpose of environmental remediation and/or natural resource protection.

Legacy project consistent with the county comprehensive and strategic plans.

Service to Whom

Grants will be available to local governmental units with a service presence in Marathon County.

Note 1: A "local governmental unit" means a municipality, a redevelopment authority created under s. 66.1333, Stats., a public body designated by a municipality under s. 66.1337 (4), Stats., a community development authority or a housing authority. (Source: s. 292.11(9)(e)1, Stats.)

Note 2: "Municipality" means any city, town, village, county, county utility district, town sanitary district, public inland lake protection and rehabilitation district or metropolitan sewage district. (Source: s. 292.01, Stats.)

At What Cost

The maximum allocation of Environmental Impact Funds to a single project shall be a value equal to locally derived funds, up to 50% of the total project's cost.

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Policy Guidelines:

1. This policy repeals and replaces all policies and procedures previously established by Marathon County regarding distribution of Environmental Impact Funds (EIF), including Marathon County Resolutions R-44-04, R-12-10, R-11-12, and Ordinance 0-22-14 (adopted December 16, 2014) except that nothing in this policy shall be construed to rescind or affect project appropriations which have already been approved by Marathon County pursuant to previous policies. The distribution of EIF follows the policy and administrative guidelines found in Sec. 2.01(23) of the General Code of Ordinances for Marathon County.

2. Applications for funding will be solicited from local governmental units once per year with an application deadline of June 1, or at the discretion of the Environmental Resources Committee (ERC).

3. Funding approvals will be part of the following year's county budget. Recommendations for funding shall be submitted to the Finance and Property Committee (FPC) for consideration in the annual budget by September 1 and forwarded to the County Board as a part of the annual budget.

4. Project applications received outside of the normal budgetary process and timeline are considered "discretionary" projects. Funding recommendation for discretionary projects will require:

   - Approval by either or both of the ERC and FPC prior advancing to the County Board for review as an amendment to the annual budget.

     Note: See Rule 17. No standing committee may overrule the recommendation of another standing committee. (Source: s. 2.01(17), of this code)

   - Approval by two-thirds of the entire membership of the County Board.

     Note: A supermajority of the County Board is required by law to amend the annual budget. (Source: s. 65.90(5)(a), Stats.)

5. The Environmental Resources Committee and Finance and Property Committee will establish a maximum annual allocation limit each April along with any specific funding allocation guidance for a Legacy project. A Legacy project is defined as a project with a multi-generational service life. Costs of Legacy projects covering multiple years shall be earmarked in subsequent years and are counted as part of the maximum annual allocation limit for each year. Costs of one time projects where funds are rolled over to the following year are NOT counted as part of the maximum annual allocation limit.

6. The Environmental Resources Committee (ERC) will serve as the oversight committee for the County relative to review of application reports, ranking of proposed project. The ERC funding recommendations will be forwarded to the Finance and Property Committee and approved by the County Board as a part of the annual budget process.

7. Projects shall be in compliance with State Statutes and Administrative Codes.

8. Projects shall be consistent with the County Comprehensive Plan and the Strategic Plan.

9. Projects shall be consistent with the local Comprehensive Plans or community plans.

10. Projects will emphasize support of community and economic development initiatives that are linked to environmental enhancement, protection, and conservation.

11. Projects shall have long-term community permanence (>10 years).

12. Projects shall not supplant unfunded Capital Improvement Projects (CIP).

13. Funds are limited to local governmental units with a service presence in Marathon County. To minimize conflict of interest concerns and to simplify administration of funds, local government

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units can sponsor on behalf of private individuals and businesses if there is an overriding public interest and natural resource benefit.

14. The maximum allocation of Environmental Impact Funds to a single project shall be a value equal to locally derived funds (tax levy, donations, etc.) up to 50% of the total project's cost. For large scale or Legacy projects, allocations can be distributed over multiple years. Marathon County sponsored projects can leverage any non-EIF grants as locally derived funds.
15. For projects located in a Tax Incremental Financing (TIF) district the following criteria applies:
    a. TIF increment funds shall not be used as part of the locally derived matching funds.
    b. The project must be in a "blighted" or "Rehabilitation or Conservation" TIF district, and
    c. Funds are used only for environmental remediation or natural resource conservation activities.
16. Any requests for funding must be for projects that are located in Marathon County
17. Any reimbursements of funds back to grantee for completed work will be reimbursed back to the EIF fund up to the amount of the grant allocation. Example: Focus on Energy credits for energy saving practices.
18. A policy and progress report (activities, indicators, and outcomes) will be reviewed on an annual basis in January by the ERC. The ERC will forward recommendations and a progress report to the County Board of Supervisors in March.
19. After three (3) years of application cycles, the ERC will determine if a minimum ranking score will be implemented for discretionary and normal budget cycle projects to receive funding consideration.
20. Projects receiving funding shall be completed within two (2) years of allocation. CPZ shall have the discretion to extend time for completion for a period of one additional year, pursuant to criteria to be established, as set forth below.

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Administrative Guidelines:

1. The Conservation, Planning, and Zoning Department (CPZ) will develop and administer an application and solicitation process. Annually, CPZ will provide educational outreach to promote the availability of EIF funding for community projects.
2. CPZ will develop scoring criteria for ranking purposes to recognize and value projects supporting a designated legacy project and Marathon County managed facilities.
3. CPZ will develop scoring criteria for ranking purposes to recognize and value discretionary projects that present unique funding opportunities; partnership opportunities; environmental resource concerns; and public health and safety concerns.
4. CPZ will host a pre-application meeting in May with interested applicants to review time lines, project review and approval criteria, and financial details of the fund.
5. CPZ will facilitate a project preview meeting with the ERC prior to the review and ranking process. The preview will provide proposed activity details and financial considerations of projects that will be forwarded to ERC for funding consideration. The applicant may be available to answer questions at this preview meeting.
6. CPZ will provide ERC with application summary reports and facilitate the ranking of projects. CPZ will facilitate the ERC review, ranking, and recommendation process of projects, including a review of allocation limits and prior funding commitments.
7. CPZ will develop and administer a construction documentation/verification process prior to commencement of any project and fund distribution. The process shall include a final verification and documentation of project completion for submittal to ERC.
8. CPZ will provide ERC and County Board with administrative support of recommendations, meeting scheduling arrangements, resolutions and general communication for the EIF.
9. CPZ will develop criteria to allow a project a third year of funding eligibility. The criteria shall include proof of funding adequacy, substantial positive progress toward completion and a substantial likelihood that the project will be completed within the additional one year period.
10. The Finance Department will provide administrative support of the EIF financing including tracking the fund balance and distribution. Prior to annual allocation determination, the Finance Department will identify any committed and carryover funds from previous allocation cycles.
11. Upon approval by the County Board, CPZ will distribute funds as required by the project guidelines subject to periodic review by the Finance Department.
12. Design and engineering costs can be recovered as part of the overall project cost, not as a separate, stand along project.

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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	114-18189900	Fund balance	440,420
☐Exp Decr ☐Rev Incr	Click to 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	114-18197921	Monk Kitchen Garden	89,183
☒Exp Incr ☐Rev Decr	114-18197923	Phohaska Tree Farm	184,000
☒Exp Incr ☐Rev Decr	114-18197924	Weston Canoe/Kayak	73,370
☒Exp Incr ☐Rev Decr	114-18197926	Radtke Point Park	93,867
☐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: 3/21/2016

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)
   Environmental Impact Fund

2. Provide a brief (2-3 sentences) description of what this program does.
   Carryover funds – projects not completed in 2015

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: 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	438-18289900	Fund balance	18,896
☐Exp Decr ☐Rev Incr	Click to 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	438-18292992	Transportation Services	18,896
☐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: 3/15/2016

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)
   DOT Elderly/Handicap transportation 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

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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	Click to enter GL	Grassworks/NRCS Grazing Grant	Enter amount
☐Exp Decr ☒Rev Incr	250-79282373	NRCS-Federal Grant	$49,923
☐Exp Decr ☐Rev Incr	Click to 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	Grassworks/NRCS Grazing Grant	Enter amount
☒Exp Incr ☐Rev Decr	250-79297170	Direct Payments	$45,430
☒Exp Incr ☐Rev Decr	250-79291110	Salaries	$4,493
☒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): Rebecca Frisch Date: 3/11/2016

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)
   Natural Resource Conservation Service Grant

2. Provide a brief (2-3 sentences) description of what this program does.
   Grassworks, Inc. and the Natural Resource Conservation Service have a cooperative agreement grant for grazing plan technical assistance. Marathon County will serve as the administer of this grant and receive 9% of the funds for administration as well as potentially receiving $10,000 for the development and implementation of managed grazing plans in Marathon 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:
   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

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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	152 72889900	Fund Balance	50,000
☐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
☐Exp Decr ☐Rev Incr	Click to 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	152 72898191	Other Capital Equipment - Replacement	50,000
☐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): William L. Duncanson Date: 1/22/2016

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 – Ice Resurfacer Replacement

2. Provide a brief (2-3 sentences) description of what this program does.
   Premiums for advertising panels on the ice resurfacing machine at the Multi-Purpose Buildings in Marathon Park are deposited into this budget annually. The intent of the premiums are to fund replacement ice resurfacing machines. This increase in budget will fund roughly 50% of the expense of a new ice resurfacing machine as part of the 2016 Parks, Recreation, and Forestry Department rolling stock. The other 50% of the cost of the new ice resurfacing machine is funded in the 2016 Parks, Recreation, and Forestry Department CIP rolling stock. 50% of the proceeds from the sale of the current ice resurfacing machine will be deposited back into this fund.00

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:
   Establish a $50,000 budget to fund a portion of a replacement ice resurfacing machine in 2016.

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: 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	234-98182421	Snowmobile Enforcement	11,246
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr		Snowmobile Enforcement Grant 2015-2016	
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	234-98191120	Salaries-Perm-OT	1,500
☒Exp Incr ☐Rev Decr	234-98191220	Wages-Perm-OT	1,500
☒Exp Incr ☐Rev Decr	234-98193140	Small Items - Equipment	7,746
☐Exp Incr ☐Rev Decr	234-98193250	Registration Fees/Tuition	100
☐Exp Incr ☐Rev Decr	234-98193490	Other Operating Supplies	400
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			
☐Exp Incr ☐Rev Decr			

Requested By (Dept Head or Designee): **Sheriff Scott Parks** Date: 3/11/2016

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)
   SNOWMOBILE Enforcement

2. Provide a brief (2-3 sentences) description of what this program does.
   Provides reimbursement for wages, benefits and other operating expenses for county snowmobile patrol.

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	101 71083290	Other Permits	4,100
☐Exp Decr ☐Rev Incr	Click to 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 71094890	Other Fabricated Materials	4,100
☐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): William L. Duncanson Date: 3/14/2016

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)
   Temporary construction easement payment for two parcels adjacent to Stewart Avenue and Marathon Park.

2. Provide a brief (2-3 sentences) description of what this program does.
   The Parks, Recreation, and Forestry Department received a $4,100 payment from the City of Wausau for two temporary construction easements into Marathon Park as part of the Stewart Avenue reconstruction project occurring in 2016. The Parks, Recreation, and Forestry Department will use these funds to make repairs to the asphalt walking paths within Marathon Park and adjacent to Stewart Avenue.

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

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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	125-98988410	Donations from Private Org and Individuals	30,000
☐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
☐Exp Decr ☐Rev Incr	Click to 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	125-98992189	Professional Services-Training	30,000
☐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): Sheriff Scott Parks Date: 3/22/2016

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)
   Crisis Intervention Team

2. Provide a brief (2-3 sentences) description of what this program does.
   The Crisis Intervention Team/Partnership (CIT/CIP) is a comprehensive training that assists forest responders in assisting with mental health issues during their course of work. This training would improve the system in which individuals receive access into the mental health care system, as well as adequately preparing first responders in improving their skills with those who are experiencing crisis or active mental health disorders or illnesses

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: 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	173-86982423	Salary Reimbursement – State Grant	22,500
☐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	173-86991120	Salaries – Permanent - Overtime	2,025
☒Exp Incr ☐Rev Decr	173-86991220	Wages – Permanent - Overtime	10,575
☒Exp Incr ☐Rev Decr	173-86997998	Drug Grant – Personal Reimbursement	9,900
☐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: 3/9/2016

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)
   Community Oriented Policing Services (COPS) Anti-Heroin Task Force Program Grant

2. Provide a brief (2-3 sentences) description of what this program does.
   Wisconsin Department of Justice, Division of Criminal Investigation (DCI) will provide reimbursement to each participating County/Task Force/Agency for overtime expenses associated with the development and investigation of narcotics cases that target the illicit trafficking of opiates and heroin.

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: 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	101-21593250	Registration Fees	6,000
☐Exp Decr ☒Rev Incr	125-98989101	Transfer from sub fund 101	6,000
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr		Transfer budget to Crisis Intervention Team	
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			

To:

Action	Account Number	Account Description	Amount
☒Exp Incr ☐Rev Decr	125-98992189	Professional Services-Training	6,000
☒Exp Incr ☐Rev Decr	101-00199148	Transfer to sub fund 125	6,000
☐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: 3/22/2016

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)
   Transfer General Fund budget to Crisis Intervention Team training sub fund

2. Provide a brief (2-3 sentences) description of what this program does.
   The Crisis Intervention Team/Partnership (CIT/CIP) is a comprehensive training that assists first responders in assisting with mental health issues during their course of work. This training would improve the system in which individuals receive access into the mental health care system, as well as adequately preparing first responders in improving their skills with those who are experiencing crises or active mental health disorders or illness

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: 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	124-98688410	Donations from Private Org & Individuals	7,500
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr		K-9 Donations/Expenses	
☐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	124-98692110	Medical Expense	2,000
☒Exp Incr ☐Rev Decr	124-98692189	Prof. Services-Training	3,000
☒Exp Incr ☐Rev Decr	124-98692190	Other Professional Services	500
☒Exp Incr ☐Rev Decr	124-98693490	Other Operating Supplies	2,000
☐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: 3/15/2016

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)
   K-9 Donations/Expenses

2. Provide a brief (2-3 sentences) description of what this program does.
   Record expenses and donations for Sheriff's Office K-9s

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: 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	162-84982320	Public Safety Federal Grant	5,751
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr		2015 JAG Equipment Grant	
☐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	162-84997170	Direct Payments	5,751
☐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: 3/16/2016

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)
   Program: Bureau of Justice Assistant Fiscal Year 15 Edward Bryne Memorial Justice Assistance Grant (JAG)
   Program: Local Solicitation
   Project Title: Marathon County and the City of Wausau 2015 Equipment Initiative

2. Provide a brief (2-3 sentences) description of what this program does.
   To provide law enforcement agencies additional resources to enhance their ability to provide community initiatives, provide for officer and community safety and enhance crime response.

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: 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	405-98882327	EM GOV – FEDERAL GRANT	103,690
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr			
☐Exp Decr ☐Rev Incr		HS/Icor Caliber TS Small Platform Robot Grant	
☐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	405-98898290	Other Capital Improvements	103,690
☐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: 3/15/2016

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)
   Grant Title: HS ALERT EXPLOSIVE ORDINANCE DEVICE (EOD) ROBOT EQUIPMENT 2014
   Project Title: Homeland Security/Icor Caliber T5 Small Platform Robot

2. Provide a brief (2-3 sentences) description of what this program does.
   Funding to purchase the ICOR Caliber T5 EOD robot, a small, light, narrow robot built as a two-man portable system that utilizes a single turreted claw/disrupter arm, perfect for quick deployment. The robot is suited for deploying into narrow passages (for example, a bus aisle) and has the ability to use x-ray machines without endangering personnel.

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	146-24089900	FUND BALANCE	200,000
☐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
☐Exp Decr ☐Rev Incr	Click to 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	146-24092470	BUILDING REPAIRS	25,000
☒Exp Incr ☐Rev Decr	146-24092136	JAIL STRUCTUAL INVEST PROJECT	50,000
☒Exp Incr ☐Rev Decr	146-24098293	JAIL-KITCHEN REMODEL	125,000
☐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: 3/10/2016

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)
   JAIL ASSESSMENT

2. Provide a brief (2-3 sentences) description of what this program does.
   JAIL SURCHARGE FOR REPAIRS TO COUNTY JAIL

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

Jail Cooler Replacement Costs

Phase 1 - Scope of Work - Demo and Dispose of existing walls, cooler, cooling system, electrical and motors

Demolition and Disposal Cooler- TSG				$	9,360.00
Electrical Demolition			Newton	$	1,800.00
HVAC Demolition			Stainless	$	1,800.00
New Walk In Coolers			Streich	$	18,051.00
				$	31,011.00
Contingency Allowance				$	9,303.30
				$	40,314.30

Phase 2 - Repair floor, walls and ceiling as required

Flooring			Macco	$	2,557.00
Ceiling		TSG	Estimate	$	7,500.00
Walls		TSG	Estimate	$	6,500.00
Electrical Outlets		Newton	Estimate	$	5,000.00
				$	21,557.00
Contingency Allowance				$	6,467.10
				$	28,024.10

Phase 3 - Demo out existing Kitchen equipment, dispose, install new kitchen equipment, plumbing and electrical, flooring, ventilation

New Equipment		Installation			
	New dishtable,			$	1,094.00
	Wall Shelf			$	253.00
	Dishtable Soiled			$	4,643.00
	Per Rinse Faucet Assy w faucet			$	650.00
	Wall Panel			$	1,804.00
	Hand Sink			$	890.00
	condensate hood			$	762.00
	disposer			$	2,000.00
	Diswasher			$	8,138.00
				$	20,234.00
Electrical			Estimate	$	5,500.00
Demolition and Disposal			Estimate	$	6,500.00
Flooring			Estimate	$	2,500.00
HVAC			Estimate	$	3,500.00
Plumbing			Estimate	$	4,500.00
				$	42,734.00
Contingency Allowance				$	12,820.20
				$	55,554.20
TOTAL REQUEST				**$**	**123,892.60**

County Levy Explained

		Tax Levy-in Millions			Tax Rate			2015 Equalized Value	2015 Equalized Value	
County	**Population**	**14-15**	**15-16**	**% change**	**14-15**	**15-16**	**% NNC**	**For County Appropriaton**	**Population**	
Dane	508,379	154.38	161.91	4.9%	$ 3.12	$ 3.15	2.21%	51,272,739,050	$ 100,855	incr-debt service $3.8M
Waukesha	393,927	103.91	104.41	0.5%	$ 2.08	$ 2.04	1.07%	49,440,690,500	$ 125,507	
Brown	255,376	80.86	84.43	4.4%	$ 4.48	$ 4.47	1.48%	18,588,651,600	$ 72,789	Incr-exmpt library $337K, debt service $236K Pay off $14.5M debt
Racine	195,484	51.14	51.06	-0.1%	$ 3.90	$ 3.84	1.00%	13,311,504,450	$ 68,095	
Outagamie	181,310	64.68	66.01	2.1%	$ 4.95	$ 4.92	1.53%	13,424,026,600	$ 74,039	
Winnebago	168,526	65.44	65.00	-0.7%	$ 5.75	$ 5.62	0.65%	11,583,545,900	$ 68,734	
Kenosha	167,493	61.98	63.52	2.5%	$ 5.16	$ 5.12	2.59%	12,116,668,100	$ 72,341	
Rock	160,059	63.05	64.16	1.8%	$ 6.78	$ 6.77	0.92%	9,477,775,810	$ 59,214	
Marathon	135,341	47.15	47.61	1.0%	$ 5.16	$ 5.13	1.10%	9,289,260,900	$ 68,636	
Washington	133,486	35.43	35.18	-0.7%	$ 2.69	$ 2.60	1.37%	12,888,367,800	$ 96,552	
LaCrosse	117,054	31.58	32.68	3.5%	$ 3.89	$ 3.89	1.39%	8,408,267,300	$ 71,832	Incr-exmpt library $104K, debt service $590K
Sheboygan	115,305	47.01	48.36	2.9%	$ 5.64	$ 5.77	0.92%	8,380,543,700	$ 72,682	Incr-levy for taking over dispatch from City of Sheboygan
Fond du Lac	103,124	41.41	42.20	1.9%	$ 6.12	$ 6.11	1.22%	6,909,400,600	$ 67,001	
Walworth	102,469	61.15	61.55	0.6%	$ 4.23	$ 4.23	0.66%	13,096,127,600	$ 127,806	
Eau Claire	100,973	27.69	29.02	4.8%	$ 4.20	$ 3.97	2.06%	7,217,049,100	$ 71,475	Incr-debt service $575K
Wood	74,965	22.80	23.38	2.6%	$ 4.52	$ 4.53	0.95%	4,685,642,400	$ 62,504	Incr-debt service $339K
Portage	70,940	26.03	26.65	2.4%	$ 5.11	$ 5.10	1.00%	5,218,726,400	$ 73,565	Incr-exmpt bridge aid $118K, debt service $131K, County-wide EMS $106K
Lincoln	28,835	13.62	13.76	1.0%	$ 6.11	$ 6.04	0.50%	2,275,842,400	$ 78,926	
Langlade	19,907	9.11	9.19	0.9%	$ 5.54	$ 5.52	0.89%	1,664,225,600	$ 83,600	
State-wide Totals	5,753,324	2046.5	2086.5	2.0%			1.21%	474,255,259,895	$ 82,432	