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

MARATHON COUNTY HUMAN RESOURCES, FINANCE & PROPERTY COMMITTEE MEETING AGENDA

Date & Time of Meeting: **Monday, January 9 2017; 3:00 p.m.**
Meeting Location: **County Board Assembly Room, 500 Forest Street, Wausau, WI 54403**
Members: **Bill Miller, Chair; Craig McEwen, Vice-Chair; Tim Buttke, John Durham, Kurt Gibbs, John Robinson, E.J. Stark**

Marathon County Mission Statement: Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly, or in cooperation with other public and private partners, provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12/20/05)
Human Resources, Finance & Property Committee Mission/Purpose: Provide leadership for the implementation of the County Strategic Plan, monitoring outcomes, reviewing and recommending to the County Board policies related to the human resources initiatives, finance and property of the County.

1. Call to Order-Meeting called to order by 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

3. Approval of Minutes From the December 5, 2016 Human Resources & 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-Jensen

   B. Approval of Claims and Questioned Costs-December 2016

   C. Facilities and Capital Management and North Central Health Care Center Maintenance Transition Update—Lotter/Matel

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

   B. Discussion and Possible Action-Resolution-Transfer from the 2016 Contingency fund for $405,000 to North Central Health Care (NCHC) and $70,000 to the Sheriff's Department.

   C. Social Services Department Reorganization--Tylka
      1) Abolish One Full-Time Senior Social Service Manager (26011), Pay Grade D61 and Create One Full-Time Income Maintenance (IM) Consortia Manager (26015), Pay Grade C52;
      2) Abolish One Full-Time Senior Social Service Manager (26009), Pay Grade D61 and Create One Full-Time Business Manager (26014), Pay Grade C52;
      3) Create One Part-Time Accountant, .625 FTE (26711), Pay Grade C44
      4) Reclassify the Vacant Full-Time Social Service Specialist (26713), Pay Grade B22, to One Full-Time Administrative Coordinator, Pay Grade B23

6. Educational Presentations/Outcome Monitoring Reports-No Action to be Taken on These Items
   A. None

7. Announcements: Next Meeting Date-Monday, January 30, 2017

8. Adjourn

Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715 261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.

SIGNED /s/Bill Miller
Presiding Officer or Designee

Faxed to: Wausau Daily Herald
Faxed to: Record Review
Faxed to: Marshfield News
Faxed to: City Pages
Faxed by/time: 4:10 pm 1/5/17 k kordus

NOTICE POSTED AT THE COURTHOUSE
By/Date/Time: 4:10pm 1/5/17 k kordus

MARATHON COUNTY HUMAN RESOURCES, FINANCE & PROPERTY COMMITTEE MEETING MINUTES

Date & Time of Meeting: **Monday, December 5, 2016; 3:00 p.m.**

Members: Bill Miller, Chair; Craig McEwen, Vice-Chair; Tim Buttke, John Durham-excused, Kurt Gibbs, John Robinson, E.J. Stark

Others: Frank Matel, Lane Leonhard, Brad Karger, Gary Gisselman, Lee Peek, Brian Kowalski City Pages, Jessica Blahnik, Michael Lotter, Sue Fox, Tom Lovlien, Audrey Jensen ,Kristi Kordus, Terry Kaiser, Scott Corbett, Michael Loy, Chad Billeb

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

2. Public Comment Period -- Not to Exceed 15 Minutes-None

3. Approval of Minutes From the November 7, 2016 Human Resources & Finance Committee Meeting
   Motion by Gibbs and seconded by Stark to approve the minutes; vote unanimous

   Chairman Miller requested that 4D and 5C (Parks Department) items be moved up on the agenda. No objections to the request from the committee.

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-Jensen
      There is one bid which was not marked as a bid but once recognized as a bid was sealed for the Committee to open.
      Land Sale #2014-9 in the Village of Spencer at 510 ½ Willow Drive, Spenser, WI 54479. The minimum bid is $200. Deposit of $20 and a bid of $200 on the property from Casey Inman of San Diego, CA.
      Motion by Buttke and seconded by McEwen to accept the bid; vote unanimous.

   B. Discussion and Possible Action-Request to Replace Boiler at North Central Health Care Center (NCHC) in 2017-Lotter discussed the project of a boiler at the NCHC that is over 35 years old and it is a safety risk and should be replaced. NCHC has funds in its 2017 budget and we would like to do the project and use Angus Young as the engineer and they did the work on the Mount View remodel and would do the project for $12,950. The estimated total cost of the project is for $425,000. Stark-The new boiler is going to be cost efficient in the long run.
      Motion by Gibbs and seconded by Robinson to approve the Boiler project NCHC and use; vote unanimous.

   C. 2017 Human Resources and Finance and Property Committee Schedule-Schedule is ok with verification of the September 18 joint meeting Portage County.

   D. Eliminate Seasonal Facility Attendant-Splash Pad, Park Attendant and Trail Attendant Position Titles and Increase Facility Attendant Seasonal Hourly Wage Rate in the Parks/Rec/Forestry Department-Duncanson discussed the attendant positions that would be combined and the adjustment of the wages for the position.
      Motion to approve the increase the wages by Robinson and seconded by McEwen, vote unanimous

   E. Policy on Naming Rights of County Buildings and Properties-Corbett discussed the final changes to the policy as discussed in November. Miller-Why did you exclude the Parks department? Corbett-There is a long history of the Parks Commission naming its facilities and parks. What about NCHC? Corbett-I can look at the current agreement at NCHC to see what the agreement says. Miller-What about the airport? Corbett-One item that I wanted to discuss is that any name must be approved by the County Administrator prior to coming to the committee. The committee can decide if they want the Administrator's approval or not. Robinson-There is some question on if a department director naming what would be the choice of the department director. Karger-I can work with the department directors affected to work on the naming prior to moving the proposal to the HRFC. Corbett-The HRFC has the authority to approve the naming of property. Page 3-General Criteria, a group with long standing affiliation with the County of not less than 10 years; does this does include the landfill? There is a concern that the County Board is not the final approver on this policy, Corbett-I can write in that the Committee has the authority to move the authority to the County Board.
      Two other issues-Page 4 Groups and Organizations. If a donation or contribution exceeds 50% then you can name in property for the person or group or else you can provide a plaque or memorial? If there is going to be donations of materials that meets the definition of a public works project, then we would need to send that portion to the County Board.
      Motion by Gibbs to approve with the amendments discussed seconded by Buttke; vote unanimous

F. Status of Regional or Intergovernmental Organizations with which Marathon County Associates-Corbett status update on the memo that we will do a check list for each organization and bring the information back to the committee in 2017. No formal action taken.

5. Policy Issues Discussion and Committee Determination to the County Board for its Consideration
   A. 2016 Interdepartmental Transfers-Kordus
   Motion by McEwen and seconded by Buttke to approve the transfers; vote unanimous

   B. Discussion and Possible Action-Resolution Approving an Application to Acquire State Funding Through the Knowles-Nelson Stewardship Grant Program-Lovlien discussed the purchasae of forest land and provided a map. Robinson abstains from voting due to his employment with DNR. It is a 98 acre parcel that we wish to purchase and we would want to apply for a Knowles-Nelson Stewardship grant. This is the first step in the purchasing of the property. Gibbs-Is this currently in forest crop land? Yes and the town would get more revenue from the County forest law.
   Motion by Stark and seconded by McEwen to approve the resolution and move to County Board. Vote 5 ayes and one abstention.

   C. Parks/Rec/Forestry (PRF) Department Reorganization-Duncanson
   1) Abolish One Full-Time Urban Forestry Specialist Position(19406), Pay Grade B22 and Create One Full-Time Asst. Park & Rec Manager Position Pay Grade C42;
   Duncanson discussed the request for reorganization of the Parks, Recreation and Forestry Department. Duncanson showed photos of the activities and events that the parks department completes both at the City (Wausau) and County level. PRF has 140 seasonal employees besides the regular full-time and part-time positions. PRF has requested to add a Park and Recreation Manager and leave a vacancy of the field position and move one field position to a management position. The cost of this change will cost $29,574 less for the County with this reorganization. Robinson-With this reorganization what do we need to do? Matel-We need to give permission to abolish the Urban Forestry Position and move into the new position of Assistant Park and Recreation Manager. Secondly, we will not be reclassifying the Maintenance Manager to the Park and Recreation Manager.

   2) Reclassify One Full-Time Maintenance Manager Position (19003), Pay Grade C44 to One Full-Time Park & Rec Manager Position, Pay Grade C52
   Gibbs-Where do the duties of the turf specialist go if he is now a manager? Duncanson-The hours are coming from the work that was housed at Marathon Park. Gibbs is concerned that in one year we will hear that work is not getting done as the previous position is now a manager and the work is lacking. Miller-Do try to plan to get the man hours you need from volunteers so that services can be completed by the volunteers.

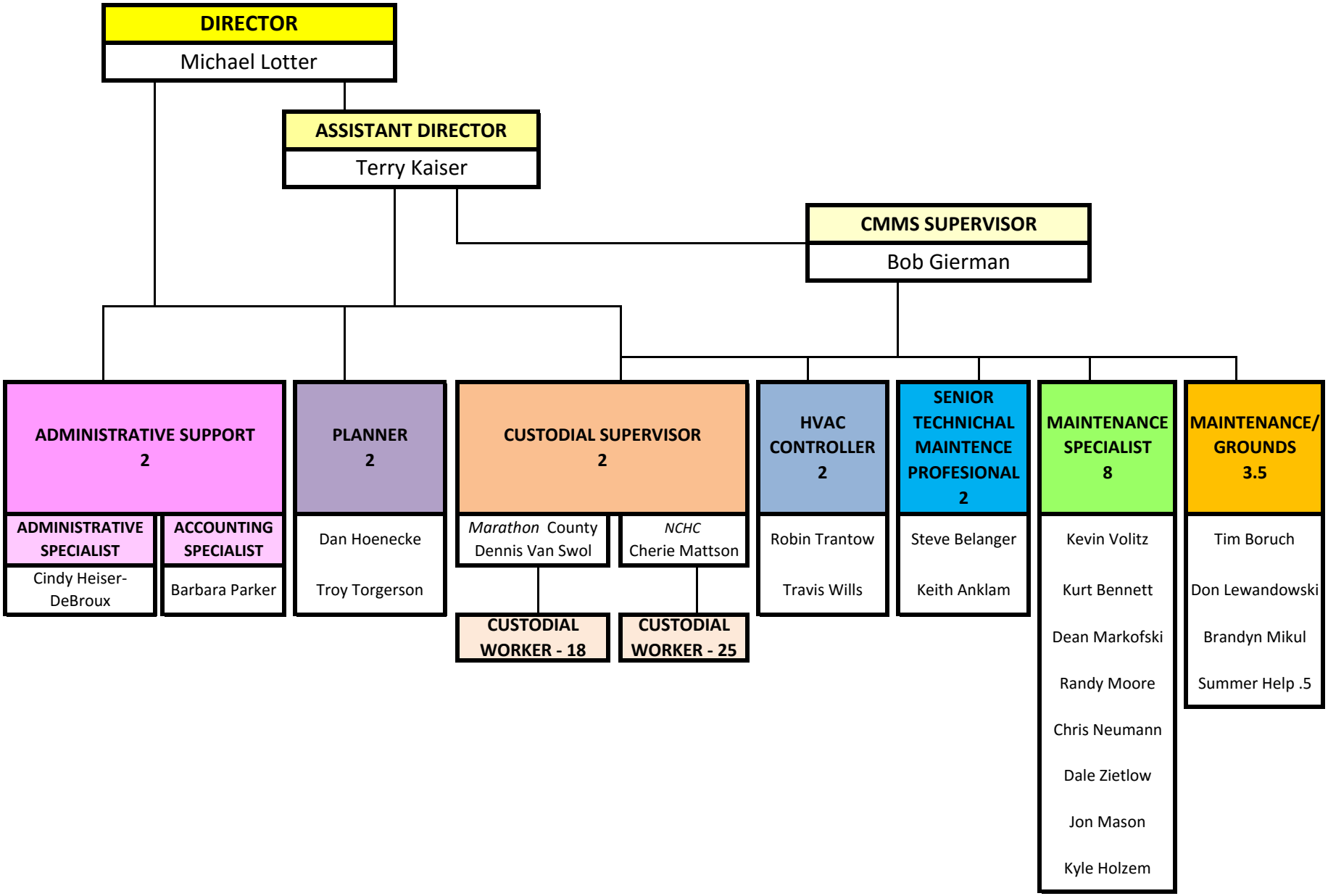
   Motion by Robinson and seconded by Stark to abolish the first position and creating a new Assistant Park and Recreation Manager position and reclassifying the second position to a manager position; vote unanimous.

6. Educational Presentations/Outcome Monitoring Reports-No Action to be Taken on these items
   a. Medical Examiner-Van purchase-Blahnik-Discussed the purchase of a van for the Medical Examiner in 2016 due to safety concerns.
   b. Update on transfer of maintenance staff from NCHC to Marathon County-Kordus/Matel/Lotter-Facilities and Capital Management will be taking over the 12 FTE of from the NCHC and have them start working at FCM as of January 1, 2017. Terry Kaiser still be working with the employees and will be ready to go.
   c. Presidential Election Recount-Kordus-The County Clerk will file all information with the State when the recount is completed.

7. Announcements: Next Meeting Date-Monday, January 9, 2017

8. Adjourn-Move to adjourn Gibbs and Robinson at 4:45 pm, vote unanimous.

MARATHON COUNTY FACILITIES & CAPITAL MANAGEMENT ORGANIZATIONAL CHART



Facilities Management Services Transition and Implementation Plan

By

Marathon County Administration

And Affecting

North Central Health Care

Whereas, Marathon County adopted R-6-16, dated January 19, 2016, which provides that Marathon County Administrator is hereby authorized to develop a Transition Plan to transfer maintenance responsibilities at North Central Health Care Campus from North Central Health Care to the Marathon County Department of Facilities and Capital Management; and

Whereas the Marathon County Administrator was authorized and empowered to take actions necessary to effectuate the purposes of the above referenced resolution; and

Whereas, the parties to this Transition Plan (hereinafter referred to as the "Plan") are Marathon County, a political subdivision of the State of Wisconsin located at 500 Forest Street, Wausau, Wisconsin (hereinafter referred to as "the County"); and North Central Health Care, a multi-county department of community programs constituted by a Joint County Agreement between Langlade, Lincoln and Marathon Counties pursuant to §§ 51.42 and 66.0301, Wis. Stats., (hereinafter referred to as "NCHC").

Now therefore it is hereby ordered by the Marathon County Administrator that effective the first (1st) day of January, 2017 ("Effective Date"):

1. **Services to be performed by County.** The County, through its Department of Facilities and Capital Management, will perform the duties, tasks, responsibilities, schedule, and deliverables set forth in Attachment 1 (collectively referred to herein as "Services"), a copy of which is attached hereto and fully incorporated herein. Changes to any specifications of the Services may necessitate an amendment to Attachment 1 and may result in additional charges.

2. **Term of the Plan.** The purpose of this Plan is to provide a framework for the transition of responsibility for facilities maintenance from NCHC to the County at County-owned facilities currently occupied by NCHC, as designated in Attachment 2. This Plan is effective as of the Effective Date and for a period of five (5) years thereafter. At the conclusion of the initial five year term, the parties may execute a Memorandum of Understanding with regard to continuing Facilities Management Services or other appropriate documents.

3. **Payment of Employee Base Salaries and Benefits:** As of January 1, 2017, all persons holding the positions specified in Attachment 1 of this Plan, who are currently employed by

NCHC, shall become employees of the County. Marathon County's 2017 budget reflects that funds for the provision of salary and benefits for each of these positions will be withheld from the County's contribution to NCHC and placed in the budget of the County's Department of Facilities and Capital Management. NCHC will not be billed for services considered basic maintenance and repair, as the terms are described in Attachment 1.

4. **Payment for Services above Basic Maintenance and Repair.** The costs of work required above basic maintenance and repair, as the terms are described in Attachment 1, are to be paid by the NCHC and shall reflect actual cost of labor, administrative and overhead costs, and materials. Rates used by the County to established billed costs for additional work shall be based on annually-established rates of the County. NCHC shall be billed on a monthly basis. NCHC shall pay the County within twenty (20) days of the date of invoice from the County to NCHC.

5. **State and Federal Taxes.** The County and NCHC are both governmental subunits. Therefore no taxes shall be incurred as a result of the Services provided under this Plan.

6. **County Rights to Determine Methods.** The County shall have the right to control and determine the methods and means of performing the Services provided and shall have sole discretion to determine whether such methods and means satisfactorily accomplish the objective of the service being provided. The County will cooperate with NCHC to minimize, to the extent feasible, the degree to which the methods and means impact daily operations of NCHC. The County will contract, pay for and oversee the execution of all outsourced services, as set forth in Attachment 1.

7. **Disputes.** If a dispute related to this Plan arises, the disputing party shall notify the other party of such a dispute in writing, pursuant to the notice provision set forth below, and with sufficient particularity to fully identify the dispute. If the dispute has resulted from a breach of this Plan by the party to be notified, such notification should state the alleged breach and the provision of this Plan which is allegedly breached. All parties shall attempt to resolve the dispute through direct discussions and negotiations. If the dispute cannot be resolved by the parties, a final decision shall be made by the Marathon County Board of Supervisors. Unless otherwise agreed, the parties shall continue to perform according to the terms and conditions of this Plan during the pendency of any dispute resolution process.

8. **No Agency.** Each party to this Plan shall not act as the agent, employee, or servant of the other party. Accordingly, the County's personnel (including employees or agents) shall not be considered the employees or agents of NCHC; and NCHC's personnel (including employees or agents) shall not be considered the employees or agents of the County

9. **Notices.** All notices herein provided to be given, or which may be given, by any party to the other, shall be deemed to have been fully given when made in writing and deposited in the

United States Mail, certified and postage prepaid, and addressed as follows, or by hand delivery or by email to the email address also indicated below:

To County at:

Marathon County
Dept. of Facilities and Capital Management
Attn: Director
1308 West Street
Wausau, WI 54401
Email: facilities.capital@co.marathon.wi.us

To NCHC at:

North Central Health Care
Attn: Chief Executive Officer
1100 Lakeview Drive
Wausau, WI 54403
Email: admin@norcen.org

10. **Waiver.** The failure of any party to assert a right under this Plan or to insist upon compliance with any term or condition of this Plan shall not constitute a waiver of that right.

11. **Severability.** If any court determines that any provision of this Plan is invalid or unenforceable, any invalidity or unenforceability will affect only that provision and will not make any other provision of this Plan invalid or unenforceable and such provision shall be modified, amended, or limited only to the extent necessary to render it valid and enforceable.

12. **Entire Plan/Amendment of Plan.** This Plan, along with the applicable Attachments, is the entire Plan as to the subject matter hereof and supersedes all other prior, contemporaneous, or subsequent written or oral communications, including terms and conditions of any purchase order or other documents. This Plan shall not be subject to any change or modifications except by execution of a written instrument signed by the Marathon County Administrator, or by express written consent, pursuant to the process described in Attachment 1, relative to work authorized by NCHC over and above basic maintenance.

13. **Insurance Coverage**
    A. During the term of this Plan, the County shall procure and maintain in force, at its expense, the following insurance:

        1) Property insurance with an extended endorsement covering the property subject to this Plan, described in Attachment 2, in an amount equal to replacement cost of the property.

        2) Builder's Risk insurance. During the course of construction of any improvements, additions or alterations to the property subject to this Plan, the County shall obtain and keep in force a Plan of builder's risk insurance in an amount sufficient to cover the cost of repair or replacement of the improvement, addition or alteration, unless Builder's Risk coverage becomes the responsibility of a contractor under separate construction contract.

3) With regard to the employees transitioned from NCHC employment to the County, as specified in Attachment 1, the County shall procure and maintain in force, at its expense, Workers Compensation insurance as required by Wisconsin Statutes, for said employees. In case any work is subcontracted, County shall require the subcontractor to provide statutory Workers' Compensation Insurance for all of the subcontractor's employees, unless such employees are covered by the protection afforded by the County.

B. The County's liability insurer, Wisconsin Municipalities Mutual Insurance (WIMMIC) currently excludes coverage for operations of hospitals, nursing homes and other healthcare facilities from its policy with the County. Therefore, during the term of this Plan, NCHC shall procure and maintain in force, at its expense, the following insurance:

1) Comprehensive General Liability, Professional Liability, Automobile Liability and Excess Liability Insurance covering its officers, agents and employees, and including employees of the County performing maintenance and other services, as specified in Attachment 1, pursuant to this plan, and including all buildings, parking lots, sidewalks and other common areas designated in Attachment 2, and their use.

2) Said insurance shall cover NCHC and the County, and any subcontractor, regarding claims for damages for personal injuries, including accidental death, as well as from claims for property damage, which may arise from operations under this Plan.

3) The coverage limits shall be at least:
   - Comprehensive General Liability $3,000,000 per occurrence and $6,000,000 in aggregate for bodily injury and Property Damage.
   - Professional Liability Coverage, $3,000,000 per occurrence and $6,000,000 in aggregate.
   - Automobile Liability $3,000,000 per accident and $6,000,000 in aggregate for bodily injury and property damage.
   - Excess Liability Coverage, $6,000,000 over the General Liability and Automobile Liability Coverage.

4) On all policies purchased or maintained by NCHC in accordance with this section, NCHC shall add the County as an additional named insured and shall provide certificates of insurance to the County upon request.

5) NCHC shall be entitled to charge back its premiums for the coverage of said employees of the County performing maintenance and other services, as specified in Attachment 1, on a prorated basis.

14. **Assumption of Risk.** Each party shall bear the risk for its own acts and omissions, as it does with all other day-to-day operations.

15. **Immunity.** Nothing contained in this Plan is intended to be a waiver or estoppel of the rights of the County and/or NCHC and their insurers to assert their rights to all affirmative defenses, limitations of liability and immunities as specifically set forth in Wisconsin Statutes, including sections 893.80, 895.52 and 345.05, and related statutes.

Ordered and signed this _____ day of November, 2016

_____

By: Brad Karger

Title: Marathon County Administrator

NCHC acknowledges receipt of this Plan by signing below

North Central Health Care

_____

By: _____

Title: _____

Attachment 1 – Services

NCHC Facility Management Services Plan

Effective January 1, 2017

Under the Facility Maintenance Services Plan, Marathon County will provide facility maintenance for all facilities on the NCHC Campus that are owned by Marathon County and designated in Attachment 2. For all other Facilities in Marathon County, leased by NCHC, maintenance will be performed on only NCHC Moveable/Program Specific Equipment. Grounds care at leased property will be limited to snow removal and lawn mowing.

January 1, 2018 the County's Department of Facilities and Capital Management will take on the custodial responsibilities at the NCHC campus. Details of this consolidation will be addressed in a future amendment to this Plan.

1. Such services will be principally provided by an on-site maintenance staff (herein known as "On-site Maintenance"). The On-site Maintenance staff will consist of employees of Marathon County Department of Facilities and Capital Management and will be operated as described below: On-site Maintenance will initially be staffed in accordance with the staffing detail provided as follows:

    0.25 FTE Maintenance Director

    1.0 FTE Assistant Director (On-site Manager)

    0.5 PTE Administrative Support

    1.0 FTE Facility Planner

    1.0 FTE HVAC Controller

    3.0 FTE HVAC Technicians

    3.0 FTE Maintenance Specialists

    5.0 FTE Maintenance/Grounds

    0.50 FTE Maintenance/Grounds (seasonal full time)

    Staffing levels may be adjusted by the County.

2. Basic maintenance and repair will be performed on all building systems and components at the following level of service:
   a. Maintenance activities will be organized and directed.
   b. Equipment and building components will be functional and in operating condition, except for routine maintenance and circumstances beyond County's control.
   c. Service and maintenance calls will be responded to in a timely manner.
   d. Buildings and equipment will be regularly upgraded to keep them current with modern standards and usage.
   e. Preventive maintenance will be performed on all building equipment in accordance with the manufacturer's recommended schedule unless modified by the On-site Manager.
   f. Facilities, equipment and grounds within the scope of this Plan shall be maintained at a level in compliance with all applicable Federal, State, and municipal codes.

3. Work required above basic maintenance and repair, as described in Paragraph 2 above, will be approved by a representative of NCHC (to be designated by NCHC) prior to the work being performed and may be charged as overtime if the work cannot be performed between 7:00am and 7:00pm Monday through Friday. In emergency situations (imminent loss of life or property), the On-site Manager may authorize the work and gain approval after the fact.

4. Billing for services above the standard level of service as described above will be done on an as-needed basis and shall include documentation of the additional charges for labor, materials, and/or contracted services. Appropriate documentation will be provided.

5. Hiring, re-assignment, discipline and termination of staff will be at the discretion of the County's Department of Facilities and Capital Management with management oversight through the County. NCHC's Representative will report any issues with Facilities and Capital Management staff directly to the On-site Manager or the County's Department of Facilities and Capital Management Director.

6. On-site Maintenance staff will be subject to the County's personnel rules and regulations, including but not limited to, pay, benefits, holidays, vacation time, compensatory time, awards, disciplinary action, and overtime. Staff will follow holiday schedules of the County. On-Call Services will be provided on an "as needed" basis during off hours.

7. <u>Cost of Training</u>: Routine, regulatory, safety, and skills training provided to on-site employees by County shall not be charged to NCHC. Specialized training required by law for NCHC operations, that incurs external charges due to use of assets outside of County will be charged back at a per person rate. Specialized training will be billed at cost. Specialized training requirements will be mutually agreed upon by the County and NCHC. Specialized training and associated costs will be approved in advance by NCHC's Representative.

8. Outsourced Maintenance: The On-site Manager will manage all outsourced maintenance and operations contracts and certify that services have been performed in accordance with the applicable contracts. The On-site Manager will identify vendors and obtain quotes for proposed contracts and maintain such contracts. The County will pay for outsourced services. Outsourced contracts may be utilized for, but not limited to the following services:

   Elevator Service Contract

   Waste Service Removal

   Water Treatment

   Annual Sprinkler Inspection

   Under Ground Fuel Tank Inspections

   Duct cleaning

   Grease interceptor

   Fire Extinguisher Service

   Boiler inspections

   Annual Backflow Preventer Inspection

   Emergency generators and transfer switches / Load Bank tests

9. Work Management: The County intends to procure and utilize a Computerized Maintenance Management System (CMMS) to track preventative and corrective maintenance for the facilities. All work will be documented on the system and all building equipment shall be included in the database. Records or compliance activities for systems such as sprinklers, BFP's, Fire Alarms, fume hood certifications, etc. shall be captured on the CMMS. Such records shall be made available to NCHC for purposes of demonstrating compliance.

10. Equipment and Assets: Existing tools, rolling stock and equipment purchased for the purpose of maintenance/grounds by NCHC or the County shall become the property of the County.

11. Meetings and Inspections: During the first year NCHC and the County will meet twice monthly to evaluate business processes and quality of outcomes and to discuss any new business. Minutes of the meeting shall be kept and used to document commitments. In subsequent years, the meeting may be held once a month. The County's participants will be determined by the Facilities and Capital Management Department Director. NCHC's participants will be determined by NCHC's CEO. NCHC's Representatives shall have the right to conduct periodic reviews and inspections as needed to verify quality levels.

12. Space Allocation: NCHC shall have the ability to assign use of existing program space as designated on Attachment 2. Re-allocation of space which requires any modifications or improvements to any facility covered by this Plan shall be subject to approval of the County. Any request to utilize space outside of existing program space will need to be approved by the County. This approval authority is contingent on compliance with codes and regulations applicable to NCHC's operations.

13. NCHC shall not make any alterations to the property or do any remodeling in the building, without the prior written consent of the County's Department of Facilities and Capital Management. Renovation or renewal of the structure shall be managed through the County's Department of Facilities and Capital Management. NCHC will support and cooperate with the County's contractors providing the work.

14. Building or Equipment improvement projects below the $30,000.00 threshold: Routine renewal and replacement projects under $30,000.00 are considered maintenance projects and will follow the County's procurement rules for such projects regardless of funding source. NCHC shall submit routine renewal and replacement project requests to the County in writing or at the scheduled monthly meeting. Once the project has been defined and the funding source confirmed, implementation of the project will become the responsibility of the County's Department of Facilities and Capital Management. The project will be completed in a timely manner and with the least amount of impact to NCHC's daily operation.

15. Building or Equipment improvement projects above the $30,000.00 threshold: Routine renewal and replacement projects at or above $30,000.00 are considered capital projects and will follow the County's procurement rules for such projects regardless of funding source. NCHC shall submit capital project requests to the County in writing or at the scheduled monthly meeting. The County's Department of Facilities and Capital Management will be responsible for moving the project through the Capital Improvement process. Once the project funding source is confirmed, implementation of the project will become the responsibility of the County's Department of Facilities and Capital Management. The project will be completed in a timely manner and with the least amount of impact to NCHC's daily operation.

16. Moveable/Program Specific Equipment of any cost is considered an operational expense of NCHC and one for which they will evaluate need, priority, and budget. Movable/Program Specific Equipment is defined herein as furniture or equipment which is loose, portable, or can be easily detached from the structure. Movable/Program Specific Equipment includes, but is not necessarily limited to, the following:

    a. Furnishings for new or existing interior spaces;
    b. Exterior site furnishings at building entrances or on patio areas: benches, patio chairs, tables and umbrella's, planters, swings;
    c. Maintenance furnishings, such as location-specific waste containers and recycle bins;

d. Medical equipment to include but not limited to patient lifts, beds, wheelchairs, med carts, Ice machines, nurse call, shower chairs, scales, tubs, physical/occupational therapy equipment, scientific, or laboratory equipment; and
e. Food service equipment: Consumables such as dishes, supplies, steam tables, griddle, steamers, steam kettles, mixers, oven, dishwasher.

The County will be responsible for maintenance/preventive maintenance of Moveable/Program Specific Equipment. Note: After 1 year both parties will re-evaluate whether a more efficient process exists for maintenance/preventive maintenance of Moveable/Program Specific Equipment.

All repair parts, replacement items or outside service needed for Moveable/Program Specific Equipment will be requisitioned by the County and purchased by NCHC. Any parts or outside services and their estimated costs shall be approved by the appropriate NCHC's Representative prior to purchase or replacement. Equipment and other moveable assets purchased at NCHC's cost shall become the property of NCHC at the termination of the Plan.

In addition, information technology, audio-visual, production, and other technical or processing equipment, whether permanently attached or not, are also considered Movable/Program Specific Equipment. This equipment will not be maintained by the County.

17. Emergency On-Call: The County will establish and maintain an emergency On-Call system for NCHC use so as to facilitate emergency repairs and responses. After hours coverage shall be provided at all times. A contact list shall be provided to NCHC's Representatives to ensure that NCHC can reach assistance in any circumstance.

18. Coordination with code officials and local emergency response only as it relates to facility maintenance: The On-site Manager or his designee shall be responsible for all coordination regarding facility services, warranties, and facility maintenance activities, and shall be the point of contact for code officials and emergency responders. NCHC will be responsible for all code compliant operational activities including but not limited to coordination of daily activities, inspections, reports, and operational related emergency response.

19. Security: Identification badges shall be worn by all employees while on the job.

20. Sustainability: The County will promote and encourage the use of sustainable practices for building maintenance and operations, such as energy conservation, provided it is justifiable by return on investment and sufficient funds are available to pay for conversion or upgrade.

21. The terms of this Plan may be reviewed by all parties on an annual basis. Upon the review, the terms may be adjusted by the Marathon County Administrator based on the experience of the parties or in order to respond to changing conditions.

22. Confidentiality/HIPAA: During the course of performing assigned duties On-site Maintenance staff may have access to confidential health information and shall handle such information in a confidential manner at all times during and after employment and commit to the following obligations:
    a. Use and disclose confidential health information only in connection with and for the purpose of performing assigned duties
    b. Perform assigned duties while refraining from requesting, obtaining, or communicating any confidential health information other than that which is necessary to accomplish assigned duties
    c. Take reasonable care to properly secure confidential health information and take steps to ensure that others cannot view or access such information
    d. Report any disclosures of confidential health information, including any accidental disclosures, to NCHC's CEO.

    NCHC may require On-site Maintenance staff to complete Client Confidentiality/HIPAA training on a regular basis and/or sign a confidentiality agreement. It shall be the responsibility of each party to take corrective action with respect to its employees for failure to fulfill any of the requirements or violation of any of the terms of this paragraph. Such action may include disciplinary action up to and including termination of employment.

23. Force Majeure: Neither party shall be in violation of this plan by reason of any failure in performance without fault or negligence on their part. Such causes may include, but are not restricted to, acts of nature or the public enemy, acts of the government in either its sovereign or contractual capacity, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes and unusually severe weather, but in every case the failure to perform such must be beyond the reasonable control and without the fault or negligence of the party.

24. Closure of Facilities: Whenever it is determined that any space at NCHC's campus is deemed unsafe for use or occupancy by the Marathon County Administrator, he or she has the authority to close said space until such time as the condition has been sufficiently mitigated or resolved.

25. Subleasing of Space: NCHC shall not have the authority to sublet any portion of any property subject to this Plan.

26. The County shall pay utility cost for gas, electricity, water and sewer, at the North Central Health Care campus, 1100 Lakeview Drive, Wausau, WI 54403. The County will not be responsible for utilities outside of this address. Telecommunication Services are considered an operational expense and will be the responsibility of NCHC.

27. The parties will sign a new Facilities and Use Agreement which will provide for NCHC's continued occupancy of county-owned facilities and which accurately reflects the terms and conditions set forth above.

Marathon County Position Description Questionnaire
Return Completed Form To
Employee Resources Department

1. EMPLOYEE INFORMATION: In this section you will provide information regarding your name, current job title, your immediate supervisor, etc. This information will help us make sure we refer to the correct job throughout the study.

Employee Name: Terry Kaiser

Date Form Completed: 03/08/2016

Official Job Title: Facilities and Capital Management Assistant Director

Department: Facilities and Capital Management

Work Phone: 715-261-6980

Site: 1308 West Street/1100 Lakeview Dr.

E-mail: tkaiser@norcen.org

Time in Current Position:

Immediate Supervisor:

Name: Michael Lotter

Title: Facilities and Capital Management Director

Work Phone: 715-261-6984

E-mail: Michael.lotter@co.marathon.wi.us

Immediate supervisor reports to:

Name: Deb Hager

Title: Deputy County Administrator

Work Phone: 715-261-1402

E-mail: deb.hager@co.marathon.wi.us

2. POSITION SUMMARY- This is very important.

Please write 1 to 3 sentences which describe the purpose and major duties of your position.

Example: I provide administrative support to the purchasing department. My duties include answering phones, filing and retrieving documents, answering questions from vendors, entering data, and tracking documents.

I assist the Facilities and Capital Management Director to provide management, leadership and direction to the Facilities and Capital Management Department, developing strategies which act in anticipation of repairs rather than in response to problems or crisis. I share responsibility for the supervision and management of the maintenance and custodial services and the security of a 280 bed County jail, a 27 bed Juvenile Detention facility, a 240 bed nursing home, a 12 bed behavioral health hospital and 18 other buildings totaling 1,018,000 sq. ft. My primary responsibilities are the daily maintenance and custodial operations of the North Central Health Care facility. I share the responsibility of administering, planning and implementation of the County's Capital Improvement Program and its budget. I share supervision of two Facility Planners and manage the capital projects associated with the County's planning needs.

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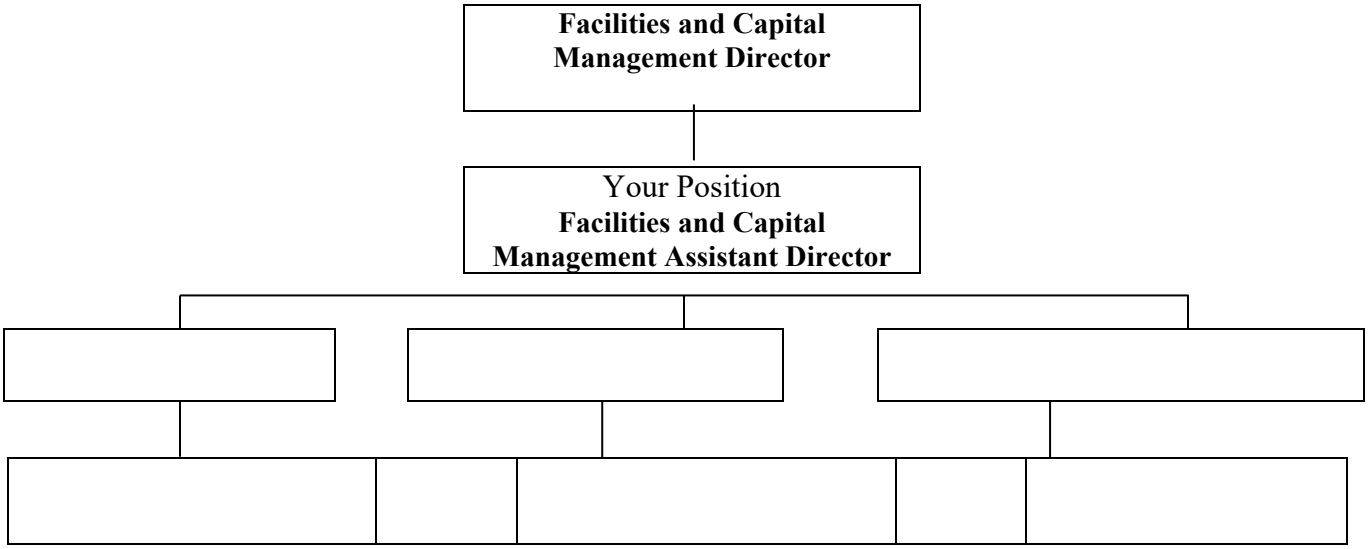
3. SUPERVISORY RESPONSIBILITIES – This is very important.

For each statement in the chart below, if the statement applies to your position, please check the box under the "Yes" column and then indicate the number of employees for which you are responsible to the right of the statement.

Yes	Duty	Full-time Equivalent Employees	Head Count
☐	I do not officially supervise other employees (sign performance reviews).	NA	NA
☒	I evaluate and sign performance reviews of other regular employees.	**34**	
☐	I provide work direction to and review the work of student workers, temporary and/or contract employees.		

4. ORGANIZATION CHART

Complete the organization chart below. **Please use titles and not names.** List only those positions for which you sign performance evaluations.



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5. ESSENTIAL DUTIES. *This is very important.*

In the table below, please list your essential duties (**those duties that make up at least 5% of your time**), and the decisions you make in carrying out each duty. Provide enough detail so that someone who may not be familiar with your job will have a clear understanding of what it is that you do. For example, do not simply state "prepares reports", but state "prepares reports such as status reports, staff reports", or other type of report(s) you may prepare. Also, please use action verbs such as prepares, calculates, operates, etc., to start off each statement. Avoid phrases such as "assists with" or "participates in." **Do not use acronyms**.

In the Frequency column, please indicate how often you perform each duty: D = daily, W = weekly, M = monthly, Q = quarterly, A = annually, or O = occasionally.

In the "Percent of Time" column please indicate how much of your time you spend on each task. The total of these percentages **should not be more than 100%.** Example: Sally conducts property value estimates 20% of the time, it may mean she spends one day out of five on that task, or that she spends around two hours each day. These need only be estimates so do not spend a great deal of time trying to come up with an exact percentage. The percentages of your essential duties should not exceed 100%, but should account for at least 80% of your time.

Essential Duties (What you do and how you do it.)	**Decisions Required**	**Frequency:** D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	**% of Time**
EXAMPLES: (List actual essential duties below examples)			
Prepares monthly newsletters by gathering information, writing copy, editing, and preparing for publication.	*Articles to include, editorial changes, graphics, layouts*	*M*	*25%*
Performs inventory spot checks and monthly counts of supplies in warehouse.	*When to check supplies*	*M*	*10%*
1. Manage operations of maintenance, custodial and Capital planning services.	Coordinating, scheduling, prioritizing, and assigning work for all employees of the department	Daily	30%
2. Manage administrative duties of the department.	Approve all expenditures of the department…address all employee concerns	Daily	10%
3. Provide leadership, coordination, and technical	Contribute opinions and technical advice.	Weekly	5%

advice to, committees, and departments developing policy where applicable.			
4. Manages, maintains and contributes technical expertise to the installation of security systems such as; card access, cameras, locks and key distribution.	Equipment decisions, access levels, policy writing	Weekly	5%
5. Manage County Capital Projects as they relate to NCHC campus.	Establish budgets, Negotiate, prepare, review and approve contracts, review and approve invoices, purchase orders, and close out documents.	Monthly	10%
6. Attend various mtgs. ie: Capital Improvement Committee, County Board, Admin. Manag. Team. Wellness. Superintendent safety ect….	Contribute, provide expertise, represent department and or County	Weekly	10%
7. Prepare and manage annual budget as it relates to NCHC campus and other program buildings.	Anticipate utility rates, equipment life expectancies. Contractual obligations, staffing, benefits.	Monthly	10%
8. Maintain code compliance for the NCHC hospital and nursing home.	Stay current with applicable code revisions.	Weekly	10%
9. Actively promotes a positive culture among all department staff including conflict resolution.	Coaching staff, rounding, regular staff meetings, and evaluations.	Daily	5%
10. Hires, trains, and motivates; disciplines and implements corrective action as necessary.	Coaching staff, rounding, regular staff meetings, and evaluations.	Occasionally	5%

Attach additional sheets if necessary.

6. REQUIRED KNOWLEDGE AND SKILLS Please list the knowledge and skills required for entry into your position, and not what you might necessarily know or be able to do after being in your position for a number of years. ***Knowledge:*** refers to the possession of concepts and information gained through experience, training and/or education and can be measured through testing. ***Skills:*** refers to proficiencies which can be demonstrated and are typically manual in nature and/or can be measured through testing.

Knowledge & Skills
1. Supervision
2. Construction practices/code compliance
3. Blueprint reading
4. Budget development and administration

5. Project Management
6. People skills (this position requires interaction with a lot of different personalities)
7. Time management/coordination
8. Problem solving
9. Facility management
10. Contract development and administration
11. Policy writing
12. Computer skills

7. EDUCATION - ***This is very important.*** Identify the minimum level of education you believe is needed to satisfactorily perform your job **at entry into your position**. This may be different from what the organization currently requires and/or from your own level of education.

Position Requires:

- ☐ Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
- ☐ High School Diploma or equivalent (G.E.D.)
- ☐ Up to one year of specialized or technical training beyond high school
- ☐ Associate degree (A.S., A.A.) or two-year technical certificate
- ☒ Bachelor's degree in Buisness
- ☐ Master's degree in _____
- ☒ Other (explain): or any combination of education and related experience that provide equivalent knowledge, skills and abilities.

What field(s) should training or degree be in?

Business Management, Project or Construction Management, Facilities Management

8. EXPERIENCE - ***This is very important.***

Identify the minimum type and years of experience required for **entry into your position**?

	Minimum Time Required	
Supervisory	5	years
Project and or Construction Management	5	years
Facilities Management	5	years

9. SPECIAL REQUIREMENTS:

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List any registrations, certifications or licenses that are required for **entry into your position**.

Do not use acronyms.

Drivers License

Forklift Certification.

Blood Borne Pathogen Training.

Control of Hazardous Energy: Lockout/Tagout.

JS Competency: OSHA HazCom/GHS Training.

Core Competency: Transmission Precautions.

Core Competency: Rights and Responsibilities of the individual.

Core Competency: HIPAA – Patient Confidentiality.

Core Competency: Hazard Communications – SDS.

Core Competency: Cultural Diversity.

Core Competency: Corporate Compliance.

Core Competency: Core Values.

Core Competency: Standard Precautions.

Core Competency: De-Escalation.

Core Competency: Hand Hygiene.

Core Competency: Sexual Harassment.

Core Competency: Caregiver Misconduct.

10. MACHINES, TOOLS AND EQUIPMENT. List any specialized machines, tools, equipment or software used in your work and show the time spent using each. Do not list common office equipment and software such as Microsoft Office, e-mail applications, copiers, faxes, personal computers, etc.

Machines, Tools, Equipment	**Time** Infrequently <10% Seldom 10-25% Moderately 25-50% Frequently >50%
Auto Cad	Seldom 10% - 25%
Card access software	Seldom 10% - 25%
Key inventory software	Infrequently <10%
Computer skills	Infrequently <10%
Microsoft Project Manager	Seldom 10% - 25%
Plotter	Infrequently <10%

11. DECISION-MAKING & JUDGMENTS.

a. Describe two decisions and/or judgments you make regularly and independently in the performance of your duties.

1. I make decisions daily as to whether to fix, replace or purchase new technology or equipment as it relates to the North Central Health Care campus. These decisions are made based on budgetary restrictions, safety considerations, life cycles and Marathon County's long term goals.

2. I am responsible for managing the County's Capital Projects as they relate to the North Central Health Care campus. I make decisions when negotiating, preparing, reviewing, and approving contracts. Providing project management direction from start to finish, reviewing and approving invoices, purchase orders and close out documents. Providing direction and administration. All of these decisions have to be made keeping in mind the long term goals and best interests of Marathon County.

b. When making decisions do you most often (Check only one):

☐ Routinely check with your supervisor before doing anything other than following standard procedures.

☐ Follow standard procedures and established practices to resolve problems using limited discretion.

☐ Use some discretion in your daily work and recommend new or revised policies, procedures and standard practices, which may be implemented after being approved by your supervisor.

☒ Create and implement new solutions not previously applied.

c. Indicate which of the following types of decisions you make regularly in the course of your work.

☒	I plan and schedule the work of others.
☒	I set goals and objectives for others.
☒	I provide training and instruction to others.
☒	I assign work activities to others.
☒	I establish standard procedures.
☒	I make hiring and promotion decisions.
☒	I provide discipline and performance counseling.
☒	I provide advice to peers that they must consider carefully before making a decision.
☒	I provide information to supervisors/management that they use in making a decision.

12. PHYSICAL FACTORS - *Your answers in this section will not affect how your job is classified.*

Check the box that best describes the overall amount of physical effort required to perform your job.

☐ **Sedentary Work**: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.

☒ **Light Work**: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.

☐ **Medium Work**: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.

☐ **Heavy Work**: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.

☐ **Very Heavy Work**: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.

For each physical activity listed below, indicate the amount of time you spend performing each physical activity during the course of your work, and the level of importance of each physical activity to the performance of your essential duties.

Physical Activity	Frequency	Importance
Climbing: Ascending or descending ladders, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized.	Infrequently <10%	1--Somewhat Important
Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces.	Infrequently <10%	1--Somewhat Important
Stooping: Bending body downward and forward by bending spine at the waist.	Infrequently <10%	1--Somewhat Important
Kneeling: Bending legs at knee to come to a rest on knee or knees.	Infrequently <10%	1--Somewhat Important
Crouching: Bending the body downward and forward by bending leg and spine.	Infrequently <10%	1--Somewhat Important
Crawling: Moving about on hands and knees or hands and feet.	Never	0--Not Important
Reaching: Extending hand(s) and arm(s) in any direction.	Seldom 10% - 25%	1--Somewhat Important
Standing: Particularly for sustained periods of time.	Seldom 10% - 25%	1--Somewhat Important
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	Seldom 10% - 25%	1--Somewhat Important
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	Infrequently <10%	1--Somewhat Important
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	Infrequently <10%	0--Not Important
Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position.	Infrequently <10%	1--Somewhat Important
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	Frequently > 50%	2--Very Important
Grasping: Applying pressure to an object with the fingers or palm.	Moderately 25% - 50%	1--Somewhat Important
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	Infrequently <10%	1--Somewhat Important
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or	Frequently > 50%	3--Extremely Important

quickly.		
Hearing: Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	Frequently > 50%	3--Extremely Important
Seeing: The ability to perceive the nature of objects by the eye.	Frequently > 50%	3--Extremely Important
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	Frequently > 50%	3--Extremely Important

13. WORKING CONDITIONS - *Your answers in this section will not affect how your job is classified.*

Check the box next to each working condition that you are subject to during the course of your work, and indicate the amount of time you are subject to that condition. **If most of your work is in an office setting, you may select the "Does Not Apply" box below.**

☐ Does Not Apply

	Condition	Time
☒	Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)	Infrequently <10%
☒	Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	Infrequently <10%
☒	Hazardous materials (chemicals, blood and other body fluids, etc.)	Infrequently <10%
☒	Extreme temperatures	Infrequently <10%
☒	Inadequate lighting	Infrequently <10%
☐	Work space restricts movement	Never
☒	Intense noise	Infrequently <10%
☒	Travel	Infrequently <10%
☒	Environmental (disruptive people, imminent danger, threatening environment)	Infrequently <10%

14. ADDITIONAL COMMENTS

Are there any additional comments you would like to make to be sure you have described your job adequately?

This position is a member of the County Administrators management team whose purpose is to address issues established by the Deputy County Administrator and prepare recommendations for the County Administrator. I also chair the energy Conservation team and Rolling stock. I am a member of the Wellness Committee, the Superintendent Safety Group and I am a mentor for the Leadership development Program.

EMPLOYEE CERTIFICATION

I certify that the above statements and responses are accurate and complete to the best of my knowledge.
Digital Signatures are acceptable.

Signed: _____ Date: _____

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. AFTER YOU OR YOUR GROUP HAVE COMPLETED YOUR PORTION OF THE QUESTIONNAIRE, PLEASE SUBMIT THE QUESTIONNAIRE TO YOUR SUPERVISOR FOR REVIEW, SIGNATURE, AND COMMENT. YOUR SUPERVISOR WILL THEN SUBMIT THE COMPLETED QUESTIONNAIRE TO HIS/HER DEPARTMENT HEAD.

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TO BE COMPLETED BY SUPERVISOR

Use this section to note any additional comments, additional duties or disagreements with any section of the questionnaire. Do not change anything written by the individual filling out the questionnaire and do not address any performance issues. If you disagree with any information provided or believe some information is missing, indicate below the question number and your comments.

Question No.	Comments

Any supervisory comments must be discussed with the employee.

SUPERVISORY SIGNATURES (Digital signatures are acceptable)

Please check the appropriate statement:

☒ I agree with the incumbent's position questionnaire as written.

☐ The above modifications have been discussed with the incumbent, and the incumbent agrees with these modifications.

☐ The above modifications have been discussed with the incumbent, and the incumbent disagrees with these modifications.

Supervisor Signature: _____ Date: _____

Department Head Signature: _Michael J. Lotter_____ Date:__03/09/2016_____

I have noted the modifications made by my supervisor in the comments section above.

Employee Signature: _____ Date: _____

Arthur J. Gallagher & Co.

April 8, 2016

Frank Matel
Employee Resources Director
Marathon County
500 Forest St,
Wausau, WI, 54403

Dear Mr. Matel:

We received a request to evaluate 9 maintenance positions of the North Central Healthcare Center. We have reviewed the organization chart of the department as well as the PDQs of the positions for the essential duties, responsibilities, and qualifications, and compared them to the Marathon County Classification Structure, internal equity ratings, and the overall employee allocation. We discussed questions and concerns with County management. The Table below is a summary of our recommendations. Detailed evaluations and analyses are provided on the following pages.

Title	Recommend Series	Recommend Classification	DBM	New/Current Classification
House Keeping Aide	Custodian	Custodian	A13	Current
Housekeeping Aide II	Custodian	Custodian	A13	Current
Housekeeping Supervisor	Custodian	Custodial Supervisor	B22	Current
Maintenance/Grounds Worker	Maintenance	Maintenance Technician	B21	Current
Maintenance Specialist	Maintenance	Maintenance Specialist	B22	Current
Senior Technical Maintenance Professional	Maintenance	Senior Maintenance Specialist	B24	Current
HVAC Controller	Maintenance	Lead Maintenance Specialist	B25	New
Facilities and Capital Management Assistant Director	Maintenance	Maintenance Assistant Director	D61	New
Facilities and Capital Management Director	Management	Director	D71	Current

Gallagher Benefit Services, Inc.
1335 County Road D Circle East
St. Paul, MN 55109

p 651.635.0976
f 651.635.0980
ajg.com

We appreciate the opportunity to assist the County with its classification needs. If you have any questions or concerns, please contact me at (651) 234-0845. We look forward to assisting you again in the near future.

Sincerely,

Quyang Pan, MA-HRIR
Consulting Associate
Arthur J. Gallagher & Co.

Current Title: Housekeeping Aide

Summary of Findings: The Housekeeping Aide performs general cleaning duties in assigned areas of the Healthcare Center, which include: vacuuming, mopping and dusting floor and windows; cleaning equipment; cleaning bathrooms, resident rooms, dining room, offices and concession area.

Recommendation: The positions perform responsibilities in line with the Custodian classification according to the classification description. We recommend the position allocated to the Custodian classification and evaluated at A13.

Current Title: Housekeeping Aide II

Summary of Findings: The Housekeeping Aide II performs general cleaning duties in assigned areas of the Healthcare Center, similar to the Housekeeping Aide position. Duties and responsibilities include: vacuuming, mopping and dusting floor and windows; cleaning equipment; cleaning bathrooms, resident rooms, dining room, offices and concession area. The position is also responsible for pest control reporting.

Recommendation: Major duties and responsibilities performed by the position are in line with the Custodian classification according to the classification description. We recommend the position be allocated to the Custodian classification and evaluated at A13.

Current Title: Housekeeping Supervisor

Summary of Findings: The Housekeeping Supervisor plans, organizes, all functions of the housekeeping department to ensure a clean, safe, orderly and attractive environment for client, residents, visitors and staff. Duties and responsibilities include: supervising staff; planning and monitoring staffing needs; maintaining work schedule for housekeeping staff; monitoring supplies, standards and qualities of work and services; monitoring time and attendance; and maintaining housekeeping budget.

Recommendation: The positions perform responsibilities in line with the Custodian Supervisor classification according to the classification description. We recommend the position be allocated to the Custodian Supervisor classification and evaluated at B22.

Current Title: Maintenance/Grounds Worker

Summary of Findings: The Maintenance/Grounds Worker performs general maintenance, plumbing, electrical, snow removal duties, assists in landscaping and parking lot repair and patrol activities. Duties and responsibilities include: conducting general maintenance and repair work for equipment and facilities; visually inspecting building and grounds for maintenance needs; scheduling preventative maintenance work; and performing snow removal and lawn care duties.

Recommendation: The positions perform responsibilities in line with the Maintenance Technician classification according to the classification description. We recommend the position be allocated to the Maintenance Technician classification and evaluated at B21.

Current Title: Maintenance Specialist

Summary of Findings: The Maintenance Specialist maintains and repairs County facilities, equipment, and operating systems, which include electrical and emergency power systems, security and video surveillance equipment, fire protection, plumbing, and healthcare/medical equipment. Duties and responsibilities include: conducting general maintenance and repair work for equipment and facilities; performing monthly system tests; scheduling preventative maintenance work; and assisting with construction projects.

Recommendation: The positions perform responsibilities in line with the Maintenance Specialist classification according to the classification description. We recommend the position be allocated to the Maintenance Specialist classification and evaluated at B22.

Current Title: Senior Technical Maintenance Professional

Summary of Findings: The Senior Technical Maintenance Professional plans, organizes, and controls the work flow of the facility mechanical systems and laundry equipment and is responsible for the operation of the heating, ventilating, and air conditioning system. Duties and responsibilities include: providing inspection, diagnose, and repair to the HVAC system; performing preventive maintenance on HVAC and laundry equipment; conducting fire recall testing of elevators; and coordinating, scheduling and assisting on-site service technicians/vendors.

Recommendation: The positions perform responsibilities in line with the Senior Maintenance Specialist classification according to the classification description. We recommend the position be allocated to the Senior Maintenance Specialist classification and evaluated at B24.

Current Title: HVAC Controller

Summary of Findings: The HVAC Controller Coordinates the Energy Management Program and is responsible for the installation, commissioning, and tuning of HVAC digital supervisory controllers, application specific controllers, and servers. Duties and responsibilities include: monitoring, maintaining and repairing facilities HVAC equipment through a web based building automation system; diagnosing and repairing complex digital control system malfunction; testing and programing for building automation systems; and conducting maintenance on HVAC equipment.

Recommendation: The positions perform advanced duties on the maintenance and control of the HVAC system. We recommend a new classification of Lead Maintenance Specialist be created for this position and evaluated at B25.

We collected market salary data from Towers Watson, Mercer, Comp Data, ERI, and MRA for the HVAC Controller. The market data was adjusted for Wausau, WI labor market using data from the Economic Research Institute Geographic Assessor, and aged to January 1, 2016. More information was provided in a separate document.

The market data suggested the following base salary rates:

25th Percentile	50th Percentile	75th Percentile
$47,586	$56, 974	$66,170

The proposed salary range for pay grade B25 is:

Minimum	Midpoint	Maximum
$46,528	$54,670	$62,813

The difference between the market 50th percentile salary rate and the range midpoint is 4.2%. The market data is in line with the job evaluation for the HVAC Controller position. It is appropriately assigned for the B25 pay grade.

Current Title: Facilities and Capital Management Assistant Director

Summary of Findings: The Facilities and Capital Management Assistant Director assists the Director to provide management, leadership and direction to the Facilities and Capital Management Department. Duties and responsibilities include: developing strategies in anticipation of repairs; planning and implementing capital improvement program and budget; and directing department's daily operations.

Recommendation: We recommend a new classification of Maintenance Assistant Director be created for this position and evaluated at D61.

Current Title: Facilities and Capital Management Director

Summary of Findings: The Facilities and Capital Management Director provides management, leadership and direction to the Facilities and Capital Management Department. Duties and responsibilities include: developing department strategies; directing the operations of maintenance, custodial and Capital planning services; providing leadership, coordination, and technical advice to County administration, committees, and other departments; administering County capital projects and capital improvement programs.

Recommendation: The positions perform responsibilities in line with the Director classification according to the classification description. We recommend the position be allocated to the Director classification and evaluated at D71.

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: ADRC-CW **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	DCZ DCZ 8 2522	ADRC CW NSIP Grant	321
☐Exp Decr ☐Rev Incr	Click to 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	DCZ DCZ 9 2180	FOOD SERVICES	321
☒Exp Incr ☐Rev Decr	Click to 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): Linda Weitz Date: 12/9/2016

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)
   ADRC CW C1 Nutrition Program

2. Provide a brief (2-3 sentences) description of what this program does.
   The purpose of the Nutrition Program is to reduce hunger and food insecurity, to promote socialization of older individuals, & to promote the health and well-being of older individuals.

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:
     Adjust apr units

5. If this Program is a Grant, is there a "Local Match" Requirement?
   - ☐ This Program is not a Grant.
   - ☒ This Program is a Grant, but there is no Local Match requirement.
   - ☐ This Program is a Grant, and there is a Local Match requirement of (check one):
     - ☐ Cash (such as tax levy, user fees, donations, etc)
     - ☐ Non-cash/In-Kind Services (Describe the non-cash match below):
       .

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 x ☐ No Budget Transfer Resolution Required? ☐Yes x☐ 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	151 72598290	Other Capital Improvements	6,468
☐Exp Decr ☒Rev Incr	141 72188410	Donations From Private Org/Ind	292
☐Exp Decr ☒Rev Incr	141 72189900	Fund Balance	6,176
☐Exp Decr ☐Rev Incr	Click to 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 72589900	Transfers From Fund Balance	6,176
☐Exp Incr ☒Rev Decr	151 72588410	Donations From Private Org/Ind	292
☒Exp Incr ☐Rev Decr	141 72198356	Reconstruct Park Area	6,468
☐Exp Incr ☐Rev Decr	Click to 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: 1/3/2017

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 Restoration Project

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

Restoration of the Bluegill Bay Park Fishing Pond will ensure that this youth and family oriented recreation resource is available to future generation as it has been for generations of previous Marathon County residents.

The value of this project reaches far beyond the activity of fishing, the true value is realized in the health, behavioral and social impacts facilities such as the Bluegill Bay Fishing Pond afford to area residents as highlighted below.

The National Recreation and Park Association has identified the results of quality out of school recreation opportunities for participants, families, and the wider community and include:

1. Contribute to reducing juvenile delinquency
2. Contribute to increasing positive and reducing negative behaviors
3. Expose youth to less violence
4. Improve children's educational performance and thus impact the quality of the future work force and the national economy
5. Help decrease health care costs related to childhood obesity
6. Increase the economic contributions of young people to society when they become adults
7. Help youth develop self-confidence, optimism, and initiative

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: 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 71298290	Other Capital Improvements	19,332
☐Exp Decr ☒Rev Incr	141 72188410	Donations From Private Org/Ind	19,332
☐Exp Decr ☐Rev Incr	Click to 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 71288410	Donations From Private Org/Ind	19,332
☒Exp Incr ☐Rev Decr	141 72198356	Reconstruct Park Area	19,332
☐Exp Incr ☐Rev Decr	Click to 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: 1/3/2017

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 Restoration Project

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

Restoration of the Bluegill Bay Park Fishing Pond will ensure that this youth and family oriented recreation resource is available to future generation as it has been for generations of previous Marathon County residents.

The value of this project reaches far beyond the activity of fishing, the true value is realized in the health, behavioral and social impacts facilities such as the Bluegill Bay Fishing Pond afford to area residents as highlighted below.

The National Recreation and Park Association has identified the results of quality out of school recreation opportunities for participants, families, and the wider community and include:

1. Contribute to reducing juvenile delinquency
2. Contribute to increasing positive and reducing negative behaviors
3. Expose youth to less violence
4. Improve children's educational performance and thus impact the quality of the future work force and the national economy
5. Help decrease health care costs related to childhood obesity
6. Increase the economic contributions of young people to society when they become adults
7. Help youth develop self-confidence, optimism, and initiative

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	141 72198356	Reconstruct Park Area	21,337
☐Exp Decr ☐Rev Incr	Click to 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 72188410	Donations From Private Org/Ind	21,337
☐Exp Incr ☐Rev Decr	Click to 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: 1/3/2017

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 Restoration Project

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

Restoration of the Bluegill Bay Park Fishing Pond will ensure that this youth and family oriented recreation resource is available to future generation as it has been for generations of previous Marathon County residents.

The value of this project reaches far beyond the activity of fishing, the true value is realized in the health, behavioral and social impacts facilities such as the Bluegill Bay Fishing Pond afford to area residents as highlighted below.

The National Recreation and Park Association has identified the results of quality out of school recreation opportunities for participants, families, and the wider community and include:

1. Contribute to reducing juvenile delinquency
2. Contribute to increasing positive and reducing negative behaviors
3. Expose youth to less violence
4. Improve children's educational performance and thus impact the quality of the future work force and the national economy
5. Help decrease health care costs related to childhood obesity
6. Increase the economic contributions of young people to society when they become adults
7. Help youth develop self-confidence, optimism, and initiative

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: SOCIAL SERVICES **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
X Exp Decr ☐ Rev Incr	176 501 9 7105	YOUTH AIDS CORRECTION CHARGES	150,000
XExp Decr ☐Rev Incr	176 501 9 7149	DIR PYMTS – AI DIVERSION	80,000
X Exp Decr ☐Rev Incr	176 501 9 7161	DIR PYMTS-GROUP HOME	150,000
X Exp Decr ☐Rev Incr	176 501 9 7172	DIR PYMTS-YOUTHS AIDS/AI	27,500
X Exp Decr ☐Rev Incr	176 517 9 7161	DIR PYMTS-GROUP HOME	75,000
☐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

To:

Action	Account Number	Account Description	Amount
X Exp Incr ☐Rev Decr	176 501 9 7122	DIR PYMTS-MC180 SOC SERV	10,000
XExp Incr ☐Rev Decr	176 517 9 2196	PSYCH SERVICES & EVALUATIONS	20,000
XExp Incr ☐Rev Decr	176 517 9 7171	DIR PYMTS-AF/GH	40,000
XExp Incr ☐Rev Decr	176 517 9 7172	DIR PYMTS-YOUTH AIDS/AI	300,000
X Exp Incr ☐Rev Decr	176 517 9 7174	DIR PYMTS-TFC	40,000
X Exp Incr ☐Rev Decr	176 517 9 7197	DIR PYMT-PURCH/ADULT SRVS	70,000
X Exp Incr ☐Rev Decr	176 517 9 7199	DIR PYMT-PURCH/ALT RES	2,500
☐Exp Incr ☐Rev Decr	Click to enter GL	Click here to enter text.	Enter amount

Requested By (Dept Head or Designee): Vicki Tylka Date: 10/7/2016

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)
   Child Protective Services/Juvenile Justice Services

2. Provide a brief (2-3 sentences) description of what this program does.
   Provides funding for services and out of home placements for children and families.

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.
   ☐ 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.
   X Other. Please explain:
   Reallocate budget amounts to reflect actual spending

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? Yes ☐x No

MARATHON COUNTY

Request Authorization for Change in Budget / Transfer of Funds

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DEPARTMENT: SOCIAL SERVICES **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
XExp Decr ☐ Rev Incr	176 483 9 7145	LIEAP-OPERATIONS	$2,070.00
X Exp Decr ☐Rev Incr	176 483 9 7147	LIEAP-PUBLIC BENEFITS	$1,300.00
X Exp Decr ☐Rev Incr	176 483 9 7148	LIEAP-PUBLIC BENEFITS CRISIS	$1,936.00
☐Exp Decr x Rev Incr	176 483 8 2453	SPECIAL SERV-STATE GRT & AID	$34,946.00
☐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

To:

Action	Account Number	Account Description	Amount
X Exp Incr ☐Rev Decr	176 483 9 7144	LIEAP-CRISIS GRANT	$13,474.00
X Exp Incr ☐Rev Decr	176 483 9 7146	LIEAP-OUTREACH	$26,778.00
☐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

Requested By (Dept Head or Designee): Vicki Tylka Date: 12/8/2016

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)
   Wisconsin Home Energy Assistance Program

2. Provide a brief (2-3 sentences) description of what this program does.
   Provides low-income clients with assistance with energy bills

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

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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: 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	101-432-8-2500	Grants F/Oth Local Government	$40,488
☐Exp Decr ☐Rev Incr	Click to 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	101-432-9-1210	Wages-Permanent-Regular	$39,399
☒Exp Incr ☐Rev Decr	101-432-9-3321	Personal Auto Mileage	$1,089
☐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: 9/9/2016

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)
   Hearing and Vision Screening 2016-2017

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

These funds allow the Health Department to continue to perform hearing and vision screening checks on school age children in Marathon County for the 2016-2017 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:
     Continuation of existing program into another fiscal year

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.]

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	337-368-9-1111	Salaries-Permanent-Regular	$6,000
☐Exp Decr ☐Rev Incr			
☐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	337-368-9-2990	Sundry Contractual Service	$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			
☐Exp Incr ☐Rev Decr			

Requested By (Dept Head or Designee): Joan Theurer, Health Officer Date: 12/20/2016

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)
   Children and Youth with Special Health Care Needs

2. Provide a brief (2-3 sentences) description of what this program does.
   The Children and Youth with Special Health Care Needs is a resource for parents, health care providers, local health departments, and non-profit organizations in a 15-county service area providing information and referral services, conducting trainings and strengthening partnerships. The Health Department serves as the fiscal lead for this Maternal & Child Health 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:
   Move money from the personnel category to contractual category to reflect changes to the way program objectives are met due to a vacancy on the team.

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):
   Public Health Nurse Time from local health departments within the region

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.]

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: 2017**

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	TBD-TBD-8-8410	Donations from Private Org	$1,500
☐Exp Decr ☐Rev Incr	Click to 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	TBD-TBD-9-3480	Educational Supplies	$1,500
☐Exp Incr ☐Rev Decr	Click to 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): Joan Theurer, Health Officer Date: 1/5/2017

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)
   Start Right-Women In Action

2. Provide a brief (2-3 sentences) description of what this program does.
   These funds will be used to provide incentives to women enrolled in Start Right's First Steps – Prenatal Care Program. Incentives are intended to increase the level of engagement of women in meeting their goals to have a healthy baby.

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: HIGHWAY **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	801-285 8 7235	Rev Fr Hwy Machinery (Appr Unit 624Z)	90,000
☐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	285 9 8190	Other Capital Equip (Appr Unit 624C)	90,000
☐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): Jim Griesbach Date: 12/21/2016

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)
   Highway Operating funds for Equipment.

2. Provide a brief (2-3 sentences) description of what this program does.
   Tracks expenses associated with acquisition of new capital equipment. Also tracks revenues when equipment which is no longer needed is sold.

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:
   Adjust budget to reflect revenues collected from equipment sales. Due to the way the Highway Dept must handle fixed assets at year end, the department would prefer to track capital equipment expenses separate from equipment sales—even though this is a department from Michael Lotter's email of 3/23/15 covering CIP Rolling Stock.

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	143-8670182422	Training Reimbursement - ICAC	3,900
☐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	143-8670191220	Wages – Perm - OT	3,900
☐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: 12/14/2016

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)
   Internet Crimes Against Children (ICAC) Task Force

2. Provide a brief (2-3 sentences) description of what this program does.
   Provides funding to assist state and local law enforcement agencies develop an effective response to cyber enticement and child pornography cases. This program encompasses forensic and investigative components, training and technical assistance, victim services, and community education.

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

North Central Health Care

Person centered. Outcome focused.

MEMORANDUM

DATE: December 1, 2016
TO: Marathon County Human Resources, Finance and Property Committee
FROM: Michael Loy, Interim CEO
RE: Request for Contingency to Fund Mental Health Programs

Purpose

North Central Health Care (NCHC) is requesting payment of an amount not to exceed the $475,000 designation from contingency for additional mental health services provided to Marathon County by NCHC in the 2016 County Budget.

Background

The 2016 County Budget had an original request from NCHC to Marathon County for additional tax levy of $323,520 for correctional mental health services and $168,000 for residential alcohol drug treatment ($491,520 combined). Part of the correctional mental health services included an expansion of crisis services resources in addition to psychiatry and mental health treatment in the jail. The original request of $491,520 was not approved in the final budget as requested for these services. However, the County did provide additional funding for these additional mental health services as contingency to be transferred upon request from NCHC after the services were provided. The 2016 County Budget ended up including an allocation of $475,000 in contingency funding for purpose of funding the two new NCHC programs" (pgs. 4-5, 2016 Annual Budget Document). Both the mental health services in the jail and residential treatment programs have not been supported by additional County tax levy resources to date. For historical reference, these services were actually started in 2015 but NCHC paid for the cost as pilot program costs without commitment to continuing in 2016 and has not requested levy support from Marathon County.

After the budget was approved and 2016 began, NCHC was providing both psychiatry and mental health therapy in the Marathon County Jail. Early in 2016, the NCHC psychiatrist providing services at the jail independently chose not to continue to provide services to the Marathon County Jail. The Jail Administration decided to instead move ahead with working with their current medical provider to contract for psychiatry services in the jail and has done so since the beginning of the year. North Central has continued to provide mental health therapy services of approximately 32 hours a week on average throughout the year. Currently we have a mixture of a two PhD. professionals and a Master's level therapist providing individual and group services in the jail. NCHC has also continued the resident treatment program (Lakeside Recovery Medically Monitored Treatment Program) in 2016 with a census of 6 clients all year. The cost of these two programs in 2016

Lastly, as part of addressing Marathon County's concerns with overall mental health services and specifically crisis services, NCHC expanded services in Crisis. Increase in the number of employees and experience level of staff in Crisis services occurred in 2016 above what was originally budgeted to significant degree.

Recommendation

North Central Health Care requests payment for the expansion of services provided to the Marathon County Jail, the residential treatment program and Crisis Services. A document outlining the total direct costs (excluding allocated or indirect costs) of these services in 2016 is attached. NCHC is not requesting the full $475,000, as a portion of the $475,000 was always

intended for psychiatry services in the jail. Marathon County has paid for these services directly throughout most of 2016 and therefore a portion of this contingency should be allocated to these costs. More precisely, information from Chief Deputy Chad Billeb from October indicated that CCS (the medical provider in the Jail) has provided 4 hours of Psychiatric services per week since February 1, 2016. Thru August, CCS had been paid $44,506 or $6,358 per month for these services and it was likely they would pay approximately $70,000 for 11 months in 2016. Therefore, NCHC is requesting the balance of the contingency, $405,000 as reimbursement for the expansion of mental health services on behalf of Marathon County for 2016.

North Central Health Care 12/1/2016
Net Cost of Services (Direct Cost Only)
January-October, 2016

	Expense	Subtotal	Total
Medically Monitored Teatment: (MMT)			
(Residential Alcohol and Drug Treatment)			
Salaries	$113,502		
Employee Benefits	$41,126		
Other Direct	$7,524		
Total Expenses		$162,152	
Net Revenue Generated through Billing		($61,893)	
Misc Revenue		($5,639)	
Net Cost			$94,620
Crisis Services:			
Salaries	$715,048		
Employee Benefits	$275,877		
Other Direct Expense	$29,448		
		$1,020,373	
Net Revenue Generated Through Billing		($167,214)	
Misc Revenue		($9,312)	
Net Cost			$843,847
Psychology Time			
Jan-Aug:			
44 weeks at 32 hrs/week (salary/benefits)		$88,070	
			$88,070
Cost of Crisis and MMMT Services (January-October, 2017)			**$1,026,537**

Marathon County Social Services
Request for Administrative Position Upgrade

December 8, 2016

Program

The Administrative Unit supports the three major program areas – Child Support, Economic Support and Social Work and has a wide variety of staff skill sets and job classifications. The Administrative Unit has participated in many lean projects and has reduced their workforce by 6.825 FTE staff (26.4%) since 2008 through attrition and streamlining processes.

Staffing Issues

Our current staffing level is at 19.0 FTE. Additionally, the administrative section has two part-time senior aides through the Senior Community Service Employment Program who provide 1.0 FTE of service to the unit for minimal cost. We also utilize the summer intern program through the Department of Public Instruction to complete additional projects.

The administrative unit began a team restructuring in 2014 to provide consistent services to their internal customers. Throughout the restructure process, administrative staff have been able to identify additional services to provide to the agency. In addition to increasing support to the social work section to accommodate high volume of cases and the economic support section for the Affordable Care Act open enrollment, the administrative section is leading the implementation of a new software, The Clinical Manager (TCM), to replace an existing system.

Fifty percent of a Social Service Specialist in the administrative section was dedicated to supporting TCM to assist in process evaluation, procedure documentation, testing and system support for the social work section. The other portion of the position supported General Access and Economic Support. Due to programmatic changes, job duties shifted to other staff for the General Access and Economic Support job tasks. From May 2016 through October 2016, this position was assigned to support the social work section and in October 2016 the individual was promoted to Social Worker and the administrative social service specialist position is now vacant.

The team restructuring in 2014 did not address the executive assistance support team. Currently, there is one individual, an administrative coordinator, who provides the primary support to the management team for confidential matters, coordinating meetings/interviews, and processing agency payroll. Since this position is greatly relied upon by the management team and the agency, coverage must consistently exist and currently there are as many as four backups for the administrative coordinator on the various tasks.

Solutions

After evaluating the current workload and needs of not only the administrative section, but the agency

as the whole, additional support is needed in an administrative coordinator role and the TCM software build and transition must continue. The proposed change is to upgrade the vacant Social Service Specialist position (B22 pay grade) to an Administrative Coordinator (B23 pay grade). The upgraded position will include fifty percent support to TCM as well as fifty percent coverage for the current Administrative Coordinator. This new structure will provide more continuous support for essential duties as well as allow for the TCM software build to continue, with a goal of having all units operational by January 1, 2018.

Financial

Administrative positions are funded through a variety of sources including Federal, State and Local funds, depending on the program for which the staff provides support services. The variation of funding sources is not a straight line conversion of cost savings due to the differences of matching sources.

The current Social Service Specialist positon funding is 100% county tax levy. The current Administrative Coordinator positon is funded with 37% matching sources. By allocating 50% of the upgraded position to Administrative Coordinator position, levy savings will occur:

2017 Budget
Proposed Modifications to Admin Support

Current Structure - No Matching Revenues Available				
Employee Name	Position Description	Expenses -Mid	Revenues - Mid	Levy - Mid
Vacant - SS	Social Service Specialist	67,757	-	67,757
Total Levy Needed - Current Structure				**67,757**

Future Structure - 37% Matching Revenues Available on 50% of Position				
Employee Name	Position Description	Expenses -Mid	Revenues - Mid	Levy - Mid
Vacant - SS	Administrative Coordinator	71,869	13,296	58,573
Total Levy Needed - Future Structure				**58,573**

Levy Savings	**9,184**

Marathon County Social Services
Request for Income Maintenance Consortium Manager

December 8, 2016

Program

The IM Central Income Maintenance Consortium was created in 2012, with Marathon, Langlade, Oneida and Portage counties. Since inception, Marathon County has been the lead county for state/county contracts and fiscal administration, under County Board Resolution. During the past six years, the consortium has accommodated numerous workload and programmatic changes primarily due to the Affordable Care Act, by varying staffing levels between 53 and 63 FTEs. The IM Central Consortium has met the vast majority of performance expectations, and will continue to need to build efficiencies to remain and improve on those outcomes.

In the IM Central Consortium model, each county has retained employment of their staff, and state and federal revenues are distributed by Marathon County back to member counties based upon actual expenses.

In 2015, the Department of Health Services, which administers the Income Maintenance program, completed an Income Maintenance Operational Analysis report, which compared the 10 consortia on a variety of measures. DHS has required each consortium to develop a work plan to improve efficiencies. One item identified during the IM Central work plan is to build consistency among the four counties. The current model assigns Marathon County's Support Program Manager to oversee the Consortium's Operational committee. Barriers exist in effectively addressing programmatic changes for efficiencies as the manager does not have position authority within the counties other than Marathon. Consortium meetings and strategic planning occur to develop teamwork and implement changes; however supervisors and staff tend to advocate for their individual county's perspective and way of doing business rather than being consistently united for the best interest of the consortium.

Staffing Opportunities

The current Support Programs Manager oversees two economic support supervisors and one child support supervisor for Marathon County, in addition to coordinating and attending operational meetings on behalf of the IM Consortium. The current occupant of this position has announced her retirement for February, 2017.

Solutions

Evaluation of the current structure included evaluation of IM Central's performance outcomes as contracted with the Department of Health Services, as well as reviewing operations and structures of other existing consortia. Three out of ten consortia have managers to oversee operations at a consortia level, rather than county based.

The creation of an IM Central consortia manger is supported by all four county Directors, to more effectively manage operations and improve efficiencies and program outcomes. The position would directly supervise Marathon County ES supervisors and provide guidance and direction to the other ES supervisors, as overseen by the County Directors.

Financial

Economic Support is funded heavily by state and federal sources. In the 2017 budget, nearly 80% of costs associated with ES are funded by non-levy sources. Currently, the Support Programs Manager oversees both ES and Child Support programs. In the proposed structure, the IM Manager would only oversee the ES program, but not solely for Marathon County; the focus is on the consortium.

In addition, DHS has secured Federal Incentive dollars, which have been passed along to the counties. All four member counties earned these incentives which will be combined and reinvested to draw down an additional 50% match for the purpose of funding the new IM Manager position. For the IM Consortia, the anticipated Federal Incentives for July 1, 2014 through December 31, 2016 would fully fund this position for over four years. Incentive funding is anticipated to be stable in the future, according to the Department of Health Services. However, if the incentive funding becomes unavailable in the future, the IM Central Consortium Directors would need to evaluate the effectiveness of the IM Manager position to determine if it should be maintained, with financial adjustments made elsewhere in the programming budget.

Proposed Modifications to IM Manager

Position Description	Expenses -Mid	Revenues - Mid	Levy - Mid
Program Manager	107,886	107,886	-
Total Levy Needed - Future Structure			**-**

Federal Incentives - 2014, 2015 & 2016		249,235.00
Federal Match (50%)		249,234.00
Total Available		498,469.00
Years Position Funding Available		4.62

Marathon County Social Services
Request for Management Team Restructure

December 8, 2016

Program

The management team currently consists of three managers and eight supervisors to oversee the operations of the agency and programs. In the past five years, there has been three structural changes to the management team. In 2012, the Accounting Supervisor position was downgraded to Accountant with supervisory duties transferred to the Fiscal Services Manager and the Deputy Director position was increased from .75 to full time with oversight of the social work section and renamed Child Welfare Manager. Also, in 2013, two new supervisory positions were added, one in Economic Support to support staffing increases with the Affordable Care Act; and the second as a social work supervisor to split the Child Protective Services – Ongoing and Children's Long Term Support programs into two programs based on the growth in each area.

Staffing Opportunities

The current Support Programs Manager oversees two economic support supervisors and one child support supervisor for Marathon County, in addition to coordinating and attending operational meetings on behalf of the IM Consortium. The current occupant of this position has announced her retirement for February, 2017.

Additionally, the current Fiscal Services Manager has expressed her desire to work part-time in an accounting role.

Solutions

With the anticipated changes in management, structural changes were evaluated. The goal was to realign ratio of direct reports to supervisors to a more manageable level, and build capacity in Administrative and Child Support Management, as well as to enhance the IM Central Consortium program. This comprehensive proposal includes changes to three positions that are intertwined. See attached revised management restructure organizational chart.

First, development of the Income Maintenance Manager to oversee Economic Support operations for Marathon County and the IM Central Consortia. This position will supervise the two ES Supervisors for Marathon County and coordinate operations with ES management for the three partner counties – Langlade, Oneida and Portage. This position will replace the current Support Programs Manager, with Child Support transferring under a different member of DSS management. (See Request for Income Maintenance Consortium Manager for more details)

Second, the current Fiscal Services Manager position will be renamed Business Manager and will directly supervise eight fiscal and two executive staff as well as oversee the Administrative Programs Supervisor and Child Support Supervisor. This position assumes authority over all financial staff, including transfer of two Child Support Financial Specialists to relieve the workload of the current Child Support

Supervisor. The Business Manager position has enhanced capacity to oversee Child Support, with the creation of the .65 FTE (25 hour per week) senior accounting professional. This position will provide lead worker support, and complete tasks such as budget preparation, State/County contract monitoring and Uniform Grant Guidance oversight which are currently performed by the Fiscal Services Manager.

With the acquisition of the senior accounting professional, the Business Manager will oversee two four-year degreed accountants to support the fiscal integrity of the department and budget preparation and will provide oversight to their workload.

Financial

Administrative positions are funded through a variety of sources including Federal, State and Local funds, depending on which unit the staff is providing support services. The variation of funding sources is not a straight line conversion of the costs savings due to the differences of matching sources.

The current Support Program Manager position is funded with both IM Funding and Child Support Funding. The proposed Consortium Manager will be fully funded using incentive funds earned by all four partner counties, pooled and utilized for funding the position.

The current Fiscal Manager is allocated 100% to Agency Management, Support and Overhead, which has a blended rate of 37% reimbursement for 2017. With oversight of Child Support, additional revenues can be drawn down, to achieve a blended rate of 51.5% federal reimbursement.

The new .625 FTE accountant will be allocated to Agency Management, Support and Overhead, which will draw down 37% in Federal revenues.

The fiscal impact of this restructure is a cost savings of $35,546 levy to Marathon County.

Proposed Modifications to DSS Leadership Structure

Current Structure				
Position Description	Expenses	Revenues	Levy	
Senior Social Service Manager	118,074	67,716	50,358	(1)
Senior Social Service Manager	111,659	41,314	70,345	(2)
Total Levy Needed - Current Structure			120,703	

Future Structure				
Position Description	Expenses - Mid	Revenues- Mid	Levy- Mid	
IM Manager	107,886	107,886	-	(3)
Business Manager	107,886	55,561	52,325	(4)

Senior Acctg. Professional (.625 FTE)	52,116	19,283	32,833	(5)
Total Levy Needed - Future Structure			85,158	
Levy Savings			**35,546**	

(1) Revenues: 62% Reimbursed at 50%, 38% Reimbursed at 66%

(2) Revenues: 100% Reimbursed at 37%

(3) Revenues: 100% Reimbursed at 100%

(4) Revenues: 50% Reimbursed at 37%, 50% Reimbursed at 66%

(5) Revenues: 100% Reimbursed at 37%

Resolution # R-___-17

A Resolution to Transfer $475,000 from the 2016 Contingent Fund-$405,000 to North Central Healthcare Center for Mental Health Service and $70,000 to the Sheriff's Department for Psychiatric Service in the Jail

WHEREAS, there is currently an unencumbered balance in the 2016 Contingent Fund; and

WHEREAS, there is a request to cover the cost of mental health service in Marathon County and psychiatric service in the jail; and

WHEREAS, the Human Services and Finance and Property Committee has reviewed the request and has recommended approval of transfers in the amount of $405,000 to the North Central Healthcare Center for mental health services and $70,000 to the Sheriff's Department for psychiatric services in the jail; and

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

1. That the sum of $475,000 be transferred out of the 2016 Contingent Fund (101 131 9 9120) for the purpose of paying for:
2. $405,000 in mental health services provided by North Central Healthcare Center in the Support for Other Services Budget-Transitional Support (101138 9 7205), and;
3. $70,000 in psychiatric service in the Jail in the Sheriff's Department Adult Corrections budget Medical/Dental Fees (101 250 9 2110), and;
4. That a Class 1 Notice of this transaction be published within (10) days of its adoption

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

Dated: January 24, 2017.

HUMAN RESOURCES AND FINANCE AND PROPERTY COMMITTEE

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Fiscal Impact: Reduces the 2016 Contingency Fund by $475,000