1. Call to Order-Please silence your cellphones

2. Public Comment Period

3. Approval of the Minutes of the January 13, 2020 Human Resources, Finance and Property Committee Meeting

4. Educational Presentations/Outcome Monitoring Reports

5. Operational Functions required by Statute, Ordinance, or Resolution:
   A. Discussion and Possible Action by Human Resources and Finance and Property Committee
      1) Tax Deed Property – Appraisals/Set Sales Price (Kim Trueblood)
         a. 608 Adams St Wausau, WI 54403
         b. 3021 W Mann Rd, Marshfield WI 54449
      2) Denial of Claims:
         a. Paul Kaseno (Mary Jo Maly)
         b. Taylor Schremp (Mary Jo Maly)
      3) January 2020 Claims and Questioned Costs
      4) Parks, Recreation & Forestry Department Casual, Seasonal, Temporary wage rates adjustments (Polley)
   B. Discussion and Possible Action by Committee to Forward to the County Board for its consideration
      1. Interdepartment Budget Transfers (Palmer)
         a. 2019 Budget Transfers
         b. 2020 Budget Transfers
      2. Resolution Awarding the Sale of $8,500,000 General Obligation Promissory Note, Series 2020A (Palmer)
      3. Resolution Determination by County Board that Emergency With Respect to Repair and Reconstruction of the Marathon County Jail has Ended (Corbett)
      4. A Resolution Amending the 2020 Budget and Transfer from Contingency for $200,000 for Jail Medical Costs and Jail Medical Room Capital Project (Lotter)

6. Policy Issues Discussion and Committee Determination
   A. Long-Term Capital Planning 2020-2024 (Palmer/Lotter)

7. Announcements:
   Next Meeting Date-February 24, 2020 at 3:00 p.m.

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 EJ STARK/s/K Palmer
Presiding Officer or Designee

NOTICE POSTED AT THE COURTHOUSE
By/Date/Time: K Palmer 2/7/2020 2:20 pm
www.co.marathon.wi.us
1. Call to Order by Supervisor Stark at 3:00 pm

2. Public Comment Period – Jim Lentz 236538 CTH W would like to speak on the item Tax Deed Sale #2019-6 254439 Marshall Hill Road. Chairman Stark moved this item up. Mr. Lentz is a neighbor to this property and discussed the history as he knows it on this property. He stated the septic system is not functioning. He has checked in with County Treasurer on this property. The property has been taken on Tax Deed. Since this spring, he have not heard anything on the property. He said that a gentleman stated that his son put bid on the property. The County is selling it as is but there have been problems with this property and the son in the Town (Texas) is buying it and can build a house on it. Now I have to go to legal means to make sure this property does not become a legal residence. It is a non-conforming lot. There are other properties in my neighborhood that are non-conforming. I am curious as to why $13,000 is the opening bid. If the County’s opinion is that they have to sell the property, then I have to put up a big fence. I ask that the County reconsider this sale until some of these issues can be worked out.

3. Approval of the Minutes of the December 9, 2019 Human Resources, Finance and Property Committee Meeting

   Motion by Gibbs and seconded by Zriny to approve the minutes from December 9, 2019; vote unanimous

4. Educational Presentations/Outcome Monitoring Reports

   Enterprise Rental Car Lease Program-Ben Walljasper reviewed the current County program and what other options would be for the County and what other Counties are doing with fleet management. Gibbs-In most cases, we might not go for a full 60 month lease and sell at the optimal resale amount. Enterprise evaluates and replace the vehicles at the optimal time. One example provided by Enterprise shows the potential cost saving or using County program cars instead of paying mileage to employees for use of personal vehicles. Gibbs-The cost per mile is $0.42 per mile instead of $0.58 per mile for employee mileage reimbursement. Is this typical? Walljasper-Yes –this county in the example is working on this but it is based on utilization and promotion of the program in the department. In Wisconsin, we like to show you an all-wheel drive, front wheel drive or minivan option. Gibb-Do we know what the mileage budget is for social services department? I think it is something that we need to look at an exploring. County administration would like to have permission to explore with expanding this program with additional departments.

5. Operational Functions required by Statute, Ordinance, or Resolution:

   A. Discussion and Possible Action by Human Resources and Finance and Property Committee

      1. Tax Deed Bid Opening

         Tax Deed Sale #2019-6 154439 Marshall Hill Road, Town of Texas

         The appraised value on this property is $13,000 Bid is for $1,310 by Jacob Rodgers, it meets the criteria for the amount of 10% on the minimum bid. The town is town zoned and the County zoning does not supersede town zoning. The County POTUS zoning would need to bring the septic up to code if it is not. The Town would need to determine whether or not it would need to have a change of zoning. Corbett cited Section 3.20(6)(a) to explain how the Tax Deed Sale ordinance works. Stark-Can you accept the bid contingent upon the criteria in Ordinance Section 3.20(6)(a)? Corbett-You are the decision makers on this issue. Durham-Were we aware that the septic was not compliant when we took the property? The current condition (septic) is unknown as of the 1977 report included in the file. Zriny and second by Durham to accept the bid as presented; vote unanimous

         Tax Deed Sale #2013-7 3021 W Mann Rd, Marshfield, WI

         The appraised value is $3500 from 2013. County Clerk Trueblood-This property is well past the two year timeframe and I was not aware that it is beyond the two year and needs to be readvertised. Do we need to return the bid? Corbett read the ordinance 3.20(6)(e1) to the Committee. I would recommend that you open it and make a determination on whether or not to accept or reject. If it is below the value there is no advertisement that you can make a bid but if it is above the value, then you can determine. The bid is for $3,000 and a check with the bid for $300.
Motion by Gibbs and seconded by Durham to reject the bid as it is below the appraised value and it is
has not been advertise below the appraised value and does not meet our current ordinance; vote
unanimous

Motion by Gibbs and seconded by Durham-In order to facilitate the sale of this property, motion to get a
new appraisal and take up the issue if the new appraisal shows significant difference in the new
appraised value; vote unanimous

2. Appraisal Review and Setting Tax Deed Sales Price for Tax Deed Properties:
   Corbett- This committee has the power to set the value on these properties.
   a. 513 Vane Street, Mosinee WI
   Gibbs and seconded by Zriny to set the value at $25,000; vote unanimous
   b. 1115 W Grand Ave, Rothschild, WI
   County Clerk stated the Village is interested in purchasing this property
   Gibbs and Durham to set the value $22,000 (appraised value); vote unanimous
   c. 1407 N 2nd Street, Wausau, WI
   The City is interested in this property. There is a $14,000 outstanding water bill. Is this bill reflected in
   the tax bill? Are we obligated to settle with the City on the water bill? It is on the tax bill and we will settle
   with the City in August. We can bill the special assessment back to the City.
   Motion Gibbs and sectioned by Durham to set value of $10,000 (appraised value); vote unanimous
   Gibbs-We have significant lists on delinquent properties, I would like to get an updated list on delinquent
   properties. Do you want an update on the properties that we have taken already? Yes

3. Policy on Snow Removal and Grass Cutting for Tax Deed Properties
   County Clerk-We received a snow removal notice on a property in Wausau and there is no policy to deal
   with this issue. The City cleared the property and charged the County $84. Corbett-In the past we may
   have a neighbor clean up the property but it seems that we are now taking more residential properties than
   before. Gibbs-Have administration discuss how to handle this and determine what the appropriate action
   is for this item. No formal action taken.

4. Approval of the December 2019 Claims and Questioned Costs-Palmer
   Motion by Gibbs and seconded by Zriny to approve the December 2019 claims; vote unanimous

5. Taskforce on County Board Downsizing-Potential Committee Participants and Other Interested Parties
   Stark-I am asking if anyone wants to volunteer for this taskforce. Zriny will volunteer on this taskforce.

6. Amend the Funding of 2020 CIP Projects
   Gibbs this moved funding to those projects that qualify for borrowing are borrowed for another projects
   will be paid for by CIP funding. This change is in the borrowing resolution for information only; no formal
   action taken.

B. Discussion and Possible Action by Committee to Forward to the County Board for its consideration
1. Interdepartmental Budget Transfers-Palmer
   Motion by Gibbs and seconded by Durham to approve the interdepartmental budget transfers; Vote
   unanimous

2. Resolution to Recommend Allocation of Outstanding Usage Payment to Improvements at Sunny Vale
   Softball Complex
   Polley will explain what the Commission is seeking to have approval to do with the funds. There was a
deficit in the amount that the Softball Association owed the County. The county was able to obtain from
the Softball Association funds of $87,401. We are requesting that these funds are put into a capital fund
for improvements at Sunny Vale Softball Association.
   Motion by Gibbs and seconded by Durham to allocate the usage payment to Sunny Vale Softball Complex
   and send it to the County Board; vote unanimous. Gibbs-I would like to commend Parks Director Polley
   and Corporation Counsel on coming to a resolution on this issue.
3. Initial Resolution Authorizing Not to Exceed $3,215,000 General Obligation Promissory Notes for the Marathon County 2020 Capital Improvement Program
   Gibbs-Last year we borrowed 10 year notes for capital projects. This year we will borrow for the NCHC CBRF and Youth Hospital. How will we find out what NCHC will be able to finance on these projects? Leonhard-We will need to have a series of meetings to discuss this with NCHC.
   Motion by Gibbs and seconded by Durham to recommend to the County Board the Resolution Authorizing Not to Exceed $3,215,000 General Obligation Promissory Notes for the Marathon County 2020 Capital Improvement Program; vote unanimous

4. Resolution Declaring Official Intent to Reimburse Expenditures for the 2020 Capital Improvement Program
   Motion by Gibbs and seconded by Zriny to approve a resolution declaring Official Intent to Reimburse Expenditures for the 2020 Capital Improvement Program; vote unanimous

5. Resolution Providing for the Sale of Not to Exceed $8,500,000 General Obligation Promissory Notes, Series 2020A
   Motion by Gibbs and seconded by to approve and forward to the County Board Resolution Providing for the Sale of Not to Exceed $8,500,000 General Obligation Promissory Notes, Series 2020A; vote unanimous

6. Motion by Gibbs and seconded by Zriny to go into Closed Session (Roll Call Vote Suggested), pursuant to s. 19.85(1)(e), Wis. Stats., for the Purpose of Deliberating or Negotiating the Purchase of Public Properties, the Investing of Public Funds, or Conducting Other Specified Public Business, Whenever Competitive or Bargaining Reasons Require a Closed Session, to Wit: For the purpose of permitting the Committee to discuss its strategy for negotiating the possible purchase of a certain piece of real estate adjacent to the Marathon County Courthouse, located in the City of Wausau, Marathon County, State of Wisconsin. Roll call vote to go into closed session-Stark-aye, Durham-aye, Zriny-aye, Gibbs-aye,

7. Motion to Return to Open Session (No Roll Call Vote Required)
   1. Announcements and possible action on matters discussed in closed session
   County Administration will look at investigate further options
8. Policy Issues Discussion and Committee Determination
   A. Discussion on Lease Agreements with Non-governmental Entities and Establishing a Capital Replacement Fund with Lease Proceeds
   Palmer the County will need to look at its leases with non-governmental entities to make sure that we are charging enough to recover all costs. No formal action taken.

9. Announcements:
   Next Meeting Date-January 27, 2020 at 3:00 p.m.

10. Adjourn-Motion by Gibbs and seconded by Durham to adjourn at 5:10 pm; vote unanimous.
February 3, 2020

RE: Claimant: Paul Kaseno
    Claim number: GLMA00000657
    Our Insured: Marathon County
    Date of Loss: 1/28/2019

Dear Mary Jo Maly,

The above referenced claim was filed on 10/23/2019. Following a review of the information and an investigation of the facts, it has been determined that Marathon County has no liability for this claim. Please issue a formal disallowance and provide a copy of this disallowance to WMMIC.

This claim will be closed on the date of receipt of the disallowance.

A copy of this letter has been placed in the claim file for reference. If you should have any further questions, please contact me.

Sincerely,

Jackie Kaul
Senior Liability Claim Representative
Wisconsin Municipal Mutual Insurance Company
(608) 229-6819
jkaul@wmmic.com
MEMORANDUM

TO: Scott Corbett, Corporation Counsel
FROM: Kim Trueblood, County Clerk
DATE: October 23, 2019
RE: Paul Kaseno

The attached summons and complaint was received via certified mail to the Marathon County Clerk’s Office October 23, 2019.

bks
NOTICE OF CIRCUMSTANCES OF CLAIM and
ITEMIZED STATEMENT OF RELIEF SOUGHT
PURSUANT TO WIS. STAT § 893.80(1)(a)(b)

DATE: October 21, 2019

TO: Kim Trueblood, Clerk of Marathon County
Marathon County Courthouse
500 Forest Street
Wausau WI 54403

and

Kathi Porath (pka Kathi Somers)

**Sent via certified mail, return receipt requested**

**Notice of Circumstances of Claim**

This is a written notice of the circumstances of a claim against the county employee enumerated below, made on behalf of Paul Kaseno, pursuant to Wis. Stat., § 893.80(1)(a). Paul Kaseno, by his attorneys, The Jeff Scott Olson Law Firm, S.C., by Attorney Jeff Scott Olson, asserts the following claim:

On September 21, 2009, Mr. Kaseno was sentenced by Marathon County Circuit Court Judge, the Honorable Gregory Huber. He was sentenced on two cases at the same time, Marathon County Cases 05 CF 869 and 06 CF 453.

On Case 05 CF 869, Mr. Kaseno was sentenced to 11 years in prison, followed by 12 years on extended supervision. Judge Huber ordered that Mr. Kaseno be given credit on Case 05 CF 869 for 590 days served in jail prior to
sentencing. On Count 1 of Case 06 CF 453, Mr. Kaseno was sentenced to 10 years in prison, followed by 8 years on extended supervision. Judge Huber ordered that on Case 06 CF 453, Mr. Kaseno be given credit for 413 days served in jail prior to sentencing. The two sentences (05 CF 869 and 06 CF 453) were ordered to be served concurrent to one another. (There were some other, smaller sentences handed down with these two, but inasmuch as they have no bearing on this claim, they are not detailed here.)

After Judge Huber sentenced Mr. Kaseno orally, from the bench, it was the duty of his clerk, Kathi Somers, to put all of the relevant information onto the Judgment of Conviction. The Judgment of Conviction on Case 05 CF 869 did include the credit for the 590 days, but the Judgment of Conviction that Ms. Somers prepared for Case 06 CF 453 erroneously stated that no credit for jail time should be applied – the 413 days of credit that Mr. Kaseno was due and that the Judge had ordered, was omitted. (Original Judgment of Conviction from Case 06 CF 453 is attached as Exhibit A.)

Mr. Kaseno served his time in prison. On January 28, 2019, he completed serving his time on Case 05 CF 869 (the longer of the two sentences). He should have been released from prison then, but because Ms. Somers had failed to indicate the credit for 413 days on his Judgment of Conviction, he continued to be retained by the Wisconsin Department of Corrections (“DOC”).
In the spring of 2019, Mr. Kaseno was transferred from one state prison facility to another. At the new facility, the staff of the Records Office reviewed not only the Judgments of Conviction, but also the transcript of the 2009 sentencing hearing. Noting the discrepancy between the sentencing transcript and the Judgment of Conviction on Case 06 CF 453, DOC Records employee Wendy Borner wrote to Judge Huber on July 18, 2019, calling the discrepancy to his attention and asking him to review the sentence on Court 1 of Case 06 CF 453. (Ms. Borner’s letter is attached as Exhibit B; the portion of the sentencing transcript referred to in the letter is attached as Exhibit C.) Upon review, Judge Huber acknowledged that the credit that he had ordered orally at sentencing should have been recorded by issuing an Amended Judgment of Conviction. (The Amended Judgment of Conviction is attached as Exhibit D.)

Paul Kaseno was released from prison on July 22, 2019. By that time, he had served 175 days beyond his proper release date. DOC Records officials acknowledged that, had Kaseno’s original Judgment of Conviction listed the credit he was due, he would have been released on January 28, 2019. (The DOC Sentence Notification is attached as Exhibit E.)

**Itemized Statement of Relief Sought**

Paul Kaseno lives at 512 South Third Avenue, Apt # 14, Wausau, WI 54401. He seeks the following relief:
For 175 days beyond the proper conclusion of his sentence: $131,250.00
(calculated at the rate of $750.00 per day)

For lost wages during the 175 days (25 weeks): $20,000.00
(calculated at the rate of $800 per week)

Total: $151,250.00

Be advised that by this claim, Paul Kaseno asserts only claims against a county employee that are based upon state law, and require notice under Wis. Stat., § 893.80. Other claims (i.e., those against entities or persons who are not county employees and those that are not based on state law) may also be prosecuted, and additional relief, including the cost of attorneys' fees may be sought.

Dated this 21st day of October, 2019

Paul Kaseno, the Claimant,
By

THE JEFF SCOTT OLSON LAW FIRM, S.C.
Jeff Scott Olson
State Bar No. 1016284
131 W. Wilson St., Suite 1200
Madison, WI 53703
Phone: (608) 283-6001
Fax: (608) 283-0945
E-mail: jsolson@scofflaw.com

Jeff Scott Olson
Exhibit A
State of Wisconsin vs. Paul J. Kasen

Judgment of Conviction
Sentence to Wisconsin State Prisons and Extended Supervision
Case No.: 2006CF000453

Date of Birth: 07-30-1986

The defendant was found guilty of the following crime(s):

<table>
<thead>
<tr>
<th>Ct.</th>
<th>Description</th>
<th>Violation</th>
<th>Plea</th>
<th>Severity</th>
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<tbody>
<tr>
<td>1</td>
<td>2nd Degree Sexual Assault of Child</td>
<td>948.02(2)</td>
<td>Guilty</td>
<td>Felony C</td>
<td>07-23-2005</td>
<td>07-23/2005 anc 09/15/2005</td>
<td>09-21-2009</td>
</tr>
</tbody>
</table>

IT IS ADJUDGED that the defendant is guilty as convicted and sentenced as follows:

<table>
<thead>
<tr>
<th>Ct. Sent. Date</th>
<th>Sentence</th>
<th>Length</th>
<th>Agency</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>State Prison</td>
<td>10 YR</td>
<td>Register as sex offender.</td>
<td></td>
</tr>
</tbody>
</table>

Total Bifurcated Sentence Time

<table>
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<tr>
<th>Confinement Period</th>
<th>Extended Supervision</th>
<th>Total Length of Sentence</th>
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<tbody>
<tr>
<td>Ct. Years Months Days</td>
<td>Comments</td>
<td>Years Months Days</td>
</tr>
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<td>8 0 0</td>
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Sentence Concurrent With/Consecutive Information:

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Conditions of Extended Supervision:

Obligations: (Total amounts only)

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<tr>
<th>Fine</th>
<th>Court Costs</th>
<th>Attorney Fees</th>
<th>Restitution</th>
<th>Other</th>
<th>Mandatory Victim/Wit. Surcharge</th>
<th>5% Rest. Surcharge</th>
<th>DNA Anal. Surcharge</th>
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<tr>
<td>20.00</td>
<td>60.00</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

Pursuant to §973.01(3g) and (3m) Wisconsin Statutes, the court determines the following:

The Defendant is ☐ is not ☑ eligible for the Challenge Incarceration Program.

The Defendant is ☐ is not ☑ eligible for the Earned Release Program.

The following charges were Dismissed but read in

<table>
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<td>3</td>
<td>2nd Degree Sexual Assault of Child</td>
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<td></td>
<td>Felony C</td>
<td>07-23-2005</td>
<td>05-04-2007</td>
</tr>
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IT IS ADJUDGED that 0 days sentence credit are due pursuant to § 973.155, Wisconsin Statutes.

IT IS ORDERED that the Sheriff shall deliver the defendant into the custody of the Department.

SEE AMENDED JOC DATED 7/19/2019
State of Wisconsin vs. Paul J. Kaseno

Date of Birth: 07-30-1986

Judgment of Conviction
Sentence to Wisconsin State Prisons and Extended Supervision
Case No.: 2006CF000453

Distribution:
Gregory Huber, Judge
Theresa E Wetzstaen, District Attorney
Andrew M Morgan, Defense Attorney

BY THE COURT:

[Signature]
Circuit Court Judge Clerk/Deputy Clerk

Date: 9/23/09
Exhibit B
July 18, 2019

The Honorable Gregory Huber  
Marathon County Courthouse  
500 Forest Street  
Wausau, WI 54403-5588  

RE: Inmate Paul Kaseno #404433  
Case: 06CF453 Count 1  

Dear Judge Huber:

Pursuant to Wis. Admin. Code DOC § 302.23, we are requesting the Court review the sentence credit granted on the Judgment of Conviction (JOC) dated 9-23-2009 for case 06CF453 count 1.

To explain, according to the JOC Mr. Kaseno was granted 0 days of sentence credit. Upon review of page 82 lines 8 thru 10 of the sentencing transcript it states, “MS WETSTEON: On all files, except 05-CF-869, he’s entitled to 413 days. THE COURT: That will be ordered.”

We respectfully request the Court to review the JOC and the sentencing transcript for case 06CF453 count 1 and determine if credit is due. Enclosed please find copies of the JOC and page 82 the sentencing transcript for your review.

In computing the release dates for this sentence, we have applied 0 days of sentence credit as ordered on the JOC.

If you wish to discuss this matter, please contact me at (920) 324-6245. Thank you for your time and consideration.

Respectfully,

Wendy Borner  
Corrections Sentencing Associate-Advanced  
Fax Number 920-324-6336

Encl:

cc: Marathon County District Attorney  
Wisconsin State Public Defender’s Office  
Inmate Paul Kaseno #404433  
Legal File  
Social Service File, Correspondence Section

SEE AMENDED JOC DATED 7/19/2009
Exhibit C
STATE OF WISCONSIN
CIRCUIT COURT
MARATHON COUNTY

STATE OF WISCONSIN,

Plaintiff,

vs.

PAUL J. KASENO,
Defendant.

CASE NOS.
05-CF-869, 05-CM-1730,
06-CF-453, 06-CM-1717,
06-CM-2787

SENTENCING AFTER REVOCATION

TRANSCRIPT OF PROCEEDINGS
HELD BEFORE HON. GREG HUBER
ON SEPTEMBER 21, 2009, IN WAUSAU, WISCONSIN

APPEARANCES

For the Plaintiff: THERESA WETZSTEON
Marathon County Courthouse
Assistant District Attorney
500 Forest Street
Wausau, WI 54403

For the Defendant: ANDREW MORGAN
Attorney at Law
P.O. Box 1962
Wausau, WI 54402-1962

Defendant appearing in person.

KARLA M. SOMMER, RMR CRR CBC
CIRCUIT COURT REPORTER, BR. 2
500 Forest Street
Wausau, WI 54403
Telephone (715) 261-1356
there is a sex predator law. They may invoke it, eleven
years in your particular case. They tend to do it when
someone is not receiving or refuses or does not progress in prison relating to sex offender
matters, so I would suggest that you throw yourself into the
of all varieties.

There's credit for how many days?

MS. WETZSTEON: On all files, except

05-CF-869, he's entitled to 413 days.

THE COURT: That will be ordered.

MS. WETZSTEON: On 05-CF-869 he's entitled to

593 days, and I'd ask that the Court adopt the extended
 supervision plan on page 19 of the Presentence
 Investigation. It includes no contact provisions and so on
 and so forth.

THE COURT: Those will be adopted, and I'll stress the no contact provisions with any of the victims.

MR. MORGAN: Well, your Honor, would that include who is the mother of his child?

MS. WETZSTEON: Yeah, I guess that will be up to the agent, I think. It depends how he's doing in

THE COURT: I will not order that, but your agent may order that depending upon what type of conduct you're having with her.
I, Karla M. Sommer, a stenographic machine shorthand reporter, Registered Merit Reporter, Certified Realtime Reporter, and Certified Broadcast Captioner, employed in Wausau, Wisconsin, do hereby certify that I took in shorthand the foregoing proceedings in a hearing in Circuit Court for Marathon County at the Courthouse in the City of Wausau, Wisconsin, on the 21st day of September, 2009, with the Honorable Greg Huber, Circuit Court Judge, presiding, and that the foregoing is a true and correct transcript of my shorthand notes and of the whole thereof.

Dated in Wausau, Wisconsin, this 23rd day of December, 2009.

Karla M. Sommer, RMR CRR CBC
Marathon County, Wisconsin
Exhibit D
STATE OF WISCONSIN        CIRCUIT COURT BRANCH 2        MARATHON COUNTY

State of Wisconsin vs. Paul J. Kaseno

Date of Birth: 07-30-1986

The defendant was found guilty of the following crime(s):

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<td>1</td>
<td>09-21-2009 State Prison w/ Ext. Supervision 18 YR</td>
<td>Register as sex offender</td>
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Total Bifurcated Sentence Time

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Obligations: (Total amounts only)

<table>
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<th>Attorney Fees</th>
<th>Joint and Several</th>
<th>Restitution</th>
<th>Other</th>
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<th>Comments</th>
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<tbody>
<tr>
<td>1 Costs</td>
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</table>

Pursuant to §973.01(3g) and (3m) Wisconsin Statutes, the court determines the following:

The Defendant is ☐ is not ☒ eligible for the Challenge Incarceration Program.

The Defendant is ☐ is not ☒ eligible for the Substance Abuse Program.
The following charges were Dismissed but Read In

<table>
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<tr>
<th>Ct</th>
<th>Description</th>
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<th>Plea</th>
<th>Severity</th>
<th>Date(s) Committed</th>
<th>Date(s) Read In</th>
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<td>3</td>
<td>2nd Degree Sexual Assault of Child</td>
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<td>Felony C</td>
<td>07-23-2005</td>
<td>05-04-2007</td>
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IT IS ADJUDGED that 413 days sentence credit are due pursuant to §973.155, Wisconsin Statutes.

IT IS ORDERED that the Sheriff shall deliver the defendant into the custody of the Department.

If the defendant is in or is sentenced to state prison and is ordered to pay restitution, IT IS ORDERED that the defendant authorize the department to collect, from the defendant's wages and from other monies held in the defendant's inmate account, an amount or a percentage which the department determines is reasonable for restitution to victims.

If the defendant is placed on probation or released to extended supervision, IT IS ORDERED that the defendant pay supervision fees as determined by the Department of Corrections.

THIS IS A FINAL ORDER FOR THE PURPOSE OF APPEAL.

Distribution:

Gregory Huber, Judge
Theresa Elise Wetzlison, District Attorney
Exhibit E
# NOTIFICATION OF SENTENCE DATA

**INMATE NAME:** KASENO, PAUL  
**DOC NUMBER:** 404433  
**FACILITY NAME:** KMCI  
**STAFF INITIALS:** AB  
**DATE PREPARED:** 7-22-2019

**ADJUSTED RELEASE DATE RELEASE DATED CHANGED TO 1-28-2013**  
**MAXIMUM DISCHARGE DATE REMAINS 1-28-2031**  
**PAROLE ELIGIBILITY DATE REMAINS NOT ELIGIBLE**  
**EXTENDED SUPERVISION ELIGIBILITY DATE** ————

## REASON FOR CHANGE

- [ ] New Sentence/Also Sentence:  
  - County:  
  - Case #:  
  - Offense:  
  - Sentence:  

- [ ] Revocation:  
  - Case #:  
  - Period of Forfeit / Reincarceration / Re-confinement Ordered:  
    - years  
    - months  
    - days  

- [ ] MR/ES Extension:  
  - Disciplinary Extension:  
  - Conduct/Violation Report #:  
  - Dates In Segregation Status:  
  - Segregation Extension:  

- [ ] Escape Date:  
  - Apprehension Date:  
  - Tollored Time:

- [x] **Other – Specify Change:** RECEIVED AN AMENDED JOC FOR CASE 06CF453 DATED 7-19-2019 INCREASING CREDIT FROM 0 DAYS TO 413 DAYS.
THE JEFF SCOTT OLSON LAW FIRM, S.C.
131 West Wilson Street • Suite 1200
Madison, WI 53703

TO

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
Kim Trueblood, Clerk of Marathon County
Marathon County Courthouse
500 Forest Street
Wausau, WI 54403
Mary Jo Maly  
500 Forest Street  
Wausau, Wisconsin 54403  

February 3, 2020  

RE: Claimant:  Taylor Schremp  
Claim number:  ALMA00000311  
Our Insured:  Marathon County  
Date of Loss:  12/30/2019  

Dear Mary Jo Maly,  

The above referenced claim was filed on 1/27/2020. Following a review of the information and an investigation of the facts, it has been determined that Marathon County has no liability for this claim. Please issue a formal disallowance and provide a copy of this disallowance to WMMIC.  

This claim will be closed on the date of receipt of the disallowance.  

A copy of this letter has been placed in the claim file for reference. If you should have any further questions, please contact me.  

Sincerely,  

Sandi Linquist  
Liability Claim Representative  
Wisconsin Municipal Mutual Insurance Company  
(608) 245-6892  
slinquist@wmmic.com
MEMORANDUM

TO: Scott Corbett, Corporation Counsel
FROM: Kim Trueblood, County Clerk
DATE: January 27, 2020
RE: Taylor Schremp

The attached summons and complaint was received via regular mail to the Marathon County Clerk’s Office on January 27, 2020.

haz
On December 30, 2019, I was driving on highway 52 towards Wausau when a Marathon County Salt truck passed me and did not turn the salt spreader off. This sent rock salt into my windshield, chipping the windshield and paint on the front of my Tahoe. This happened on the corner of highway 52 and (5) at 2:30 pm. The highway commissioner said the truck was doing 47 mph and the spinner was spinning too fast. He stated this was the first year that this employee has run the truck.

In this envelope there is an estimate for the damages to my vehicle.
### Owner

Owner: DAN SCHREMP  
Address: 2003 NEVA RD  
City State Zip: Antigo, WI 54409  
Work/Day: (715)216-1474  
FAX: 

### Inspection

Inspection Date: 01/22/2020 08:29 AM  
Company: PARSONS OF ANTIGO  
Contact: JEFF SCHIELKE  
Address: 515 AMRON AVE  
City State Zip: Antigo, WI 54409  
Email: bodyshop@parsonsofantigo.com  
Inspection Type: 
Appraiser License #: 
Work/Day: (715)627-4888  
FAX: 

### Repairer

Repairer: PARSONS OF ANTIGO  
Address:  
City State Zip: Antigo, WI 54409  
Contact: PARSONS OF ANTIGO  
Work/Day: (715)627-4888  
Work/Day:  
Target Complete Date/Time:  
Days To Repair: 8

### Vehicle

OEM Part Price Quote ID: ****  
2007 Chevrolet Tahoe LT3 4 DR Wagon  
8cyl Gasoline 5.3 FLEX  
4 Speed Automatic  
Lic Expire:  
Prod Date: 12/2006  
Veh Insp#:  
Condition:  
Ext. Color:  
Ext. Refinish: Two-Stage  
Ext. Paint Code:  
VIN: 1GNFK13087R329502  
Mileage:  
Mileage Type: Actual  
Code: U7412A  
Int. Color: Ebony w/Custom Leather-Appointed S  
Int. Refinish: Two-Stage  
Int. Trim Code: 193

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<td>Automatic Dimming Mirror</td>
<td>Bodyside Moldings</td>
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<td>Camper/Towing Package</td>
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<td>Cargo/Trunk Mat</td>
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01/22/2020 08:31 AM
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**MC Message**

13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

**Other Parts**

| Paint & Materials | $317.00 |
| Parts & Material Total | $609.00 |
| Tax on Parts & Material | $926.00 |

**Labor**

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01/22/2020 06:31 AM
Replace Hrs

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</table>

Labor Total @ 5.50% $89.68
Sublet Repairs @ 5.50% $8.00
                       | $2,705.65 |
Gross Total @ 5.50% $30.44
                       | $2,705.65 |

Alternate Parts Y/00/00/00/00/00 CUM 00/00/00/00/00 Zip Code: 54409 Default
OEM Part Prices DT 01/22/2020 08:29 AM EstimateID 649255375412626512 QuoteID ****
SPPL Yes Zip Code: 54409 Default
Rate Name Default

Audatex Estimating 8.0.643 Update 6 ES 01/22/2020 08:31 AM REL 8.0.643 Update 6 DT 12/01/2019 DB 01/15/2020
© 2020 Audatex North America, Inc.

3.0 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE REPLACEMENT PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THE REPLACEMENT PARTS RATHER THAN BY THE MANUFACTURER OF YOUR MOTOR VEHICLE.

Op Codes

* = User-Entered Value
NG = Replace NAGS
UE = Replace OE Surplus
EU = Replace Recycled
UM = Replace Rebordered
UC = Replace Reconditioned
N = Additional Labor
IT = Partial Repair
P = Check

^ = Labor Matches System Assigned Rates
E = Replace OEM
EC = Replace Economy
ET = Partial Replace Labor
TE = Partial Replace Price
L = Refinish
TT = Two-Tone
BR = Blend Refinish
CG = Chipguard
AA = Appearance Allowance

OE = Replace PXN OE Srpis
EP = Replace PXN
PM = Replace PXN Raman/Rebuilt
PC = Replace PXN Reconditioned
SB = Sublet Repair
I = Repair
R1 = R & I Assembly
RP = Related Prior Damage
Dr. Lewis H. 5403 S
500 West Church
Galena, Kansas

Dr. Lewis H. 5403 S
500 West Church
Galena, Kansas

25 JUN 2020 1pm 21
MIDWAY FL 530

Animal, W1 5409-2459
2003 NWAD RD
Don & Tricia Scherp
REQUESTED ACTION:

Discussion and Possible Action Adopting a Revised Appendix A – Parks, Recreation & Forestry Department (PRF) Casual, Seasonal and Temporary Wage Rates

Each year it is getting more and more difficult to attract seasonal staff. As we were posting positions for the 2020 season it was recognized that departments were posting different wages for positions of similar nature. It was also recognized that all County departments except for the PRF Department follow the Countywide Shared Classifications of Chapter 9 of the Personnel Policies and Procedures Manual. An Appendix A for the PRF Department has been adopted for some time that list specific rate steps based on years worked for all seasonal PRF positions.

The current Appendix A limits flexibility of staff to adjust wages based on the market. The Countywide Chapter 9 sets a maximum rate for all positions allowing flexibility for position rates within an allocated budget. In working with Employee Resources it was determined that PRF still needs a separate Appendix due to the number of different payroll codes there are, however replicating the format of the Countywide Chapter 9 would establish consistency among departments and give the PRF flexibility in seasonal hiring. The current rates set will be used internally as a starting point for setting wage rates.

The Commission reviewed the revised Appendix A during their February 4, 2020 regular meeting and recommended approval of the revised casual, seasonal, temporary wage rates for the PRF Department to the Environmental Resources Committee’s consideration on February 6, 2020. The Environmental Resources Committee is asked to recommend approval of the revised Appendix A to the Human Resources and Finance Committee.
## Chapter 9 - Personnel Policies and Procedures Manual
### Park Recreation Forestry Department
#### Casual/Seasonal/Temporary Wage Rates

**Revised 2/25/20**

**Payroll Group 6**

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<td>Playground Leader</td>
<td>9518</td>
<td>$18.99</td>
</tr>
<tr>
<td>Pool Head Lifeguard</td>
<td>9512</td>
<td>$18.99</td>
</tr>
<tr>
<td>Pool Lifeguard</td>
<td>9513</td>
<td>$18.99</td>
</tr>
<tr>
<td>Pool Supervisor</td>
<td>9510</td>
<td>$18.99</td>
</tr>
<tr>
<td>Tennis Instructor</td>
<td>9532</td>
<td>$18.99</td>
</tr>
<tr>
<td>Water Exercise Instructor</td>
<td>9528</td>
<td>$18.99</td>
</tr>
<tr>
<td>Water Exercise Lifeguard</td>
<td>9516</td>
<td>$18.99</td>
</tr>
<tr>
<td><strong>Skilled Maintenance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asst Facility Manager</td>
<td>9499</td>
<td>$18.99</td>
</tr>
<tr>
<td>Asst Pool Director</td>
<td>9503</td>
<td>$18.99</td>
</tr>
<tr>
<td>Park Manager</td>
<td>9505</td>
<td>$18.99</td>
</tr>
<tr>
<td>Playground Director</td>
<td>9508</td>
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</tr>
<tr>
<td>Pool Director</td>
<td>9501</td>
<td>$18.99</td>
</tr>
<tr>
<td>Seasonal Ranger</td>
<td>9502</td>
<td>$18.99</td>
</tr>
</tbody>
</table>

**Footnotes:**

(1) Facility Attendant includes park attendant, shooting range and trail attendant.
(2) Seasonal Laborers operate the Sylvan Tow
### Casual/Seasonal/Temporary Wage Rates

**Revised 9/10/19**

**Payroll Group 6**

<table>
<thead>
<tr>
<th>Position #</th>
<th>Title</th>
<th>Payroll Code</th>
<th>1st Year</th>
<th>2nd Year</th>
<th>3rd Year</th>
<th>Funding Source</th>
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</thead>
<tbody>
<tr>
<td>19999</td>
<td>Asst Facility Manager</td>
<td>9499</td>
<td>$17.25</td>
<td>$17.25</td>
<td>$17.25</td>
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</tr>
<tr>
<td>19999</td>
<td>Asst Pool Director</td>
<td>9503</td>
<td>$13.50</td>
<td>$14.00</td>
<td>$14.50</td>
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</tr>
<tr>
<td>19999</td>
<td>Clerical Worker I</td>
<td>9710</td>
<td>$10.50</td>
<td>$11.00</td>
<td>$11.50</td>
<td>Joint</td>
</tr>
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<td>9720</td>
<td>$10.85</td>
<td>$11.35</td>
<td>$11.85</td>
<td>Joint</td>
</tr>
<tr>
<td>19999</td>
<td>Facility Attendant (1)</td>
<td>9517</td>
<td>$11.50</td>
<td>$12.00</td>
<td>$12.50</td>
<td>County</td>
</tr>
<tr>
<td>19999</td>
<td>Groomer Operator</td>
<td>9997</td>
<td>$11.00</td>
<td>$11.50</td>
<td>$12.00</td>
<td>County</td>
</tr>
<tr>
<td>19999</td>
<td>Lead Operator</td>
<td>9526</td>
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<td>$13.50</td>
<td>$14.00</td>
<td>Joint</td>
</tr>
<tr>
<td>19999</td>
<td>Park Manager</td>
<td>9505</td>
<td>$12.25</td>
<td>$12.75</td>
<td>$13.25</td>
<td>Joint</td>
</tr>
<tr>
<td>19999</td>
<td>Playground Director</td>
<td>9508</td>
<td>$12.05</td>
<td>$12.55</td>
<td>$13.30</td>
<td>City</td>
</tr>
<tr>
<td>19999</td>
<td>Playground Leader</td>
<td>9518</td>
<td>$10.30</td>
<td>$10.80</td>
<td>$11.30</td>
<td>City</td>
</tr>
<tr>
<td>19999</td>
<td>Pool Director</td>
<td>9501</td>
<td>$16.75</td>
<td>$17.25</td>
<td>$17.75</td>
<td>City</td>
</tr>
<tr>
<td>19999</td>
<td>Pool Head Lifeguard</td>
<td>9512</td>
<td>$11.75</td>
<td>$12.25</td>
<td>$12.75</td>
<td>City</td>
</tr>
<tr>
<td>19999</td>
<td>Pool Lifeguard</td>
<td>9513</td>
<td>$11.00</td>
<td>$11.50</td>
<td>$12.00</td>
<td>City</td>
</tr>
<tr>
<td>19999</td>
<td>Pool Supervisor</td>
<td>9510</td>
<td>$11.85</td>
<td>$12.35</td>
<td>$12.85</td>
<td>City</td>
</tr>
<tr>
<td>19999</td>
<td>Rangemaster</td>
<td>9506</td>
<td>$11.75</td>
<td>$12.25</td>
<td>$12.75</td>
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</tr>
<tr>
<td>19999</td>
<td>Seasonal Laborer (2)</td>
<td>9750</td>
<td>$11.50</td>
<td>$12.00</td>
<td>$12.50</td>
<td>Joint</td>
</tr>
<tr>
<td>19999</td>
<td>Seasonal Ranger</td>
<td>9502</td>
<td>$16.00</td>
<td>$16.00</td>
<td>$16.00</td>
<td>Joint</td>
</tr>
<tr>
<td>19999</td>
<td>Snack Bar Attendant/Cashier</td>
<td>9533</td>
<td>$9.35</td>
<td>$9.85</td>
<td>$10.35</td>
<td>Joint</td>
</tr>
<tr>
<td>19999</td>
<td>Splash Pad Attendant</td>
<td>9524</td>
<td>$9.80</td>
<td>$10.30</td>
<td>$10.80</td>
<td>Joint</td>
</tr>
<tr>
<td>19999</td>
<td>Student Intern</td>
<td>9760</td>
<td>$12.76</td>
<td>$12.76</td>
<td>$12.76</td>
<td>Joint</td>
</tr>
<tr>
<td>19999</td>
<td>Tennis Instructor</td>
<td>9532</td>
<td>$10.30</td>
<td>$10.80</td>
<td>$11.30</td>
<td>City</td>
</tr>
<tr>
<td>19999</td>
<td>Water Exercise Instructor</td>
<td>9528</td>
<td>$13.80</td>
<td>$14.30</td>
<td>$14.80</td>
<td>City</td>
</tr>
<tr>
<td>19999</td>
<td>Water Exercise Lifeguard</td>
<td>9516</td>
<td>$12.55</td>
<td>$13.05</td>
<td>$13.55</td>
<td>City</td>
</tr>
</tbody>
</table>

**Footnotes:**

(1) Facility Attendant includes park attendant and trail attendant.
(2) Seasonal Laborers operate the Sylvan Tow
### Chapter 9 - Personnel Policies and Procedures Manual

**Casual/Seasonal/Temporary Wage Rates**

**Countywide Shared Classifications**

**Effective 8/25/19**

**Payroll Group 6**

<table>
<thead>
<tr>
<th>Title</th>
<th>Payroll Code</th>
<th>Maximum Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Office Assistant:</strong> routine work, limited office skills required</td>
<td>9000</td>
<td>$13.71</td>
</tr>
<tr>
<td><strong>Office Assistant:</strong> Work study</td>
<td>9005</td>
<td>$13.71</td>
</tr>
<tr>
<td><strong>Administrative Assistant:</strong> more skilled work processing, transcription, simple math calculations, proofreading, some previous office experience or education required</td>
<td>9010</td>
<td>$15.47</td>
</tr>
<tr>
<td><strong>Administrative Specialist</strong> (performs diverse advanced secretarial/administrative tasks with some independence)</td>
<td>9015</td>
<td>$18.99</td>
</tr>
<tr>
<td><strong>Laborer/Custodian</strong></td>
<td>9020</td>
<td>$17.23</td>
</tr>
<tr>
<td><strong>Laborer/Custodian - Work Study</strong></td>
<td>9021</td>
<td>$17.23</td>
</tr>
<tr>
<td><strong>College Intern</strong></td>
<td>9025</td>
<td>$18.99</td>
</tr>
<tr>
<td><strong>Paraprofessional &amp; Technical</strong></td>
<td>9030</td>
<td>$18.99</td>
</tr>
<tr>
<td><strong>Skilled Maintenance</strong></td>
<td>9035</td>
<td>$18.99</td>
</tr>
<tr>
<td><strong>Professional</strong></td>
<td>9040</td>
<td>$31.31</td>
</tr>
</tbody>
</table>

### Law Enforcement

<table>
<thead>
<tr>
<th>Description</th>
<th>Payroll Code</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asst Evidence Tech - Non-Sworn, FLSA 7 day/40 hours</td>
<td>9980</td>
<td>$19.57</td>
</tr>
<tr>
<td>Transport Reserve Corrections Officer - Non-Sworn, FLSA 7 day/40 hours</td>
<td>9976</td>
<td>$19.57</td>
</tr>
<tr>
<td>Reserve Deputy - Sworn, FLSA 28 day/171 hours</td>
<td>9975</td>
<td>Footnote #2</td>
</tr>
<tr>
<td><strong>Effective 1/13/19</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Starting - 75% of Deputy I at 90%</td>
<td></td>
<td>$19.57</td>
</tr>
<tr>
<td>After 1500 hours worked - 85% of Deputy I at 90% - Footnote #1</td>
<td></td>
<td>$22.18</td>
</tr>
<tr>
<td>After 2500 hours worked - 90% of Deputy I at 90% - Footnote #1</td>
<td></td>
<td>$23.48</td>
</tr>
<tr>
<td>After 5000 hours worked - 95% of Deputy I at 90% - Footnote #1</td>
<td></td>
<td>$24.79</td>
</tr>
</tbody>
</table>

### Footnotes:

1. Sheriff’s Office will monitor hours worked to determine when the Reserve Deputy would qualify for a pay increase.
2. Hourly rates will change when the Deputy Sheriff I classification covered by the Deputy Sheriff Association’s labor agreement are adjusted.

### Special Compensation

<table>
<thead>
<tr>
<th>Description</th>
<th>Payroll Code</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADRC-CW Board</td>
<td>9890</td>
<td>Paid per meeting</td>
</tr>
<tr>
<td><strong>Bailiff</strong></td>
<td>9600</td>
<td>$15.47</td>
</tr>
<tr>
<td>Plus a minimum of 2 hours pay if Bailiffs report as scheduled but work assignment does not last 2 hours.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Deputy Medical Examiner</strong></td>
<td>9780</td>
<td>$15.00</td>
</tr>
<tr>
<td>Continuing education, transporting, staff meetings, wage, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conducting a death investigation</td>
<td></td>
<td>$25.00</td>
</tr>
<tr>
<td>Per cremation authorization</td>
<td></td>
<td>$40.00</td>
</tr>
<tr>
<td>Per hour for on-call pay</td>
<td></td>
<td>$2.25</td>
</tr>
<tr>
<td>The payment between $15/hour and $25/hour for activity performed by the Deputy Medical Examiner would be at the discretion of the Department Head.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Deputy Zoning Administrator</strong></td>
<td>9973</td>
<td>$20.00</td>
</tr>
<tr>
<td>Per inspection or permit issued</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per zoning permit review and approval</td>
<td></td>
<td>$30.00</td>
</tr>
</tbody>
</table>
## Casual/Seasonal/Temporary Wage Rates

**Countywide Shared Classifications**

**Effective 8/25/19**

### Payroll Group 6

<table>
<thead>
<tr>
<th>Title</th>
<th>Payroll Code</th>
<th>Maximum Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Election Worker - Current Employees</strong></td>
<td>9903</td>
<td>$25.00</td>
</tr>
<tr>
<td><strong>Response Team - Emergency Management</strong></td>
<td>9500</td>
<td>$25.00</td>
</tr>
<tr>
<td>Response to technical rescue or hazardous materials release responses</td>
<td></td>
<td>$25.00</td>
</tr>
<tr>
<td>Meetings, training sessions, inspection and maintenance of vehicles, supplies and equipment</td>
<td></td>
<td>$15.00</td>
</tr>
<tr>
<td>Additional Premium pay for leadership roles (i.e. $27 or $17 per hour)</td>
<td></td>
<td>$2.00</td>
</tr>
</tbody>
</table>

The Employee Resources Director may approve individual requests for wage rates for casual, seasonal and temporary jobs when special circumstances warrant exceeding these maximum rates. The Employee Resources Director may approve exceeding the current established temporary wage rates when departments hire temporary staff to fill current regular vacancies. However, these rates may not exceed the maximum rate for the corresponding regular position.

For the Park Recreation and Forestry Department wage rates see separate chart for this department.
MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT:  Conservation, Planning & Zoning  BUDGET YEAR:  2020

<table>
<thead>
<tr>
<th>TRANSER FROM:</th>
<th></th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>Action</td>
<td>Account Number</td>
<td>Account Description</td>
<td>Amount</td>
</tr>
<tr>
<td>Revenue Increase</td>
<td>235 875 8 2485</td>
<td>Norbert Guden DNR Grant DNR – State Grant</td>
<td>Enter amount 50000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRANSER TO:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Action</td>
<td>Account Number</td>
<td>Account Description</td>
<td>Amount</td>
</tr>
<tr>
<td>Expenditure Increase</td>
<td>Click to enter GL Account 235 875 9 7170</td>
<td>Norbert Guden DNR Grant Direct Payments</td>
<td>Enter amount 50000</td>
</tr>
</tbody>
</table>

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

Requested By:  Diane Hanson  Date Completed:  2/3/2020

COMPLETED BY FINANCE DEPARTMENT:
Approved by Human Resources, Finance & Property Committee:  Date Transferred:  

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

2) Provide a brief (2-3 sentence) description of what this program does.
   Grant funding to assist landowner in the implementation and installation of water quality improvement practices.

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

4) What is the reason for this budget transfer?
   ☐ Carry-over of Fund Balance.
   ☐ Increase/Decrease in Grant Funding for Existing Program.
   ☐ Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
   ☐ Set up Initial Budget for New Grant Program.
   ☐ Set up Initial Budget for New Non-Grant Program
   ☒ Other. Please explain: Project was not completed in 2019 therefore there will be grant expenses/revenue in 2020.

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

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

COMPLETED BY FINANCE DEPARTMENT:
Is 10% of this program appropriation unit or fund? _______ No _______ Is a Budget Transfer Resolution Required? _______ Yes _______
MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: Central Wisconsin Airport BUDGET YEAR: 2019

<table>
<thead>
<tr>
<th>TRANSFER FROM:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Action</td>
<td>Account Number</td>
</tr>
<tr>
<td>Revenue Increase</td>
<td>701 300 52 0121 8 8310</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRANSFER TO:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Action</td>
<td>Account Number</td>
</tr>
<tr>
<td>Expenditure Increase</td>
<td>701 300 9 8191</td>
</tr>
</tbody>
</table>

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

Requested By: David Drozd Date Completed: 1/14/2020

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: Date Transferred:
MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

2) Provide a brief (2-3 sentence) description of what this program does.
   Fund capital purchases needed by the Central Wisconsin Airport.

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

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

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

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

COMPLETED BY FINANCE DEPARTMENT:
Is 10% of this program appropriation unit or fund? ___________ Is a Budget Transfer Resolution Required? ___________
Agenda Item Summary

Airport Board Meeting Date: December 20, 2019

Agenda Item Title: #5) Review and Possible Action on Snow Removal Equipment Purchase Contract

Staff Responsible: Mark Cihlar, Assistant Airport Director – Planning and Development
                 David Drozd – Assistant Airport Director – Finance

Background: As a part of the airport’s 2019 budget priority planning session with airport staff, a compact wheel loader was identified as the second highest priority item for CWA. This new piece of equipment was identified as a need to fill a gap in capabilities for snow removal in the parking lot. Specifically, a compact wheel loader is necessary to improve airport staff’s ability to clear parking stalls after a car leaves, as well as removing snow in other areas where current equipment is too large.

With recent increases in the number of passengers using the airport, and the record setting snowfalls in the area (2019 is officially the snowiest calendar year on record for the Wausau area), providing a safe and convenient place for passengers to park their cars is becoming more difficult. This new piece of equipment will better enable airport staff to deal with snow removal challenges safely and will make snow removal operations more efficient. The smaller size and greater visibility of this compact loader should also reduce the likelihood of customer vehicle damage when cleaning these snow and ice covered stalls.

Although a compact wheel loader was the second highest priority item in the budget planning session this year, it was not able to be included in the 2020 budget. Neither state nor federal funds are available for this type of equipment, and other large capital investments, like the parking lot system, were necessary in 2020. At the time the 2020 budget was set, it was anticipated that the compact wheel loader would be included in the 2021 budget.

On December 6th, 2019, the surplus auction ended for the 1998 Cat 970F with the non-working engine. The loader sold, as-is, for $98,000. The sale of this fixed asset was more than twice the price anyone expected. As previously discussed, this loader was purchased with federal funds, and the sale will be reported to the FAA. As a result, the FAA will require 90% of this sale to help fund the next AIP funded project. For CWA, this means that the FAA will withhold approximately $88,000 from its next AIP grant. This is anticipated to be AIP-53 which will fund the construction of runway 17/35 in 2021. This means that CWA will not see the financial impact of this federal action until 2021.

The proceeds from the sale of the CAT 970F loader can be considered as ‘surplus revenue’. Surplus revenues, per Resolution No. 300, allows the Airport Board the following:
  a) “The Airport Board is hereby delegated the authority to spend such surplus revenues for non-budgeted expenses, provided that these total annual expenditures do not exceed 10% of the total expenses approved in the annual budget.”
  c) “Surplus revenues shall be spent only for urgently needed capital assets, or unexpected and unbudgeted operating expenses, but shall not be used for routine purchase of equipment.”

  Serving Wausau, Stevens Point and the Central Wisconsin Region
The proposed purchase contract for a CAT 906M loader is through a Sourcewell (formerly NIPA) contract. Sourcewell is a cooperative purchasing entity that CWA joined by Resolution approved by the Joint Airport Board and Marathon County Board in 2017. This purchase contract is in accordance with Marathon County Procurement Code.

Timeline: This piece of equipment is available locally, and can be delivered to CWA by December 31, 2019.

Financial Impact: Total purchase price for the compact wheel loader is $89,708 and would be paid for after delivery with funds from the sale of the CAT 970F loader.

If approved, CWA will be liable for approximately $88,000 (in addition to the local match) for the AIP-53 project grant. This amount would have to be budgeted for in 2021 out of CWA’s annual budget. This use of funds has been discussed with and is supported by the Marathon County Finance Director.

Contributions to Airport Goals: This is in alignment with the 2018 annual goal of Improved Utilization of Resources through cost effective fleet planning.

Recommended Action: Airport staff recommends approval of the purchase contract with Fabick CAT for the purchase of airport snow removal equipment with local funds, authorizing the Airport Director to sign the purchase contract.
MARATHON COUNTY  
Budget Transfer Authorization Request Form

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

DEPARTMENT: Facilities & Capital Management

BUDGET YEAR: 2020

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

Requested By: Terry Kaiser  
Date Completed: 2/6/2020

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee:  
Date Transferred:
MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

2) Provide a brief (2-3 sentence) description of what this program does.
   A holding cell that meets the CDC’s requirements for inmates with airborne infectious diseases.

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

4) What is the reason for this budget transfer?
   ☐ Carry-over of Fund Balance.
   ☐ Increase/Decrease in Grant Funding for Existing Program.
   ☐ Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
   ☐ Set up Initial Budget for New Grant Program.
   ☐ Set up Initial Budget for New Non-Grant Program
   ☒ Other. Please explain: Emergency funds from fund balance.

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

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

COMPLETED BY FINANCE DEPARTMENT:
Is 10% of this program appropriation unit or fund? ______No______ Is a Budget Transfer Resolution Required? _____Yes______
MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: Health BUDGET YEAR: 2020

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

Requested By: Joan Theurer, Health Officer Date Completed: 1/24/2020

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: Date Transferred: 
Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department, or the Budget Transfer Authorization Request Form will be returned.

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

2) Provide a brief (2-3 sentence) description of what this program does.
   This money is from a car seat rental program that was transitioned to be used to promote childhood safety in 2012.

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

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

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

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

COMPLETED BY FINANCE DEPARTMENT:
Is 10% of this program appropriation unit or fund? ☐ No ☐ Is a Budget Transfer Resolution Required? ☐ No
MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: Health  BUDGET YEAR: 2020

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

Request By: Joan Theurer, Health Officer  Date Completed: 1/24/2020

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee:  Date Transferred:  

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

2) Provide a brief (2-3 sentence) description of what this program does.
   This program is set up for the Health Department to buy radon test kits and sell them to other public health departments as well as the general public in Marathon County.

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

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

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

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

COMPLETED BY FINANCE DEPARTMENT:
Is 10% of this program appropriation unit or fund? __________ No ________ Is a Budget Transfer Resolution Required? __________ No ________
MARATHON COUNTY
Budget Transfer Authorization Request Form

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

**DEPARTMENT:** Health  
**BUDGET YEAR:** 2020

### TRANSFER FROM:

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

**Requested By:** Joan Theurer, Health Officer  
**Date Completed:** 1/28/2020

**COMPLETED BY FINANCE DEPARTMENT:**

Approved by Human Resources, Finance & Property Committee:  
**Date Transferred:**
MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

2) Provide a brief (2-3 sentence) description of what this program does.
   Prenatal Care Coordination provides health teaching and care coordination services to pregnant women who are at risk for a poor birth outcome, thereby increasing the likelihood of having a healthy baby. Prenatal Care Coordination is a Medicaid fee for service program for women enrolled in Medicaid. The program is one of for program components of Marathon County Start Right.

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

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

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

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

COMPLETED BY FINANCE DEPARTMENT:
Is 10% of this program appropriation unit or fund?  No  Is a Budget Transfer Resolution Required?  No
MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Health  BUDGET YEAR: 2020

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<tbody>
<tr>
<td>Expenditure Increase</td>
<td>101-360-9-3490</td>
<td>Other Operating Supplies</td>
<td>$14,327</td>
</tr>
</tbody>
</table>

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

Requested By: Joan Theurer, Health Officer  Date Completed: 1/28/2020

COMPLETED BY FINANCE DEPARTMENT:
Approved by Human Resources, Finance & Property Committee:  Date Transferred:  

[Form fields filled with relevant information]
MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

2) Provide a brief (2-3 sentence) description of what this program does.
   This is a Medicaid Fee-for-Service program where we provide health teaching, medication, and assist in coordinating medical appointments for individuals with tuberculosis who are Medicaid eligible.

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

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

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

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

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? ☐ Yes ☒ No ☐ Is a Budget Transfer Resolution Required? ☐ Yes ☒ No
MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: Health  BUDGET YEAR: 2020

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<td>101-440-9-1110</td>
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I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Joan Theurer, Health Officer  Date Completed: 1/24/2020

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee:  Date Transferred:  

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

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

2) Provide a brief (2-3 sentence) description of what this program does.
The Tobacco Intervention Program was an educational class to help teens who use tobacco to become more informed about the effects of tobacco use on their lives.

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

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

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

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

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund?   ☐ No   ☒ Is a Budget Transfer Resolution Required?   ☐ No
This form must be completed electronically and emailed to Alicia Richmond and to your Department Head. This email will confirm that your Department Head acknowledges approval of this transfer. Forms that are incomplete, incorrect, out-of-balance, or that have not been sent to your Department Head will be returned. The Finance Department will forward completed forms to the Marathon County Human Resources, Finance & Property Committee.

DEPARTMENT: Health

BUDGET YEAR: 2020

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

Requested By: Joan Theurer, Health Officer
Date Completed: 1/24/2020

COMPLETED BY FINANCE DEPARTMENT:
Approved by Human Resources, Finance & Property Committee: Date Transferred:
MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

2) Provide a brief (2-3 sentence) description of what this program does.
   This money enables the Health Department to purchase and distribute Pack N’Play portable cribs to low-income families who are unable to afford a crib. Ensuring every newborn has a safe sleep environment was identified as a community need in 2007 as a result of a number of infant deaths in Marathon County due to unsafe sleep environments. The service provides one-on-one health teaching to parents on safe sleep environments.

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

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

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

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

COMPLETED BY FINANCE DEPARTMENT:
Is 10% of this program appropriation unit or fund?  No  Is a Budget Transfer Resolution Required?  No
This form must be completed electronically and emailed to Alicia Richmond and to your Department Head. This email will confirm that your Department Head acknowledges approval of this transfer. Forms that are incomplete, incorrect, out-of-balance, or that have not been sent to your Department Head will be returned. The Finance Department will forward completed forms to the Marathon County Human Resources, Finance & Property Committee.

DEPARTMENT: Health  BUDGET YEAR: 2020

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

Requested By: Joan Theurer, Health Officer  Date Completed: 1/24/2020

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee:  Date Transferred: 
MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

2) Provide a brief (2-3 sentence) description of what this program does.
   Our staff operates the regional Northcentral Radon Information Center (RIC), a 12-county consortium to educate individuals and promote testing for radon in Florence, Forest, Langlade, Marathon, Marinette, Menominee, Oconto, Oneida, Shawano, Vilas, Waupaca and Wood counties. The RIC provides radon information and test kits to individuals, private businesses, and government agencies; presentations to schools and employer-sponsored health fairs; and in addition, provides regional support to health departments in the RIC area which includes hosting training opportunities allowing RIC counties or local businesses involved in radon testing and mitigation to meet continuing education requirements.

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

4) What is the reason for this budget transfer?
   ☐ Carry-over of Fund Balance.
   ☐ Increase/Decrease in Grant Funding for Existing Program.
   ☐ Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
   ☐ Set up Initial Budget for New Grant Program.
   ☐ Set up Initial Budget for New Non-Grant Program
   ☒ Other. Please explain: Adjust budget to reflect actual contract amount for 2020

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

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

Is 10% of this program appropriation unit or fund?  No  
Is a Budget Transfer Resolution Required?  Yes
MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Health  BUDGET YEAR: 2020

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

Requested By: Joan Theurer, Health Officer  Date Completed: 1/24/2020

COMPLETED BY FINANCE DEPARTMENT:
Approved by Human Resources, Finance & Property Committee:  Date Transferred: 
MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

2) Provide a brief (2-3 sentence) description of what this program does.
   The program exists to develop and maintain plans so the Marathon County Health Department, along with our partners, is prepared to respond to public health emergencies.

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

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

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

6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)
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   ☐ Yes, the Amount is $30,000 or more AND: (Check one)
     ☐ The capital request HAS been approved by the CIP Committee.
     ☐ The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:
Is 10% of this program appropriation unit or fund? ☒ No ☐ Is a Budget Transfer Resolution Required? ☒ No
MARATHON COUNTY  
Budget Transfer Authorization Request Form

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**DEPARTMENT:** Health  
**BUDGET YEAR:** 2020

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Select action  
Click to enter GL Account  
Click here to enter account description  
Enter amount

### TRANSFER TO:

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<td>Other Operating Supplies</td>
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Select action  
Click to enter GL Account  
Click here to enter account description  
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**Requested By:** Joan Theurer, Health Officer  
**Date Completed:** 1/24/2020

**COMPLETED BY FINANCE DEPARTMENT:**

Approved by Human Resources, Finance & Property Committee:  
Date Transferred:  
MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

2) Provide a brief (2-3 sentence) description of what this program does.
This program provides specific public health interventions for children who have a blood lead level of 5 mcg/dL or greater. The public health interventions occur in the child’s home and include nursing education, environmental health inspections to identify lead hazards and clearance investigations following lead hazard reduction activities. Lead-Medicaid is a Medicaid fee for service program and is not subject to single audit.

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

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

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Is a Budget Transfer Resolution Required? No
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**DEPARTMENT:** Health  
**BUDGET YEAR:** 2020  

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<td><strong>Action</strong></td>
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<td>Expenditure Increase</td>
<td>281-332-9-3490</td>
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I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

**Requested By:** Joan Theurer, Health Officer  
**Date Completed:** 1/28/2020  

---

**COMPLETED BY FINANCE DEPARTMENT:**

Approved by Human Resources, Finance & Property Committee:  
**Date Transferred:**
1) What is the name of this Program/Grant?  (DO NOT use abbreviations or acronyms)
   Mercury Reduction

2) Provide a brief (2-3 sentence) description of what this program does.
   The program’s goal is to reduce mercury in surface water, by promoting proper disposal of mercury containing products. Funds for the program come from the City of Wausau and Town of Rib Mountain Sewage Districts.

3) This program is:  (Check one)
   ☒ 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.
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   ☐ Set up Initial Budget for New Non-Grant Program
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5) If this Program is a Grant, is there a “Local Match” Requirement?
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   ☐ This Program is a Grant, and there is a Local Match requirement of: (Check one)
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     ☐ Non-cash/In-Kind Services: (Describe)

6) Does this Transfer Request increase any General Ledger 8000 Account Codes?  (Capital Outlay Accounts)
   ☒ No.
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     ☐ The capital request HAS NOT been approved by the CIP Committee.

COMPLETED BY FINANCE DEPARTMENT:
Is 10% of this program appropriation unit or fund?  No  Is a Budget Transfer Resolution Required?  No
MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Health

BUDGET YEAR: 2020

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<td>Other Operating Supplies</td>
<td>21,764</td>
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I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Joan Theurer, Health Officer

Date Completed: 1/24/2020

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: 

Date Transferred: 

1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)
   Local Public Health Preparedness-Carry Forward

2) Provide a brief (2-3 sentence) description of what this program does.
   The program exists to develop and maintain plans so the Marathon County Health Department, along
   with our partners, is prepared to respond to public health emergencies.

3) This program is: (Check one)
   ☒ 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.
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   ☐ Set up Initial Budget for New Grant Program.
   ☐ Set up Initial Budget for New Non-Grant Program
   ☐ Other. Please explain: A

5) If this Program is a Grant, is there a “Local Match” Requirement?
   ☐ This Program is not a Grant.
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   ☐ This Program is a Grant, and there is a Local Match requirement of: (Check one)
     ☐ Cash (such as tax levy, user fees, donations, etc.)
     ☐ Non-cash/In-Kind Services: (Describe)

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

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? ☐ No ☐ Yes Is a Budget Transfer Resolution Required? ☐ No ☐ Yes
# MARATHON COUNTY
Budget Transfer Authorization Request Form

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**DEPARTMENT:** Health

**BUDGET YEAR:** 2020

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**Requested By:** Joan Theurer, Health Officer

**Date Completed:** 1/28/2020

**COMPLETED BY FINANCE DEPARTMENT:**

Approved by Human Resources, Finance & Property Committee: ____________  Date Transferred: ____________
MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

2) Provide a brief (2-3 sentence) description of what this program does.
   The fiscal year for this funding is 10/11/18-9/30/19. This grant is for the distribution of child safety seats to low-income families that are residents of Marathon County. One-on-one education is provided to recipients from Certified CPS technicians. The Health Department is the fiscal agent and works with the Safe Kids Wausau Area Coalition to distribute the safety seats.

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

4) What is the reason for this budget transfer?
   ☐ Carry-over of Fund Balance.
   ☐ Increase/Decrease in Grant Funding for Existing Program.
   ☐ Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
   ☐ Set up Initial Budget for New Grant Program.
   ☐ Set up Initial Budget for New Non-Grant Program
   ☒ Other. Please explain: Adjust budget to reflect actual contract amount for 2020

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) Child safety seats provided by the Safe Kids Coalition

6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)
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   ☐ Yes, the Amount is Less than $30,000.
   ☐ Yes, the Amount is $30,000 or more AND: (Check one)
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     ☐ The capital request HAS NOT been approved by the CIP Committee.

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MARATHON COUNTY
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DEPARTMENT: Health  BUDGET YEAR: 2020

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Requested By: Joan Theurer, Health Officer  Date Completed: 1/24/2020

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: Date Transferred:
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1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)
   Radon Outreach

2) Provide a brief (2-3 sentence) description of what this program does.
   Our staff operates the regional Northcentral Radon Information Center (RIC), a 12-county consortium to educate individuals and promote testing for radon in Florence, Forest, Langlade, Marathon, Marinette, Menominee, Oconto, Oneida, Shawano, Vilas, Waupaca and Wood counties. The RIC provides radon information and test kits to individuals, private businesses, and government agencies; presentations to schools and employer-sponsored health fairs; and in addition, provides regional support to health departments in the RIC area which includes hosting training opportunities allowing RIC counties or local businesses involved in radon testing and mitigation to meet continuing education requirements.

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

4) What is the reason for this budget transfer?
   ☐ Carry-over of Fund Balance.
   ☐ Increase/Decrease in Grant Funding for Existing Program.
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     □ Cash (such as tax levy, user fees, donations, etc.)
     □ Non-cash/In-Kind Services: (Describe) [Click here to enter description]

6) Does this Transfer Request increase any General Ledger 8000 Account Codes? (Capital Outlay Accounts)
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   □ Yes, the Amount is Less than $30,000.
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COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? _____ No _____  Is a Budget Transfer Resolution Required? _____ No _____
MARATHON COUNTY
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DEPARTMENT: Health  BUDGET YEAR: 2020

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<td>337-368-9-3490</td>
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Requested By: Joan Theurer, Health Officer  Date Completed: 1/24/2020

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee:  Date Transferred: 
MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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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 sentence) description of what this program does.
   This purpose of this program is to be a resource for parents, health care providers, local health departments, and non-profit organizations in a 15-county services area providing information and referral services, conducting trainings, and strengthening partnerships. The Health Department serves as fiscal agent for this Maternal and Child Health grant.

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

4) What is the reason for this budget transfer?
   ☒ Carry-over of Fund Balance.
   ☐ Increase/Decrease in Grant Funding for Existing Program.
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   ☒ 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) Public Health Nurse time from local health departments within the region served

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

COMPLETED BY FINANCE DEPARTMENT:
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MARATHON COUNTY
Budget Transfer Authorization Request Form

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DEPARTMENT: Health  BUDGET YEAR: 2020

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<td>Expenditure Increase</td>
<td>338-369-9-3490</td>
<td>Other Operating Supplies</td>
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I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Joan Theurer, Health Officer  Date Completed: 1/28/2020

COMPLETED BY FINANCE DEPARTMENT:
Approved by Human Resources, Finance & Property Committee: Date Transferred:
MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

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

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

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

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

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

COMPLETED BY FINANCE DEPARTMENT:
Is 10% of this program appropriation unit or fund? ☐ No ☒ Yes
Is a Budget Transfer Resolution Required? ☐ No ☒ Yes
This form must be completed electronically and emailed to Alicia Richmond and to your Department Head. This email will confirm that your Department Head acknowledges approval of this transfer. Forms that are incomplete, incorrect, out-of-balance, or that have not been sent to your Department Head will be returned. The Finance Department will forward completed forms to the Marathon County Human Resources, Finance & Property Committee.

DEPARTMENT: Health BUDGET YEAR: 2020

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

Requested By: Joan Theurer, Health Officer Date Completed: 1/24/2020

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: Date Transferred: 
Attach this supplemental information to the original Budget Transfer Authorization Request Form. All questions must be completed by the requesting department, or the Budget Transfer Authorization Request Form will be returned.

1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)
   Perinatal Hepatitis B 2019-2020

2) Provide a brief (2-3 sentence) description of what this program does.
   Hepatitis B is a serious disease that can cause liver failure and death. The Perinatal Hepatitis B program works to prevent transmission of the disease from an infected mother to her infant through specific public health interventions.

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

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

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

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

COMPLETED BY FINANCE DEPARTMENT:
Is 10% of this program appropriation unit or fund? ______________ Is a Budget Transfer Resolution Required?  ____No
**MARATHON COUNTY**

Budget Transfer Authorization Request Form

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

**DEPARTMENT:** Health

**BUDGET YEAR:** 2020

## TRANSFER FROM:

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## TRANSFER TO:

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

**Requested By:** Joan Theurer, Health Officer

**Date Completed:** 1/24/2020

**COMPLETED BY FINANCE DEPARTMENT:**

Approved by Human Resources, Finance & Property Committee: 

**Date Transferred:**
MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

2) Provide a brief (2-3 sentence) description of what this program does.
   Healthy Communities Institute is a national data platform that provides a common access point for data that describes the health of Marathon County. Currently, data is housed in a number of different forms and platforms (e.g., state websites, paper reports). The data platform will support our community health assessment and improvement plans, including the LIFE Report and the 2017-2020 Marathon County Community Health Improvement Plan. The annual license is being paid through a funding partnership among health care organizations. Marathon County Health Department is serving as the Fiscal Agent.

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

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

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

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

COMPLETED BY FINANCE DEPARTMENT:
Is 10% of this program appropriation unit or fund?    No    Is a Budget Transfer Resolution Required?    No
This form must be completed electronically and emailed to Alicia Richmond and to your Department Head. This email will confirm that your Department Head acknowledges approval of this transfer. Forms that are incomplete, incorrect, out-of-balance, or that have not been sent to your Department Head will be returned. The Finance Department will forward completed forms to the Marathon County Human Resources, Finance & Property Committee.

**DEPARTMENT:**                Health                         **BUDGET YEAR:**                2020

### TRANSFER FROM:

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<tr>
<td>Revenue Increase</td>
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### TRANSFER TO:

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<td>$38</td>
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</table>

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

**Requested By:**       Joan Theurer, Health Officer        **Date Completed:**       1/24/2020

**COMPLETED BY FINANCE DEPARTMENT:**

Approved by Human Resources, Finance & Property Committee:        **Date Transferred:**
MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

2) Provide a brief (2-3 sentence) description of what this program does.
The childhood lead prevention program provides case management and health teaching to parents who have a child identified with an elevated blood lead level. In addition, an environmental lead hazard investigation is done to identify lead hazards and provide recommendations for addressing any hazards.

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

4) What is the reason for this budget transfer?
   ☐ Carry-over of Fund Balance.
   ☐ Increase/Decrease in Grant Funding for Existing Program.
   ☐ Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
   ☐ Set up Initial Budget for New Grant Program.
   ☐ Set up Initial Budget for New Non-Grant Program
   ☒ Other. Please explain: Adjust budget to reflect actual contract amount for 2020

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

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

COMPLETED BY FINANCE DEPARTMENT:
Is 10% of this program appropriation unit or fund? _______ No _______ Is a Budget Transfer Resolution Required? _______ Yes _______
This form must be completed electronically and emailed to Alicia Richmond and to your Department Head. This email will confirm that your Department Head acknowledges approval of this transfer. Forms that are incomplete, incorrect, out-of-balance, or that have not been sent to your Department Head will be returned. The Finance Department will forward completed forms to the Marathon County Human Resources, Finance & Property Committee.

### DEPARTMENT:  Health

### BUDGET YEAR:  2020

#### TRANSER FROM:

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#### TRANSER TO:

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</thead>
<tbody>
<tr>
<td>Revenue Decrease</td>
<td>363-379-8-2446</td>
<td>Oth Health Care Serv-St Grant</td>
<td>$1,883</td>
</tr>
</tbody>
</table>

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

**Requested By:**  Joan Theurer, Health Officer  
**Date Completed:**  1/24/2020

---

**COMPLETED BY FINANCE DEPARTMENT:**

Approved by Human Resources, Finance & Property Committee:  
**Date Transferred:**  

---
MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

2) Provide a brief (2-3 sentence) description of what this program does.
   Maternal and Child Health block grant funds support the health of mothers and children in Marathon County. Focus areas for 2019 include community and systems work to support initiation and continued breastfeeding as well as providing education to residents and organizations regarding safe sleep for infants.

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

4) What is the reason for this budget transfer?
   ☐ Carry-over of Fund Balance.
   ☐ Increase/Decrease in Grant Funding for Existing Program.
   ☐ Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
   ☐ Set up Initial Budget for New Grant Program.
   ☐ Set up Initial Budget for New Non-Grant Program
   ☒ Other. Please explain: Adjust budget to reflect actual contract amount for 2020

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) Public Health Nurse, Director of Family Health and Communicable Disease, Family Health Manager, and Administrative Support time is used as match.

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

COMPLETED BY FINANCE DEPARTMENT:
Is 10% of this program appropriation unit or fund? No Is a Budget Transfer Resolution Required? No
MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: ___________________________  BUDGET YEAR: 2020

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<tbody>
<tr>
<td>Action</td>
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<tr>
<td>Expenditure Increase</td>
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I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Joan Theurer, Health Officer  Date Completed: 1/24/2020

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee:  Date Transferred:  

MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

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

2) Provide a brief (2-3 sentence) description of what this program does.
   The Marathon County Health Department is the fiscal agent and home of the Central WI Tobacco Free Coalition serving Marathon, Portage and Wood Counties. This program provides carries out state driven objectives with work focused on: maintaining an area tobacco coalition, informing partners and policy makers on current tobacco prevention efforts, youth involvement in tobacco prevention, and doing compliance checks in the sale of tobacco to minors

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

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

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

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

COMPLETED BY FINANCE DEPARTMENT:
Is 10% of this program appropriation unit or fund? ☐ No ☑ Yes Is a Budget Transfer Resolution Required? ☐ No ☑ Yes
This form must be completed electronically and emailed to Alicia Richmond and to your Department Head. This email will confirm that your Department Head acknowledges approval of this transfer. Forms that are incomplete, incorrect, out-of-balance, or that have not been sent to your Department Head will be returned. The Finance Department will forward completed forms to the Marathon County Human Resources, Finance & Property Committee.

DEPARTMENT: Health

BUDGET YEAR: 2020

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<td>411-422-9-1110</td>
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I, the undersigned, respectfully request that the Human Resources, Finance & Property Committee approve the following change in budget / transfer of funds as discussed in the attached supplemental information.

Requested By: Joan Theurer, Health Officer

Date Completed: 1/24/2020

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee: Date Transferred: 
MARATHON COUNTY

Budget Transfer Authorization Request – Supplemental Information

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

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

2) Provide a brief (2-3 sentence) description of what this program does.
   Immunization program goal is that 90% of children are up-to-date on their immunization by age two. Marathon County Health Department supports this goal by providing immunizations to residents who are eligible at a minimal cost and implementing a county-wide recall/reminders system, notifying parents by letter and telephone when their child is due for immunizations.

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

4) What is the reason for this budget transfer?
   □ Carry-over of Fund Balance.
   □ Increase/Decrease in Grant Funding for Existing Program.
   □ Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
   □ Set up Initial Budget for New Grant Program.
   □ Set up Initial Budget for New Non-Grant Program
   ☒ Other. Please explain: Adjust budget to reflect actual contract amount for 2020

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

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

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? ______ No ______ Is a Budget Transfer Resolution Required? ______ Yes ______
This form must be completed electronically and emailed to Alicia Richmond and to your Department Head. This email will confirm that your Department Head acknowledges approval of this transfer. Forms that are incomplete, incorrect, out-of-balance, or that have not been sent to your Department Head will be returned. The Finance Department will forward completed forms to the Marathon County Human Resources, Finance & Property Committee.

**DEPARTMENT:** Health  
**BUDGET YEAR:** 2020

### TRANSFER FROM:

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<td>Revenue Increase</td>
<td>423-434-8-2446</td>
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### TRANSFER TO:

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

**Requested By:** Joan Theurer, Health Officer  
**Date Completed:** 2/6/2020

**COMPLETED BY FINANCE DEPARTMENT:**

Approved by Human Resources, Finance & Property Committee:  
**Date Transferred:**
MARATHON COUNTY
Budget Transfer Authorization Request – Supplemental Information

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

1) What is the name of this Program/Grant? (DO NOT use abbreviations or acronyms)
   Communicable Disease Prevention 2019-2020

2) Provide a brief (2-3 sentence) description of what this program does.
   This funding will be used to reduce the burden of communicable diseases. Support Health Department efforts to ensure disease surveillance and investigations at a local level.

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

4) What is the reason for this budget transfer?
   ☐ Carry-over of Fund Balance.
   ☐ Increase/Decrease in Grant Funding for Existing Program.
   ☐ Increase/Decrease in Non-Grant Funding (such as tax levy, donations, or fees) for Existing Program.
   ☐ Set up Initial Budget for New Grant Program.
   ☐ Set up Initial Budget for New Non-Grant Program
   ☒ Other. Please explain: Adjust 2020 budget to match actual grant amount.

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

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

COMPLETED BY FINANCE DEPARTMENT:
Is 10% of this program appropriation unit or fund? ☐ No ☒ Yes
Is a Budget Transfer Resolution Required? ☒ Yes
MARATHON COUNTY
Budget Transfer Authorization Request Form

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

DEPARTMENT: Health  BUDGET YEAR: 2020

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<td>$69,788</td>
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</table>

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

Requested By: Joan Theurer, Health Officer  Date Completed: 1/28/2020

COMPLETED BY FINANCE DEPARTMENT:

Approved by Human Resources, Finance & Property Committee:  Date Transferred:  

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

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

2) Provide a brief (2-3 sentence) description of what this program does.
   This is a Medicaid Fee for Service program, where we assist parents of young children who are Medicaid recipients gain access to and coordinate a full array of services, including medical, social, educational, and vocational services.

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

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

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

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

COMPLETED BY FINANCE DEPARTMENT:
Is 10% of this program appropriation unit or fund? ______ No ______  Is a Budget Transfer Resolution Required? ______ No ______
RESOLUTION NO. ______

RESOLUTION AWARDING THE SALE OF
$8,500,000 GENERAL OBLIGATION PROMISSORY NOTES, SERIES 2020A

WHEREAS, on June 19, 2018, the County Board of Supervisors of Marathon County, Wisconsin (the “County”) adopted an initial resolution, by a vote of at least 3/4 of the members-elect, authorizing the issuance of general obligation bonds or promissory notes in an amount not to exceed $67,000,000 for the public purpose of financing North Central Health Care (“NCHC”) Master Facility Plan projects, including the design and construction of building additions, renovations and landscaping to the NCHC Center and Mount View Care Center campus (the “NCHC Initial Resolution”);

WHEREAS, on January 21, 2020 the County Board of Supervisors adopted an initial resolution, by a vote of at least 3/4 of the members-elect, authorizing the issuance of general obligation promissory notes in an amount not to exceed $3,215,000 for the public purpose of financing 2020 Capital Improvement Plan projects, including County highway projects, acquisition of highway equipment and equipment for the Sheriff’s department, improvements to County buildings, park and recreation projects and other capital projects;

WHEREAS, the initial resolutions described above are collectively referred to herein as the “Initial Resolutions”, and the projects authorized by the Initial Resolutions are collectively referred to herein as the “Project”;

WHEREAS, the County has previously issued general obligation promissory notes in the principal amount of $2,445,000 for projects authorized by the NCHC Initial Resolution;

WHEREAS, on January 21, 2020, the County Board of Supervisors of the County also adopted a resolution (the "Set Sale Resolution"), providing that a portion of the general obligation bond and promissory note issues authorized by the Initial Resolutions be combined, issued and sold as a single issue of general obligation promissory notes designated as "General Obligation Promissory Notes, Series 2020A" (the "Notes") for the purpose of paying costs of the Project;

WHEREAS, pursuant to the Set Sale Resolution, the County directed PFM Financial Advisors LLC ("PFM") to take the steps necessary to sell the Notes;

WHEREAS, PFM, in consultation with the officials of the County, prepared an Official Notice of Sale (a copy of which is attached hereto as Exhibit A and incorporated herein by this reference) setting forth the details of and the bid requirements for the Notes and indicating that the Notes would be offered for public sale on February 25, 2020;

WHEREAS, the County Clerk (in consultation with PFM) caused notice of the sale of the Notes to be published and/or announced and caused the Official Notice of Sale to be distributed to potential bidders offering the Notes for public sale;
WHEREAS, the County has duly received bids for the Notes as described on the Bid Tabulation attached hereto as Exhibit B and incorporated herein by this reference (the "Bid Tabulation");

WHEREAS, it has been determined that the bid proposal (the "Proposal") submitted by the financial institution listed first on the Bid Tabulation fully complies with the bid requirements set forth in the Official Notice of Sale and is deemed to be the most advantageous to the County. PFM has recommended that the County accept the Proposal. A copy of said Proposal submitted by such institution (the "Purchaser") is attached hereto as Exhibit C and incorporated herein by this reference; and

WHEREAS, it has now been determined to issue Notes authorized by the Initial Resolutions in the principal amount of $8,500,000, consisting of $5,285,000 for NCHC Master Facility Plan projects and $3,215,000 for 2020 Capital Improvement Plan projects.

NOW, THEREFORE, BE IT RESOLVED by the County Board of Supervisors of the County that:

Section 1. Ratification of the Official Notice of Sale and Offering Materials. The County Board of Supervisors hereby ratifies and approves the details of the Notes set forth in Exhibit A attached hereto as and for the details of the Notes. The Official Notice of Sale and any other offering materials prepared and circulated by PFM are hereby ratified and approved in all respects. All actions taken by officers of the County and PFM in connection with the preparation and distribution of the Official Notice of Sale and any other offering materials are hereby ratified and approved in all respects.

Section 1A. Award of the Notes. For the purpose of paying the cost of the Project, there shall be borrowed pursuant to Section 67.12(12), Wisconsin Statutes, the principal sum of EIGHT MILLION FIVE HUNDRED THOUSAND DOLLARS ($8,500,000) from the Purchaser in accordance with the terms and conditions of the Proposal. The Proposal of the Purchaser offering to purchase the Notes for the sum set forth on the Proposal (as modified on the Bid Tabulation and reflected in the Pricing Summary referenced below and incorporated herein), plus accrued interest to the date of delivery, is hereby accepted. The Chairperson and County Clerk or other appropriate officers of the County are authorized and directed to execute an acceptance of the Proposal on behalf of the County. The good faith deposit of the Purchaser shall be applied in accordance with the Official Notice of Sale, and any good faith deposits submitted by unsuccessful bidders shall be promptly returned. The Notes shall bear interest at the rates set forth on the Proposal.

Section 2. Terms of the Notes. The Notes shall be designated "General Obligation Promissory Notes, Series 2020A"; shall be issued in the aggregate principal amount of $8,500,000; shall be dated their date of issuance; shall be in the denomination of $5,000 or any integral multiple thereof; shall be numbered R-1 and upward; and shall bear interest at the rates per annum and mature on February 1 of each year, in the years and principal amounts as set forth on the Pricing Summary attached hereto as Exhibit D-1 and incorporated herein by this reference. Interest shall be payable semi-annually on February 1 and August 1 of each year commencing on February 1, 2021. Interest shall be computed upon the basis of a 360-day year.
of twelve 30-day months and will be rounded pursuant to the rules of the Municipal Securities
Rulemaking Board. The schedule of principal and interest payments due on the Notes is set forth
on the Debt Service Schedule attached hereto as Exhibit D-2 and incorporated herein by this
reference (the "Schedule").

Section 3. Redemption Provisions. The Notes are not subject to optional redemption.

Section 4. Form of the Notes. The Notes shall be issued in registered form and shall be
executed and delivered in substantially the form attached hereto as Exhibit E and incorporated
herein by this reference.

Section 5. Tax Provisions.

(A) Direct Annual Irrepealable Tax Levy. For the purpose of paying the
principal of and interest on the Notes as the same becomes due, the full faith, credit and
resources of the County are hereby irrevocably pledged, and there is hereby levied upon all of
the taxable property of the County a direct annual irrepealable tax in the years 2020 through
2029 for the payments due in the years 2021 through 2030 in the amounts set forth on the
Schedule.

(B) Tax Collection. So long as any part of the principal of or interest on the
Notes remains unpaid, the County shall be and continue without power to repeal such levy or
obstruct the collection of said tax until all such payments have been made or provided for. After
the issuance of the Notes, said tax shall be, from year to year, carried onto the tax roll of the
County and collected in addition to all other taxes and in the same manner and at the same time
as other taxes of the County for said years are collected, except that the amount of tax carried
onto the tax roll may be reduced in any year by the amount of any surplus money in the Debt
Service Fund Account created below.

(C) Additional Funds. If at any time there shall be on hand insufficient funds
from the aforesaid tax levy to meet principal and/or interest payments on said Notes when due,
the requisite amounts shall be paid from other funds of the County then available, which sums
shall be replaced upon the collection of the taxes herein levied.


(A) Creation and Deposits. There be and there hereby is established in the
treasury of the County, if one has not already been created, a debt service fund, separate and
distinct from every other fund, which shall be maintained in accordance with generally accepted
accounting principles. Debt service or sinking funds established for obligations previously
issued by the County may be considered as separate and distinct accounts within the debt service
fund.

Within the debt service fund, there hereby is established a separate and distinct account
designated as the "Debt Service Fund Account for General Obligation Promissory Notes, Series
2020A" (the "Debt Service Fund Account") and such account shall be maintained until the
indebtedness evidenced by the Notes is fully paid or otherwise extinguished. There shall be
deposited into the Debt Service Fund Account (i) all accrued interest received by the County at
the time of delivery of and payment for the Notes; (ii) any premium which may be received by
the County above the par value of the Notes and accrued interest thereon; (iii) all money raised
by the taxes herein levied and any amounts appropriated for the specific purpose of meeting
principal of and interest on the Notes when due; (iv) such other sums as may be necessary at any
time to pay principal of and interest on the Notes when due; (v) surplus monies in the Borrowed
Money Fund as specified below; and (vi) such further deposits as may be required by Section
67.11, Wisconsin Statutes.

(B) Use and Investment. No money shall be withdrawn from the Debt Service
Fund Account and appropriated for any purpose other than the payment of principal of and
interest on the Notes until all such principal and interest has been paid in full and the Notes
canceled; provided (i) the funds to provide for each payment of principal of and interest on the
Notes prior to the scheduled receipt of taxes from the next succeeding tax collection may be
invested in direct obligations of the United States of America maturing in time to make such
payments when they are due or in other investments permitted by law; and (ii) any funds over
and above the amount of such principal and interest payments on the Notes may be used to
reduce the next succeeding tax levy, or may, at the option of the County, be invested by
purchasing the Notes as permitted by and subject to Section 67.11(2)(a), Wisconsin Statutes, or
in permitted municipal investments under the pertinent provisions of the Wisconsin Statutes
("Permitted Investments"), which investments shall continue to be a part of the Debt Service
Fund Account. Any investment of the Debt Service Fund Account shall at all times conform
with the provisions of the Internal Revenue Code of 1986, as amended (the "Code") and any
applicable Treasury Regulations (the "Regulations").

(C) Remaining Monies. When all of the Notes have been paid in full and
canceled, and all Permitted Investments disposed of, any money remaining in the Debt Service
Fund Account shall be transferred and deposited in the general fund of the County, unless the
County Board of Supervisors directs otherwise.

Section 7. Proceeds of the Notes; Segregated Borrowed Money Fund. The proceeds of
the Notes (the "Note Proceeds") (other than any premium and accrued interest which must be
paid at the time of the delivery of the Notes into the Debt Service Fund Account created above)
shall be deposited into a special fund (the "Borrowed Money Fund") separate and distinct from
all other funds of the County and disbursed solely for the purpose or purposes for which
borrowed. In no event shall monies in the Borrowed Money Fund be used to fund operating
expenses of the general fund of the County or of any special revenue fund of the County that is
supported by property taxes. Monies in the Borrowed Money Fund may be temporarily invested
in Permitted Investments. Any monies, including any income from Permitted Investments,
remaining in the Borrowed Money Fund after the purpose or purposes for which the Notes have
been issued have been accomplished, and, at any time, any monies as are not needed and which
obviously thereafter cannot be needed for such purpose(s) shall be deposited in the Debt Service
Fund Account.

Section 8. No Arbitrage. All investments made pursuant to this Resolution shall be
Permitted Investments, but no such investment shall be made in such a manner as would cause
the Notes to be "arbitrage bonds" within the meaning of Section 148 of the Code or the
Regulations and an officer of the County, charged with the responsibility for issuing the Notes,
shall certify as to facts, estimates, circumstances and reasonable expectations in existence on the date of delivery of the Notes to the Purchaser which will permit the conclusion that the Notes are not "arbitrage bonds," within the meaning of the Code or Regulations.

Section 9. Compliance with Federal Tax Laws. (a) The County represents and covenants that the projects financed by the Notes and the ownership, management and use of the projects will not cause the Notes to be "private activity bonds" within the meaning of Section 141 of the Code. The County further covenants that it shall comply with the provisions of the Code to the extent necessary to maintain the tax-exempt status of the interest on the Notes including, if applicable, the rebate requirements of Section 148(f) of the Code. The County further covenants that it will not take any action, omit to take any action or permit the taking or omission of any action within its control (including, without limitation, making or permitting any use of the proceeds of the Notes) if taking, permitting or omitting to take such action would cause any of the Notes to be an arbitrage bond or a private activity bond within the meaning of the Code or would otherwise cause interest on the Notes to be included in the gross income of the recipients thereof for federal income tax purposes. The County Clerk or other officer of the County charged with the responsibility of issuing the Notes shall provide an appropriate certificate of the County certifying that the County can and covenanting that it will comply with the provisions of the Code and Regulations.

(b) The County also covenants to use its best efforts to meet the requirements and restrictions of any different or additional federal legislation which may be made applicable to the Notes provided that in meeting such requirements the County will do so only to the extent consistent with the proceedings authorizing the Notes and the laws of the State of Wisconsin and to the extent that there is a reasonable period of time in which to comply.

Section 10. Execution of the Notes; Closing; Professional Services. The Notes shall be issued in printed form, executed on behalf of the County by the manual or facsimile signatures of the Chairperson and County Clerk, authenticated, if required, by the Fiscal Agent (defined below), sealed with its official or corporate seal, if any, or a facsimile thereof, and delivered to the Purchaser upon payment to the County of the purchase price thereof, plus accrued interest to the date of delivery (the "Closing"). The facsimile signature of either of the officers executing the Notes may be imprinted on the Notes in lieu of the manual signature of the officer but, unless the County has contracted with a fiscal agent to authenticate the Notes, at least one of the signatures appearing on each Note shall be a manual signature. In the event that either of the officers whose signatures appear on the Notes shall cease to be such officers before the Closing, such signatures shall, nevertheless, be valid and sufficient for all purposes to the same extent as if they had remained in office until the Closing. The aforesaid officers are hereby authorized and directed to do all acts and execute and deliver the Notes and all such documents, certificates and acknowledgements as may be necessary and convenient to effectuate the Closing. The County hereby authorizes the officers and agents of the County to enter into, on its behalf, agreements and contracts in conjunction with the Notes, including but not limited to agreements and contracts for legal, trust, fiscal agency, disclosure and continuing disclosure, and rebate calculation services. Any such contract heretofore entered into in conjunction with the issuance of the Notes is hereby ratified and approved in all respects.
Section 11. Payment of the Notes; Fiscal Agent. The principal of and interest on the Notes shall be paid by the County Clerk or the County Treasurer (the "Fiscal Agent").

Section 12. Persons Treated as Owners; Transfer of Notes. The County shall cause books for the registration and for the transfer of the Notes to be kept by the Fiscal Agent. The person in whose name any Note shall be registered shall be deemed and regarded as the absolute owner thereof for all purposes and payment of either principal or interest on any Note shall be made only to the registered owner thereof. All such payments shall be valid and effectual to satisfy and discharge the liability upon such Note to the extent of the sum or sums so paid.

Any Note may be transferred by the registered owner thereof by surrender of the Note at the office of the Fiscal Agent, duly endorsed for the transfer or accompanied by an assignment duly executed by the registered owner or his attorney duly authorized in writing. Upon such transfer, the Chairperson and County Clerk shall execute and deliver in the name of the transferee or transferees a new Note or Notes of a like aggregate principal amount, series and maturity and the Fiscal Agent shall record the name of each transferee in the registration book. No registration shall be made to bearer. The Fiscal Agent shall cancel any Note surrendered for transfer.

The County shall cooperate in any such transfer, and the Chairperson and County Clerk are authorized to execute any new Note or Notes necessary to effect any such transfer.

Section 13. Record Date. The 15th day of the calendar month next preceding each interest payment date shall be the record date for the Notes (the "Record Date"). Payment of interest on the Notes on any interest payment date shall be made to the registered owners of the Notes as they appear on the registration book of the County at the close of business on the Record Date.

Section 14. Utilization of The Depository Trust Company Book-Entry-Only System. In order to make the Notes eligible for the services provided by The Depository Trust Company, New York, New York ("DTC"), the County agrees to the applicable provisions set forth in the Blanket Issuer Letter of Representations, which the County Clerk or other authorized representative of the County is authorized and directed to execute and deliver to DTC on behalf of the County to the extent an effective Blanket Issuer Letter of Representations is not presently on file in the County Clerk's office.

Section 15. Official Statement. The County Board of Supervisors hereby approves the Preliminary Official Statement with respect to the Notes and deems the Preliminary Official Statement as "final" as of its date for purposes of SEC Rule 15c2-12 promulgated by the Securities and Exchange Commission pursuant to the Securities and Exchange Act of 1934 (the "Rule"). All actions taken by officers of the County in connection with the preparation of such Preliminary Official Statement and any addenda to it or final Official Statement are hereby ratified and approved. In connection with the Closing, the appropriate County official shall certify the Preliminary Official Statement and any addenda or final Official Statement. The County Clerk shall cause copies of the Preliminary Official Statement and any addenda or final Official Statement to be distributed to the Purchaser.
Section 16. Undertaking to Provide Continuing Disclosure. The County hereby covenants and agrees, for the benefit of the owners of the Notes, to enter into a written undertaking (the "Undertaking") if required by the Rule to provide continuing disclosure of certain financial information and operating data and timely notices of the occurrence of certain events in accordance with the Rule. The Undertaking shall be enforceable by the owners of the Notes or by the Purchaser on behalf of such owners (provided that the rights of the owners and the Purchaser to enforce the Undertaking shall be limited to a right to obtain specific performance of the obligations thereunder and any failure by the County to comply with the provisions of the Undertaking shall not be an event of default with respect to the Notes).

To the extent required under the Rule, the Chairperson and County Clerk, or other officer of the County charged with the responsibility for issuing the Notes, shall provide a Continuing Disclosure Certificate for inclusion in the transcript of proceedings, setting forth the details and terms of the County's Undertaking.

Section 17. Record Book. The County Clerk shall provide and keep the transcript of proceedings as a separate record book (the "Record Book") and shall record a full and correct statement of every step or proceeding had or taken in the course of authorizing and issuing the Notes in the Record Book.

Section 18. Bond Insurance. If the Purchaser determines to obtain municipal bond insurance with respect to the Notes, the officers of the County are authorized to take all actions necessary to obtain such municipal bond insurance. The Chairperson and County Clerk are authorized to agree to such additional provisions as the bond insurer may reasonably request and which are acceptable to the Chairperson and County Clerk including provisions regarding restrictions on investment of Note proceeds, the payment procedure under the municipal bond insurance policy, the rights of the bond insurer in the event of default and payment of the Notes by the bond insurer and notices to be given to the bond insurer. In addition, any reference required by the bond insurer to the municipal bond insurance policy shall be made in the form of Note provided herein.
Section 19. Conflicting Resolutions; Severability; Effective Date. All prior resolutions, rules or other actions of the County Board of Supervisors or any parts thereof in conflict with the provisions hereof shall be, and the same are, hereby rescinded insofar as the same may so conflict. In the event that any one or more provisions hereof shall for any reason be held to be illegal or invalid, such illegality or invalidity shall not affect any other provisions hereof. The foregoing shall take effect immediately upon adoption and approval in the manner provided by law.

Adopted, approved and recorded February 25, 2020.

____________________________
Kurt Gibbs
Chairperson

ATTEST:

____________________________
Kim Trueblood
County Clerk

(SEAL)
EXHIBIT A

Official Notice of Sale

To be provided by PFM Financial Advisors LLC and incorporated into the Resolution.

(See Attached)
EXHIBIT B

Bid Tabulation

To be provided by PFM Financial Advisors LLC and incorporated into the Resolution.

(See Attached)
EXHIBIT C

Winning Bid

To be provided by PFM Financial Advisors LLC and incorporated into the Resolution.

(See Attached)
EXHIBIT D-1

Pricing Summary

To be provided by PFM Financial Advisors LLC and incorporated into the Resolution.

(See Attached)
EXHIBIT D-2

Debt Service Schedule and Irrepealable Tax Levies

To be provided by PFM Financial Advisors LLC and incorporated into the Resolution.

(See Attached)
EXHIBIT E

(Form of Note)

UNITED STATES OF AMERICA

REGISTERED STATE OF WISCONSIN DOLLARS

NO. R-___ MARATHON COUNTY $_______

GENERAL OBLIGATION PROMISSORY NOTE, SERIES 2020A

MATURITY DATE: ORIGINAL DATE OF ISSUE: INTEREST RATE: CUSIP:

February 1, _______ _________, 2020 ________% ______

DEPOSITORY OR ITS NOMINEE NAME: CEDE & CO.

PRINCIPAL AMOUNT: _______________________ THOUSAND DOLLARS

($__________)

FOR VALUE RECEIVED, Marathon County, Wisconsin (the "County"), hereby
acknowledges itself to owe and promises to pay to the Depository or its Nominee Name (the
"Depository") identified above (or to registered assigns), on the maturity date identified above,
the principal amount identified above, and to pay interest thereon at the rate of interest per
annum identified above, all subject to the provisions set forth herein regarding redemption prior
to maturity. Interest shall be payable semi-annually on February 1 and August 1 of each year
commencing on February 1, 2021 until the aforesaid principal amount is paid in full. Both the
principal of and interest on this Note are payable to the registered owner in lawful money of the
United States. Interest payable on any interest payment date shall be paid by wire transfer to the
Depository in whose name this Note is registered on the Bond Register maintained by the
County Clerk or County Treasurer (the "Fiscal Agent") or any successor thereto at the close of
business on the 15th day of the calendar month next preceding each interest payment date (the
"Record Date"). This Note is payable as to principal upon presentation and surrender hereof at
the office of the Fiscal Agent.

For the prompt payment of this Note together with interest hereon as aforesaid and for the
levy of taxes sufficient for that purpose, the full faith, credit and resources of the County are
hereby irrevocably pledged.

This Note is one of an issue of Notes aggregating the principal amount of $8,500,000, all
of which are of like tenor, except as to denomination, interest rate and maturity date, issued by
the County pursuant to the provisions of Section 67.12(12), Wisconsin Statutes, for the public
purposes of financing North Central Health Care ("NCHC") Master Facility Plan projects,
including the design and construction of building additions, renovations and landscaping to the
NCHC Center and Mount View Care Center campus ($5,285,000) and 2020 Capital
Improvement Plan projects, including County highway projects, acquisition of highway
equipment and equipment for the Sheriff's department, improvements to County buildings, park
and recreation projects and other capital projects ($3,215,000), as authorized by resolutions adopted on June 19, 2018, January 21, 2020, and February 25, 2020. Said resolutions are recorded in the official minutes of the County Board of Supervisors for said dates.

This Note is not subject to optional redemption.

It is hereby certified and recited that all conditions, things and acts required by law to exist or to be done prior to and in connection with the issuance of this Note have been done, have existed and have been performed in due form and time; that the aggregate indebtedness of the County, including this Note and others issued simultaneously herewith, does not exceed any limitation imposed by law or the Constitution of the State of Wisconsin; and that a direct annual irrepealable tax has been levied sufficient to pay this Note, together with the interest thereon, when and as payable.

This Note is transferable only upon the books of the County kept for that purpose at the office of the Fiscal Agent, only in the event that the Depository does not continue to act as depository for the Notes, and the County appoints another depository, upon surrender of the Note to the Fiscal Agent, by the registered owner in person or his duly authorized attorney, together with a written instrument of transfer (which may be endorsed hereon) satisfactory to the Fiscal Agent duly executed by the registered owner or his duly authorized attorney. Thereupon a new fully registered Note in the same aggregate principal amount shall be issued to the new depository in exchange therefor and upon the payment of a charge sufficient to reimburse the County for any tax, fee or other governmental charge required to be paid with respect to such registration. The Fiscal Agent shall not be obliged to make any transfer of the Notes after the Record Date. The Fiscal Agent and County may treat and consider the Depository in whose name this Note is registered as the absolute owner hereof for the purpose of receiving payment of, or on account of, the principal or redemption price hereof and interest due hereon and for all other purposes whatsoever. The Notes are issuable solely as negotiable, fully-registered Notes without coupons in the denomination of $5,000 or any integral multiple thereof.
No delay or omission on the part of the owner hereof to exercise any right hereunder shall impair such right or be considered as a waiver thereof or as a waiver of or acquiescence in any default hereunder.

IN WITNESS WHEREOF, Marathon County, Wisconsin, by its governing body, has caused this Note to be executed for it and in its name by the manual or facsimile signatures of its duly qualified Chairperson and County Clerk; and to be sealed with its official or corporate seal, if any, all as of the original date of issue specified above.

MARATHON COUNTY, WISCONSIN

By: ______________________________
    Kurt Gibbs
    Chairperson

(SEAL)

By: ______________________________
    Kim Trueblood
    County Clerk
ASSIGNMENT

FOR VALUE RECEIVED, the undersigned sells, assigns and transfers unto

____________________________________________________________________________
(Name and Address of Assignee)

____________________________________________________________________________
(Social Security or other Identifying Number of Assignee)

the within Note and all rights thereunder and hereby irrevocably constitutes and appoints

____________________________________________________________________________
, Legal Representative, to transfer said Note on

the books kept for registration thereof, with full power of substitution in the premises.

Dated: _____________________

Signature Guaranteed:

____________________________________________________________________________
(e.g. Bank, Trust Company
or Securities Firm)

____________________________________________________________________________
(Depository or Nominee Name)

NOTICE: This signature must correspond with the

name of the Depository or Nominee Name as it

appears upon the face of the within Note in every

particular, without alteration or enlargement or any

change whatever.

____________________________________________________________________________
(Authorized Officer)
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<th>Fiscal Year</th>
<th>Series 2018A Debt Service</th>
<th>Series 2019A Debt Service</th>
<th>General Obligation Promissory Notes, Series 2020A</th>
<th>Total GO Debt Service Payable from Levy</th>
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<td>$ 1,585,002</td>
<td>$ 124,556</td>
<td>$ 245,000 $ 345,533 $ 590,533</td>
<td>$ 1,709,431</td>
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<td>1,584,875</td>
<td>190,000</td>
<td>810,000 $ 235,500 $ 1,045,500</td>
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<td>1,835,002</td>
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<td>1,477,000</td>
<td>835,000 $ 210,825 $ 1,045,825</td>
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<td>970,000 $ 75,600 $ 1,045,600</td>
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<td>-</td>
<td>1,075,650</td>
<td>1,000,000 $ 46,050 $ 1,046,050</td>
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<tr>
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<tr>
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<td>$ 8,500,000 $ 1,509,758 $ 10,009,758</td>
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<td>Difference from Levy</td>
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<tr>
<td>2019</td>
<td>$1,585,002</td>
<td>$ -</td>
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<td>$(686,573)</td>
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<tr>
<td>2024</td>
<td>-</td>
<td>$(694,273)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2025</td>
<td>-</td>
<td>$(685,673)</td>
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<td>2026</td>
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<tr>
<td>2027</td>
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</tr>
<tr>
<td>2028</td>
<td>-</td>
<td>$(287,348)</td>
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<tr>
<td>2029</td>
<td>-</td>
<td>$(286,698)</td>
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<td>2030</td>
<td>-</td>
<td>$784,477</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$3,081,375</strong></td>
<td></td>
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</tr>
</tbody>
</table>
RESOLUTION #R-___-20

DETERMINATION BY COUNTY BOARD THAT EMERGENCY WITH RESPECT TO REPAIR AND RECONSTRUCTION OF THE MARATHON COUNTY JAIL HAS ENDED

WHEREAS, on August 8, 2019, the Marathon County Board of Supervisors met in special session and passed Resolution # R-39-19; and

WHEREAS, said Resolution declared that an emergency existed with respect to the integrity of the Marathon County Jail structure which endangered public health and welfare, pursuant to Wis. Stats. §59.52(29)(b) and §3.05(5) Gen Code of Ord. for Marathon County; and

WHEREAS, the effect of the Resolution was to temporarily suspend the legal requirement of procurement through a public bidding for the purpose of repair or reconstruction of the jail because “damage or threatened damage” to the jail due to potential collapse created an emergency; and

WHEREAS, the Resolution provided, “This resolution shall remain in effect until the Board, by specific resolution, determines that an emergency no longer exists;” and

WHEREAS, Marathon County Administration together with Marathon County Facilities and Capital Management and the Marathon County Sheriff’s Office have received the opinion of an engineering consultant that the risk collapse of a portion of the Marathon County Jail has been ameliorated; and

WHEREAS, at its meeting on February 10, 2020, the Human Resources Finance and Property Committee voted to forward a resolution to the Board indicating that the emergency declared with respect to the integrity of the jail structure has ended.

NOW, THEREFORE, BE IT ORDAINED AND RESOLVED by the Board of Supervisors of the County of Marathon that: An emergency no longer exists with respect to the integrity of the Marathon County Jail structure, effective ???????

BE IT FURTHER RESOLVED that the County Board of Supervisors hereby authorizes and directs appropriate Marathon County staff to take all actions necessary to carry out the intent of this resolution.

BE IT FURTHER RESOLVED that any further work with respect to the Jail construction, reconstruction, repair or remodeling shall be done in accordance with public bidding requirements set forth in Wisconsin Statutes and the General Code of Ordinances for Marathon County.
Respectfully submitted this ___ day of February, 2020.

HUMAN RESOURCES FINANCE AND PROPERTY COMMITTEE

_____________________________  _________________________________

_____________________________  _________________________________

_____________________________  _________________________________

Fiscal Impact:
Resolution # R-___-20

A RESOLUTION AMENDING
THE 2020 BUDGET AND TRANSFER FROM THE 2020 CONTINGENCY FUND FOR JAIL MEDICAL COSTS AND JAIL MEDICAL ROOM CAPITAL PROJECT

WHEREAS, the Board of Supervisors of Marathon County approved the 2020 Sheriff’s Department Budget and Capital Improvement Budget; and

WHEREAS, there was expenses in the Sheriff’s Department Jail Assessment budget over the budgeted amount for $90,000 in Inmate Medical Housing and $110,000 in Jail Medical Room Project, and,

WHEREAS, there is currently an unencumbered balance in the 2020 Contingent Fund of $500,000; and

WHEREAS, there is a request to transfer from the 2020 Contingency fund the amount of $200,000 to cover the cost of the inmate medical housing and jail medical room project; and

WHEREAS, the Human Resources, Finance and Property Committee has reviewed the request and has recommended approval of the transfer from the 2020 Contingency Fund in the amount of $200,000; and

WHEREAS, the Human Resources, Finance and Property Committee of the Board of Supervisors of Marathon County recommends to transfer the funds from the County’s 2020 Contingency Fund as follows:

<table>
<thead>
<tr>
<th>Transfer from 2020 Contingency Fund</th>
<th>$200,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer to Jail Assessment-Jail Inmate Medical Room</td>
<td>$110,000</td>
</tr>
<tr>
<td>Transfers to Jail Assessment-146-24092119 Inmate Medical Housing</td>
<td>$90,000</td>
</tr>
</tbody>
</table>

NOW, THEREFORE BE IT RESOLVED, that the Board of Supervisors of the County of Marathon does hereby resolve and ordain to amend the Sheriff Department Jail Assessment budget and transfer from the 2020 Contingency Fund as indicated above.

Dated this 25th day of February, 2020.

HUMAN RESOURCES, FINANCE AND PROPERTY COMMITTEE

Fiscal Impact: This reflects an amendment to the 2020 Budget and will reduce the 2020 Contingency from $500,000 to $300,000. The amendment will not add additional tax levy.
Marathon County Jail “I” Block Negative Pressure HVAC Project Scope and Budget

Basic Scope of Project:

The Marathon County Jail does not have a holding area that meets the CDC’s requirements for holding inmates with airborne infectious diseases. “I” Block is the best location in the Jail to make a negative pressure isolation area. It has (2) holding cells, a common and shower area. It currently has an exhaust duct that can be modified for a new exhaust system which incorporates a HEPA filtering system. There will need to be modifications to the existing exhaust duct work including adding drops that go down to 8” above the finished floor. We tested the air supply flows for “I” Block and we don’t have enough CFM’s available with the existing duct system to feed this area and get the required air flow to make it a negative pressure area. To get the flows we need a Dedicated Outdoor Air System will need to be placed on the roof and ducted into the “I” Block area. This unit weighs around 1500 pounds so to distribute the weight on the roof additional structural steel will need to be installed. This will all be installed on the roof so there won’t be much of a disturbance outside of “I” Block. A monitoring system will need to be installed outside of “I” Block towards the ceiling which will have an audio and visual alarm. All equipment will need to be hooked up to the emergency back-up generator and hooked up the current building automation system. “I” Block will have a complete stand-alone HVAC system.

Budget to Complete the “I” Block Negative Pressure HVAC Project:

- Engineering/Plans $5,000.00
- HVAC Equipment/Install $66,389.00
- Electrical $20,000.00
- Controls $8,000.00
- Roofing $1,600.00
- Misc. Contingency $9,011.00

Total: $110,000.00