AMENDED

MARATHON COUNTY HUMAN RESOURCES, FINANCE & PROPERTY COMMITTEE MEETING AGENDA
Date & Time of Meeting:  Monday, April 6, 2020 3:00 p.m.
Meeting Location:  Marathon County Courthouse, County Board Assembly Room 500 Forest Street, Wausau WI 54403
Members:  EJ Stark, Chair; Bill Miller, Vice-Chair; Tim Buttke, John Durham, Kurt Gibbs, Yee Leng Xiong, Jeff Zriny

Marathon County Mission Statement: Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly, or in cooperation with other public and private partners, provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12/20/05)

Human Resources, Finance & Property Committee Mission/Purpose: Provide leadership for the implementation of the County Strategic Plan, monitoring outcomes, reviewing and recommending to the County Board policies related to the human resources initiatives, finance and property of the County.

The meeting location identified above will be open to the public. However, due to the COVID-19 pandemic and associated public health directives, Marathon County encourages Human Resources, Finance and Property Committee members and the public to attend this meeting remotely. To this end, instead of attendance in person, Committee members and the public may attend this meeting by telephone conference. If Committee members or members of the public cannot attend remotely, Marathon County requests that appropriate safety measures, including adequate social distancing, be utilized by all in-person attendees. Persons wishing to attend the meeting by phone may call into the telephone conference beginning five (5) minutes prior to the start time indicated above using the following number: 1-415-655-0002

Access Code: 265 727 537

If you are prompted to provide an “Attendee Identification Number,” enter the “#” sign. No other number is required to participate in the telephone conference

When you enter the telephone conference, PLEASE PUT YOUR PHONE ON MUTE!

1. Call to Order-Please silence your cellphones

2. Public Comment Period  *DELETED*

3. Approval of the Minutes of the March 9th, 2020 Human Resources, Finance and Property Committee Meeting

4. Educational Presentations/Outcome Monitoring Reports-Budget Update on 2020 Budget- 2021 Projections

5. Operational Functions required by Statute, Ordinance, or Resolution:
   A. Discussion and Possible Action by Human Resources and Finance and Property Committee
      1) Approval of March 2020 Claims and Questioned Costs-Palmer
      2) Tax Deed Property Bid #2020-1 - 1115 W Grand Ave Rothschild, WI
   B. Discussion and Possible Action by Committee to Forward to the County Board for its consideration
      1) Central Wisconsin Airport Administrative Restructuring
         a) Abolish one full-time (1.0 FTE) Assistant Airport Director (Planning & Development) C44 and create one full-time (1.0 FTE) Assistant Airport Director, D61 (Grefe/Matel)
         b) Abolish one full-time (1.0 FTE) Senior Operations Manager (Assistant Airport Director-Operations and Maintenance) C51 and create one full-time (1.0 FTE) Operations and Maintenance Supervisor C41 (Grefe/Matel)
      2) Resolution-Acceptance of Grant Funds from the Healthcare Emergency Readiness Coalition (HERC) – Regional Morgue Task Force (Blahnik)
      3) Interdepartmental Budget Transfers

6. Policy Issues Discussion and Committee Determination-None

7. Announcements:
   Next Meeting Date-April 27, 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

Faxed to: Wausau Daily Herald
Fax to: City Pages
Fax to: Record Review
Faxed by/time: T Murphy  4/3/2020  12:55pm
Posted to the County Website:

NOTICE POSTED AT THE COURTHOUSE
By/Date/Time: T Murphy  4/3/2020   12:55 pm
www.co.marathon.wi.us
1. Call to Order by Chairman Stark at 3:02 pm

2. Public Comment Period -None

3. Approval of the Minutes of the February 24\textsuperscript{th} and 25\textsuperscript{th}, 2020 Human Resources, Finance and Property Committee Meeting
   Motion by Gibbs and seconded by Xiong to approve the minutes from February 24 and 25\textsuperscript{th}; vote unanimous

4. Educational Presentations/Outcome Monitoring Reports
   County Policies and Procedures for Accounts Payable, Direct Deposit and ACH Processing
   Palmer and Klein updated the committee on how the County has taken steps to be aware of Phishing scams and what additional procedures are being put in place. No formal action taken.

5. Operational Functions required by Statute, Ordinance, or Resolution:
   A. Discussion and Possible Action by Human Resources and Finance and Property Committee
      1) Approval of February 2020 Claims and Questioned Costs
         Motion by Xiong and seconded by Gibbs to approve the claims; vote unanimous
   B. Discussion and Possible Action by Committee to Forward to the County Board for its consideration
      1) Interdepartmental Budget Transfers-none
      2) Resolution to Consider the Purchase of the CERES Timber Property LLC Property for County Forest
         Tom Lovlien from Parks –The agreed upon price is $375,000 and there is a resolution to go ahead with the purchase of the property. It is 200 acres and 80 acres is wooden and not harvested. The Knowles Nelson Stewardship grant will fund 50\% of the purchase. Gibbs-Does the Town of Hewitt support the purchase? Yes
         Motion by Xiong and seconded by Gibbs contingent on the Knowles Nelson Stewardship grant funding to approve the land purchase; vote unanimous
      3) Create 2.0 FTE social work positions for Children’s Long Term Support (CLTS) – non-tax levy positions
         Tylka discussed the positions as supported by the state. The positions will assist the County in eliminating the waitlist for children on the Children’s Long Term Support program
         Motion by Gibbs and seconded by Xiong to approve the request as 100\% grant funded and move it to the full County Board; vote unanimous
      4) Create 1.0 FTE community support specialist position – non-tax levy position
         Tylka- This position will work with the child and child’s family to come back to the community and support with family in the area of skills development. Gibbs-Where are we at staffing in the Social Services Department? Tylka-We have a few open positions
         Motion by Xiong and seconded by Gibbs to approve the position and move to the full County Board; vote unanimous
      5) Reorganization of Register of Deeds Office - Abolish 2.0 FTE Administrative Assistant positions (one under-filled at .625FTE) and Create 1.0 FTE Administrative Specialist position
         This will move us to 5 FTE. We posted the .625 FTE position and were not able to find any qualified applicants. With this change, we hope to hire a quality employee. This should save us about $15,000 a year.
         Motion by Gibbs and seconded by Xiong to approval and forward to the County Board; vote unanimous
   6) Discussion and Possible Action-Resolution to Establish Salaries for Elected Department Heads—County Clerk, Register of Deeds and Treasurer Their Upcoming Term of Office (Matel)
      Matel-We pay our elected officials the midpoint of the pay grade. We pay a 2\% increase each year to the elected official’s midpoint salary. This proposal is will request a 3\% increase on the mid-point and not change the pay range. Corbett-The reason we need to do this at this time, is that you cannot change compensation prior to people taking out papers for an elected position.
Motion by Gibbs and seconded by Miller to approve the pay ranges with the 3% increase as recommended; vote unanimous

7) Recommendation to increase pay range maximum for the Assistant Corporation Counsel classification due to market factors (Matel)
Matel discussed the market factors that created the request to increase the pay range for the Assistant Corporation Counsel. The pay range change will raise the maximum by 30% due to market conditions.
Gibbs-The last market adjustment was in 2017 for 2018, is this something we should be looking for?
Matel we should look at this every 5 years. Matel recommends that we should look at everything again in 2023.

Motion by Gibbs and seconded by Xiong to approve the pay increase to the maximum pay range for the assistant Corporation Counsel; vote unanimous

8) Create 1 FTE Assistant Corporation Counsel Position C-42 Market (Matel/Corbett)
The Corporation Counsel will be able to complete work for the North Central Healthcare Center at the wages rates as approved by the Human Resources, Finance and Property Committee and County Board. Based on the work currently being completed for NCHC, they should be able to provide legal services at a lower costs than contracting out.

Motion by Xiong and seconded by Gibbs to approve and move to the full County Board; vote unanimous
Gibbs-Does this change need to approval of all three Counties? No –this would be a contract for services.

6. Policy Issues Discussion and Committee Determination-None

7. Motion by Gibbs and seconded by Xiong 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.

Corbett- I want to bring something to the committee’s attention. Mr. Kowalski from the City Pages stated that he was concerned that the agenda did not list the actual address of the property being considered. Corbett- I responded that I do not believe that there is any Department of Justice requirement to list the address when negotiating in closed session. Gibbs/Xiong-Motion and second still stands
Gibbs-aye
Xiong -aye
Miller- aye
Stark-aye

8. Motion by Gibbs and seconded Xiong to Return to Open Session (No Roll Call Vote Required); vote unanimous
1) Announcements and possible action on matters discussed in closed session-There is no announcement from the closed session

9. Announcements:
Next Meeting Date-March 23, 2020 at 3:00 p.m. Gibbs and Xiong have conflicts on March 23. If needed the Committee could call a special meeting on Tuesday March 24 prior to the County Board.

10. Adjourn-Motion by Gibbs and seconded by Xiong to adjourn at 4:35 pm
Agenda Item Summary

Airport Board Meeting Date: March 20, 2020

Agenda Item Title: 4) Administrative Restructuring of the Central Wisconsin Airport

Staff Responsible: Brian Grefe, Airport Director

Background: With the transition to 24 hour per day, 7 day per week full-time operations and maintenance staffing at the airport there has been reduction in the total available personnel during certain times to complete large maintenance projects. We are, at times, spread too thin. In October of 2017, the Joint Airport Board and Marathon County approved the first weekend Operations and Maintenance Supervisor. The benefits of this position were quickly realized. Shift coverage was improved, and more work was getting accomplished on our slow days of Saturday and Sunday. Adding this position did, however, result in communication and reporting challenges. An Assistant Airport Director – Operations and Maintenance structure resulted in an information “bottleneck” and at times the Operations and Maintenance Supervisor was not used to the extent needed for the airport to be successful. Streamlining the communication structure by having two Operations and Maintenance Supervisors reporting to an Assistant Airport Director will balance the information flow and work assignments.

The newly created Assistant Airport Director position will take on significantly more responsibility than the Assistant Airport Director – Operations and Maintenance or the Assistant Airport Director – Planning and Development. Those positions and responsibilities will effectively be combined. As such qualifications, experience and compensation will need to be adjusted commensurate with the demands of the position. Also, it will be critical to hire qualified and experienced candidates in both these positions.

Timeline: Filling these positions will need to happen quickly after these positions are approved. Both positions will be posted at the same time, and as soon as March 20th. The Assistant Airport Director position will be hired first.

Financial Impact: The detailed financial impact is unknown at this point. One FTE’s salary range is increasing, and one FTE’s salary range is decreasing. Actual salary for each position will be based on experience and qualifications. Total change is anticipated to be negligible to the overall 2020 annual budget. The airport’s total FTE remains unchanged.

Contributions to Airport Goals: The 2020 Annual Airport Goals identified Goal #2 as: “Identify Strategies to Address Staffing Shortages”. While this restructuring does not change the Airport’s FTE, the addition of a working Operations and Maintenance Supervisor will help with required operations coverage, and identifying and completing maintenance tasks.

Recommended Action: Airport staff recommends to pass RESOLUTION No. R-05-20 1. Abolish one full-time Assistant Airport Director – Planning and Development, Pay Level C44 and create one full-time Assistant Airport Director – Pay Level D61, and 2. Abolish one full-time Assistant Airport Director – Operations and Maintenance, Pay Level C51 and add one additional full-time Operations and Maintenance Supervisor, Pay Level C41.

Attached: RESOLUTION No. R-05-20, Draft CWA Organizational Chart, Assistant Airport Director Position Description, and Operations and Maintenance Supervisor Position Description.
RESOLUTION No. R-05-20
ADMINISTRATIVE STAFF RESTRUCTURING OF THE CENTRAL WISCONSIN AIRPORT

BY

Central Wisconsin Joint Airport Board

WHEREAS, Marathon and Portage Counties jointly own and control the Central Wisconsin Airport and its associated facilities located in Marathon County, Wisconsin; and

WHEREAS, the airport is governed by the Central Wisconsin Joint Airport Board established under an intergovernmental agreement pursuant to §66.0301 Wis. Stats.; and

WHEREAS, airport staff have identified an opportunity to restructure the administration of the department that will result in improved effectiveness of the department.

THEREFORE, BE IT RESOLVED, that the Joint Airport Board does ordain the following and approve the implementation of the administration restructuring as follows:

1. Abolish one full-time Assistant Airport Director – Planning and Development, Pay Level C44 and create one full-time Assistant Airport Director – Pay Level D61,

2. Abolish one full-time Assistant Airport Director – Operations and Maintenance, Pay Level C51 and add one additional full-time Operations and Maintenance Supervisor, Pay Level C41.

DATED this 20th day of March, 2020

CENTRAL WISCONSIN JOINT AIRPORT BOARD

________________________________________  _________________________________________

________________________________________  _________________________________________

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________________________________________
Central Wisconsin Airport  
Position Description  

Title: Assistant Airport Director  
Class Code: D61  
Department: Central Wisconsin Airport  
FLSA: Exempt  
Reports to: Airport Director  
Date: March 2020  

Purpose of Position  

Develop, implement, monitor, and improve the day to day and continued operation of the Central Wisconsin Airport. A strong operations program is essential to the safe and efficient operation of a commercial service airport. The Assistant Airport Director is responsible for the airport’s 14 CFR Part 139, 49 Part 1542, maintenance, environmental, training, emergency preparedness, and the Airport Capital Improvement Program.  

Essential Duties and Responsibilities  

The following duties are normal for this position. These are not to be construed as exclusive or all-inclusive. Other duties may be required and assigned.  

- As a senior member of the Central Wisconsin Airport leadership team, provides guidance, support and takes appropriate actions to continuously improve the value of the airport in the communities  
- Ensures Compliance with Federal Aviation Regulations Part 139 – Certification of Airports and relevant Advisory Circulars  
- Serves as the airport’s lead on local and regional Emergency Management preparedness and coordination  
- Ensures compliance with TSA Part 1542 Airport Security Plan, Security Directives and Information Circulars including acting as the airport’s designated Airport Security Coordinator  
- Develops maintain and assist in the implementation of the Airport Capital Improvement Program over a 5, 10 and 20-year horizon  
- Researches and prepares reports and plans to support complex issues, such as the Airport Master Plan and Strategic Plan, noise programs, Passenger Facility Charge and Airport Improvement Program purpose and need statements, National Environmental Protection Act documentation, site and area development planning, compatible land use plans, airfield capacity, terminal capacity, economic development plans, benefit/cost analyses, sustainability reports/plans, Part 150 documentation, facility and infrastructure requirements analyses, project programming documentation, facility use surveys and analyses, geospatial analysis, concept design and development  
- Works with surrounding zoning authorities to ensure compatible land use for both the current and future needs of the airport  
- Monitor and maintain storm water compliance with local, state, and federal regulations  
- Oversee airport safety programs and risk management best practices  
- Manage the airport’s employee training programs, Standard Operating Procedures and employee development  
- Responds to questions from the media, citizens and governmental officials  
- Ability to assume the role of Airport Director in the absence of the Director
Additional Tasks and Responsibilities

While the following tasks are necessary for the airport to function, they are not an essential part of the purpose of this position and may also be performed by other unit members.

- Develops training curriculum for new airport systems and facilities.
- Conducts airport procurement and contracting efforts including: Request for Proposals/Bids, Request for Qualifications, airport service agreements, tenant leases, and airport use agreements
- Assists in managing the airport’s IT infrastructure
- Participates in strategic and tactical planning efforts for the airport
- Assists in airport marketing efforts including updating the airport’ website and social media presence
- Assists in airport badging
- Supports the maintenance and operation of the airport’s parking and ground transportation system
- Develops strategy to increase non-aviation airport revenue
- Assists in preparation and implementation of the airport’s short and long term financial planning and annual budgeting
- Assist in managing Airport Noise Program and complaints
- Serves as the airport’s Disadvantaged Business Enterprise Liaison Officer

Minimum Training and Experience Required to Perform Essential Job Functions

Education/Formal Training and Experience:

- Bachelor's degree from an accredited four-year college or university in aviation management, public administration, business administration, engineering, or a related field; and,
- At least five years of progressively responsible airport operations and maintenance experience at public commercial service airport or,
- Any combination of education, training and experience which provides the required knowledge, skills, and abilities to perform the essential functions of the job

Licenses and Certifications:

- AAAE Certified Member Designation required at hire, or within 24 months of hire
- Accredited Airport Executive (AAE) preferred
- Valid Wisconsin drivers' license
- Incident Command System (ICS) training, level ICS-300 or above, within 12 months of hire
- Incident Command System (ICS) training, level ICS-400 or above, within 24 months of hire
Central Wisconsin Airport
Position Description

Title: Operations and Maintenance Supervisor  Pay Range: C41
Department: Central Wisconsin Airport  FLSA: Exempt-88
Reports to: Assistant Airport Director  Date: Sept. 2017

Purpose of Position

Develop, recommend, implement, monitor, and improve the weekend and sustained operation of the Central Wisconsin Airport. A strong 24/7 operations program is essential to the safe and efficient operation of a commercial service airport. The Operations and Maintenance Supervisor is highest-level airport official regularly scheduled on weekends. This person must have the ability and experience to make the right decisions in the best interest of the airport.

Essential Duties and Responsibilities

The following duties are normal for this position. These are not to be construed as exclusive or all-inclusive. Other duties may be required and assigned.

- As a supervisor member of the Central Wisconsin Airport leadership team, provides guidance, support and takes appropriate actions to continuously improve the impact of the airport in the community
- Ensures Compliance with Federal Aviation Regulations Part 139 –Certification of Airports and relevant Advisory Circulars
- Supports and implements an efficient Snow and Ice Control Plan and effectively briefs employees and stakeholders on responsibilities and expectations
- Implements the airport’s Wildlife Hazard Management Plan in accordance with current regulations and the airport’s need
- Supports a robust Notice to Airmen and field condition reporting program
- Meets and exceeds compliance with FAA regulated Airport Rescue and Firefighting requirements
- Supports local and regional Emergency Management preparedness and coordination
- Ensures compliance with TSA Part 1542 Airport Security Plan, Security Directives and Information Circulars
- Act as an alternate Airport Security Coordinator
- Monitor and maintain storm water compliance with state and federal regulations
- Supports and develops airport safety programs and risk management best practices
- Supports and develops the airport’s employee training programs, Standard Operating Procedures and employee development
- Directs, oversees, coordinates and supervises the weekend maintenance and cleaning of all airport facilities and fleet vehicles
- Ability to assume the role of the Assistant Airport Director – Operations and Maintenance in their absence
Additional Tasks and Responsibilities

While the following tasks are necessary for the airport to function, they are not an essential part of the purpose of this position and may also be performed by other unit members.

- Develops training curriculum for new airport systems and facilities.
- Assists in the implementation of the Airport Capital Improvement Program
- Assists in managing the airport’s IT infrastructure
- Participates in strategic and tactical planning efforts for the airport
- Assists in airport marketing efforts including updating the airport’ website and social media presence.
- Assists in airport badging
- Supports the maintenance and operation of the airport’s parking and ground transportation system
- Assists in preparation and implementation of the airport’s short and long term financial planning and annual budgeting
- Assist in managing Airport Noise Program and complaints

Minimum Training and Experience Required to Perform Essential Job Functions

Education/Formal Training and Experience:

- Associates’ or technical school degree from an accredited program in aviation management, emergency management, fire science, criminal justice or a related field; and,
- At least two years of progressively responsible airport operations and maintenance experience at public commercial service airport or,
- Any combination of education, training and experience which provides the required knowledge, skills, and abilities to perform the essential functions of the job

Licenses and Certifications:

- AAAE Airport Certified Employee required at hire, or within 12 months of hire
- Accredited Airport Executive (AAE) or Certified Member (CM) preferred
- Valid Wisconsin Class B Commercial drivers’ license required within 3 months of hire
- Airport Rescue and Firefighting certification required at hire, or within 12 months of hire
- Incident Command System (ICS) training, level ICS-300 or above, within 12 months of hire
- Incident Command System (ICS) training, level ICS-400 or above, within 24months of hire
### C44 - Maintenance Manager (Asst Director - Planning)  
**Central WI Airport**  
**FTE = 1.0**  
**ABOLISH**

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<thead>
<tr>
<th>Item</th>
<th>Current Rates</th>
<th>Total Estimated Savings for 1 FTE:</th>
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<tbody>
<tr>
<td>DBM C44</td>
<td>$33.28 $69,222</td>
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<td>Health - Family</td>
<td>$1,700.49 $20,406</td>
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<tr>
<td>Dental - Family</td>
<td>$60.32 $724</td>
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<tr>
<td>FICA Retirement Rate</td>
<td>6.20% $4,292</td>
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<td>FICA Medicare Rate</td>
<td>1.45% $1,004</td>
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<td>Unemployment Insurance</td>
<td>0.10% $69</td>
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<td>Retirement - Employer</td>
<td>6.75% $4,672</td>
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<td>Worker's Comp - Municipal</td>
<td>1.78% $1,232</td>
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<tr>
<td>PEHP</td>
<td>$21 $546</td>
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<td><strong>Total Estimated Savings for 1 FTE:</strong></td>
<td><strong>$102,167</strong></td>
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### D61 - Assistant Airport Director  
**Central WI Airport**  
**FTE = 1.0**  
**NEW POSITION**

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<tr>
<th>Item</th>
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<th>Minimum</th>
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<td>Dental - Family</td>
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<td>FICA Retirement Rate</td>
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<td>Unemployment Insurance</td>
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<td>6.75% $4,505</td>
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<td>PEHP</td>
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<td><strong>Total Estimated Cost for 1 FTE:</strong></td>
<td><strong>$99,280 $118,679 $141,571</strong></td>
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### C51 - Senior Operations Manager (Asst Director - Ops & Maintenance)  
**Central WI Airport**  
**FTE = 1.0**  
**ABOLISH**

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<th>Item</th>
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<td>DBM C51</td>
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<td>Dental - Family</td>
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<td>FICA Retirement Rate</td>
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<td>FICA Medicare Rate</td>
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<td><strong>Total Estimated Savings for 1 FTE:</strong></td>
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### C41 - Operations & Maintenance Supervisor  
**Central WI Airport**  
**FTE = 1.0**  
**NEW POSITION**

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<td>Dental - Family</td>
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<td>FICA Retirement Rate</td>
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<td>PEHP</td>
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<td><strong>Total Estimated Cost for 1 FTE:</strong></td>
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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: Medical Examiner  BUDGET YEAR:  2020

<table>
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<tr>
<th>TRANSER FROM:</th>
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<tbody>
<tr>
<td>Action</td>
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<tr>
<td>Revenue Increase</td>
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<th>TRANSER TO:</th>
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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: Jessica Blahnik  Date Completed: 3/31/2020

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)
   Morgue Emergency Response Regional Plan

2) Provide a brief (2-3 sentence) description of what this program does.
   The program is to develop an affordable and accessible response for morgue services. There is a taskforce for this program

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) Provide affordable and accessible morgue services for the region

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
North Central Wisconsin Healthcare Emergency Readiness Coalition Grant Funds

Background information: Back in 2018 Jessica did a presentation to the NCW-HERC on the Forensic Science Center Project. The coalition strongly supported the facility/project; there are numerous gaps in service for the region in regards to a mass fatality management and pathology services. They understood the value the facility could bring to the region and benefit all aspects of the community and entire Northcentral Wisconsin. Their board had approved to allocate $43,195 toward the project, to be used towards the purchase of a refrigeration unit with racking system and a generator backup. At that time, we were hoping to have the project approved by county board and could make the purchased prior to May 31, 2020 (the grant deadline).

2020 Update: The NCW-HERC had additional funds that the board had voted to allocate for the project (EBOLA and opioid grant funds), for a total of $59,484. Since the project is still in the planning phase and we are unable to purchase the refrigeration unit and backup generator, they have agreed that we could use the funds to cover all of the WIPFLI consultant fees ($39,560 to date). We would have an additional roughly $20,000 that can be used towards a business plan, if the county is fine to proceed. Our WIPFLI Consultant assigned to the project, Patrick Carroll, had estimated the business plan cost between $10,000-$16,000; all depending on how detailed we would like the document and if we needed to update any figures from 2019. The business plan will take 6-8 weeks to complete; closer to 8 weeks. We could have additional funding left for Patrick to help with a project summary document (similar to the NCHC Therapy Pool document), if we need to raise funds from community foundations/grants.

Expenses Breakdown

Previous WIPFLI fees paid in 2018-2019: $34,560

Current WIPFLI fees that Brad Karger authorized: $5,000

Total WIPFLI fees to date: $39,560

Total grant amount: $59,484

Total grant funds still available (if accepted): $19,924

Estimated business plan cost: $10,000-$16,000
REGIONAL MORGUE TASK FORCE
MINUTES

Friday, March 13, 2020 at 8:00-9:00 am
Courthouse Assembly Room (B-105) 500 Forest Street, Wausau, WI

Call-in number provided: 715-261-6507.

Attendance:

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<th>Members</th>
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<th>Absent</th>
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<tbody>
<tr>
<td>Craig McEwen, Chair</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Greg Bean</td>
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<tr>
<td>Dr. Michael Clark</td>
<td>X</td>
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<tr>
<td>Dr. Lisa Grill Dodson</td>
<td>X</td>
<td></td>
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<tr>
<td>Phil Rentmeester</td>
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<tr>
<td>Scott Rifleman</td>
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<tr>
<td>Vicki Resch</td>
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<td>Sheriff Mark Westen</td>
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<td>Greg Zoromski</td>
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<td>X</td>
</tr>
</tbody>
</table>

Others Present: Lance Leonhard, Jessica Blahnik, Matt Bootz

1. Call Meeting to Order
   The meeting was called to order by Chair Craig McEwen at 8:05 am.

2. Public Comment -- None

3. Educational Presentations/Outcome Monitoring Reports
   A. Project Progress
      Jessica Blahnik, Medical Examiner, provided a brief update on the project. The partnership
      meetings with Marshfield Clinic and Portage County went well. After the business plan is
      complete, Marathon County representatives will plan to meet with Aspirus, Marshfield Clinic, and
      Portage County to further discuss a potential partnership.

4. Policy Issues Discussion and Committee Determination to the County Board for its
   Consideration
   A. Accepting grant funds from the Healthcare Emergency Readiness Coalition (HERC)

Discussion:
   Jessica Blahnik explained the background history of how the HERC Board of Directors have voted
   to allocate a total of $59,484 of their Ebola and opioid grant funding towards the Regional
   Forensic Science Center Project. Since the project is not to a point where Marathon County is able
   to utilize the funding towards equipment costs (refrigeration unit and/or generator back-up) for the
   facility, Marathon County was authorized to use the funds to repay the consultant fees from
   WIPFLI Consulting Firm that have been previously generated. The remaining funding could be
   utilized on future consultant fees for the development of a business plan. Marathon County has
   paid WIPFLI $39,560 to date in consultant fees; leaving $19,924 available for additional services.
In order to obtain the funding from HERC, the HERC Board of Directors required Marathon County personnel would guarantee that the Marathon County Board would approve at least a portion of the Regional Forensic Science Center Project, which would entail at the minimum a large capacity cold storage for decedents that would be made available for the region. Marathon County personnel did not feel comfortable agreeing to these terms, so another option was presented. This option entailed Marathon County repaying the portion of grant funds provided by HERC that was used towards the WIPFLI consulting fees if the Marathon County Board declined the morgue project and did not purchase a cooler for decedent storage.

**Action:**
MOTION BY DODSON; SECOND BY RIFLEMAN TO ACCEPT THE GRANT FUNDS UNDER THE TERMS THAT IF NO ASPECT OF THE FORENSIC SCIENCE CENTER PROJECT IS APPROVED, MARATHON COUNTY WILL REPAY THE FUNDS USED ON CONSULTANT FEES TO THE NCW-HERC. MOTION CARRIED.

**Follow through:**
Send to Human Resource, Finance & Property Committee (HRFC) for approval.

B. Business Plan

**Discussion:**
Jessica Blahnik explained that Lance Leonhard, Interim County Administrator, had authorized WIPFLI Consulting Firm to complete the business plan. The business plan will be completed with the assistance of the Medical Examiner staff, in an attempt to keep the business plan as cost effective as possible. The plan should be completed within 6-8 weeks.

**Action:**
No action taken.

**Follow through:**
No follow through needed.

C. Next Steps

**Discussion:**
Lance Leonhard explained that the next steps are to complete the business plan and schedule meetings with Aspirus and Marshfield Clinic Health Systems, in addition to Portage County. The meetings should take place as soon as the business plan is completed.

Dr. Dodson requested that Marathon County consider looking into lease options for the facility. Lance Leonhard agreed to have WIPFLI look into options after the business plan is completed.

**Action:**
No action taken.

**Follow through:**
No follow through needed.

5. **Scheduling of Future Meetings and Identifying Agenda Topics**
Next meeting will be scheduled after the completion of the business plan.

6. **Announcements** -- None

7. **Adjournment**
MOTION BY DODSON; SECOND BY RIFLEMAN TO ADJOURN THE MEETING.
MOTION CARRIED. (8:39 am)

Respectfully submitted by,
Jessica Blahnik
March 18 2020

Marathon Medical Examiner
Attn: Jessica Blahnik
1308 West St
Wausau, WI 54401

Ms. Blahnik,

The North Central Wisconsin Healthcare Emergency Readiness Coalition (NCW HERC) Board has been in support of the "Marathon County Regional Forensic Science Center" project, since becoming aware of it in January 2018. This project would help close multiple known gaps in the region, related to mass fatality and ante/post-mortem services in Wisconsin.

The NCW HERC Board is aware of the contractual services Marathon County has incurred related to actualizing this project.

The NCW HERC has residual funds from Ebola and Opioid grants awarded from the Office of Preparedness and Emergency Health Care (OPEHC). The dollar amounts of these are $53654 and $5830, respectively for a grand total of $59484. At its January 2020 Board Meeting, the NCW HERC Board voted to award these funds to the Marathon County Medical Examiner in support of your ongoing project.

In accepting these funds, the Marathon County Medical Examiner agrees that these funds will not be used for capital improvement. Per Marathon County Medical Examiner, the $59484 will be used to pay for fees incurred in contractual services from WIPFLI Consultants. These funds may be used to offset incurred expenses to date, freeing up county capital for continued efforts to this project. $53654 Ebola funds must be spent by May 17, 2020 and the $5830 Opioid funds must be spent by June 30, 2020.

In accepting these funds, the Marathon County Medical Examiner ensures that if the Regional Forensic Science Center project is approved by the Marathon County Board, it would be made available and be an affordable asset for the NCW HERC counties and members there-in. The Regional Forensic Science Center project is scalable, and at a minimum there is a need to have a large capacity cold storage for decedents that would be made available, upon its completion. If the project is not approved by the Marathon County Board, Marathon County agrees to repay the grant funds that were allocated to the WIPFLI consulting fees.

Thank you for all you and your team do to make prepared and ready healthcare in North Central Wisconsin.

Respectfully,

Jim Monarski
NCW HERC Chair

Delmond Horn
NCW HERC Vice Chair

PO Box 871 Rhinelander, WI 54501
Herc.coordinator@ncw-herc.org
(715)360-6822
MARATHON COUNTY
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DEPARTMENT: Sheriff  BUDGET YEAR: 2020

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<td>Federal Forfeiture Carry Over adjustment</td>
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<td>148-23893490</td>
<td>Other Operating Expenses</td>
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</tbody>
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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: Kristin Williams – Administrative Services Manager  Date Completed: 3/12/2020

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)
   Federal Forfeitures

2) Provide a brief (2-3 sentence) description of what this program does.
   Assets seized in drug related activities are adjudicated through the Federal Department of Justice, and a portion of the funds are returned to law enforcement to assist with expenses related to fighting drug activity.

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

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

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

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

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

BUDGET YEAR: 2020

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<td>Other Operating Supplies</td>
<td>11,027</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: Kristin Williams – Administrative Services Manager

Date Completed: 3/17/2020

COMPLETED BY FINANCE DEPARTMENT:

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

COMPLETED BY FINANCE DEPARTMENT:
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)
   FY 19 Edward Byrne Memorial Justice Assistance Grant (JAG) Program (10/1/2018 to 9/30/2020)

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

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

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

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

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

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

Requeste By: Kristin Williams – Administrative Services Manager  Date Completed: 3/12/2020

COMPLETED BY FINANCE DEPARTMENT:

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

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**Note:** The form includes a table with columns for Action, Account Number, Account Description, and Amount. The transfer is from Revenue Increase to Expenditure Increase, both with an amount of 4,378. The form is completed by Kristin Williams on 3/12/2020. It is to be approved by the Human Resources, Finance & Property Committee.
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)
   24 Hour Recertification Reimbursement

2) Provide a brief (2-3 sentence) description of what this program does.
   Reimbursements from the State for 24 Hour Recertification Training

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)
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   ☐ 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:
Is 10% of this program appropriation unit or fund? ☐ No ☒ Is a Budget Transfer Resolution Required? ☐ No
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DEPARTMENT: Sheriff __________________________  BUDGET YEAR: 2020

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<td>Other Operating Expenses</td>
<td>265</td>
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**Requested By:** Kristin Williams – Administrative Services Manager  
**Date Completed:** 3/12/2020

**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)
   Crime Prevention and Safety

2) Provide a brief (2-3 sentence) description of what this program does.
   Funding for Hunter Safety program and other Community Safety educational supplies

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

4) What is the reason for this budget transfer?
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COMPLETED BY FINANCE DEPARTMENT:
Is 10% of this program appropriation unit or fund? ☐ No ☐ Yes Is a Budget Transfer Resolution Required? ☐ No ☐ Yes
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**DEPARTMENT:** Sheriff  
**BUDGET YEAR:** 2020

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<th>Action</th>
<th>Account Number</th>
<th>Account Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Expenditure Decrease</td>
<td>480-88493480</td>
<td>Education Supplies</td>
<td>29,881</td>
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<tr>
<td>DNA Sample Collection Reimbursement</td>
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<td>Carryover Fund Balance</td>
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### TRANSFER TO:

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<th>Action</th>
<th>Account Number</th>
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<tbody>
<tr>
<td>Revenue Decrease</td>
<td>480-88489900</td>
<td>Transfers from Fund Balance</td>
<td>29,881</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:** Kristin Williams – Administrative Services Manager  
**Date Completed:** 3/13/2020

**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)
   DNA Sample Collection Reimbursement

2) Provide a brief (2-3 sentence) description of what this program does.
   DNA Samples are collected from convicted felony offenders and felons on probation, then forwarded to the Department of Justice. They send us an annual reimbursement to help offset our costs of collection.

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

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

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

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

COMPLETED BY FINANCE DEPARTMENT:
Is 10% of this program appropriation unit or fund?  ☐ No  ☒ 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:** Sheriff

**BUDGET YEAR:** 2020

### TRANSFER FROM:

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<td>Transfers from Fund Balance</td>
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<tr>
<td></td>
<td></td>
<td>Drug Endangered Children Donations</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Carryover Fund Balance Adjustment</td>
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### TRANSFER TO:

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<th>Account Number</th>
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<td>101-83993480</td>
<td>Educational Supplies</td>
<td>4,899</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:** Kristin Williams – Administrative Services Manager

**Date Completed:** 3/12/2020

**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)
   Donations – Drug Endangered Children

2) Provide a brief (2-3 sentence) description of what this program does.
   Provides Community Education about Drug Endangered Children, and provides the children with backpacks and blankets when they are removed from homes.

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.
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     ☐ 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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     ☐ 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: Sheriff BUDGET YEAR: 2020

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<thead>
<tr>
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<tbody>
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<td>Revenue Increase</td>
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<td>Transfers from Fund Balance</td>
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<td></td>
<td>Carry Over Fund Balance Adjustment</td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>Jail Commissary</td>
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<th>Action</th>
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<th>Account Description</th>
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<tbody>
<tr>
<td>Expenditure Increase</td>
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<td>Small Items Equipment</td>
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<tr>
<td>Expenditure Increase</td>
<td>101-25193490</td>
<td>Other Operating Supplies</td>
<td>17,694</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: Kristin Williams – Administrative Services Manager Date Completed: 3/12/2020

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)
   Jail Commissary

2) Provide a brief (2-3 sentence) description of what this program does.
   Proceeds from inmate purchases of commissary items are used for the benefit of inmates.

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

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

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

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

COMPLETED BY FINANCE DEPARTMENT:
Is 10% of this program appropriation unit or fund? ☐ No ☒ Yes
Is a Budget Transfer Resolution Required? ☐ No ☒ 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: Sheriff
BUDGET YEAR: 2020

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<tr>
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<td>Revenue Increase</td>
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<td>467</td>
<td></td>
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<td>Select action</td>
<td>Click here to enter account description</td>
<td>Enter amount</td>
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<td></td>
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<tr>
<td>Select action</td>
<td>Click to enter GL Account</td>
<td>Click here to enter account description</td>
<td>Enter amount</td>
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</tr>
<tr>
<td>Select action</td>
<td>Click to enter GL Account</td>
<td>Click here to enter account description</td>
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<tr>
<td>Select action</td>
<td>Click to enter GL Account</td>
<td>Carry-Over Fund Balance</td>
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<th>Account Description</th>
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<td>Expenditure Increase</td>
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<td>Other Professional Services</td>
<td>467</td>
<td></td>
</tr>
<tr>
<td>Select action</td>
<td>Enter amount</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Requested By: Kristin Williams – Administrative Services Manager  Date Completed: 3/12/2020

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)
   K-9 Donations / Expenses

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

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

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

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

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

COMPLETED BY FINANCE DEPARTMENT:
Is 10% of this program appropriation unit or fund? ☐ Yes ☒ No
Is a Budget Transfer Resolution Required? ☐ Yes ☒ 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: Sheriff  
BUDGET YEAR: 2020

<table>
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<th>Action</th>
<th>Account Number</th>
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<tbody>
<tr>
<td>Revenue Increase</td>
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<td>Transfers from Fund Balance</td>
<td>46,167</td>
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<th>Action</th>
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<tr>
<td>Expenditure Increase</td>
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<td>Other Professional Services</td>
<td>11,167</td>
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<td>Expenditure Increase</td>
<td>101-21793140</td>
<td>Small Items Equipment</td>
<td>15,000</td>
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<tr>
<td>Expenditure Increase</td>
<td>101-21793193</td>
<td>Software Supplies</td>
<td>20,000</td>
</tr>
</tbody>
</table>

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

Requested By: Kristin Williams – Administrative Services Manager  
Date Completed: 3/13/2020

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)
   Wisconsin River Valley Regional Lab

2) Provide a brief (2-3 sentence) description of what this program does.
   Marathon County Sheriff Office’s strong Forensic team will be building partnerships with other law enforcement agencies working with the Wisconsin River Valley Regional Lab. This is a valuable opportunity to share experiences and expertise that will not only benefit Marathon County but all of Central Wisconsin.

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

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

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

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

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund?  No  Is a Budget Transfer Resolution Required?  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: Sheriff BUDGET YEAR: 2020

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<tbody>
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<td>Revenue Increase</td>
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<td>Expenditure Increase</td>
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<td>Supplies</td>
<td>2,641</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:** Kristin Williams – Administrative Services Manager  **Date Completed:** 3/12/2020

**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)
   Shop with A Cop

2) Provide a brief (2-3 sentence) description of what this program does.
   To provide a positive interaction between law enforcement and the community helping economically disadvantaged children shop for gifts for their families during the holiday season.

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

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

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

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

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? ☐ No ☒ Yes
Is a Budget Transfer Resolution Required? ☐ No ☒ 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: Sheriff
BUDGET YEAR: 2020

<table>
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<td>Action</td>
<td>Account Number</td>
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<tbody>
<tr>
<td>Action</td>
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<tr>
<td>Expenditure Increase</td>
<td>149-2392093140</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: Kristin Williams – Administrative Services Manager
Date Completed: 3/12/2020

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)
   State Forfeitures and Voluntary Transfers of Assets

2) Provide a brief (2-3 sentence) description of what this program does.
   Assets seized in drug related activities are adjudicated through the state, and a portion of the funds are returned to law enforcement to assist with expenses related to fighting drug activity. Some funds are voluntarily transferred by the defendant to law enforcement.

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
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   ☐ 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) 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)
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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
Budget Transfer Authorization Request Form

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DEPARTMENT: Sheriff                                      BUDGET YEAR:   2020

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<td>Revenue Increase</td>
<td>101-22689900</td>
<td>Transfers from Fund Balance</td>
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<td>212</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: Kristin Williams – Administrative Services Manager  Date Completed:  3/13/2020

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)
   Vending Machine Commission

2) Provide a brief (2-3 sentence) description of what this program does.
   Commissions from department vending machines, mostly from employees, utilized for meeting expenses, kitchen supplies, etc.

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

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

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

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

_________________________  ____________________________
COMPLETED BY FINANCE DEPARTMENT:
Is 10% of this program appropriation unit or fund? No Is a Budget Transfer Resolution Required? 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: Sheriff
BUDGET YEAR: 2020

### TRANSFER FROM:

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<tr>
<td>Revenue Increase</td>
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<td>Public Safety – State Grant</td>
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### TRANSFER TO:

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<td>481-84291220</td>
<td>Wages – Perm OT</td>
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<td>Expenditure Increase</td>
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<td>Direct Payments</td>
<td>15,000</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: Kristin Williams – Administrative Services Manager
Date Completed: 3/16/2020

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)
   Marathon County Seat Belt Task Force

2) Provide a brief (2-3 sentence) description of what this program does.
   Marathon County Sheriff’s Department will participate in Highly Visible Enforcement (HVE) saturation patrols during designated timeframes. The Sheriff’s Department will adopt a zero tolerance policy for speed and aggressive driving and unrestrained occupants during all motor vehicle stops.

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

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

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

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

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

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

DEPARTMENT: Sheriff  
BUDGET YEAR: 2020

**TRANSFER FROM:**

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<td>Expenditure Increase</td>
<td>288-22997998</td>
<td>Drug Grant – Personal Reimbursement</td>
<td>13,134</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:** Kristin Williams – Administrative Services Manager  
**Date Completed:** 3/17/2020

**COMPLETED BY FINANCE DEPARTMENT:**

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

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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)
   Central Area Drug Enforcement Group (CEADEG) Grant

2) Provide a brief (2-3 sentence) description of what this program does.
   The Drug Task Force targets drugs, gangs, firearms and associated criminal investigations in an effort to combat drugs and keep streets and citizens safer. This is the Federal portion and is used for Drug Officer wages. These funds are shared 50/50 with Marathon County and the City of Wausau.

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

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

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

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

COMPLETED BY FINANCE DEPARTMENT:
Is 10% of this program appropriation unit or fund? ☐ No ☐ 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:** Sheriff  
**BUDGET YEAR:** 2020

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<td>Wages – Permanent – Overtime</td>
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<td>Expenditure Increase</td>
<td>173-86997998</td>
<td>Drug Grant – Personal Reimbursement</td>
<td>5,000</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:** Kristin Williams – Administrative Services Manager  
**Date Completed:** 3/17/2020

---

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

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

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

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

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

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

COMPLETED BY FINANCE DEPARTMENT:

Is 10% of this program appropriation unit or fund? ☐ No ☒ 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:** Sheriff  
**BUDGET YEAR:** 2020

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<td>202-89297997</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:** Kristin Williams – Administrative Services Manager  
**Date Completed:** 3/17/2020

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)
   COPS Anti-Methamphetamine Task Force Grant

2) Provide a brief (2-3 sentence) description of what this program does.
   This Grant Program will provide reimbursement to each participating County/Task Force/Agency for overtime and equipment expenses associated with the development and investigation of narcotics cases that target illicit activities related to the manufacture and distribution of methamphetamine.

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

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

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

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

---

**COMPLETED BY FINANCE DEPARTMENT:**

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

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

DEPARTMENT: Sheriff BUDGET YEAR: 2020

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<td>220-98591220</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: Kristin Williams – Administrative Services Manager Date Completed: 3/16/2020

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)
   Organized Crime Drug Enforcement Task Forces (OCDETF)

2) Provide a brief (2-3 sentence) description of what this program does.
   OCDETF is a federal drug enforcement program in the United States, overseen by the Attorney General and
   the Department of Justice. It primarily concerns itself with the disruption of major drug trafficking
   operations and related crimes, such as money laundering, tax and weapon violations, and violent crime. It
   utilizes resources of eleven U.S. Federal agencies, and provides funds to local law enforcement agencies for
   overtime and other related expenses.

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

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

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

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

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