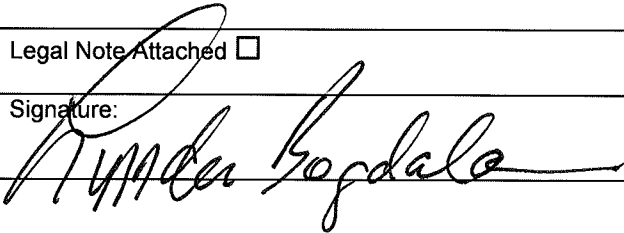


# KENOSHA COUNTY

## BOARD OF SUPERVISORS

RESOLUTION NO. \_\_\_\_\_

<b>Subject:</b> <b>Resolution to accept the Nursing Home and Long-Term Care Facility Infection Prevention and Infrastructure Matching Funds Grant.</b>			
Original <input checked="" type="checkbox"/>	Corrected <input type="checkbox"/>	2nd Correction <input type="checkbox"/>	Resubmitted <input type="checkbox"/>
Date Submitted:		Date Resubmitted:	
Submitted By: Human Services Committee			
Fiscal Note Attached <input type="checkbox"/>		Legal Note Attached <input type="checkbox"/>	
Prepared By: Lynda Bogdala		Signature: 	

**WHEREAS**, the Wisconsin Department of Health Services (DHS) was awarded Infrastructure Matching grant funds from the Centers for Disease Control and Prevention and;

**WHEREAS**, DHS released an application for Nursing Homes and Long-Term Care Facilities to request these funds, and;

**WHEREAS**, Brookside Care Center applied and had its application approved through the DHS for the Nursing Home and Long-Term Care Facility Infection Prevention and Infrastructure Matching Grant and;

**WHEREAS**, the Grant amount is \$13,600 and is through a cost sharing program, meaning each facility must first pay for the project in full and can then submit for reimbursement and;

**WHEREAS**, Brookside Care Center will use these dollars to fund "shift pick up" bonuses, per the grant application for CNA's, LPN's and RN's.

**NOW, THEREFORE, BE IT RESOLVED**, Brookside Care Center be authorized to spend \$13,600 on nursing staff incentive bonuses to receive the awarded matching grant, per the requirements of receipt.

Resolution to accept the Nursing Home and Long-Term Care Facility Infection Prevention and Infrastructure Matching Funds Grant.

**HUMAN SERVICES COMMITTEE:**

	<u>Aye</u>	<u>Nay</u>	<u>Abstain</u>	<u>Excused</u>
<u>A. Nedweski</u> Amanda Nedweski, Chairman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Tim Stoker</u> Tim Stoker, Vice Chairman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Zach Stock</u> Zach Stock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>excused</u> Dave Geersten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Jeff Gentz</u> Jeff Gentz	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Edward D. Kubicki</u> Ed Kubicki	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Monica Yuhas</u> Monica Yuhas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FINANCE/ADMINISTRATION COMMITTEE:**

	<u>Aye</u>	<u>Nay</u>	<u>Abstain</u>	<u>Excused</u>
<u>Terry Rose, Chairman</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Dave Geersten, Vice Chairman</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>John Poole</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Erin Decker</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Tim Stoker</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Brian Bashaw</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Bill Grady</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**KENOSHA COUNTY EXPENSE/REVENUE BUDGET MODIFICATION FORM**

DEPT/DIVISION: DHS/Brookside G/L DATE \_\_\_\_\_  
 BATCH # \_\_\_\_\_ ENTRY DATE \_\_\_\_\_

PURPOSE OF BUDGET MODIFICATION (REQUIRED): \_\_\_\_\_

(1) ACCOUNT DESCRIPTION EXPENSES	(2)			(3)		(4) EXPENSE DECREASE (-)	(5) ADOPTED BUDGET	(6) CURRENT BUDGET	(7) ACTUAL EXPENSES	(8)		(9) EXPENSE BAL AVAIL
	FUND	DIVISION	SUB DIVISION	EXPENSE INCREASE (+)	EXPENSE DECREASE (-)					REVISED BUDGET	BAL AVAIL	
	600	605	6015	511100	13,600	-	5,923,021	5,923,021	3,332,282	5,936,621	2,604,339	
EXPENSE TOTALS							5,923,021.00	5,923,021.00	3,332,282.39	5,936,621.00	2,604,338.61	

REVENUES	(2)			(3)		(4) REVENUE INCREASE (+)	(5) ADOPTED BUDGET	(6) CURRENT BUDGET	(7) ACTUAL EXPENSES	(8)		(9) EXPENSE BAL AVAIL
	FUND	DIVISION	SUB DIVISION	REVENUE DECREASE (+)	REVENUE INCREASE (-)					REVISED BUDGET	BAL AVAIL	
	600	605	6010	448520	(13,600)	-	12,000	12,000	3,332,282.39	25,600	-	
REVENUE TOTALS							12,000.00	12,000.00	3,332,282.39	25,600.00	-	

**COLUMN TOTALS (EXP TOTAL + REV TOTAL)**      13,600.00      (13,600.00)

SEE BACK OF FORM FOR REQUIRED LEVELS OF APPROVAL FOR BUDGET MODIFICATION.

PREPARED BY: Tammy Gapito FINANCE DIRECTOR: \_\_\_\_\_ Date 8/30/22  
 DIVISION HEAD: Tammy Gapito Date 8/30/22  
 DEPARTMENT HEAD: Ann Jensen Date 8/31/22

COUNTY EXECUTIVE: \_\_\_\_\_ Date \_\_\_\_\_

*Tammy Gapito* 9/1/22

- Please fill in all columns:  
 (1) & (2) Account information as required  
 (3) & (4) Budget change requested  
 (5) Original budget as adopted by the board  
 (6) Current budget (original budget w/past mods.)  
 (7) Actual expenses to date  
 (8) Budget after requested modifications  
 (9) Balance available after transfer (col 8 - col 7).