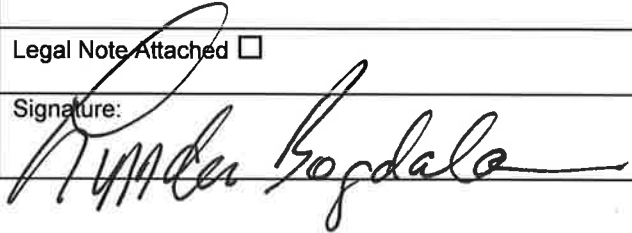


KENOSHA COUNTY
BOARD OF SUPERVISORS

RESOLUTION NO. _____

Subject: Resolution to accept the Nursing Home and Long-Term Care Facility Infection Prevention and Infrastructure Matching Funds Grant.			
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>
_____ Amanda Nedweski, Chairman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Tim Stocker, Vice Chairman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Zach Stock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Dave Geersten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Jeff Gentz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Ed Kubicki	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Monica Yuhas	<input 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>
_____ Terry Rose, Chairman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Dave Geersten, Vice Chairman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ John Poole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Erin Decker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Tim Stocker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Brian Bashaw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Bill Grady	<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	MAIN ACCOUNT	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	13,600.00	-		5,923,021.00	5,923,021.00	3,332,282.39	5,936,621.00	2,604,338.61	

REVENUES	(2)			REVENUE DECREASE (+)	REVENUE INCREASE (-)	(5) ADOPTED BUDGET	(6) CURRENT BUDGET	REVISED BUDGET
	FUND	DIVISION	MAIN ACCOUNT					
600	605	6010	448520		(13,600)	12,000	12000	25,600
			REVENUE TOTALS	-	(13,600.00)	12,000.00	12,000.00	25,600.00

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

- 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)

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

PREPARED BY: Tammy Caputo FINANCE DIRECTOR: _____ Date _____
 DIVISION HEAD: Tyler Kogala (required) Date 8/30/22
 DEPARTMENT HEAD: Jim Jensen Date 8/31/22

COUNTY EXECUTIVE: _____ Date _____

Tammy Caputo 9/1/22