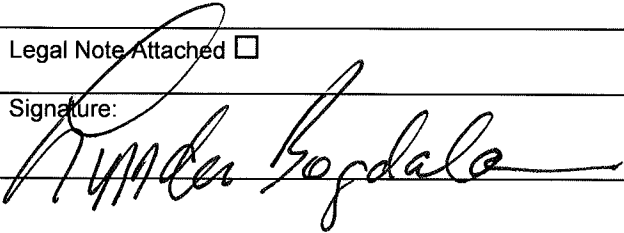


KENOSHA COUNTY

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.

KEMOSHA 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)		(5) ADOPTED BUDGET	(6) CURRENT BUDGET	(7) ACTUAL EXPENSES	(8)		(9) EXPENSE BAL AVAIL
	FUND	DIVISION	EXPENSE INCREASE (+)	EXPENSE DECREASE (-)	MAIN ACCOUNT	EXPENSE DECREASE (-)				REVISD BUDGET	BAL AVAIL	
600	605	6015	13,600		511100		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	FUND	DIVISION	SUB DIVISION	MAIN ACCOUNT	REVENUE		ADOPTED BUDGET	CURRENT BUDGET	REVISED BUDGET
					DECREASE (+)	INCREASE (-)			
	600	605	6010	448520		(13,600)	12,000	12,000	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)

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

PREPARED BY: Tammy Gapito FINANCE DIRECTOR (required) Date 8/30/22
 DIVISION HEAD: Tynda Gaskala Date 8/31/22
 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).