



**FINANCE COMMITTEE  
THURSDAY, OCTOBER 18, 2012 - 7:30 A.M.  
CONFERENCE ROOM N-1 – FIFTH FLOOR  
ROCK COUNTY COURTHOUSE-EAST**

**Agenda**

1. Call to Order and Approval of Agenda
2. Citizen Participation, Communications and Announcements
3. Transfers and Appropriations
  - A. Communications Center
  - B. Rock Haven (5)
4.
  - A. Bills
  - B. Bills Over \$10,000
  - C. Encumbrances Over \$10,000
  - D. Pre-Approved Encumbrance Amendments
    - 1) Rock Haven (5)
    - 2) Finance
    - 3) General Services (2)
  - E. Approval of Bills for Other Departments
5. Resolution
  - A. Authorizing Contract for Section 125 Plan (Flexible Spending Account)
  - B. Approving Dental Insurance Contract
6. Purchasing Procedural Endorsement
  - A. Authorizing a Contract for Moving Services to the New Rock Haven Facility
  - B. Authorizing Purchase of Welch Allyn Equipment for Rock Haven
  - C. Authorizing Purchase of a Riding Lawn Mower for Rock Haven
  - D. Authorizing Purchase of a Riding Lawn Mower for General Services
  - E. Authorizing Lease of Multi-function Copier for General Services  
(Resolution will be provided at the meeting)
7. Purchasing Procedural Endorsement for a Prime Vendor for Disposable Exam Gloves – Curad Brand
8. Department Budget Review
  - A. County Clerk
  - B. Finance Director
  - C. Information Technology
  - D. Register of Deeds
  - E. Treasurer
  - F. Other

9. Report on Cash Balances and Investments
10. Set Meeting Date and Time for Review, Discussion and Recommended Revisions to the 2013 Recommended Budget
11. Adjournment

ROCK COUNTY

SUPPLEMENTAL APPROPRIATIONS - TRANSFERS

12-48

Transfer No.

Requested by Communications Center

Kathren Sukus

Department

Department Head

10/8/12

Date

FROM

ACCOUNT #	DESCRIPTION	AMOUNT
23-2400-0000-64200	Training Expense	2,500

TO

ACCOUNT #	DESCRIPTION	AMOUNT
23-2400-000-62119	Other Contracted Services	2,500

FISCAL NOTE:

Sufficient funds are available in the above object code for the requested transfer.

ADMINISTRATIVE NOTE:

Recommended. *ESR*

REQUIRED APPROVAL:

DATE COMMITTEE CHAIR

Governing Committee

Finance Committee

File

# ROCK COUNTY TRANSFER REQUESTS

# 12-48

TO: FINANCE DIRECTOR

REQUESTED BY: COMMUNICATIONS CENTER

Department

*Kathleen S. Dubois*  
Department Head Signature

DATE: OCTOBER 8, 2012

FROM:	AMOUNT
ACCOUNT #: 23-2400-0000-64200 DESCRIPTION: TRAINING EXPENSE CURRENT BALANCE: \$ 14,000 PROVIDED BY THE FINANCE DIRECTOR	\$2,500.00
ACCOUNT #: DESCRIPTION: CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	
ACCOUNT #: DESCRIPTION: CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	
ACCOUNT #: DESCRIPTION: CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	

TO:	AMOUNT
ACCOUNT #: 23-2400-0000-62119 DESCRIPTION: OTHER CONTRACTED SERVICES	\$2,500.00
ACCOUNT #: DESCRIPTION: CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	
ACCOUNT #: DESCRIPTION: CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	
ACCOUNT #: DESCRIPTION: CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	

REASON FOR TRANSFER - BE SPECIFIC:

The cost for adequate pre-employment background investigations exceeded estimates. Unforeseen staff shortages has left it difficult to attend planned conferences, which leaves training funds unused and available for transfer.

**ROCK COUNTY**

**SUPPLEMENTAL APPROPRIATIONS - TRANSFERS**

12-43

Transfer No.

Requested by Rock Haven

Sherry Gunderson

Department

Department Head

10/2/12

Date

**FROM**

ACCOUNT #	DESCRIPTION	AMOUNT
32-9000-9940-61710	Workers Compensation	17,500

**TO**

ACCOUNT #	DESCRIPTION	AMOUNT
32-8000-9100-64102	Cash Food - Dairy	7,500
32-8000-9100-64105	Cash Food - Groceries	5,000
32-8000-9300-62164	Disposable Svc	3,500
32-8000-9300-63111	Paper Products	1,500

**FISCAL NOTE:**

Sufficient funds are available in the above object code for the requested transfer.

**ADMINISTRATIVE NOTE:**

Recommended. *ERK*

**REQUIRED APPROVAL:**

Governing Committee

Finance Committee

DATE

*10/19/12*

COMMITTEE CHAIR

*[Signature]*

File

# ROCK COUNTY TRANSFER REQUESTS

# 12-43

**TO: FINANCE DIRECTOR**

**REQUESTED BY: Rock Haven**

Department

*Sherry Sullivan*  
Department Head Signature

**DATE:**

10/2/2012

FROM:	AMOUNT
ACCOUNT #: 32-9000-9940-61710 DESCRIPTION: GENERAL SERVICE EMP BENEFITS WORKERS COMPENSATION CURRENT BALANCE: \$ 211,830 <i>5/10/12</i> PROVIDED BY THE FINANCE DIRECTOR	\$ 17,500.00
ACCOUNT #: DESCRIPTION: CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	
ACCOUNT #: DESCRIPTION: CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	
ACCOUNT #: DESCRIPTION: CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	

TO:	AMOUNT
ACCOUNT #: 32-8000-9100-64102 DESCRIPTION: SUPPORT SERVICE FOOD SERVICE CASH FOOD-DAIRY	\$ 7,500.00
ACCOUNT #: 32-8000-9100-64105 DESCRIPTION: SUPPORT SERVICE FOOD SERVICE CASH FOOD-GROCERIES	\$ 5,000.00
ACCOUNT #: 32-8000-9300-62164 DESCRIPTION: SUPPORT SERVICE ENVIRONMENTAL DISPOSAL SERVICES	\$ 3,500.00
ACCOUNT #: 32-8000-9300-63111 DESCRIPTION: SUPPORT SERVICE ENVIRONMENTAL PAPER PRODUCTS	\$ 1,500.00

**REASON FUNDS ARE AVAILABLE FOR TRANSFER - BE SPECIFIC:**

- Workers Compensation expenses less than budgeted and historically incurred.

**REASON TRANSFER IS NECESSARY - BE SPECIFIC:**

- Higher dairy costs due to increase in dairy usage.
- Higher groceries costs due to increase in grocery usage.
- Higher disposal costs due to increase in vendor rate for medical waste disposal.
- Higher environmental paper products cost due to increase in vendor rates.

**ROCK COUNTY**

**SUPPLEMENTAL APPROPRIATIONS - TRANSFERS**

12-42

Transfer No.

Requested by Rock Haven

Sherry Gunderson

Department

Department Head

10/2/12

Date

**FROM**

ACCOUNT #	DESCRIPTION	AMOUNT
32-9000-9940-61710	Workers Compensation	18,500

**TO**

ACCOUNT #	DESCRIPTION	AMOUNT
32-8000-8100-64008	Disposables	15,000
32-8000-8200-62104	Consulting Svc	1,000
32-8000-9100-63109	Other Supplies & Exp	1,000
32-8000-9100-63111	Paper Products	1,500

**FISCAL NOTE:**

Sufficient funds are available in the above object code for the requested transfer.

**ADMINISTRATIVE NOTE:**

Recommended. *ESL*

**REQUIRED APPROVAL:**

Governing Committee

Finance Committee

DATE

10/10/12

COMMITTEE CHAIR

*[Signature]*

File

# ROCK COUNTY TRANSFER REQUESTS

# 12-42

**TO: FINANCE DIRECTOR**

**REQUESTED BY: Rock Haven**

Department

*Sherry Durlison*  
Department/Head Signature

**DATE:**

**10/2/2012**

	FROM:	AMOUNT
1)	ACCOUNT #: 32-9000-9940-61710 DESCRIPTION: GENERAL SERVICE EMP BENEFITS WORKERS COMPENSATION CURRENT BALANCE: \$ 211,830 <i>6/2/12</i> PROVIDED BY THE FINANCE DIRECTOR	\$ 18,500.00
2)	ACCOUNT #: DESCRIPTION: CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	
3)	ACCOUNT #: DESCRIPTION: CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	
4)	ACCOUNT #: DESCRIPTION: CURRENT BALANCE: PROVIDED BY THE FINANCE DIRECTOR	

	TO:	AMOUNT
	ACCOUNT #: 32-8000-8100-64008 DESCRIPTION: SUPPORT SERVICE MATERIALS DISPOSABLES	\$ 15,000.00
	ACCOUNT #: 32-8000-8200-62104 DESCRIPTION: SUPPORT SERVICE PHARMACY CONSULTING SERVICES	\$ 1,000.00
	ACCOUNT #: 32-8000-9100-63109 DESCRIPTION: SUPPORT SERVICE FOOD SERVICE OTHER SUPPLIES & EXPENSES	\$ 1,000.00
	ACCOUNT #: 32-8000-9100-63111 DESCRIPTION: SUPPORT SERVICE FOOD SERVICE PAPER PRODUCTS	\$ 1,500.00

**REASON FUNDS ARE AVAILABLE FOR TRANSFER - BE SPECIFIC:**

- 1) Workers Compensation expenses less than budgeted and historically incurred.

**REASON TRANSFER IS NECESSARY - BE SPECIFIC:**

- 1) Higher utilization of disposables due to higher acuity of patients.
- 2) More pharmacy consulting due to more patient turnover and need for medication reviews.
- 3) Higher food service supply costs due to increase in vendor rates.
- 4) Higher food service paper products cost due to increase in vendor rates.



ROCK COUNTY

SUPPLEMENTAL APPROPRIATIONS - TRANSFERS

12-41

Transfer No.

Requested by Rock Haven

Sherry Gunderson

Department

Department Head

10/2/12

Date

FROM

ACCOUNT #	DESCRIPTION	AMOUNT
32-9000-9940-61710	Emp. Benefits/Workers Comp	53,500

TO

ACCOUNT #	DESCRIPTION	AMOUNT
32-7260-7400-62185	Occupational Therapy	10,000
32-7260-7400-62186	Speech Therapy	21,500
32-7260-7400-62189	Other Medical Svc	7,000
32-8000-8100-64000	Medical Supplies	15,000

**FISCAL NOTE:**

Sufficient funds are available in the above object code for the requested transfer.

**ADMINISTRATIVE NOTE:**

Recommended. *ER*

**REQUIRED APPROVAL:**

Governing Committee

Finance Committee

DATE

10-10-12

COMMITTEE CHAIR

*[Signature]*

File

# ROCK COUNTY TRANSFER REQUESTS

# 12-41

**TO: FINANCE DIRECTOR**

**REQUESTED BY: Rock Haven**

Department

*Shirley Durbin*  
Department Head Signature

**DATE:**

10/2/2012

FROM:	AMOUNT
1) ACCOUNT #: 32-9000-9940-61710 DESCRIPTION: GENERAL SERVICE EMP BENEFITS WORKERS COMPENSATION CURRENT BALANCE: \$ 211,830 <i>4/5/12</i> PROVIDED BY THE FINANCE DIRECTOR	\$ 53,500.00
2) ACCOUNT #: DESCRIPTION: CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	
3) ACCOUNT #: DESCRIPTION: CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	
4) ACCOUNT #: DESCRIPTION: CURRENT BALANCE: PROVIDED BY THE FINANCE DIRECTOR	

TO:	AMOUNT
ACCOUNT #: 32-7260-7400-62185 DESCRIPTION: RH CONTRACT SERVICES T-18 OCCUPATIONAL THERAPY	\$ 10,000.00
ACCOUNT #: 32-7260-7400-62186 DESCRIPTION: RH CONTRACT SERVICES T-18 SPEECH THERAPY	\$ 21,500.00
ACCOUNT #: 32-7260-7400-62189 DESCRIPTION: RH CONTRACT SERVICES T-18 OTHER MEDICAL SERVICES	\$ 7,000.00
ACCOUNT #: 32-8000-8100-64000 DESCRIPTION: SUPPORT SERVICE MATERIALS MEDICAL SUPPLIES	\$ 15,000.00

**REASON FUNDS ARE AVAILABLE FOR TRANSFER - BE SPECIFIC:**

- 1) Workers Compensation expenses less than budgeted and historically incurred.

**REASON TRANSFER IS NECESSARY - BE SPECIFIC:**

- 1) More Medicare patient days than budgeted at higher accuracy requiring more ancillary expense to be reimbursed through Medicare revenue.
- 2) More Medicare patient days than budgeted at higher accuracy requiring more ancillary expense to be reimbursed through Medicare revenue.
- 3) More Medicare patient days than budgeted at higher accuracy requiring more ancillary expense to be reimbursed through Medicare revenue.
- 4) Higher Medical Supply expense due to higher accuracy of patients.

**ROCK COUNTY**

**SUPPLEMENTAL APPROPRIATIONS - TRANSFERS**

12-45

Transfer No.

Requested by Rock Haven

Sherry Gunderson

Department

Department Head

10/2/12

Date

**FROM**

ACCOUNT #	DESCRIPTION	AMOUNT
32-9000-9940-61710	Workers Compensation	12,000

**TO**

ACCOUNT #	DESCRIPTION	AMOUNT
32-9000-9940-61720	Unemployment	10,000
32-9000-9940-61915	Certification/License/ Other	600
32-9000-9940-63406	Clothing & Uniforms	1,400

**FISCAL NOTE:**

Sufficient funds are available in the above object code for the requested transfer.

**ADMINISTRATIVE NOTE:**

Recommended. *ESK*

**REQUIRED APPROVAL:**

Governing Committee

Finance Committee

DATE

10-10-10

COMMITTEE CHAIR

*[Signature]*

File

# ROCK COUNTY TRANSFER REQUESTS

# 12-45

**TO: FINANCE DIRECTOR**

**REQUESTED BY: Rock Haven**

Department

*Shirley Durbin*  
Department Head Signature

**DATE:**

10/2/2012

	AMOUNT
1) ACCOUNT #: 32-9000-9940-61710 DESCRIPTION: GENERAL SERVICE EMP BENEFITS WORKERS COMPENSATION CURRENT BALANCE: \$ 211,830 <i>8/12/12</i> PROVIDED BY THE FINANCE DIRECTOR	\$ 12,000.00
2) ACCOUNT #: DESCRIPTION: CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	
3) ACCOUNT #: DESCRIPTION: CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	
4) ACCOUNT #: DESCRIPTION: CURRENT BALANCE: PROVIDED BY THE FINANCE DIRECTOR	

	AMOUNT
ACCOUNT #: 32-9000-9940-61720 DESCRIPTION: GENERAL SERVICE EMP BENEFITS UNEMPLOYMENT	\$ 10,000.00
ACCOUNT #: 32-9000-9940-61915 DESCRIPTION: GENERAL SERVICE EMP BENEFITS CERTIFICATIONS/LICENSES/OTHER	\$ 600.00
ACCOUNT #: 32-9000-9940-63406 DESCRIPTION: GENERAL SERVICE EMP BENEFITS CLOTHING & UNIFORMS	\$ 1,400.00
ACCOUNT #: DESCRIPTION:	

**REASON FUNDS ARE AVAILABLE FOR TRANSFER - BE SPECIFIC:**

- 1) Workers Compensation expenses less than budgeted and historically incurred.

**REASON TRANSFER IS NECESSARY - BE SPECIFIC:**

- 1) Increased unemployment cost due to how unemployment claims are handled.
- 2) More employee reimbursement for certifications and licenses.
- 3) Uniform Allowance extended to additional staff as well as new hires rather than being paid only to current employees at beginning of year.

**ROCK COUNTY**

**SUPPLEMENTAL APPROPRIATIONS - TRANSFERS**

12-44

Transfer No.

Requested by Rock Haven

Sherry Gunderson

Department

Department Head

10/2/12

Date

**FROM**

ACCOUNT #	DESCRIPTION	AMOUNT
32-9000-9940-61710	Workers Compensation	20,500

**TO**

ACCOUNT #	DESCRIPTION	AMOUNT
32-7260-7400-62171	Ambulance	5,000
32-7260-7400-62176	Laboratory	3,000
32-7260-7400-62179	Pharmacy	10,000
32-7260-7400-62180	Physical Therapy	2,500

**FISCAL NOTE:**

Sufficient funds are available in the above object code for the requested transfer.

**ADMINISTRATIVE NOTE:**

Recommended. *CR*

**REQUIRED APPROVAL:**

Governing Committee

Finance Committee

DATE

10-10-12

COMMITTEE CHAIR

*[Signature]*

File

# ROCK COUNTY TRANSFER REQUESTS

# 12-44

**TO: FINANCE DIRECTOR**

**REQUESTED BY: Rock Haven**

Department

*Jerry Dunbar*  
Department Head Signature

**DATE:**

10/2/2012

FROM:	AMOUNT
1) ACCOUNT #: 32-9000-9940-61710 DESCRIPTION: GENERAL SERVICE EMP BENEFITS WORKERS COMPENSATION CURRENT BALANCE: \$ 211,830 <i>4/8/12</i> PROVIDED BY THE FINANCE DIRECTOR	\$ 20,500.00
2) ACCOUNT #: DESCRIPTION: CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	
3) ACCOUNT #: DESCRIPTION: CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	
4) ACCOUNT #: DESCRIPTION: CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	

TO:	AMOUNT
ACCOUNT #: 32-7260-7400-62171 DESCRIPTION: RH CONTRACT SERVICES T-18 AMBULANCE	\$ 5,000.00
ACCOUNT #: 32-7260-7400-62176 DESCRIPTION: RH CONTRACT SERVICES T-18 LABORATORY	\$ 3,000.00
ACCOUNT #: 32-7260-7400-62179 DESCRIPTION: RH CONTRACT SERVICES T-18 PHARMACY	\$ 10,000.00
ACCOUNT #: 32-7260-7400-62180 DESCRIPTION: RH CONTRACT SERVICES T-18 PHYSICAL THERAPY	\$ 2,500.00

**REASON FUNDS ARE AVAILABLE FOR TRANSFER - BE SPECIFIC:**

- 1) Workers Compensation expenses less than budgeted and historically incurred.

**REASON TRANSFER IS NECESSARY - BE SPECIFIC:**

- 1) More Medicare patient days than budgeted at higher acuity requiring more ancillary expense to be reimbursed through Medicare revenue.
- 2) More Medicare patient days than budgeted at higher acuity requiring more ancillary expense to be reimbursed through Medicare revenue.
- 3) More Medicare patient days than budgeted at higher acuity requiring more ancillary expense to be reimbursed through Medicare revenue.
- 4) More Medicare patient days than budgeted at higher acuity requiring more ancillary expense to be reimbursed through Medicare revenue.



Account Number	Name	Yearly Prcnt Appropriation Spent	YTD Expenditure	Encumb Amount	Unencumb Balance	Inv/Enc Amount	Total
1414110000-63100	OFC SUPP & EXP	4,877.00 61.7%	3,403.66	-392.06	1,865.40		
	P1201371-PO# 10/10/12 -VN#050412			PAPER RECOVERY SERVICE CORPORA		257.12	
				CLOSING BALANCE	1,608.28		257.12
1414110000-63103	LEGAL FORMS	70,515.00 0.0%	73,833.60	-73,833.57	70,514.97		
	P1201090-PO# 10/10/12 -VN#011141			BEAR GRAPHICS INC		434.84	
				CLOSING BALANCE	70,080.13		434.84
	ELECTIONS.			PROG-TOTAL-PO		691.96	

I HAVE EXAMINED THE PRECEDING BILLS AND ENCUMBRANCES IN THE TOTAL AMOUNT OF \$691.96 INCURRED BY ELECTIONS. CLAIMS COVERING THE ITEMS ARE PROPER

AND HAVE BEEN PREVIOUSLY FUNDED. THESE ITEMS ARE TO BE TREATED AS FOLLOWS

- A. BILLS AND ENCUMBRANCES OVER \$10,000 REFERRED TO THE COUNTY BOARD.
- B. BILLS UNDER \$10,000 TO BE PAID.
- C. ENCUMBRANCES UNDER \$10,000 TO BE PAID UPON ACCEPTANCE BY THE DEPARTMENT HEAD.

FINANCE COMMITTEE APPROVES THE ABOVE. COM-APPROVAL \_\_\_\_\_ DEPT-HEAD

**OCT 18 2012**

DATE \_\_\_\_\_ CHAIR





Account Number	Name	Yearly Prcnt Appropriation Spent	YTD Expenditure	Encumb Amount	Unencumb Balance	Inv/Enc Amount	Total
1017210000-64200	TRAINING EXP	13,000.00	47.5%	5,762.20	420.00	6,817.80	
	P1203117-PO# 10/10/12 -VN#041862			EWUG		1,075.00	
	P1203121-PO# 10/10/12 -VN#025900			WLIA		95.00	
				GLOSING BALANCE		5,647.80	1,170.00
	LAND RECORDS			PROG-TOTAL-PO			1,170.00

I HAVE EXAMINED THE PRECEDING BILLS AND ENCUMBRANCES IN THE TOTAL AMOUNT OF \$1,170.00 INCURRED BY LAND RECORDS. CLAIMS COVERING THE ITEMS ARE PROPER AND HAVE BEEN PREVIOUSLY FUNDED. THESE ITEMS ARE TO BE TREATED AS FOLLOWS

- A. BILLS AND ENCUMBRANCES OVER \$10,000 REFERRED TO THE COUNTY BOARD.
- B. BILLS UNDER \$10,000 TO BE PAID.
- C. ENCUMBRANCES UNDER \$10,000 TO BE PAID UPON ACCEPTANCE BY THE DEPARTMENT HEAD.

FINANCE **OCT 18 2012** COMMITTEE APPROVES THE ABOVE. COM-APPROVAL \_\_\_\_\_ DEPT-HEAD  
 DATE \_\_\_\_\_ CHAIR



PURCHASE ORDER NUMBER P1200490 PEID 015525

### PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and send to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DEPARTMENT Rock Haven  
COMMITTEE Health Services  
VENDOR NAME Reinhart Foodservice Inc  
ACCOUNT NUMBER 32 8000 9100 64105  
FUNDS DESCRIPTION Cash Food - Groceries  
AMOUNT OF INCREASE \$ 15,000.00  
INCREASE FROM \$ 60,000.00 TO \$ 75,000.00  
ACCOUNT BALANCE AVAILABLE \$ 10,791.00 + \$ 5,000.00 transfer <sup>85</sup> <sub>10-3-12</sub>  
REASON FOR AMENDMENT Purchasing more from this vendor vs other food vendor.

#### APPROVALS

GOVERNING COMMITTEE D. Pussie 10/10/12  
Chair Date

FINANCE COMMITTEE \_\_\_\_\_  
(if over \$10,000) Chair Date

COUNTY BOARD \_\_\_\_\_  
(if over \$10,000) Resolution # Adoption Date

WHITE - COMMITTEE  
YELLOW - PURCHASING  
PINK - DEPARTMENT

PURCHASE ORDER NUMBER P1200487 PEID 015393

### PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and send to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DEPARTMENT Rock Haven

COMMITTEE Health Services

VENDOR NAME Gulf South Medical Supply

ACCOUNT NUMBER 32 8000 8100 64408

FUNDS DESCRIPTION Disposables

AMOUNT OF INCREASE \$ 19,000.00

INCREASE FROM \$ 74,000.00 TO \$ 93,000.00 transfer

ACCOUNT BALANCE AVAILABLE \$ ~~6,000~~ + \$ 21,000 after \$ 15,000 Transfer <sup>10/3/12</sup>

REASON FOR AMENDMENT Usage of disposables has gone up due to more resident needs.

#### APPROVALS

GOVERNING COMMITTEE [Signature] 10/10/12  
Chair Date

FINANCE COMMITTEE \_\_\_\_\_  
(if over \$10,000) Chair Date

COUNTY BOARD \_\_\_\_\_  
(if over \$10,000) Resolution # Adoption Date

- WHITE - COMMITTEE
- YELLOW- PURCHASING
- PINK - DEPARTMENT

PURCHASE ORDER NUMBER P1200480 PEID 035083

### PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and send to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DEPARTMENT Rock Haven

COMMITTEE Health Services

VENDOR NAME mg Care Inc

ACCOUNT NUMBER 32 7260 7400 62186

FUNDS DESCRIPTION Speech Therapy

AMOUNT OF INCREASE \$ 21,500

INCREASE FROM \$ 30,000 TO \$ 51,500

ACCOUNT BALANCE AVAILABLE \$ 21,500 after #21,500 transfer <sup>95</sup> <sub>10/3/12</sub>

REASON FOR AMENDMENT More Medicare patient days than budgeted at higher accuity

#### APPROVALS

GOVERNING COMMITTEE [Signature] 10/10/12  
Chair Date

FINANCE COMMITTEE \_\_\_\_\_  
(if over \$10,000) Chair Date

COUNTY BOARD \_\_\_\_\_  
(if over \$10,000) Resolution # Adoption Date

WHITE - COMMITTEE  
YELLOW- PURCHASING  
PINK - DEPARTMENT

PURCHASE ORDER NUMBER P1200481 PEID 038065

## PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and send to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DEPARTMENT Rock Haven

COMMITTEE Health Services

VENDOR NAME Pinnacle Pharmacy

ACCOUNT NUMBER 32 7260 7400 62179

FUNDS DESCRIPTION Pharmacy

AMOUNT OF INCREASE \$ 10,000.00

INCREASE FROM \$ 175,000.00 TO \$ 185,000.00

ACCOUNT BALANCE AVAILABLE \$ 10,000.00 after \$10,000.00 transfer <sup>75</sup> <sub>10 3 12</sub>

REASON FOR AMENDMENT More Medicare patient days than budgeted at higher accuity

### APPROVALS

GOVERNING COMMITTEE *J. Dussie* 10-10-12  
Chair Date

FINANCE COMMITTEE \_\_\_\_\_  
(if over \$10,000) Chair Date

COUNTY BOARD \_\_\_\_\_  
(if over \$10,000) Resolution # Adoption Date

WHITE - COMMITTEE  
YELLOW - PURCHASING  
PINK - DEPARTMENT

PURCHASE ORDER NUMBER P1200480 PEID 035083

### PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and send to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DEPARTMENT Rock Haven

COMMITTEE Health Services

VENDOR NAME MJ Care Inc

ACCOUNT NUMBER 32 7260 7400 62185

FUNDS DESCRIPTION Occupational Therapy

AMOUNT OF INCREASE \$ 10,000.<sup>00</sup>

INCREASE FROM \$ 90,000.<sup>00</sup> TO \$ 100,000.<sup>00</sup>

ACCOUNT BALANCE AVAILABLE \$ 10,000 after \$ 10,000 transfer<sup>95</sup> 10/3/12

REASON FOR AMENDMENT More Medicare patient days than budgeted at higher accuity

#### APPROVALS

GOVERNING COMMITTEE [Signature] 10/10/12  
Chair Date

FINANCE COMMITTEE \_\_\_\_\_  
(if over \$10,000) Chair Date

COUNTY BOARD \_\_\_\_\_  
(if over \$10,000) Resolution # Adoption Date

- WHITE - COMMITTEE
- YELLOW - PURCHASING
- PINK - DEPARTMENT



PURCHASE ORDER NUMBER P1200698

PEID 013607

## PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and e-mail to Susan Balog in Accounting ([balog@co.rock.wi.us](mailto:balog@co.rock.wi.us)), Cheryl Mikrut in Accounting ([mikrut@co.rock.wi.us](mailto:mikrut@co.rock.wi.us)) and Jodi Millis in Purchasing ([jodi@co.rock.wi.us](mailto:jodi@co.rock.wi.us)). Susan or Cheryl will forward on to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DEPARTMENT FINANCE - PURCHASING

COMMITTEE FINANCE

VENDOR NAME JANESVILLE GAZETTE

ACCOUNT NUMBER 05-1500-0000-63107

FUNDS DESCRIPTION LEGAL NOTICES

AMOUNT OF INCREASE \$ 350.00

INCREASE FROM \$ 1950.00 TO \$ 2300.00

ACCOUNT BALANCE AVAILABLE \$ 350.00 SB 10/11/12

REASON FOR AMENDMENT ADDITIONAL LEGAL NOTICES FOR ROCK HAVEN  
PROJECT NOT ANTICIPATED AT BUDGET TIME.

### APPROVALS

GOVERNING COMMITTEE

Chair

Date

FINANCE COMMITTEE

(If over \$10,000)

Chair

Date

COUNTY BOARD

(If over \$10,000)

Resolution #

Adoption Date

PURCHASE ORDER NUMBER P1103172 PEID 051278

## PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and send to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DEPARTMENT General Services

COMMITTEE General Services

VENDOR NAME CG Schmidt

ACCOUNT NUMBER 18-1851-0000-67200

FUNDS DESCRIPTION Rock Haven Project

AMOUNT OF INCREASE \$ 39,750.19

INCREASE FROM \$ 17,347,639.09 TO \$ 17,387,389.28

ACCOUNT BALANCE AVAILABLE \$ 2,099,294.60 SB 10/15/12

REASON FOR AMENDMENT Change Order #18 (Partial) See attached

### APPROVALS

GOVERNING COMMITTEE \_\_\_\_\_  
Chair \_\_\_\_\_ Date \_\_\_\_\_

FINANCE COMMITTEE \_\_\_\_\_  
(if over \$10,000) Chair \_\_\_\_\_ Date \_\_\_\_\_

COUNTY BOARD \_\_\_\_\_  
(if over \$10,000) Resolution # \_\_\_\_\_ Adoption Date \_\_\_\_\_

WHITE - COMMITTEE  
YELLOW - PURCHASING  
PINK - DEPARTMENT

AMENDFORM 2/98

RECEIVED OCT 4 - 2012

**Rock County**

**CHANGE ORDER**

**No. 00025**

51 South Main street  
Janesville, WI 53545

Phone: 608.757.5543

**TITLE:** Program Request # 18 (Partial)

**DATE:** 10/2/2012

**PROJECT:** Rock Haven Health Care Facility

**JOB:** 6637

**TO:** Attn: Brad Fierst  
C. G. Schmidt  
11777 West Lake Park Drive  
Milwaukee, WI 53224  
Phone: 414.828.0630

**CONTRACT NO:** 1

**DESCRIPTION OF CHANGE**

Item	Description	Stock#	Quantity	Units	Unit Price	Tax Rate	Tax Amount	Net Amount
00009	PCO #131 pertains to RFI #346 Ceiling NI-100 and NI-200.		1,000		\$2,490.35	0.00%	\$0.00	\$2,490.35

**Unit Cost:** \$39,750.19

**Unit Tax:** \$0.00

**Total:** \$39,750.19

The Original Contract Sum was	\$25,685,000.00
Net Change by Previously Authorized Requests and Changes	(\$8,337,360.91)
The Contract Sum Prior to This Change Order was	\$17,347,639.09
The Contract Sum Will be Increased	\$39,750.19
The New Contract Sum Including This Change Order	\$17,387,389.28
The Contract Time Will Not Be Changed	
The Date of Substantial Completion as of this Change Order Therefore is	

**ACCEPTED:**

C. G. Schmidt

Rock County

The Samuels Group, Inc.

By: 

By: 

By: Kevin C. Higgs

Brad Fierst

Randolph Terronez

Kevin C. Higgs

Date: 10/3/2012

Date: 10/3/2012

Date: 10/2/2012

**COPY**

PURCHASE ORDER NUMBER P1103172 PEID 051278

## PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and send to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DEPARTMENT General Services

COMMITTEE General Services

VENDOR NAME CG Schmidt

ACCOUNT NUMBER 18-1851-0000-67200

FUNDS DESCRIPTION Rock Haven Project

AMOUNT OF INCREASE \$ 82,916.68

INCREASE FROM \$17,387,389.28 TO \$17,470,305.96

ACCOUNT BALANCE AVAILABLE \$ 2,199,294.60 SB 10/5/12

REASON FOR AMENDMENT Change Order #19 See attached

### APPROVALS

GOVERNING COMMITTEE \_\_\_\_\_  
Chair \_\_\_\_\_ Date \_\_\_\_\_

FINANCE COMMITTEE \_\_\_\_\_  
(if over \$10,000) Chair \_\_\_\_\_ Date \_\_\_\_\_

COUNTY BOARD \_\_\_\_\_  
(if over \$10,000) Resolution # \_\_\_\_\_ Adoption Date \_\_\_\_\_

WHITE - COMMITTEE  
YELLOW - PURCHASING  
PINK - DEPARTMENT

AMENDFORM 2/98

RECEIVED OCT 4 - 2012

**Rock County**

51 South Main street  
Janesville, WI 53545

Phone: 608.757.5543

**CHANGE ORDER**

No. 00026

**TITLE:** Program Request # 19  
**PROJECT:** Rock Haven Health Care Facility  
**TO:** Attn: Brad Fierst  
C. G. Schmidt  
11777 West Lake Park Drive  
Milwaukee, WI 53224  
Phone: 414.828.0630

**DATE:** 10/2/2012  
**JOB:** 6637  
**CONTRACT NO:** 1

**DESCRIPTION OF CHANGE**


Acceptance of this Change order will alter the contract value, and scope of work between Rock County and C.G. Schmidt as outlined in the line item descriptions noted below.  
(Reference Rock County PO # P1103172 and associated contract for Rock County Project # 2011-63).

Item	Description	Stock#	Quantity	Units	Unit Price	Tax Rate	Tax Amount	Net Amount
00001	PCO #119 pertains to a directive by the DHS & Local inspectors requiring fire caulking at all load bearing walls.		1.000		\$82,916.68	0.00%	\$0.00	\$82,916.68

**Unit Cost:** \$82,916.68  
**Unit Tax:** \$0.00  
**Total:** \$82,916.68

The Original Contract Sum was	\$25,685,000.00
Net Change by Previously Authorized Requests and Changes	(\$8,297,610.72)
The Contract Sum Prior to This Change Order was	\$17,387,389.28
The Contract Sum Will be Increased	\$82,916.68
The New Contract Sum Including This Change Order	\$17,470,305.96
The Contract Time Will Not Be Changed	
The Date of Substantial Completion as of this Change Order Therefore is	

**ACCEPTED:**

C. G. Schmidt  
By:   
Brad Fierst

Rock County  
By:   
Randolph Terronez

The Samuels Group, Inc.  
By: Kevin C. Higgs  
Digitally signed by Kevin C. Higgs  
DN: cn=Kevin C. Higgs, o=The Samuels Group,  
ou=Project Management,  
email=Kevin.Higgs@samuelsgroup.com, c=US  
Date: 2012.10.02 10:02:00 -0400  
Kevin C. Higgs

Date: 10/3/2012

Date: 10/3/2012

Date: 10/2/2012

**COPY**

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

AGENDA NO. \_\_\_\_\_

**RESOLUTION  
ROCK COUNTY BOARD OF SUPERVISORS**

Finance Committee  
INITIATED BY



Amy Spoden, Human Resource Manager  
DRAFTED BY

Finance Committee  
SUBMITTED BY

October 1, 2012  
DATE DRAFTED

**AUTHORIZING CONTRACT FOR SECTION 125 PLAN  
(FLEXIBLE SPENDING ACCOUNT)**

- 1 **WHEREAS**, Section 125 of the Internal Revenue Code allows employees to fund certain specific expenses  
2 with pre-tax dollars; and,  
3  
4 **WHEREAS**, the allowable expenses include employee portions of group insurance premiums, uninsured  
5 medical expenses (such as deductibles; co-pays and vision insurance) and qualified child and/or dependent care  
6 expenses; and,  
7  
8 **WHEREAS**, amounts employees elect to deduct for Section 125 qualified expenses are not subject to Federal,  
9 State or Social Security taxation; and,  
10  
11 **WHEREAS**, Rock County has offered a Section 125 Plan to its employees since July 1, 1991, which has been  
12 administered by Employee Benefits Cooperative (EBC) of Madison, Wisconsin; and,  
13  
14 **WHEREAS**, EBC has provided a rate guarantee for calendar year 2013 at \$3.35 per participant per month;  
15 which is the same rate as the current year contract; and,  
16  
17 **WHEREAS**, EBC has contractually committed to guarantee that Rock County's savings from the employer's  
18 portion of Social Security taxes will meet or exceed the costs of administering the program; and,  
19  
20 **WHEREAS**, EBC's contract costs from 1991 to present have been less than the actual Rock County savings  
21 from the exemption of the employer's share of Social Security taxes.  
22  
23 **NOW, THEREFORE, BE IT RESOLVED**, that the Rock County Board of Supervisors duly assembled on  
24 this \_\_\_\_\_ day of \_\_\_\_\_, 2012 does hereby authorize and direct the County Board Chair and County  
25 Clerk to enter into a contract with Employee Benefits Cooperative of Madison, Wisconsin to administer Rock  
26 County's Section 125 Plan (Flexible Spending Account) for the period January 1, 2013 through December 31,  
27 2013 at a cost of \$3.35 per participant per month.

Respectfully Submitted,

FINANCE COMMITTEE

\_\_\_\_\_  
Mary Mawhinney, Chair

\_\_\_\_\_  
Sandra Kraft, Vice Chair

\_\_\_\_\_  
Mary Beaver

\_\_\_\_\_  
Brent Fox

\_\_\_\_\_  
J. Russell Podzilni

AUTHORIZING CONTRACT FOR SECTION 125 PLAN (FLEXIBLE SPENDING ACCOUNT)

Page 2

FISCAL NOTE:

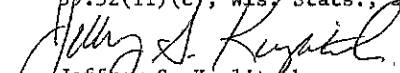
As stated in the body of the resolution, the contract administrator has guaranteed that the County's savings will meet or exceed the costs of this program.



Sherry Oja  
Finance Director

LEGAL NOTE:

The County Board is authorized to take this action pursuant to §§ 59.01 and 59.52(11)(c), Wis. Stats., and to the cited Internal Revenue Code provisions.



Jeffrey S. Kuglitsch  
Corporation Counsel

ADMINISTRATIVE NOTE:

Recommended:



Craig Knutson  
County Administrator

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

AGENDA NO. \_\_\_\_\_

**RESOLUTION  
ROCK COUNTY BOARD OF SUPERVISORS**

Finance Committee  
INITIATED BY \_\_\_\_\_



Amy Spoden, Human Resource Manager  
DRAFTED BY

Finance Committee  
SUBMITTED BY \_\_\_\_\_

October, 2012  
DATE DRAFTED

APPROVING DENTAL INSURANCE CONTRACT

1 **WHEREAS**, Delta Dental Plan of Wisconsin currently administers the County's dental insurance program;  
2 and,

3  
4 **WHEREAS**, Delta Dental is a preferred provider for the Alliance, a consortium of Employers who purchase  
5 services together in order to reduce costs; and,

6  
7 **WHEREAS**, Rock County offers dental plans with both "high" and "low" coverage options for all its  
8 employees, with the County's contribution being 60% of the premium for the lowest cost, or "low" plan,  
9 regardless of which coverage option is selected; and,

10  
11 **WHEREAS**, Delta Dental has quoted a 4.0 % increase in premium for the low option, a 8.0% increase in  
12 premium for the high option for 2013; and,

13  
14 **WHEREAS**, Delta Dental has provided a quote for family coverage for the "low" option at \$92.44 and has  
15 provided a quote for single coverage for the "low" at \$31.25 for 2013.

16  
17 **NOW, THEREFORE, BE IT RESOLVED**, that the Rock County Board of Supervisors assembled this  
18 \_\_\_\_\_ day of \_\_\_\_\_, 2012 does hereby authorize the execution of a contract with Delta Dental  
19 for the County's dental insurance for the period of January 1, 2013 through December 31, 2013.

Respectfully Submitted,

FINANCE COMMITTEE

\_\_\_\_\_  
Mary Mawhinney, Chair

\_\_\_\_\_  
Sandra Kraft, Vice Chair

\_\_\_\_\_  
Mary Beaver

\_\_\_\_\_  
Brent Fox

\_\_\_\_\_  
J. Russell Podzilni

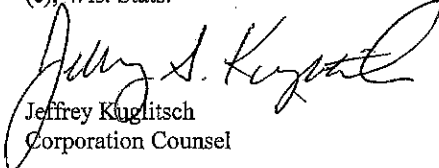


APPROVING DENTAL INSURANCE CONTRACT

Page 2

LEGAL NOTE:

The County Board is authorized to take this action pursuant to secs. 59.01, 59.51 (1), and 59.52 (11) (c), Wis. Stats.



Jeffrey Kuglitsch  
Corporation Counsel

FISCAL NOTE:

Based upon the current census of 326 single and 705 family plans for employees, the County's 60% share of annual dental premiums would be \$542,575. Sufficient funds are included in the departmental 2013 budget requests for these premiums.



Sherry Oja  
Finance Director

ADMINISTRATIVE NOTE:

Recommended.



Craig Knutson  
County Administrator

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

AGENDA NO. \_\_\_\_\_

RESOLUTION

ROCK COUNTY BOARD OF SUPERVISORS

Sherry Gunderson  
INITIATED BY



Sherry Gunderson  
DRAFTED BY

General Services Committee  
SUBMITTED BY

October 8, 2012  
DATE DRAFTED

**AUTHORIZING A CONTRACT FOR MOVING SERVICES TO THE NEW ROCK HAVEN FACILITY**

- 1 WHEREAS, construction is underway for Rock County's new 128-bed skilled nursing facility; and,
- 2
- 3 WHEREAS, many pieces of equipment, furnishings, resident care items, resident personal care items,
- 4 office equipment and supplies must be moved from our current location to the new facility over the weeks
- 5 preceding the resident move; and,
- 6
- 7 WHEREAS, the amount of items to be moved warrants the use of a professional moving company; and,
- 8
- 9 WHEREAS, the bids were solicited for these products with three vendor submitted bids that met the
- 10 specifications (results attached).
- 11
- 12 NOW, THEREFORE, BE IT RESOLVED, that the Rock County Board of Supervisors duly assembled
- 13 this \_\_\_ day of \_\_\_\_\_, 2012 does hereby recommend that a Purchase Order be issued to Mulrooney
- 14 Moving of Janesville, WI not to exceed \$25,000.

Respectfully submitted,

GENERAL SERVICES COMMITTEE:

PURCHASING PROCEDURAL ENDORSEMENT

\_\_\_\_\_  
Phillip Owens, Chair

\_\_\_\_\_  
Mary Mawhinney, Chair

\_\_\_\_\_  
Henry Brill, Vice Chair

\_\_\_\_\_  
Vote \_\_\_\_\_ Date

\_\_\_\_\_  
Ivan Collins

\_\_\_\_\_  
Jason Heidenreich

\_\_\_\_\_  
Ed Nash

AUTHORIZING A CONTRACT FOR MOVING SERVICES TO THE NEW ROCK HAVEN FACILITY

FISCAL NOTE:

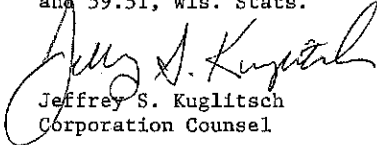
Sufficient funds are available in the Rock Haven Building Project capital account, A/C 18-1851-0000-67200 for the cost of this purchase.



Sherry Oja  
Finance Director

LEGAL NOTE:

The County Board is authorized to take this action pursuant to secs. 59.01 and 59.51, Wis. Stats.



Jeffrey S. Kuglitsch  
Corporation Counsel

ADMINISTRATIVE NOTE:

Recommended.



Craig Knutson  
County Administrator

## EXECUTIVE SUMMARY

As we plan for our resident move date, it is essential that we move equipment, furnishings and resident belongings to our new facility in preparation for their arrival.

### MOVE SEQUENCE

- Several different move dates will need to be scheduled.
- Initial move will be during the first week of February 2013.  
Items to be moved this date include:
  - All new equipment & furniture in storage at the Health Care Center.
  - All confidential stored records.
  - All items not needed at the current Rock Haven prior to patient move date.
  - New maintenance equipment & tools in storage.
- The second move date will be during the week of February 11<sup>th</sup>.  
Items to be moved this date include:
  - Extra furniture from resident rooms, day rooms, common areas.
  - Maintenance equipment & tools.
- The third move date will be early March  
Items to be moved this date include:
  - Everything remaining in Rock Haven that is not needed for immediate care of the residents.
- Patient move date will be March 18, 2013.
- Movers will move beds and other miscellaneous resident room items March 18, 2013.
- Final move date will be agreed upon between moving company and Nursing Home Administrator.

**NOTE:** Dates are tentative and will be firmed up once construction is nearing completion. Contracted moving company will need to work with Rock Haven Nursing Home Director to determine exact dates. Additional move dates may be needed. Contracted moving company will need to be flexible.



PROJECT NUMBER #2012-67  
 PROJECT NAME MOVING SERVICES  
 BID DUE DATE SEPTEMBER 19, 2012 - 1:30 P.M.  
 DEPARTMENT ROCK HAVEN

	MULROONEY JANESVILLE WI	BADGERLAND MOVING MILTON WI	UNIVERSAL RELOCATION MACHESNEY PARK IL
MULTIPLE MOVES TOTAL COST	\$ 19,200.00	\$ 25,000.00	\$ 47,850.00
CART RENTAL PER CART PER WEEK	5.00	3.00	7.50
CART DELIVERY/PICKUP FEE	90.00/HOUR		
<b>COST FOR MOVES, 40 CARTS FOR 4 WEEKS DELIVERY/PICKUP CHARGES</b>	<b>\$ 20,180.00</b>	<b>\$ 25,480.00</b>	<b>\$ 49,050.00</b>
EVALUATOR 1	100	95	70
EVALUATOR 2	95	83	68
TOTAL SCORE	195	178	138

Invitation to Bid was advertised in the Janesville Gazette. Five additional vendors were solicited that did not respond.

Proposals were evaluated on the following criteria: cost, references, experience, company information and flexibility.

PREPARED BY: JODI MILLIS, PURCHASING MANAGER

DEPARTMENT HEAD RECOMMENDATION: MULROONEY MOVING & STORAGE

*Shirley Durburn* 10/1/12  
SIGNATURE DATE

GOVERNING COMMITTEE APPROVAL: CHAIR

VOTE DATE

PURCHASING PROCEDURAL ENDORSEMENT: CHAIR

VOTE DATE

RESOLUTION

ROCK COUNTY BOARD OF SUPERVISORS

Sherry Gunderson  
INITIATED BY



Sherry Gunderson  
DRAFTED BY

General Services Committee  
SUBMITTED BY

October 8, 2012  
DATE DRAFTED

**AUTHORIZING PURCHASE OF WELCH ALLYN EQUIPMENT FOR ROCK HAVEN**

- 1 WHEREAS, construction is underway for Rock County's new 128-bed skilled nursing facility; and,
- 2
- 3 WHEREAS, the facility design includes eight households and a physician clinic area; and,
- 4
- 5 WHEREAS, nurses and physicians will be taking resident vital signs in these areas; and,
- 6
- 7 WHEREAS, medical equipment is available that allows staff to complete these tasks quickly and
- 8 accurately; and,
- 9
- 10 WHEREAS, the Welch Allen equipment allows staff to monitor blood pressure, pulse, oxygen
- 11 saturation and temperature; and,
- 12
- 13 WHEREAS, the equipment is compatible with electronic charting systems, allowing data to be entered
- 14 electronically into the resident's medical record; and,
- 15
- 16 WHEREAS, the bids were solicited for these products with three vendor submitted bids that met the
- 17 specifications (results attached).
- 18
- 19 NOW, THEREFORE, BE IT RESOLVED, that the Rock County Board of Supervisors duly assembled
- 20 this \_\_\_ day of, \_\_\_\_\_ 2012 does hereby recommend that a Purchase Order be issued to Gulf South
- 21 Medical of Jacksonville, Florida for \$35,235.08 for the purchase of Welch Allen equipment for Rock
- 22 Haven.

Respectfully submitted,

**GENERAL SERVICES COMMITTEE:**

**PURCHASING PROCEDURAL ENDORSEMENT**

\_\_\_\_\_  
Phillip Owens, Chair

\_\_\_\_\_  
Mary Mawhinney, Chair

\_\_\_\_\_  
Henry Brill, Vice Chair

\_\_\_\_\_  
Vote \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Ivan Collins

\_\_\_\_\_  
Jason Heidenreich


\_\_\_\_\_  
Ed Nash

**AUTHORIZING PURCHASE OF WELCH ALLYN EQUIPMENT FOR ROCK HAVEN**

Page 2

FISCAL NOTE:

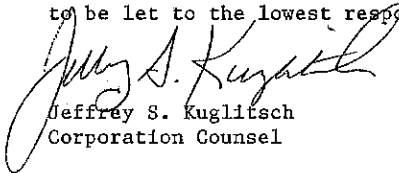
Sufficient funds are available in the Rock Haven Building Project capital account, A/C 18-1851-0000-67200 for the cost of this purchase.



Sherry Oja  
Finance Director

LEGAL NOTE:

The County Board is authorized to take this action pursuant to secs. 59.01 and 59.51, Wis. Stats. In addition, sec. 59.52(29), Wis. Stats. requires the project to be let to the lowest responsible bidder.



Jeffrey S. Kuglitsch  
Corporation Counsel

ADMINISTRATIVE NOTE:

Recommended.



Craig Kautson  
County Administrator



## EXECUTIVE SUMMARY

As we planned for the design of our new facility, we planned to expand our medical equipment in order to promote ease and accuracy with testing. In addition, we looked for systems that will be compatible with electronic medical records. We chose to continue with the Welch Allyn series as we have been pleased with our current monitors. Our current monitors will be used in the Physical Therapy clinic, the Occupational Therapy and in the dental office.

### DESCRIPTION

- 8 EACH - Welch Allyn 64MTXX-B Connex Vital Signs Monitor with Blood Pressure Masimo SpO2 and SureTemp Thermometry
- 8 EACH - Welch Allyn 4800-60 Accessory Cable Management Stand with CVSM
- 1 EACH - Welch Allyn 84MTVXC-B Connex Integrated Wall System (CIWS) with Blood Pressure Masimo SpO2, SureTemp Thermometry, MacroView Otoscope and Coaxial Ophthalmoscope

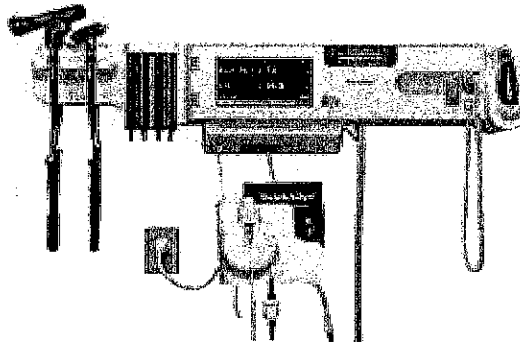
### SERVICE PLANS

- 8 EACH - S1-6000 CVSM Comprehensive Partnership Program - 1 year
- 1 EACH - S1-CIWS CIWS Comprehensive Partnership Program - 1 year

Nurses on each of the eight households will use the Welch Allen Connex Vital Signs Monitor-with wheeled cart to complete blood pressure, temperature, pulse and oxygen saturation testing.



The Welch Allen Connex Integrated Wall System will be mounted in the physician exam room in our clinic area. The monitor is the same as the nurses' version. In addition, the wall unit includes an otoscope and ophthalmoscope.





**BID SUMMARY FORM**

PROJECT NUMBER: #2012-71  
 PROJECT NAME: WELCH ALLYN EQUIPMENT  
 BID DUE DATE: OCTOBER 4, 2012 – 1:30 P.M.  
 FOR: ROCK HAVEN NURSING HOME

	GULF SOUTH MEDICAL JACKSONVILLE FL	PROFESSIONAL MEDICAL NEW LENOX IL	WELCH ALLYN NAPERVILLE IL
COST EACH - 64MTXX-B MONITOR	3,305.42	3,407.50	4,089.00
COST EACH – 4800-60 STAND	302.22	312.50	375.00
COST EACH – 84MTVXC-B WALL SYSTEM	4,597.59	4,658.89	5,990.00
<b>TOTAL EQUIPMENT COST FOR: (8) 64MTXX-B MONITORS(8) 4800-60 STANDS (1) S1-CIWS WALL SYSTEM</b>	<b>\$ 33,458.71</b>	<b>\$ 34,418.89</b>	<b>\$ 41,702.00</b>
COST EACH – S1-6000 1 YEAR MAINTENANCE	183.82	178.39	237.00
COST EACH – S1-CIWS 1 YEAR MAINTENANCE	305.81	276.99	368.00
<b>TOTAL EQUIPMENT &amp; MAINTENANCE COST</b>	<b>\$ 35,235.08</b>	<b>\$ 36,123.00</b>	<b>\$ 43,966.00</b>

Invitation to Bid was advertised in the Janesville Gazette and on the internet.

PREPARED BY: JODI MILLIS, PURCHASING MANAGER

DEPARTMENT HEAD RECOMMENDATION: GULF SOUTH MEDICAL

SIGNATURE *Jenny Swanson* 10/8/12 DATE

GOVERNING COMMITTEE APPROVAL: \_\_\_\_\_ CHAIR VOTE \_\_\_\_\_ DATE

PURCHASING PROCEDURAL ENDORSEMENT: \_\_\_\_\_ CHAIR VOTE \_\_\_\_\_ DATE

RESOLUTION

ROCK COUNTY BOARD OF SUPERVISORS

Sherry Gunderson  
INITIATED BY



Sherry Gunderson  
DRAFTED BY

General Services Committee  
SUBMITTED BY

October 10, 2012  
DATE DRAFTED

**AUTHORIZING PURCHASE OF A RIDING LAWN MOWER FOR ROCK HAVEN**

1 WHEREAS, construction is underway for Rock County's new 128-bed skilled nursing facility; and,  
 2  
 3 WHEREAS, the new facility encompasses 26 acres of land; and,  
 4  
 5 WHEREAS, Rock Haven maintenance staff will be mowing the Health Care Center grounds, current  
 6 Rock Haven grounds and the new facility; and,  
 7  
 8 WHEREAS, the addition of another riding lawnmower will allow maintenance staff to tackle this task  
 9 efficiently; and,  
 10  
 11 WHEREAS, the maintenance staff are pleased with the Toro Model #74296 riding lawn mower  
 12 purchased for the Health Care Center complex earlier this year; and,  
 13  
 14 WHEREAS, the bids were solicited for these products with four vendor submitted bids that met the  
 15 specifications (results attached).  
 16  
 17 NOW, THEREFORE, BE IT RESOLVED, that the Rock County Board of Supervisors duly assembled  
 18 this \_\_\_ day of, \_\_\_\_\_ 2012 does hereby recommend that a Purchase Order be issued to Gielow's Lawn  
 19 and Garden of Milwaukee, WI for \$13,824.65 for the purchase of a Toro Model #74296 riding lawn  
 20 mower.

Respectfully submitted,

**GENERAL SERVICES COMMITTEE:**

**PURCHASING PROCEDURAL ENDORSEMENT**

\_\_\_\_\_  
Phillip Owens, Chair

\_\_\_\_\_  
Mary Mawhinney, Chair

\_\_\_\_\_  
Henry Brill, Vice Chair

\_\_\_\_\_  
Vote \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Ivan Collins

\_\_\_\_\_  
Jason Heidenreich

\_\_\_\_\_  
Ed Nash

**AUTHORIZING PURCHASE OF A RIDING LAWN MOWER FOR ROCK HAVEN**

Page 2

FISCAL NOTE:

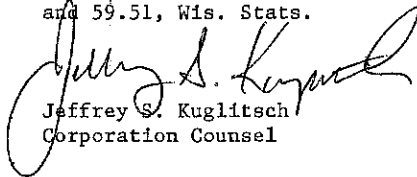
Sufficient funds are available in the Rock Haven Building Project capital account, A/C 18-1851-0000-67200, for the cost of this purchase.



Sherry Oja  
Finance Director

LEGAL NOTE:

The County Board is authorized to take this action pursuant to secs. 59.01 and 59.51, Wis. Stats.



Jeffrey S. Kuglitsch  
Corporation Counsel

ADMINISTRATIVE NOTE:

Recommended.



Craig Knutson  
County Administrator

## EXECUTIVE SUMMARY

As we planned for the design of our new facility, we planned for additional green space for our residents and staff. Our new facility sits on 26 acres of land. Much of the area surrounding the facility has been seeded with a low mow grass seed. Maintenance staff will be mowing the Health Care Center grounds, the current Rock Haven grounds and this new grass at our new facility. The addition of a second riding lawn mower will make it possible for staff to keep the grounds looking nice.

Earlier this year, a Toro Model 74269 riding mower was purchased for the Health Care Center complex. Maintenance staff have been pleased with the mower and chose to stay with the same model.

The riding mower will be purchased from Gielow's Lawn and Garden of Milwaukee Wisconsin. The mower carries a warranty of either four years or 1,200 hours depending upon which comes first. The mower will be delivered in the spring of 2013.



**BID SUMMARY FORM**

PROJECT NUMBER: 2013-08  
 PROJECT NAME: TORO MODEL #74296 RIDING LAWN MOWER  
 BID DUE DATE: OCTOBER 9, 2012 - 1:30 P.M.  
 DEPARTMENT: GENERAL SERVICES - ROCK HAVEN

	GIELOW'S LAWN MILWAUKEE, WI	PORTER'S LAWN JANESVILLE, WI	REINDERS SUSSEX, WI	ENGELHART GREENSMITH MADISON, WI
FIRM BID PRICE	\$ 13,774.65	\$ 14,639.00	\$ 14,820.00	\$ 14,910.00
DELIVERY CHARGE	\$ 50.00	\$ .00	\$ .00	\$ 75.00
TOTAL COST	\$ 13,824.65	\$ 14,639.00	\$ 14,820.00	\$ 14,985.00
WARRANTY PERIOD	4 YEARS / 1200 HOURS	4 YEARS / 1200 HOURS	4 YEARS / 1200 HOURS	4 YEARS / 1200 HOURS
DELIVERY DATE	04/01/2013 OR BEFORE	04/01/2013 OR BEFORE	04/01/2013 OR BEFORE	04/01/2013 OR BEFORE

Invitation to Bid was advertised in the Janesville Gazette and on the Internet. Three additional vendors were solicited that did not respond.

PREPARED BY: Alan Dransfield, Senior Buyer

DEPARTMENT HEAD RECOMMENDATION: Dillon's Lawn, Milwaukee, WI  
 SIGNATURE: Shirley Dunder 10/10/12  
 DATE

GOVERNING COMMITTEE APPROVAL:

CHAIR VOTE DATE

PURCHASING PROCEDURAL ENDORSEMENT:

CHAIR VOTE DATE

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

AGENDA NO. \_\_\_\_\_

**RESOLUTION  
ROCK COUNTY BOARD OF SUPERVISORS**

The General Services Committee  
INITIATED BY



Robert Leu  
DRAFTED BY

The General Services Committee  
SUBMITTED BY

October 10, 2012  
DATE DRAFTED

**Authorizing Purchase of Riding Lawn Mowers for General Services**

- 1 **WHEREAS**, Rock County Jail Trustees are responsible for mowing at the Jail, Youth Services Center,
- 2 and the Community Garden Plots; and,
- 3
- 4 **WHEREAS**, General Services supplies and maintains two mowers for Trustee use, model years 1993
- 5 and 1999; and,
- 6
- 7 **WHEREAS**, both mowers are requiring more repairs, which indicates that they have reach the end of
- 8 their useful life, and a replacement mower is needed; and,
- 9
- 10 **WHEREAS**, specifications were prepared and bids solicited for the mower, with the bid results attached.
- 11
- 12 **NOW, THEREFORE, BE IT RESOLVED** by the Rock County Board of Supervisors duly assembled
- 13 this \_\_\_\_\_ day of \_\_\_\_\_, 2012, that a Purchase Order be issued for the purchase
- 14 of a Toro Riding Lawn Mower from Gielow's Lawn of Milwaukee, in the amount of \$13,824.65.

Respectfully submitted,

General Services Committee:

\_\_\_\_\_  
Phillip Owens, Chair

\_\_\_\_\_  
Henry Brill, Vice Chair

\_\_\_\_\_  
Ivan Collins

\_\_\_\_\_  
Jason Heidenreich

\_\_\_\_\_  
Edwin Nash

Purchasing Procedural Endorsement

\_\_\_\_\_  
Mary Mawhinney, Chair      Vote      Date

Authorizing Purchase of Riding Lawn Mowers for General Services  
Page 2

FISCAL NOTE:

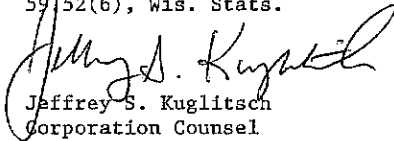
Funds will need to be transferred into the General Services Capital Asset account, A/C 18-1810-0000-67171, to cover the cost of this purchase. If the lawn mower is not delivered until 2013, these finds will then need to be carried over to 2013.



Sherry Oja  
Finance Director

LEGAL NOTE:


The County Board is authorized to take this action pursuant to secs. 59.01 and 59.52(6), Wis. Stats.



Jeffrey S. Kuglitsch  
Corporation Counsel

ADMINISTRATIVE NOTE:

Recommended.



Craig Knutson  
County Administrator



# **Executive Summary**

## **Purchase of Riding Lawn Mower**

This resolution authorizes the purchase of a riding lawnmower for use by trustees at the Jail. The trustees mow around the Jail, Youth Services Center, and have taken on additional area around the community gardens. As stated in the resolution, General Services provides and maintains a mower for their use. The new mower will replace two old worn out mowers. The low bid came from Gielow's Lawn Equipment of Milwaukee and will carry a four- year/ 1200 hour warranty.



**BID SUMMARY FORM**

PROJECT NUMBER: 2013-08  
 PROJECT NAME: TORO MODEL #74296 RIDING LAWN MOWER  
 BID DUE DATE: OCTOBER 9, 2012 - 1:30 P.M.  
 DEPARTMENT: GENERAL SERVICES

	GIELOW'S LAWN MILWAUKEE, WI	PORTER'S LAWN JANESVILLE, WI	REINDERS SUSSEX, WI	ENGELHART GREENSMITH MADISON, WI
FIRM BID PRICE	\$ 13,774.65	\$ 14,639.00	\$ 14,820.00	\$ 14,910.00
DELIVERY CHARGE	\$ 50.00	\$ .00	\$ .00	\$ 75.00
TOTAL COST	\$ 13,824.65	\$ 14,639.00	\$ 14,820.00	\$ 14,985.00
WARRANTY PERIOD	4 YEARS / 1200 HOURS	4 YEARS / 1200 HOURS	4 YEARS / 1200 HOURS	4 YEARS / 1200 HOURS
DELIVERY DATE	04/01/2013 OR BEFORE	04/01/2013 OR BEFORE	04/01/2013 OR BEFORE	04/01/2013 OR BEFORE

Invitation to Bid was advertised in the Janesville Gazette and on the Internet. Three additional vendors were solicited that did not respond.

PREPARED BY: Alan Dransfield, Senior Buyer

DEPARTMENT HEAD RECOMMENDATION: Low Bid - Gielow's

SIGNATURE: Robert R. Gielow's 10/4/12  
DATE

GOVERNING COMMITTEE APPROVAL:

CHAIR \_\_\_\_\_ VOTE \_\_\_\_\_ DATE \_\_\_\_\_

PURCHASING PROCEDURAL ENDORSEMENT:

CHAIR \_\_\_\_\_ VOTE \_\_\_\_\_ DATE \_\_\_\_\_

ROCK COUNTY, WISCONSIN  
FINANCE DIRECTOR

PURCHASING DIVISION  
FAX (608) 757-5539  
PHONE (608) 757-5517

 ORIGINAL

PROJECT NUMBER #2013-04  
PROJECT NAME PRIME VENDOR FOR DISPOSABLE EXAM GLOVES-CURAD BRAND  
PROJECT DUE DATE SEPTEMBER 10, 2012 - 1:30 P.M.  
DEPARTMENT SHERIFF'S OFFICE

	MEDICAL SHIPMENT ROLLING MEADOWS IL	MEDLINE MUNDELEIN IL	PRIME SOURCE AIRMONT NY	HENRY SCHEIN MELVILLE NY	RDB KANSAS CITY MO	OFFICE PRO JANESVILLE WI	HOME AID HEALTHCARE SANTA CLARA CA
COST PER CASE MEDIUM	36.99	37.00	42.99	56.60	68.41	69.30	75.20
COST PER CASE LARGE	36.99	37.00	42.99	56.60	68.41	69.30	75.20
COST PER CASE XL	36.99	37.00	42.99	56.60	68.41	62.37	75.20

Non-Compliant Bid - One vendor submitted a bid that did not meet specifications.

Invitation to Bid was advertised in the Janesville Gazette and on the Internet. Thirteen additional vendors were solicited that did not respond. Two vendors responded with a "No Bid".

PREPARED BY: JODI MILLIS, PURCHASING MANAGER

DEPARTMENT HEAD RECOMMENDATION:

*MEDICAL SHIPMENT*

*Sheriff Robert Good*  
Signature \_\_\_\_\_ Date \_\_\_\_\_

GOVERNING COMMITTEE APPROVAL:

Chair

Date

PURCHASING PROCEDURAL ENDORSEMENT:

Chair

Vote

Date