



**Amended:
10/16/12**

**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)
 - C. **Public Works**
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
 - C. **Resolution to Designate a Qualified Newspaper for all Rock County Legal Publications for 2013**
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 | D. Register of Deeds |
| B. Finance Director | E. Treasurer |
| C. Information Technology | 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:

Governing Committee

Finance Committee

DATE

COMMITTEE CHAIR

File

ROCK COUNTY TRANSFER REQUESTS

12-48

TO: FINANCE DIRECTOR

REQUESTED BY: COMMUNICATIONS CENTER

Department

Kathleen S. Duker
Department Head Signature

DATE: OCTOBER 8, 2012

FROM:	AMOUNT
1) ACCOUNT #: 23-2400-0000-64200 DESCRIPTION: TRAINING EXPENSE CURRENT BALANCE: \$14,025 <i>10-8-12</i> PROVIDED BY THE FINANCE DIRECTOR	\$2,500.00
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 #: 23-2400-0000-62119 DESCRIPTION: OTHER CONTRACTED SERVICES	\$2,500.00
ACCOUNT #: DESCRIPTION:	
ACCOUNT #: DESCRIPTION:	
ACCOUNT #: DESCRIPTION:	

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. *ERL*

REQUIRED APPROVAL:

Governing Committee

Finance Committee

DATE

10/2/12

COMMITTEE CHAIR

[Signature]

File

ROCK COUNTY TRANSFER REQUESTS

12-43

TO: FINANCE DIRECTOR

REQUESTED BY: Rock Haven

Department

Shirley Anderson
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>9/10/12</i> PROVIDED BY THE FINANCE DIRECTOR	\$ 17,500.00
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 #: 32-8000-9100-64102 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:

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

REASON TRANSFER IS NECESSARY - BE SPECIFIC:

- 1) Higher dairy costs due to increase in dairy usage.
- 2) Higher groceries costs due to increase in grocery usage.
- 3) Higher disposal costs due to increase in vendor rate for medical waste disposal.
- 4) 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. *CR*

REQUIRED APPROVAL:

Governing Committee

Finance Committee

DATE

10/2/12

COMMITTEE CHAIR

[Signature]

File

ROCK COUNTY TRANSFER REQUESTS

12-42

TO: FINANCE DIRECTOR

REQUESTED BY: Rock Haven

Department

Jerry Sullivan
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>6/12/12</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. *CR*

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

Swing Dunlap
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>as of 10/2/12</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	

	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

TO

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

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. *CSK*

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

Swing Durham
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>of 12/17</i> PROVIDED BY THE FINANCE DIRECTOR	\$ 12,000.00
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 #: 32-9000-9940-61720 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

[Signature]
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 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 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) More Medicare patient days than budgeted at higher accuracy requiring more ancillary expense to be reimbursed through Medicare revenue.

ROCK COUNTY

SUPPLEMENTAL APPROPRIATIONS - TRANSFERS

12-46

Transfer No.

Requested by Public Works

Ben Coopman

Department

Department Head

10/1/12

Date

FROM

ACCOUNT #	DESCRIPTION	AMOUNT
41-4350-4240-46205	Comp - Loss of Fixed Asset	3,000


TO

ACCOUNT #	DESCRIPTION	AMOUNT
41-4350-4240-63503	Machinery & Equip Parts	3,000

FISCAL NOTE:

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

ADMINISTRATIVE NOTE:

Recommended. 

REQUIRED APPROVAL:

Governing Committee

Finance Committee

DATE

10-11-12

COMMITTEE CHAIR



File

12-46

ROCK COUNTY TRANSFER REQUESTS

TO: FINANCE DIRECTOR

REQUESTED BY: PUBLIC WORKS
Department

Benjamin J. Coppenman Jr.
Department Head Signature

DATE: OCTOBER 1, 2012

FROM:	AMOUNT
ACCOUNT #: 41-4350-4240-46205 DESCRIPTION: COMPENSATION-LOSS OF FIXED ASSETS CURRENT BALANCE: \$ PROVIDED BY THE FINANCE DIRECTOR	3,000.00
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 #: 41-4350-4240-63503 DESCRIPTION: MACHINERY AND EQUIPMENT PARTS	3,000.00
ACCOUNT #: DESCRIPTION:	
ACCOUNT #: DESCRIPTION:	
ACCOUNT #: DESCRIPTION:	

REASON FOR TRANSFER - BE SPECIFIC: BROOM #5011 DAMAGED 4/11/2012. THIS IS RECOVERY OF INSURANCE DEDUCTIBLE, DEPOSITED 9/25/2012 ON RECEIPT # GN0124568. NOTE THAT \$4,179.65 ABOVE DEDUCTIBLE PREVIOUSLY DEPOSITED 7/24/2012.

John Coppenman

STATE OF WISCONSIN
SYSTEM DATE: 09/25/2012

C O U N T Y O F R O C K
TREASURER'S OFFICE

GENERAL RECEIPT
SYSTEM TIME: 13:47

RECEIPT DATE: 09/25/2012 BY: 1DC DEPT ID: 9999 RECEIPT: GN00124568 PAGE: 1

RECEIVED OF: CORPORATION COUNSEL

HOW PAID AMOUNT PAID

CK 3,000.00

AMOUNT RECEIVED 3,000.00

AMOUNT RECEIPTED 3,000.00

AMOUNT REFUNDED 0.00

COMMENT: STATE OF WISCONSIN REIMBURSEMENT OF DEDUCTIBLE DPW TRUCK BRO
OM COLLISION 4/11/12

P/Y	A/R	TYPE	CODE	ACCOUNT	DESCRIPTION	AMOUNT
				0000000001-46205	4/11/12 PDW TRUCK/BROOM COLL	3,000.00

RECEIVED

SEP 26 2012

ROCK COUNTY
PUBLIC WORKS

RECEIVED

SEP 28 2012

ROCK COUNTY
PUBLIC WORKS

Account Number	Name	Yearly Prct Appropriation Spent	YTD Expenditure	Encumb Amount	Unencumb Balance	Inv/Enc Amount	Total
0515000000-68010	EXP.ALLOCATIONS	0.00 100.0%	0.00	-17,448.64	17,448.64		
	P1201587-PO# 10/10/12 -VN#045400			STATELINE COPY PRODUCTS INC		208.09	
				CLOSING BALANCE	17,240.55		208.09
	FINANCE DIRECTOR		PROG-TOTAL-PO			208.09	

I HAVE EXAMINED THE PRECEDING BILLS AND ENCUMBRANCES IN THE TOTAL AMOUNT OF \$208.09 INCURRED BY FINANCE DIRECTOR. 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
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
1515410000-64901	TAX DEED EXP	20,000.00	78.6%	15,736.16	0.00	4,263.84	
	P1203079-PO#	10/10/12	-VN#011191	BELOIT DAILY NEWS		113.12	
	P1203106-PO#	10/10/12	-VN#013607	JANESVILLE GAZETTE INC		142.73	
				CLOSING BALANCE	4,007.99		255.85
				TAX DEED EXPENSE	PROG-TOTAL-PO		255.85

I HAVE EXAMINED THE PRECEDING BILLS AND ENCUMBRANCES IN THE TOTAL AMOUNT OF \$255.85 INCURRED BY TAX DEED EXPENSE. 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 _____

Account Number	Name	Yearly Prct 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	
			CLOSING 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

Account Number	Name	Yearly Prcent Appropriation Spent	YTD Expenditure	Encumb Amount	Unencumb Balance	Inv/Enc Amount	Total
0714300000-62400	R & M SERV	210,888.00 50.3%	114,596.63	-8,439.31	104,730.68		
	P1200140-PO# 10/10/12 -VN#044658					265.00	
	P1200141-PO# 10/10/12 -VN#019713					361.80	
			CLOSING BALANCE		104,103.88		626.80
0714300000-63407	COMPUTER SUPPL	16,103.00 58.3%	9,106.19	296.99	6,699.82		
	P1202728-PO# 10/10/12 -VN#049219					539.25	
	P1202908-PO# 10/10/12 -VN#033353					51.77	
	P1202920-PO# 10/10/12 -VN#033353					99.24	
	P1202947-PO# 10/10/12 -VN#033353					206.64	
	P1202998-PO# 10/10/12 -VN#033353					647.16	
	P1202999-PO# 10/10/12 -VN#033353					2.90	
			CLOSING BALANCE		5,152.86		1,546.96
0714300000-67130	TERMINALS/PC'S	125,524.00 43.4%	54,543.90	0.00	70,980.10		
			CLOSING BALANCE		70,980.10		0.00
0714300000-67143	IT DEPT.CR-CHGS.	50,000.00 138.6%	56,328.64	12,996.50	-19,325.14		
	P1202819-PO# 10/10/12 -VN#040733					25.98	
	P1202992-PO# 10/10/12 -VN#033353					1,730.10	
	P1202993-PO# 10/10/12 -VN#052239					29,398.95	
*** OVERDRAFT ***	TRANSFER REQUIRED						
			CLOSING BALANCE		-50,480.17		31,156.03
0714300000-67171	C.A.-\$1000/MORE	24,025.00 6.4%	1,539.78	0.00	22,485.22		
	P1202881-PO# 10/10/12 -VN#048467					117.91	
			CLOSING BALANCE		22,367.31		117.91
			INFORMATION TECH	PROG-TOTAL-PO		33,446.70	

I HAVE EXAMINED THE PRECEDING BILLS AND ENCUMBRANCES IN THE TOTAL AMOUNT OF \$33,446.70 INCURRED BY INFORMATION TECHNOLOGY. 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 \$ 10791.00 + \$ 5000.00 transfer⁸⁵₁₀₋₃₋₁₂
REASON FOR AMENDMENT Purchasing more from this vendor vs other food vendor.

APPROVALS

GOVERNING COMMITTEE 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 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 ^{10/3/12}

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 MJ 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
REASON FOR AMENDMENT More Medicare patient days than budgeted at higher acuity

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 ^{10/3/12}

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

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 62185

FUNDS DESCRIPTION Occupational Therapy

AMOUNT OF INCREASE \$ 10,000.00

INCREASE FROM \$ 90,000.00 TO \$ 100,000.00

ACCOUNT BALANCE AVAILABLE \$ 10,000 after \$ 10,000 transfer 9/10/12

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

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), Cheryl Mikrut in Accounting (mikrut@co.rock.wi.us) **and** Jodi Millis in Purchasing (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 N1-100 and N1-200.		1,000		\$2,490.35	6.00%	\$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: 

Brad Fierst

Randolph Ferronez

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 \$ 2,099,294.60 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

CHANGE ORDER

No. 00026

51 South Main street
Janesville, WI 53545

Phone: 608.757.5543

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

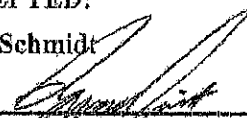
Acceptance of this Change order will alter the contract value, and scope of work between Rock County and C.G. Schmidt as outlined in the line item descriptions noted below.
(Reference Rock County PO # P1103172 and associated contract for Rock County Project # 2011-63).

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

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:

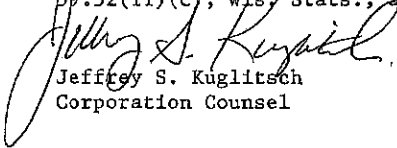
As stated in the body of the resolution, the contract administrator has guaranteed that the County's savings will meet or exceed the costs of this program.



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

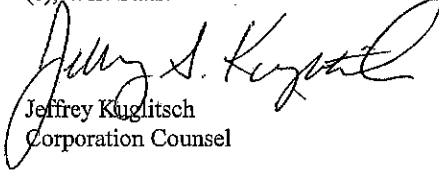
J. Russell Podzilni

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

Lori Stottler
INITIATED BY

Lori Stottler
DRAFTED BY

Finance Committee
SUBMITTED BY



October 12, 2012
DATE DRAFTED

**RESOLUTION TO DESIGNATE A QUALIFIED NEWSPAPER FOR ALL ROCK COUNTY
LEGAL PUBLICATIONS FOR 2013**

- 1 **WHEREAS**, per Wisconsin State Statute. 985.03(1)(a), the Rock County Board may designate a
- 2 qualified newspaper as certified by the Department of Administration having a general circulation in the
- 3 county as its official newspaper; and,
- 4
- 5 **WHEREAS**, the Rock County Board of Supervisors designated one official newspaper for all legal
- 6 publications beginning in 2003 in accordance with County policy stating that legal publications are to
- 7 be published in the Beloit Daily News in odd years and Janesville Gazette in even years, alternating
- 8 publishing years between the two newspapers; and,
- 9
- 10 **WHEREAS**, Rock County's budgeted expense for legal notices is reduced with the designation of an
- 11 official county newspaper; and,
- 12
- 13 **NOW, THEREFORE, BE IT RESOLVED**, that the Rock County Board of Supervisors duly
- 14 assembled this ____ day of _____, 2012, does hereby designate The Beloit Daily News as the official
- 15 county newspaper for all county legal publications for 2013.

Respectfully submitted,

FINANCE COMMITTEE

Mary Mawhinney, Chair

Sandra Kraft, Vice Chair

J. Russell Podzilni

Mary Beaver

Brent Fox

FISCAL NOTE:

This resolution designates the
The Beloit Daily News as the County's
official newspaper for 2013
Designating one newspaper results in
publication cost savings.

Sherry Oja
Finance Director

LEGAL NOTE:

The County Board is authorized to take
This action pursuant to sec. 985.05(1),
Wis. Statutes.

Jeffrey Kaglitsch
Corporation Counsel

ADMINISTRATIVE NOTE:

Recommended

Craig Knutson
County Administrator

POLICY ON ALTERNATING NEWSPAPERS FOR PUBLICATION OF LEGAL NOTICES

It has been the County's policy in the case of the Beloit Daily News and Janesville Gazette to alternate publishing years between the two newspapers.

Where more than one newspaper publishes in the same community in Rock County, it is the policy of the County to publish in one newspaper each year in that community, and alternate to a different newspaper for the following year provided they have met the criteria set by the Wisconsin Department of Administration and qualifications under Wis.Stats. 985.03(1)(a)

The maximum rates Certified Wisconsin newspapers may charge to publish legal notices required by Wisconsin statutes are adjusted every two years by the Wisconsin Department of Administration and/or as needed due to changes in font or column width. Ordering instructions and other details are published as State Bureau of Procurement Contract 15-99955-124, "Legal Notices in Newspapers Other than the Official State Newspaper".

Beloit Daily News

149 State Street
Beloit, WI 53511

County: Rock

Day(s) Published: MTuWThFSa
Paid Circulation: 11,469
Circulation: 15%

Telephone: (608) 365-8811
Web: www.beloitdailynews.com

Fax: (608) 365-1420

Email: advertising@beloitdailynews.com

Font(s)	Point Size	Alphabet Length (pts)	Column Width (picas)	Base Rate	ADJUSTED RATES	
					First Insert	Subsequent Insert
Arial	7	90	9.60	0.6084	0.6996	0.5496
Arial	7	90	20.00	1.2674	1.4575	1.1451
Arial	7	90	30.60	1.9391	2.2300	1.7520
Arial	7	90	41.00	2.5982	2.9879	2.3474
Arial	7	90	51.60	3.2699	3.7604	2.9543
Arial	7	90	62.00	3.9289	4.5183	3.5497
Arial Bold	7	98	9.60	0.5587	0.6425	0.5048
Arial Bold	7	98	20.00	1.1639	1.3385	1.0516
Arial Bold	7	98	30.60	1.7808	2.0479	1.6090
Arial Bold	7	98	41.00	2.3861	2.7440	2.1558
Arial Bold	7	98	51.60	3.0030	3.4534	2.7131
Arial Bold	7	98	62.00	3.6082	4.1494	3.2600

Janesville Gazette

One S Parker Drive
P O Box 5001
Janesville, WI 53545-5001

County: Rock

Day(s) Published: SuMTuWThFSa
Paid Circulation: 18,692
Circulation: 45%

Telephone: (608) 755-8354
Web: www.gazetteextra.com

Fax: (608) 754-8038

Email: legals@gazetteextra.com

Font(s)	Point Size	Alphabet Length (pts)	Column Width (picas)	Base Rate	ADJUSTED RATES	
					First Insert	Subsequent Insert
Arial Bold	6.5	92	10.60	0.6571	0.9528	0.7486
Arial Bold	6.5	92	14.30	0.8865	1.2854	1.0099
Arial Bold	6.5	92	21.90	1.3576	1.9686	1.5466
Arial Bold	6.5	92	29.30	1.8164	2.6337	2.0692
Arial Bold	6.5	92	33.00	2.0457	2.9662	2.3304

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Arial Bold	10	140	29.30	1.1936	1.7307	1.3597
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Arial Bold	10	140	66.90	2.7254	3.9518	3.1047
Arial Bold	12	168	10.60	0.3598	0.5218	0.4099
Arial Bold	12	168	14.30	0.4855	0.7039	0.5530
Arial Bold	12	168	21.90	0.7435	1.0780	0.8469
Arial Bold	12	168	29.30	0.9947	1.4423	1.1331
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Arial Bold	12	168	55.60	1.8875	2.7369	2.1502
Arial Bold	12	168	66.90	2.2711	3.2931	2.5872

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:

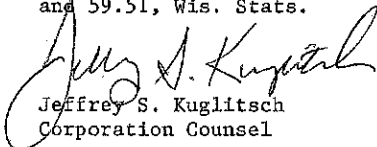
Sufficient funds are available in the Rock Haven Building Project capital account, A/C 18-1851-0000-67200 for the cost of this purchase.



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 11th.
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		
COST FOR MOVES, 40 CARTS FOR 4 WEEKS DELIVERY/PICKUP CHARGES	\$ 20,180.00	\$ 25,480.00	\$ 49,050.00
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

SIGNATURE *Shirley Dunham* DATE 10/1/12

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

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FISCAL NOTE:

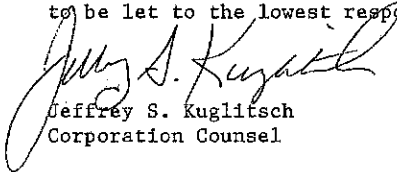
Sufficient funds are available in the Rock Haven Building Project capital account, A/C 18-1851-0000-67200 for the cost of this purchase.



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.

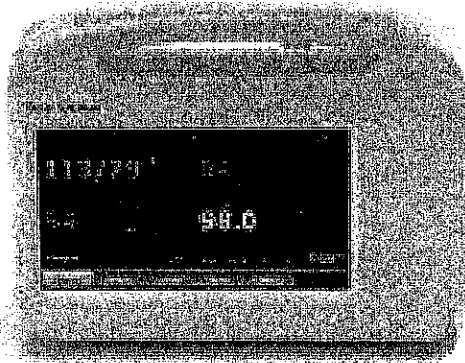
DESCRIPTION

- 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

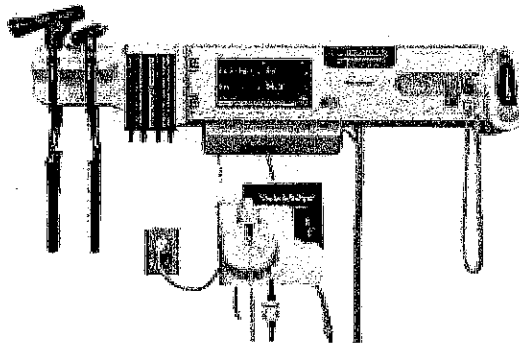
SERVICE PLANS

- 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
TOTAL EQUIPMENT COST FOR: (8) 64MTXX-B MONITORS/(8) 4800-60 STANDS (1) S1-CIWS WALL SYSTEM	\$ 33,458.71	\$ 34,418.89	\$ 41,702.00
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
TOTAL EQUIPMENT & MAINTENANCE COST	\$ 35,235.08	\$ 36,123.00	\$ 43,966.00

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: *Shirley 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

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FISCAL NOTE:

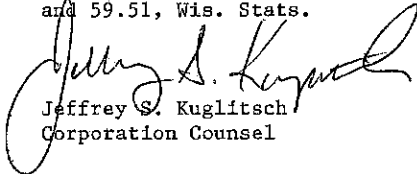
Sufficient funds are available in the Rock Haven Building Project capital account, A/C 18-1851-0000-67200, for the cost of this purchase.



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: Dennis J. Jory, Milwaukee, WI 10/10/12
 SIGNATURE _____ 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

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FISCAL NOTE:

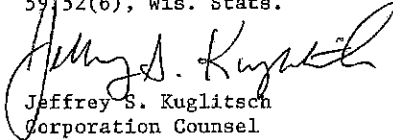
Funds will need to be transferred into the General Services Capital Asset account, A/C 18-1810-0000-67171, to cover the cost of this purchase. If the lawn mower is not delivered until 2013, these finds will then need to be carried over to 2013.



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 - Gielows

SIGNATURE: *Robert R. Gielows* 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


Signature _____ Date _____

GOVERNING COMMITTEE APPROVAL: _____

Chair

Date

Vote

PURCHASING PROCEDURAL ENDORSEMENT: _____

Chair

Date

Vote