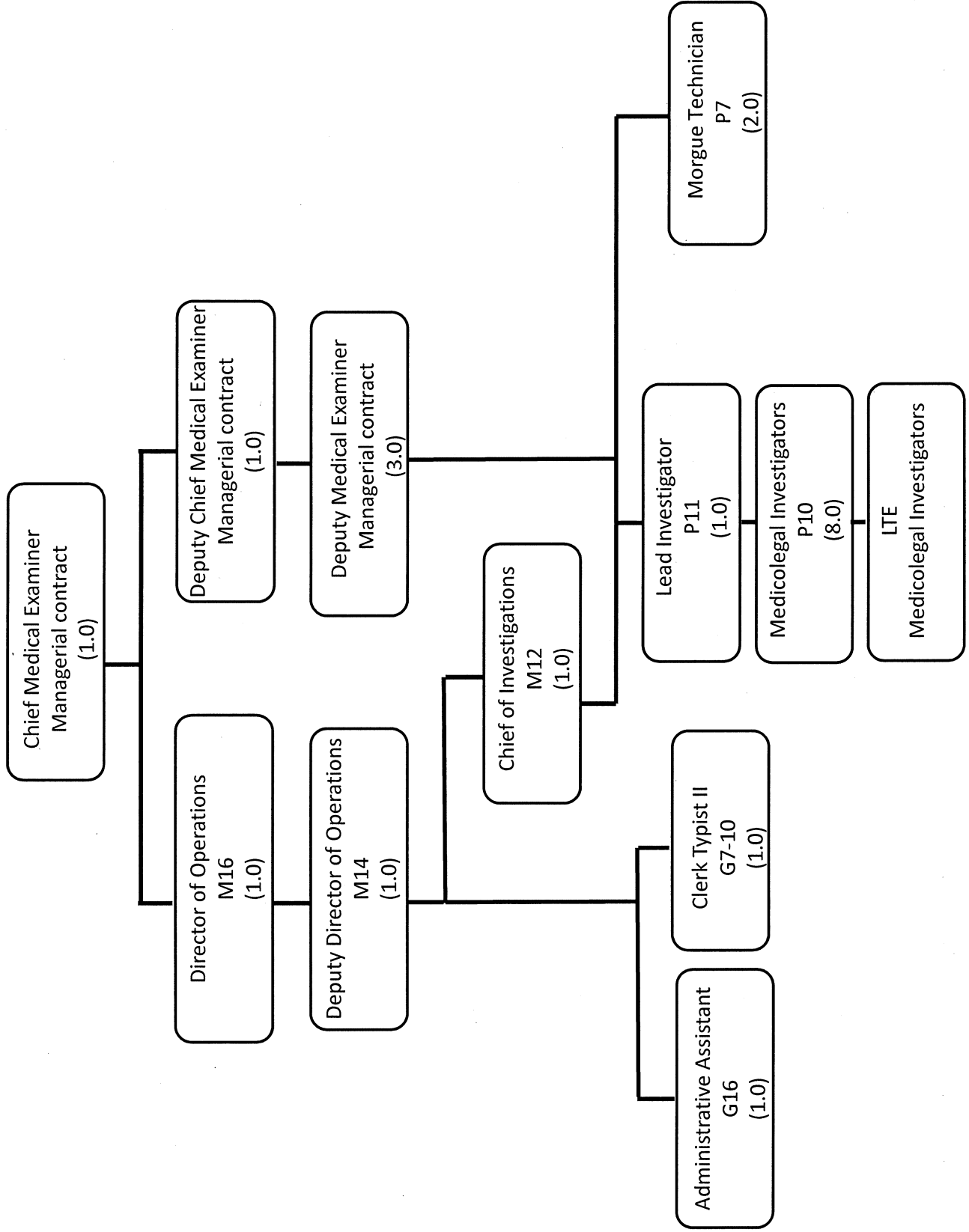


# DANE COUNTY MEDICAL EXAMINER



COUNTY OF DANE  
BUDGETED POSITIONS

CLASSIFICATION TITLE	RANGE	2018	2019	MOD 2019	2020	
					REQUEST	RECOMM'D ADOPTED

**MEDICAL EXAMINER**

MEDICAL EXAMINER AND FORENSIC PATHOLOGIST	MC	1,000 <sup>36-01</sup>	1,000 <sup>36-01</sup>	1,000 <sup>36-01</sup>	1,000	1,000
DEPUTY CHIEF MEDICAL EXAMINER	MC	1,000 <sup>36-02</sup>	1,000 <sup>36-02</sup>	1,000 <sup>36-02</sup>	1,000	1,000
DEPUTY MEDICAL EXAMINER	MC	1,000 <sup>36-04</sup>	1,000 <sup>36-04</sup>	1,000 <sup>36-04</sup>	1,000 <sup>36-04</sup>	1,000 <sup>36-04</sup>
DEPUTY MEDICAL EXAMINER	MC	0,000	1,000 <sup>36-07</sup>	1,000 <sup>36-07</sup>	1,000	1,000
DEPUTY MEDICAL EXAMINER	MC	1,000	1,000	1,000	1,000	1,000
DIRECTOR OF OPERATIONS MEDICAL EXAMINER	M 16	1,000	1,000	1,000	1,000	1,000
DEPUTY DIRECTOR OF OPERATIONS	M 14	1,000	1,000	1,000	1,000	1,000
CHIEF OF INVESTIGATIONS	M 12	1,000	1,000	1,000	1,000	1,000
LEAD MEDICOLEGAL INVESTIGATOR	P 11	1,000	1,000	1,000	1,000	1,000
MEDICOLEGAL INVESTIGATOR	P 10	6,000	6,000	6,000	6,000	6,000
MEDICOLEGAL INVESTIGATOR	P 10	2,000 <sup>36-06</sup>	2,000	2,000	2,000	2,000
MORGUE TECHNICIAN	P 07	2,000	2,000	2,000	2,000	2,000
ADMINISTRATIVE ASSISTANT I	G 16	1,000	1,000	1,000	1,000	1,000
CLERK TYPYST I-II	G 07-10	1,000	1,000	1,000	1,000	1,000
<b>MEDICAL EXAMINER TOTAL</b>		<b>20,000</b>	<b>21,000</b>	<b>21,000</b>	<b>21,000</b>	<b>21,000</b>
		<b>20,000</b>	<b>21,000</b>	<b>21,000</b>	<b>21,000</b>	<b>21,000</b>

COUNTY OF DANE  
BUDGETED POSITIONS

**SUMMARY OF POSITION FOOTNOTES:**

MEDICAL EXAMINER

36-01 RES. 341, 2014, ADOPTED OCTOBER 23, 2014, AUTHORIZED FIVE YEAR EMPLOYMENT CONTRACT ENDING NOVEMBER 15, 2019.

36-02 RES. 314, 2014, ADOPTED OCTOBER 23, 2014, AUTHORIZED FIVE YEAR EMPLOYMENT CONTRACT ENDING NOVEMBER 15, 2019.

36-04 2016 RECOMMENDED BUDGET: POSITION (3040) CONTINGENT ON APPROVAL OF COMPLETED AGREEMENT WITH BROWN COUNTY FOR MEDICAL EXAMINER SERVICE.  
2015 RES. 384 ADOPTED 1/7/16 AUTHORIZED 5-YEAR EMPLOYMENT AGREEMENT

36-06 POSITION AUTHORIZED EFFECTIVE 7/1/18.

36-07 POSITION EFFECTIVE 8/18/2019.

Dept: Medical Examiner	36	DANE COUNTY	Fund Name: General Fund
Prgm: Medical Examiner	000/00		Fund No: 1110

Mission:

To complete inquests of the dead as authorized by Chapter 979 of the Wisconsin State Statutes.

Description:

Wisconsin law requires that any person, particularly physicians, and authorities of hospitals or sanitariums, having knowledge of the death of another, shall report such death to the Sheriff, Police Chief, Medical Examiner or Coroner. If the law enforcement officer receiving such a report of death determines that the death may have resulted from unusual, unexplained, or suspicious circumstances, such as homicide, suicide, abortion, poisoning, or accident, with no physician in attendance, or from any other for which a physician refuses to sign a death certificate, the death must be referred to the Coroner or Medical Examiner of the county for investigation. The Medical Examiner must make the investigation to determine how the death occurred, and report the findings of the investigation to the proper authority.

	Actual 2018	Adopted 2019	2018 Carry Forward	Board Transfers	Budget As Modified	2019 YTD	Estimated 2019	Department Request
<b>PROGRAM EXPENDITURES</b>								
Personnel Costs	\$2,525,914	\$3,028,700	\$0	\$0	\$3,028,700	\$850,831	\$3,125,229	\$3,299,000
Operating Expenses	\$316,573	\$352,555	\$5,070	\$0	\$357,625	\$63,928	\$318,057	\$363,555
Contractual Services	\$134,706	\$156,900	\$0	\$0	\$156,900	\$22,909	\$156,900	\$160,500
Operating Capital	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$2,977,192</b>	<b>\$3,538,155</b>	<b>\$5,070</b>	<b>\$0</b>	<b>\$3,543,225</b>	<b>\$937,669</b>	<b>\$3,600,186</b>	<b>\$3,823,055</b>
<b>PROGRAM REVENUE</b>								
Taxes	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Intergovernmental Revenue	\$693,414	\$952,980	\$0	\$0	\$952,980	\$210,743	\$952,980	\$947,480
Licenses & Permits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Fines, Forfeits & Penalties	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Public Charges for Services	\$1,047,846	\$958,500	\$0	\$0	\$958,500	\$160,483	\$997,372	\$975,000
Intergovernmental Charge for Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Miscellaneous	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Financing Sources	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$1,741,260</b>	<b>\$1,911,480</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,911,480</b>	<b>\$371,227</b>	<b>\$1,950,352</b>	<b>\$1,922,480</b>
<b>GPR SUPPORT</b>	<b>\$1,235,932</b>	<b>\$1,626,675</b>			<b>\$1,631,745</b>			<b>\$1,900,575</b>
<b>F.T.E. STAFF</b>	<b>20.000</b>	<b>21.000</b>					<b>21.000</b>	<b>21.000</b>

Dept: Medical Examiner		36		Fund Name: General Fund						
Prm: Medical Examiner		000/00		Fund No.: 1110						
DI#	2020 Base	Net Decision Items							2020 Requested Budget	
		01	02	03	04	05	06	07		
<b>PROGRAM EXPENDITURES</b>										
Personnel Costs	\$3,299,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,299,000
Operating Expenses	\$352,555	\$0	\$0	\$0	\$0	\$11,000	\$0	\$0	\$0	\$363,555
Contractual Services	\$160,500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$160,500
Operating Capital	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$3,812,055</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$11,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$3,823,055</b>
<b>PROGRAM REVENUE</b>										
Taxes	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Intergovernmental Revenue	\$952,980	\$0	\$3,500	(\$9,000)	\$0	\$0	\$0	\$0	\$0	\$947,480
Licenses & Permits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Fines, Forfeits & Penalties	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Public Charges for Services	\$958,500	\$16,500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$975,000
Intergovernmental Charge for Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Miscellaneous	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Financing Sources	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$1,911,480</b>	<b>\$16,500</b>	<b>\$3,500</b>	<b>(\$9,000)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,922,480</b>
<b>GPR SUPPORT</b>	<b>\$1,900,575</b>	<b>(\$16,500)</b>	<b>(\$3,500)</b>	<b>\$9,000</b>	<b>\$11,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,900,575</b>
<b>F.T.E. STAFF</b>	<b>21,000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>21,000</b>
<b>NARRATIVE INFORMATION ABOUT DECISION ITEMS SHOWN ABOVE</b>										
<b>2020 BUDGET BASE</b>										GPR Support
DI #	MEDX-MEDX-1	Cremation Fee Increase								\$1,900,575
DEPT	Increase in Dane County revenue Line related to Cremation Fees.									(\$16,500)
EXEC										\$0
ADOPTED										\$0
										NET DI # MEDX-MEDX-1
										\$0
										\$16,500
										(\$16,500)

Dept:	Medical Examiner	36	Fund Name:	General Fund
Prgrn:	Medical Examiner	000/00	Fund No.:	1110
NARRATIVE INFORMATION ABOUT DECISION ITEMS SHOWN ON PREVIOUS PAGE				
DI #	MEDX-MEDX-2	Morgue Use Fee Change	Expenditures	Revenue
DEPT	A morgue use fee adjustment to simplify invoicing and tracking of charges		\$0	\$0
EXEC				\$0
ADOPTED				\$0
			\$0	\$0
		NET DI # MEDX-MEDX-2	\$0	\$0
DI #	MEDX-MEDX-3	Rock County IGA for Medical Examiner Services	Expenditures	Revenue
DEPT	The intergovernmental agreement between Dane and Rock County began in 2015. The IGAs are for two year periods. The second year of the 2019 - 2020 agreement reflects a small change in revenue.		\$0	\$3,500
EXEC				\$0
ADOPTED				\$0
			\$0	(\$3,500)
		NET DI # MEDX-MEDX-3	\$0	\$3,500
DI #	MEDX-MEDX-4	Brown County IGA for Medical Examiner Services	Expenditures	Revenue
DEPT	Slight reduction on revenue in the Brown County IGA		\$0	(\$9,000)
EXEC				\$0
ADOPTED				\$0
			\$0	(\$9,000)
		NET DI # MEDX-MEDX-4	\$0	(\$9,000)
				\$9,000

Dept: Prgrm:	Medical Examiner Medical Examiner	36 000/00	Fund Name: Fund No.:	General Fund 1110
<b>NARRATIVE INFORMATION ABOUT DECISION ITEMS SHOWN ON PREVIOUS PAGE</b>				
DI #	MEDX-MEDX-5	Miscellaneous expenditure account adjustments	Expenditures	Revenue
DEPT		Adjustments in some account to more accurately reflect expected expenditures.	\$11,000	\$0
EXEC				\$11,000
ADOPTED				\$0
			\$11,000	\$0
		NET DI # MEDX-MEDX-5		\$11,000
			\$3,823,055	\$1,922,480
				\$1,900,575
<b>2020 REQUESTED BUDGET</b>				

OPERATING BUDGET SUMMARY

PROGRAM SUMMARY	2018 ACTUAL	ADOPTED BUDGET 2019	2018 CARRYFORWARD	2019 COUNTY BOARD ACTIONS	CURRENT MODIFIED BUDGET	ACTUAL YTD	ESTIMATED TOTAL	TOTAL ESTIMATED CARRYFORWARD	AGENCY BASE
PERSONNEL COSTS	\$2,525,914	\$3,028,700	\$0	\$0	\$3,028,700	\$850,831	\$3,125,229	\$0	\$3,299,000
OPERATING EXPENSE	\$316,573	\$352,555	\$5,070	\$0	\$357,625	\$63,928	\$318,057	\$0	\$352,555
CONTRACTUAL SERVICES	\$134,706	\$156,900	\$0	\$0	\$156,900	\$22,909	\$156,900	\$0	\$160,500
OPERATING CAPITAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL PROGRAM EXPENDITURES	\$2,977,192	\$3,538,155	\$5,070	\$0	\$3,543,225	\$937,669	\$3,600,186	\$0	\$3,812,055
LESS REVENUES									
TAXES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
INTERGOVERNMENTAL REVENUE	\$693,414	\$952,980	\$0	\$0	\$952,980	\$210,743	\$952,980	\$0	\$952,980
LICENSES & PERMITS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FINES, FORFEITS & PENALTIES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PUBLIC CHARGE FOR SERVICE	\$1,047,846	\$958,500	\$0	\$0	\$958,500	\$160,483	\$997,372	\$0	\$958,500
INTERGOVL CHARGES FOR SERVICE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
MISCELLANEOUS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
OTHER FINANCING SOURCES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL PROGRAM REVENUES	\$1,741,260	\$1,911,480	\$5,070	\$0	\$1,911,480	\$371,227	\$1,950,352	\$0	\$1,911,480
NET COST:	\$1,235,932	\$1,626,675	\$0	\$0	\$1,631,745	\$566,442	\$1,649,834	\$0	\$1,900,575

PROGRAM SUMMARY	AGENCY BASE	DECISION ITEM #1	DECISION ITEM #2	DECISION ITEM #3	DECISION ITEM #4	DECISION ITEM #5	DECISION ITEM #6	DECISION ITEM #7	AGENCY REQUEST
PERSONNEL COSTS	\$3,299,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,299,000
OPERATING EXPENSE	\$352,555	\$0	\$0	\$0	\$0	\$11,000	\$0	\$0	\$363,555
CONTRACTUAL SERVICES	\$160,500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$160,500
OPERATING CAPITAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL PROGRAM EXPENDITURES	\$3,812,055	\$0	\$0	\$0	\$0	\$11,000	\$0	\$0	\$3,823,055
LESS REVENUES									
TAXES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
INTERGOVERNMENTAL REVENUE	\$952,980	\$0	\$0	\$3,500	(\$9,000)	\$0	\$0	\$0	\$947,480
LICENSES & PERMITS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FINES, FORFEITS & PENALTIES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PUBLIC CHARGE FOR SERVICE	\$958,500	\$16,500	\$0	\$0	\$0	\$0	\$0	\$0	\$975,000
INTERGOVL CHARGES FOR SERVICE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
MISCELLANEOUS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
OTHER FINANCING SOURCES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL PROGRAM REVENUES	\$1,911,480	\$16,500	\$0	\$3,500	(\$9,000)	\$0	\$0	\$0	\$1,922,480
NET COST:	\$1,900,575	(\$16,500)	\$0	(\$3,500)	\$9,000	\$11,000	\$0	\$0	\$1,900,575



DEPARTMENT Medical Examiner  
PROGRAM: Medical Examiner

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YR	ORG CODE	OBJECT	DESCRIPTION	2018 EXPENDITURES	ADOPTED BUDGET 2019	2018 CARRYFORWARD	2019 COUNTY BOARD ACTIONS	CURRENT MODIFIED BUDGET	ACTUAL EXPENDITURES YTD	ESTIMATED TOTAL EXPENDITURES	TOTAL ESTIMATED CARRYFORWARD	AGENCY BASE
20	MEDEXAM	10009	SALARIES AND WAGES	\$1,653,825	\$2,158,400	\$0	\$0	\$2,158,400	\$515,647	\$2,048,178	\$0	\$2,313,500
20	MEDEXAM	10027	OVERTIME	\$25,304	\$32,100	\$0	\$0	\$32,100	\$4,088	\$15,789	\$0	\$32,100
20	MEDEXAM	10072	LIMITED TERM EMPLOYEES	\$274,999	\$151,300	\$0	\$0	\$151,300	\$108,145	\$294,485	\$0	\$151,300
20	MEDEXAM	10099	RETIREMENT FUND	\$135,446	\$170,000	\$0	\$0	\$170,000	\$41,051	\$160,264	\$0	\$181,900
20	MEDEXAM	10108	SOCIAL SECURITY	\$136,335	\$158,000	\$0	\$0	\$158,000	\$47,648	\$180,112	\$0	\$169,100
20	MEDEXAM	10117	HEALTH	\$257,769	\$354,200	\$0	\$0	\$354,200	\$100,935	\$351,655	\$0	\$431,800
20	MEDEXAM	10126	HEALTH-RETIRES	\$0	\$0	\$0	\$0	\$0	\$25,848	\$25,848	\$0	\$14,700
20	MEDEXAM	10153	DENTAL	\$19,883	\$25,400	\$0	\$0	\$25,400	\$5,614	\$26,360	\$0	\$29,500
20	MEDEXAM	10171	DISABILITY INSURANCE	\$4,562	\$3,700	\$0	\$0	\$3,700	\$1,598	\$4,850	\$0	\$4,400
20	MEDEXAM	10180	LIFE INSURANCE	\$470	\$600	\$0	\$0	\$600	\$258	\$588	\$0	\$500
20	MEDEXAM	10185	FSA ADMINISTRATION FEE	\$100	\$200	\$0	\$0	\$200	\$0	\$200	\$0	\$100
20	MEDEXAM	10189	WORKERS COMPENSATION	\$17,200	\$16,500	\$0	\$0	\$16,500	\$0	\$16,500	\$0	\$16,000
20	MEDEXAM	10198	UNEMPLOYMENT COMPENSATION	\$0	\$400	\$0	\$0	\$400	\$0	\$400	\$0	\$400
20	MEDEXAM	10250	SALARY SAVINGS	\$0	(\$43,100)	\$0	\$0	(\$43,100)	\$0	\$0	\$0	(\$46,300)
20	MEDEXAM	20096	PREEMPLOYMENT TESTING	\$0	\$2,500	\$0	\$0	\$2,500	\$0	\$2,500	\$0	\$2,500
20	MEDEXAM	20520	CADAVER K9 PROGRAM EXPENSE	\$6,331	\$10,000	\$0	\$0	\$10,000	\$601	\$6,339	\$0	\$10,000
20	MEDEXAM	20612	COMMUNICATION EQUIPMENT REPAIR	\$714	\$4,000	\$0	\$0	\$4,000	\$456	\$921	\$0	\$4,000
20	MEDEXAM	20648	CONFERENCES AND TRAINING	\$14,163	\$15,000	\$0	\$0	\$15,000	\$2,227	\$10,114	\$0	\$15,000
20	MEDEXAM	20711	CONVEYANCES	\$92,400	\$85,000	\$0	\$0	\$85,000	\$5,775	\$85,000	\$0	\$85,000
20	MEDEXAM	21029	FINAL DISPOSITION EXPENSE	\$625	\$7,000	\$0	\$0	\$7,000	\$285	\$2,000	\$0	\$7,000
20	MEDEXAM	21674	MORGUE SUPPLIES	\$45,946	\$49,355	\$5,070	\$0	\$54,425	\$16,248	\$54,425	\$0	\$49,355
20	MEDEXAM	21809	OPERATING EQUIPMENT EXPENSE	\$60,082	\$65,100	\$0	\$0	\$65,100	\$14,291	\$65,100	\$0	\$65,100
20	MEDEXAM	22043	PRNTG STA & OFFICE SUPPLIES	\$21,575	\$21,500	\$0	\$0	\$21,500	\$5,022	\$20,223	\$0	\$21,500
20	MEDEXAM	22632	TRANSCRIPTIONS	\$42,853	\$36,400	\$0	\$0	\$36,400	\$9,482	\$37,593	\$0	\$36,400
20	MEDEXAM	22646	TRAVEL EXPENSE	\$12,039	\$42,700	\$0	\$0	\$42,700	\$2,896	\$14,148	\$0	\$42,700
20	MEDEXAM	30287	TELEPHONE	\$19,863	\$14,000	\$0	\$0	\$14,000	\$5,636	\$19,694	\$0	\$14,000
20	MEDEXAM	30860	LODOX WARRANTY CONTRACT	\$0	\$10,200	\$0	\$0	\$10,200	\$0	\$10,200	\$0	\$10,200
20	MEDEXAM	31260	DIAGNOSTIC SERVICES	\$114,106	\$120,200	\$0	\$0	\$120,200	\$12,709	\$120,200	\$0	\$120,200
20	MEDEXAM	32223	INSURANCE	\$20,600	\$25,500	\$0	\$0	\$25,500	\$0	\$25,500	\$0	\$29,100
20	MEDEXAM	32223	RENTAL OF EQUIPMENT	\$0	\$1,000	\$0	\$0	\$1,000	\$0	\$1,000	\$0	\$1,000
TOTAL EXPENDITURES				\$2,977,192	\$3,538,155	\$5,070	\$0	\$3,543,225	\$937,659	\$3,600,186	\$0	\$3,812,055

DEPARTMENT Medical Examiner  
PROGRAM: Medical Examiner

YR	ORG CODE	OBJECT	DESCRIPTION	AGENCY BASE	DECISION ITEM #1	DECISION ITEM #2	DECISION ITEM #3	DECISION ITEM #4	DECISION ITEM #5	DECISION ITEM #6	DECISION ITEM #7	AGENCY REQUEST
20	MEDEXAM	10009	SALARIES AND WAGES	\$2,313,500								\$2,313,500
20	MEDEXAM	10027	OVERTIME	\$32,100								\$32,100
20	MEDEXAM	10072	LIMITED TERM EMPLOYEES	\$151,300								\$151,300
20	MEDEXAM	10099	RETIREMENT FUND	\$181,900								\$181,900
20	MEDEXAM	10108	SOCIAL SECURITY	\$169,100								\$169,100
20	MEDEXAM	10117	HEALTH	\$431,800								\$431,800
20	MEDEXAM	10126	HEALTH-RETIRES	\$14,700								\$14,700
20	MEDEXAM	10153	DENTAL	\$29,500								\$29,500
20	MEDEXAM	10171	DISABILITY INSURANCE	\$4,400								\$4,400
20	MEDEXAM	10180	LIFE INSURANCE	\$500								\$500
20	MEDEXAM	10185	FSA ADMINISTRATION FEE	\$100								\$100
20	MEDEXAM	10189	WORKERS COMPENSATION	\$16,000								\$16,000
20	MEDEXAM	10198	UNEMPLOYMENT COMPENSATION	\$400								\$400
20	MEDEXAM	10250	SALARY SAVINGS	(\$46,300)								(\$46,300)
20	MEDEXAM	20096	PREEMPLOYMENT TESTING	\$2,500								\$2,500
20	MEDEXAM	20520	CADAVER K9 PROGRAM EXPENSE	\$10,000								\$10,000
20	MEDEXAM	20612	COMMUNICATION EQUIPMENT REPAIR	\$4,000								\$4,000
20	MEDEXAM	20648	CONFERENCES AND TRAINING	\$15,000					\$5,000			\$15,000
20	MEDEXAM	20711	CONVEYANCES	\$85,000								\$85,000
20	MEDEXAM	21029	FINAL DISPOSITION EXPENSE	\$7,000								\$7,000
20	MEDEXAM	21674	MORGUE SUPPLIES	\$49,355					\$10,000			\$49,355
20	MEDEXAM	21809	OPERATING EQUIPMENT EXPENSE	\$65,100					\$3,745			\$75,100
20	MEDEXAM	22043	PRINTING STA & OFFICE SUPPLIES	\$21,500					(\$13,745)			\$36,400
20	MEDEXAM	22632	TRANSCRIPTIONS	\$36,400								\$36,400
20	MEDEXAM	22646	TRAVEL EXPENSE	\$42,700								\$42,700
20	MEDEXAM	22736	TELEPHONE	\$14,000								\$14,000
20	MEDEXAM	30287	LODOX WARRANTY CONTRACT	\$10,200								\$10,200
20	MEDEXAM	30860	DIAGNOSTIC SERVICES	\$120,200								\$120,200
20	MEDEXAM	31260	INSURANCE	\$29,100								\$29,100
20	MEDEXAM	32223	RENTAL OF EQUIPMENT	\$1,000								\$1,000
TOTAL EXPENDITURES				\$3,812,055	\$0	\$0	\$0	\$0	\$11,000	\$0	\$0	\$3,823,055

DEPARTMENT Medical Examiner  
PROGRAM: Medical Examiner

YR	ORG CODE	OBJECT	DESCRIPTION	2018 REVENUES	ADOPTED BUDGET 2019	2018 CARRYFORWARD	2019 COUNTY BOARD ACTIONS	CURRENT MODIFIED BUDGET	ACTUAL REVENUES YTD	ESTIMATED REVENUES TOTAL	TOTAL ESTIMATED CARRYFORWARD	AGENCY BASE
C												
A												
P												
B												
D												
20	MEDEXAM	82990	CREMATION CERTIFICATES	\$750,060	\$732,000	\$0	\$0	\$732,000	\$106,683	\$732,000	\$0	\$732,000
20	MEDEXAM	82991	MORGUE USAGE REVENUE	\$136,369	\$130,000	\$0	\$0	\$130,000	\$49,635	\$172,867	\$0	\$130,000
20	MEDEXAM	82993	EXPERT SERVICES REVENUE	\$2,976	\$7,000	\$0	\$0	\$7,000	\$1,592	\$3,005	\$0	\$7,000
20	MEDEXAM	82998	AUTOPSY REVENUE	\$153,835	\$87,000	\$0	\$0	\$87,000	\$2,673	\$87,000	\$0	\$87,000
20	MEDEXAM	83011	ROCK COUNTY-AUTOPSY MEDICINE	\$156,118	\$206,500	\$0	\$0	\$206,500	\$92,470	\$206,500	\$0	\$206,500
20	MEDEXAM	83012	ROCK COUNTY-ADMIN/OVERSIGHT	\$33,282	\$46,000	\$0	\$0	\$46,000	\$11,094	\$46,000	\$0	\$46,000
20	MEDEXAM	83013	ROCK CNTY-FORENSIC CASE REVIEW	\$23,346	\$35,000	\$0	\$0	\$35,000	\$7,782	\$35,000	\$0	\$35,000
20	MEDEXAM	83014	ROCK COUNTY-PATHOLOGIST MGMT	\$11,473	\$14,480	\$0	\$0	\$14,480	\$3,624	\$14,480	\$0	\$14,480
20	MEDEXAM	83016	BROWN COUNTY-AUTOPSY MEDICINE	\$321,793	\$445,500	\$0	\$0	\$445,500	\$46,439	\$445,500	\$0	\$445,500
20	MEDEXAM	83017	BROWN COUNTY-ADMIN/OVERSIGHT	\$78,350	\$105,500	\$0	\$0	\$105,500	\$26,117	\$105,500	\$0	\$105,500
20	MEDEXAM	83018	BROWN CO-FORENSIC CASE REVIEW	\$30,204	\$42,000	\$0	\$0	\$42,000	\$12,949	\$42,000	\$0	\$42,000
20	MEDEXAM	83019	BROWN COUNTY-PATHOLOGIST MGMT	\$36,847	\$58,000	\$0	\$0	\$58,000	\$900	\$58,000	\$0	\$58,000
20	MEDEXAM	83620	MISCELLANEOUS REVENUE	\$4,606	\$2,500	\$0	\$0	\$2,500	\$900	\$2,500	\$0	\$2,500
			TOTAL REVENUES	\$1,741,260	\$1,911,480	\$0	\$0	\$1,911,480	\$371,227	\$1,950,352	\$0	\$1,911,480

DEPARTMENT Medical Examiner  
PROGRAM: Medical Examiner

YR	ORG CODE	OBJECT	DESCRIPTION	AGENCY BASE	DECISION ITEM #1	DECISION ITEM #2	DECISION ITEM #3	DECISION ITEM #4	DECISION ITEM #5	DECISION ITEM #6	DECISION ITEM #7	AGENCY REQUEST
20	MEDEXAM	82990	CREMATION CERTIFICATES	\$732,000	\$16,500							\$748,500
20	MEDEXAM	82991	MORGUE USAGE REVENUE	\$130,000	\$0							\$130,000
20	MEDEXAM	82993	EXPERT SERVICES REVENUE	\$7,000								\$7,000
20	MEDEXAM	82998	AUTOPSY REVENUE	\$87,000								\$87,000
20	MEDEXAM	83011	ROCK COUNTY-AUTOPSY MEDICINE	\$206,500								\$206,500
20	MEDEXAM	83012	ROCK COUNTY-ADMIN/OVERSIGHT	\$46,000		\$3,500						\$46,000
20	MEDEXAM	83013	ROCK CNTY-FORENSIC CASE REVIEW	\$35,000								\$35,000
20	MEDEXAM	83014	ROCK COUNTY-PATHOLOGIST MGMT	\$14,480								\$14,480
20	MEDEXAM	83016	BROWN COUNTY-AUTOPSY MEDICINE	\$445,500								\$445,500
20	MEDEXAM	83017	BROWN COUNTY-ADMIN/OVERSIGHT	\$105,500				(\$29,000)				\$121,500
20	MEDEXAM	83018	BROWN CO-FORENSIC CASE REVIEW	\$42,000				\$3,000				\$45,000
20	MEDEXAM	83019	BROWN COUNTY-PATHOLOGIST MGMT	\$56,000				\$1,000				\$59,000
20	MEDEXAM	83620	MISCELLANEOUS REVENUE	\$2,500								\$2,500
TOTAL REVENUES				\$1,911,480	\$16,500	\$0	\$3,500	(\$29,000)	\$0	\$0	\$0	\$1,922,480

# DANE COUNTY BUDGET DECISION ITEM REQUEST

<b>1. DEPARTMENT</b> Medical Examiner	<b>3. DEPT. NO.</b> 36	<b>5. FUND NAME</b> General Fund	
<b>2. PROGRAM</b> Medical Examiner	<b>4. PROGRAM NO.</b> 000/00	<b>6. FUND NO.</b> 1110	
<b>7. DECISION ITEM TITLE</b> Cremation Fee Increase MEDX-MEDX-1			
<b>9. DECISION ITEM NUMBER</b> MEDX-MEDX-1			
<b>10. SHORT DESCRIPTION (for budget document--may not exceed 470 characters)</b> Increase in Dane County revenue Line related to Cremation Fees.			
<b>11. (a) EXPLANATION/JUSTIFICATION (please be specific)</b> Cremation Revenue: The Medical Examiner proposes to raise the Cremation Fee \$5.00 each which is allowable by statute. The fee would change from \$291.00 to \$296.00. Fees are waived by State Statute for those that are indigent. The State of Wisconsin Funeral and Cemetery Aids Program make that determination. The increase in fees will result in roughly \$11,500 in additional revenue and we have added \$5,000.00 in expectation of additional cremations overall.			
<b>(b) What are the consequences of not funding this request?</b> Revenue Lines would not accurately reflect increases in revenue.			
<b>(c) What savings/productivity improvements will result from approval of this request?</b>			
<b>TOTAL REQUESTED FTE CHANGE</b>		0.000	
<b>12. OPERATING EXPENSES / REVENUE SUMMARY</b>			
<b>REQUESTED EXPENDITURES</b>			
PERSONNEL COSTS	\$0		
OPERATING EXPENSE	\$0		
CONTRACTUAL EXPENSE	\$0		
OPERATING OUTLAY	\$0		
<b>TOTAL EXPENSE</b>	<b>\$0</b>		
<b>RELATED REVENUES</b>			
TAXES	\$0		
INTERGOVERNMENTAL REVENUE	\$0		
LICENSES & PERMITS	\$0		
FINES, FORFEITS & PENALTIES	\$0		
PUBLIC CHARGES FOR SERVICES	\$16,500		
INTERGOVERNMENTAL CHARGE FOR SERVICES	\$0		
MISCELLANEOUS	\$0		
OTHER FINANCING SOURCES	\$0		
<b>TOTAL REVENUE</b>	<b>\$16,500</b>		
<b>NET COST TO COUNTY</b>	<b>(\$16,500)</b>		

# DANE COUNTY BUDGET DECISION ITEM REQUEST

<b>1. DEPARTMENT</b> Medical Examiner	<b>3. DEPT. NO.</b> 36	<b>5. FUND NAME</b> General Fund	
<b>2. PROGRAM</b> Medical Examiner	<b>4. PROGRAM NO.</b> 000/00	<b>6. FUND NO.</b> 1110	
<b>7. DECISION ITEM TITLE</b> Morgue Use Fee Change			
<b>9. DECISION ITEM NUMBER</b> MEDX-MEDX-2			
<b>10. SHORT DESCRIPTION (for budget document--may not exceed 470 characters)</b> A morgue use fee adjustment to simplify invoicing and tracking of charges			
<b>11. (a) EXPLANATION/JUSTIFICATION (please be specific)</b> The County has a set fee for morgue use by tissue agencies for the purposes of donation. That fee is \$1,250. Additional costs are charged to tissue agencies for our outlying county partner cases so that we can cover unique costs. The Medical Examiner's Office proposes to change the fee from \$1,250 to \$1,400 to cover all costs in all cases thereby simplifying invoicing and tracking of those invoices. This will not have an effect on the revenue line in this case.			
<b>(b) What are the consequences of not funding this request?</b> Similar difficulty in tracking invoicing and payments			
<b>(c) What savings/productivity improvements will result from approval of this request?</b> Less staff time for invoicing and entry. Less confusion on the part of the tissue agencies.			
<b>8. BUDGETED POSITION CHANGES</b>			
POSITION#	TITLE	# FTE	START DATE
<b>TOTAL REQUESTED FTE CHANGE</b>		0.000	
<b>12. OPERATING EXPENSES / REVENUE SUMMARY</b>			
<b>REQUESTED EXPENDITURES</b>			
PERSONNEL COSTS		\$0	
OPERATING EXPENSE		\$0	
CONTRACTUAL EXPENSE		\$0	
OPERATING OUTLAY		\$0	
<b>TOTAL EXPENSE</b>		<b>\$0</b>	
<b>RELATED REVENUES</b>			
TAXES		\$0	
INTERGOVERNMENTAL REVENUE		\$0	
LICENSES & PERMITS		\$0	
FINES, FORFEITS & PENALTIES		\$0	
PUBLIC CHARGES FOR SERVICES		\$0	
INTERGOVERNMENTAL CHARGE FOR SERVICES		\$0	
MISCELLANEOUS		\$0	
OTHER FINANCING SOURCES		\$0	
<b>TOTAL REVENUE</b>		<b>\$0</b>	
<b>NET COST TO COUNTY</b>		<b>\$0</b>	

# DANE COUNTY BUDGET DECISION ITEM REQUEST

<b>1. DEPARTMENT</b> Medical Examiner	<b>3. DEPT. NO.</b> 36	<b>5. FUND NAME</b> General Fund	
<b>2. PROGRAM</b> Medical Examiner	<b>4. PROGRAM NO.</b> 000/00	<b>6. FUND NO.</b> 1110	
<b>7. DECISION ITEM TITLE</b>			
Rock County IGA for Medical Examiner Services			
<b>9. DECISION ITEM NUMBER</b>			
MEDX-MEDX-3			
<b>10. SHORT DESCRIPTION (for budget document--may not exceed 470 characters)</b>			
The intergovernmental agreement between Dane and Rock County began in 2015. The IGAs are for two year periods. The second year of the 2019 - 2020 agreement reflects a small change in revenue.			
<b>11. (a) EXPLANATION/JUSTIFICATION (please be specific)</b>			
The increase in the revenue is due to increased case review for the Rock County agreement.			
<b>(b) What are the consequences of not funding this request?</b>			
Cancellation of the IGA would result in a revenue reduction of \$305,000.00			
<b>(c) What savings/productivity improvements will result from approval of this request?</b>			
<b>TOTAL REQUESTED FTE CHANGE</b> 0.000			
<b>12. OPERATING EXPENSES / REVENUE SUMMARY</b>			
<b>REQUESTED EXPENDITURES</b>			
PERSONNEL COSTS			\$0
OPERATING EXPENSE			\$0
CONTRACTUAL EXPENSE			\$0
OPERATING OUTLAY			\$0
<b>TOTAL EXPENSE</b>			<b>\$0</b>
<b>RELATED REVENUES</b>			
TAXES			\$0
INTERGOVERNMENTAL REVENUE			\$3,500
LICENSES & PERMITS			\$0
FINES, FORFEITS & PENALTIES			\$0
PUBLIC CHARGES FOR SERVICES			\$0
INTERGOVERNMENTAL CHARGE FOR SERVICES			\$0
MISCELLANEOUS			\$0
OTHER FINANCING SOURCES			\$0
<b>TOTAL REVENUE</b>			<b>\$3,500</b>
<b>NET COST TO COUNTY</b>			<b>(\$3,500)</b>

# DANE COUNTY BUDGET DECISION ITEM REQUEST

<b>1. DEPARTMENT</b> Medical Examiner	<b>3. DEPT. NO.</b> 36	<b>5. FUND NAME</b> General Fund	<b>6. FUND NO.</b> 1110
<b>2. PROGRAM</b> Medical Examiner	<b>4. PROGRAM NO.</b> 000/00	<b>8. BUDGETED POSITION CHANGES</b>	
<b>7. DECISION ITEM TITLE</b> Brown County IGA for Medical Examiner Services MEDX-MEDX-4	<b>POSITION#</b>	<b>TITLE</b>	<b>START DATE</b>
<b>9. DECISION ITEM NUMBER</b> MEDX-MEDX-4			
<b>10. SHORT DESCRIPTION (for budget document--may not exceed 470 characters)</b> Slight reduction on revenue in the Brown County IGA			
<b>11. (a) EXPLANATION/JUSTIFICATION (please be specific)</b> The reduction here is primarily due to a better history on which to estimate the annual autopsy caseload. The autopsy and transportation costs were reduced from 225 to 220 cases. External examinations were reduced to 14 based on historical data. Additional administration time was added to cover costs associated with time spent on assisting Brown County with their building project.			
<b>(b) What are the consequences of not funding this request?</b> The cancellation of the IGA would result in a revenue loss of more than \$640,000.00			
<b>(c) What savings/productivity improvements will result from approval of this request?</b>			
<b>TOTAL REQUESTED FTE CHANGE</b>		<b># FTE</b>	<b>0.000</b>
<b>12. OPERATING EXPENSES / REVENUE SUMMARY</b>			
<b>REQUESTED EXPENDITURES</b>			
PERSONNEL COSTS		\$0	
OPERATING EXPENSE		\$0	
CONTRACTUAL EXPENSE		\$0	
OPERATING OUTLAY		\$0	
<b>TOTAL EXPENSE</b>		<b>\$0</b>	
<b>RELATED REVENUES</b>			
TAXES		\$0	
INTERGOVERNMENTAL REVENUE		(\$9,000)	
LICENSES & PERMITS		\$0	
FINES, FORFEITS & PENALTIES		\$0	
PUBLIC CHARGES FOR SERVICES		\$0	
INTERGOVERNMENTAL CHARGE FOR SERVICES		\$0	
MISCELLANEOUS		\$0	
OTHER FINANCING SOURCES		\$0	
<b>TOTAL REVENUE</b>		<b>(\$9,000)</b>	
<b>NET COST TO COUNTY</b>		<b>\$9,000</b>	



# DANE COUNTY BUDGET DECISION ITEM REQUEST

1. DEPARTMENT	Medical Examiner	3. DEPT. NO.	36	5. FUND NAME	General Fund
2. PROGRAM	Medical Examiner	4. PROGRAM NO.	000/00	6. FUND NO.	1110
7. DECISION ITEM TITLE					
Miscellaneous expenditure account adjustments					
9. DECISION ITEM NUMBER					
MEDX-MEDX-5					
10. SHORT DESCRIPTION (for budget document--may not exceed 470 characters)					
Adjustments in some account to more accurately reflect expected expenditures.					
11. (a) EXPLANATION/JUSTIFICATION (please be specific)					
The Medical Examiner proposes minor adjustments in various lines. Increase the conveyances line to cover increased costs. Increase the Operating and Expense line to account for aging vehicle repair as well as repair of other equipment. Increase the Printing Stationary and Office supply line to account for increased expenses from printing and services as well as office supplies for growing staff. A reduction in the travel expense line related to the intergovernmental agreements with Brown and Rock County. This number should more accurately reflect the cost for those services. A small increase in the telephone line to allow for smart phones to be issued to LTE staff that work regularly.					
11. (b) What are the consequences of not funding this request?					
11. (c) What savings/productivity improvements will result from approval of this request?					
12. OPERATING EXPENSES / REVENUE SUMMARY					
<b>REQUESTED EXPENDITURES</b>					
PERSONNEL COSTS					\$0
OPERATING EXPENSE					\$11,000
CONTRACTUAL EXPENSE					\$0
OPERATING OUTLAY					\$0
<b>TOTAL EXPENSE</b>					<b>\$11,000</b>
<b>RELATED REVENUES</b>					
TAXES					\$0
INTERGOVERNMENTAL REVENUE					\$0
LICENSES & PERMITS					\$0
FINES, FORFEITS & PENALTIES					\$0
PUBLIC CHARGES FOR SERVICES					\$0
INTERGOVERNMENTAL CHARGE FOR SERVICES					\$0
MISCELLANEOUS					\$0
OTHER FINANCING SOURCES					\$0
<b>TOTAL REVENUE</b>					<b>\$0</b>
<b>NET COST TO COUNTY</b>					<b>\$11,000</b>

Budget Carryforward Request				Medical Examiner		Medical Examiner							
Dept:		Medical Examiner											
Program:		Medical Examiner											
Org Code	Object Code	Revenue Source	Account Description	Expenditures		Revenues		Type	Resolution Number	Justification/Comments			
				Budget as Modified	Estimated Carryforward	Budget as Modified	Estimated Carryforward						
No carryforwards are requested.													
TOTAL											-	-	-

CAPITAL BUDGET SUMMARY

PROGRAM SUMMARY	2,018 ACTUAL	ADOPTED BUDGET 2,019	2,018 CARRYFORWARD	2,019 COUNTY BOARD ACTIONS	CURRENT MODIFIED BUDGET	ACTUAL YTD	ESTIMATED TOTAL	TOTAL ESTIMATED CARRYFORWARD	AGENCY BASE
CAPITAL EXPENDITURES - BORROW	\$91,694	\$126,900	\$53,366	\$0	\$180,266	\$12,896	\$180,267	\$180,267	\$0
CAPITAL EXPENDITURES - LEVY	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL CAPITAL EXPENDITURES:	\$91,694	\$126,900	\$53,366	\$0	\$180,266	\$12,896	\$180,267	\$180,267	\$0
LESS REVENUES									
TAXES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
INTERGOVERNMENTAL REVENUE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
LICENSES & PERMITS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FINES, FORFEITS & PENALTIES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PUBLIC CHARGE FOR SERVICE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
INTERGOVL CHARGES FOR SERVICE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
MISCELLANEOUS	\$57,300	\$126,900	\$0	\$0	\$126,900	\$0	\$126,900	\$0	\$0
OTHER FINANCING SOURCES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL PROGRAM REVENUES	\$57,300	\$126,900	\$0	\$0	\$126,900	\$0	\$126,900	\$0	\$0
NET COST (BORROWING & LEVY):	\$34,394	\$0	\$53,366	\$0	\$53,366	\$12,896	\$53,367	\$180,267	\$0

PROGRAM SUMMARY	AGENCY BASE	DECISION ITEM #1	DECISION ITEM #2	DECISION ITEM #3	DECISION ITEM #4	DECISION ITEM #5	DECISION ITEM #6	DECISION ITEM #7	AGENCY REQUEST
CAPITAL EXPENDITURES - BORROW	\$0	\$200,000	\$0	\$0	\$0	\$0	\$0	\$0	\$200,000
CAPITAL EXPENDITURES - LEVY	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL CAPITAL EXPENDITURES:	\$0	\$200,000	\$0	\$0	\$0	\$0	\$0	\$0	\$200,000
LESS REVENUES									
TAXES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
INTERGOVERNMENTAL REVENUE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
LICENSES & PERMITS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FINES, FORFEITS & PENALTIES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PUBLIC CHARGE FOR SERVICE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
INTERGOVL CHARGES FOR SERVICE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
MISCELLANEOUS	\$0	\$200,000	\$0	\$0	\$0	\$0	\$0	\$0	\$200,000
OTHER FINANCING SOURCES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL PROGRAM REVENUES	\$0	\$200,000	\$0	\$0	\$0	\$0	\$0	\$0	\$200,000
NET COST (BORROWING & LEVY):	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

DEPARTMENT Medical Examiner  
 PROGRAM: Medical Examiner-Capital Projects

YR	ORG CODE	OBJECT	DESCRIPTION	2018 EXPENDITURES	ADOPTED BUDGET 2019	2018 CARRYFORWARD	2019 COUNTY BOARD ACTIONS	CURRENT MODIFIED BUDGET	ACTUAL EXPENDITURES YTD	ESTIMATED EXPENDITURES TOTAL	TOTAL ESTIMATED CARRYFORWARD	AGENCY BASE
C	A	P	B	D	C	C	C	C	C	C	C	C
20	CPMEDEXM	51497	TABLETS	\$0	\$50,900	\$0	\$0	\$50,900	\$0	\$50,900	\$50,900	\$0
20	CPMEDEXM	57734	LAPTOPS AND DOCKING STATIONS	\$1,933	\$0	\$2,533	\$0	\$2,533	\$0	\$2,533	\$2,533	\$0
20	CPMEDEXM	57918	MORGUE EQUIPMENT	\$0	\$41,000	\$0	\$0	\$41,000	\$0	\$41,000	\$41,000	\$0
20	CPMEDEXM	58155	RADIO EQUIPMENT REPLACEMENT	\$0	\$35,000	\$10,179	\$0	\$45,179	\$0	\$45,180	\$45,180	\$0
20	CPMEDEXM	58925	VEHICLES & EQUIPMENT	\$89,761	\$0	\$40,654	\$0	\$40,654	\$12,896	\$40,654	\$40,654	\$0
			TOTAL EXPENDITURES	\$91,694	\$126,900	\$53,366	\$0	\$180,266	\$12,896	\$180,267	\$180,267	\$0

DEPARTMENT Medical Examiner  
PROGRAM: Medical Examiner-Capital Projects

YR ORG CODE	OBJECT	DESCRIPTION	AGENCY BASE	DECISION ITEM #1	DECISION ITEM #2	DECISION ITEM #3	DECISION ITEM #4	DECISION ITEM #5	DECISION ITEM #6	DECISION ITEM #7	AGENCY REQUEST
C	20 CPMEDEXM	51497 TABLETS	\$0								\$0
A	20 CPMEDEXM	5734 LAPTOPS AND DOCKING STATIONS	\$0	\$14,800							\$14,800
P	20 CPMEDEXM	57918 MORGUE EQUIPMENT	\$0								\$0
B	20 CPMEDEXM	58155 RADIO EQUIPMENT REPLACEMENT	\$0	\$185,200							\$0
D	20 CPMEDEXM	58925 VEHICLES & EQUIPMENT	\$0	\$200,000							\$185,200
		TOTAL EXPENDITURES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$200,000

DEPARTMENT Medical Examiner  
PROGRAM: Medical Examiner-Capital Projects

YR	ORG CODE	OBJECT	DESCRIPTION	ADOPTED BUDGET		2018 CARRYFORWARD		2019 COUNTY BOARD ACTIONS		CURRENT MODIFIED BUDGET	ACTUAL REVENUES YTD	ESTIMATED REVENUES TOTAL	TOTAL ESTIMATED CARRYFORWARD	AGENCY BASE
				2018 REVENUES	2019 BUDGET	2018 CARRYFORWARD	2019 CARRYFORWARD	2019 ACTIONS	2019 BUDGET					
20	CPMEDEXM	84974	BORROWING PROCEEDS	\$57,300	\$126,900	\$0	\$0	\$0	\$0	\$126,900	\$0	\$126,900	\$0	\$0
			TOTAL REVENUES	\$57,300	\$126,900	\$0	\$0	\$0	\$0	\$126,900	\$0	\$126,900	\$0	\$0

DEPARTMENT Medical Examiner  
 PROGRAM: Medical Examiner-Capital Projects

YR ORG CODE	OBJECT	DESCRIPTION	AGENCY BASE	DECISION ITEM #1	DECISION ITEM #2	DECISION ITEM #3	DECISION ITEM #4	DECISION ITEM #5	DECISION ITEM #6	DECISION ITEM #7	AGENCY REQUEST
20	CFMEEXM	84974	\$0	\$200,000							\$200,000
		BORROWING PROCEEDS	\$0	\$200,000							\$200,000
		TOTAL REVENUES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

# DANE COUNTY CAPITAL PROJECTS/EQUIPMENT DETAIL SHEET

AGENCY	ORGANIZATION	COMPLETED BY	PHONE
Medical Examiner	Medical Examiner	Barry Irmen	284-6000
PROJECT TITLE	PROJECT NO.	BEGIN DATE	END DATE
Vehicles and Equipment	12-330-01	Jan-20	Dec-20
PROJECT/EQUIPMENT DESCRIPTION (INCLUDE USEFUL LIFE FOR EQUIPMENT)	PROJECT COMPONENTS (if applicable)	COST	
Replace two existing 2012 Ford Explorers that have reached the end of their useful life. The vehicles will be outfitted with emergency equipment to include emergency lighting, storage and radios. Usable equipment from the retired vehicle will be moved to the new vehicle. Some new equipment will be required. The expectation is that these new Explorers will remain in service for 6 - 8 years.	<p><u>Ford Explorer Replacements:</u></p> <p>2 Removal and Re-install of existing equipment 8,000</p> <p>2 Replacement of Lighting as needed 6,000</p> <p>2 Replacement consoles 5,000</p> <p>2 Ford Explorer HEV 86,000</p> <p>Misc. and expected price increases 2,000</p> <p><u>Chevy Suburban K9 Vehicle:</u></p> <p>1 Removal of Existing Equipment 4,000</p> <p>1 Cargo Slide/Cabinet/Console 5,000</p> <p>1 K9 kennel 2,500</p> <p>1 K9 Alert System 3,500</p> <p>1 Storage Vault 4,000</p> <p>1 2020 Chevrolet Suburban 53,000</p> <p>1 Radio Console 1,200</p> <p>1 Replacement lighting as needed 3,000</p> <p>Misc. and expected price increases 2,000</p>	TOTAL 185,200	
PROJECT JUSTIFICATION	LOCATION		
Request to replace 2 Ford Explorers with 2 Ford Explorer 'HYBRID Electric Vehicle' HEV interceptors. The current vehicles are becoming very expensive to maintain by the time these vehicles can be ordered and replaced in 2020 the mileage will be well over 100,000 miles each. The proposed vehicle is a HYBRID which will reportedly significantly reduce CO2 emissions over a standard Explorer. Replace a high mileage 2015 Chevrolet Suburban K9 vehicle. This vehicle has a moderate towing capacity for moving multiple large trailers the Medical Examiner's office has, (7), that require a larger towing capacity for movement or deployment. This size vehicle is also equipped for response to homicide investigations and carries specialized equipment which reduces the amount of duplication of expensive specialized equipment.	Dane County Medical Examiner's Office 3111 Luds Lane McFarland, WI 53558		



PROJECT FINANCING SUMMARY	Prior Years	2020	2021	2022	2023	2024	Total
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PROJECT EXPENDITURES							
PLANNING & DESIGN	\$0						\$0
ARCHITECTURAL SERVICES	\$0						\$0
PROPERTY ACQUISITION / SITE PREPARATION	\$0						\$0
CONSTRUCTION	\$0						\$0
INFO TECHNOLOGY / TELECOMMUNICATIONS	\$0						\$0
OFFICE FURNITURE / EQUIPMENT	\$0						\$0
CONTINGENCY	\$0						\$0
CAPITAL EQUIPMENT PURCHASE	\$464,600	\$185,200					\$649,800
<b>TOTAL EXPENDITURES</b>	\$464,600	\$185,200	\$0	\$0	\$0	\$0	\$649,800

PROJECT FUNDING							
PROPERTY TAX	\$0						\$0
DEBT	\$464,600	\$185,200					\$649,800
FEDERAL	\$0						\$0
STATE	\$0						\$0
CITY OF MADISON	\$0						\$0
OTHER	\$0						\$0
<b>TOTAL FUNDING</b>	\$464,600	\$185,200	\$0	\$0	\$0	\$0	\$649,800

<b>ESTIMATED ANNUAL OPERATING COSTS</b>		\$0	\$0	\$0	\$0	\$0	\$0
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# DANE COUNTY CAPITAL PROJECTS/EQUIPMENT DETAIL SHEET

AGENCY Medical Examiner	ORGANIZATION Medical Examiner	COMPLETED BY Barry Irmen	PHONE 284-6000
PROJECT TITLE Laptops and Docking Stations		PROJECT NO. 12-330-02	BEGIN DATE Jan-20
PROJECT/EQUIPMENT DESCRIPTION (INCLUDE USEFUL LIFE FOR EQUIPMENT) Purchase of 4 Panasonic Toughbooks Model CF-54 - Useful Life 3 - 5 years		COST	
		4 CF 54 Semi-Rugged Toughbooks      2,700      \$      10,800	3 Vehicle Docking Stations                      900                      2,700
		3 Installation                                      180                      540	4 Licensing and Software                      190                      760
		TOTAL	\$      14,800
PROJECT JUSTIFICATION Current Panasonic mobile data terminals will not support software changes required by DIM in 2020. Currently the department has several of the older Toughbooks but will retire all but 4 in Administrative Staff vehicles as the change in Case Management comes to fruition.		LOCATION Dane County Medical Examiner's Office 3111 Luds Lane McFarland, WI 53558	

PROJECT FINANCING SUMMARY	Prior Years	2020	2021	2022	2023	2024	Total
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PROJECT EXPENDITURES							
PLANNING & DESIGN	\$0						\$0
ARCHITECTURAL SERVICES	\$0						\$0
PROPERTY ACQUISITION / SITE PREPARATION	\$0						\$0
CONSTRUCTION	\$0						\$0
INFO TECHNOLOGY / TELECOMMUNICATIONS	\$0						\$0
OFFICE FURNITURE / EQUIPMENT	\$0						\$0
CONTINGENCY	\$0						\$0
CAPITAL EQUIPMENT PURCHASE	\$42,000	\$14,800					\$56,800
<b>TOTAL EXPENDITURES</b>	\$42,000	\$14,800	\$0	\$0	\$0	\$0	\$56,800

PROJECT FUNDING							
PROPERTY TAX	\$0						\$0
DEBT	\$42,000	\$14,800					\$56,800
FEDERAL	\$0						\$0
STATE	\$0						\$0
CITY OF MADISON	\$0						\$0
OTHER	\$0						\$0
<b>TOTAL FUNDING</b>	\$42,000	\$14,800	\$0	\$0	\$0	\$0	\$56,800

<b>ESTIMATED ANNUAL OPERATING COSTS</b>		\$0	\$0	\$0	\$0	\$0	\$0
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