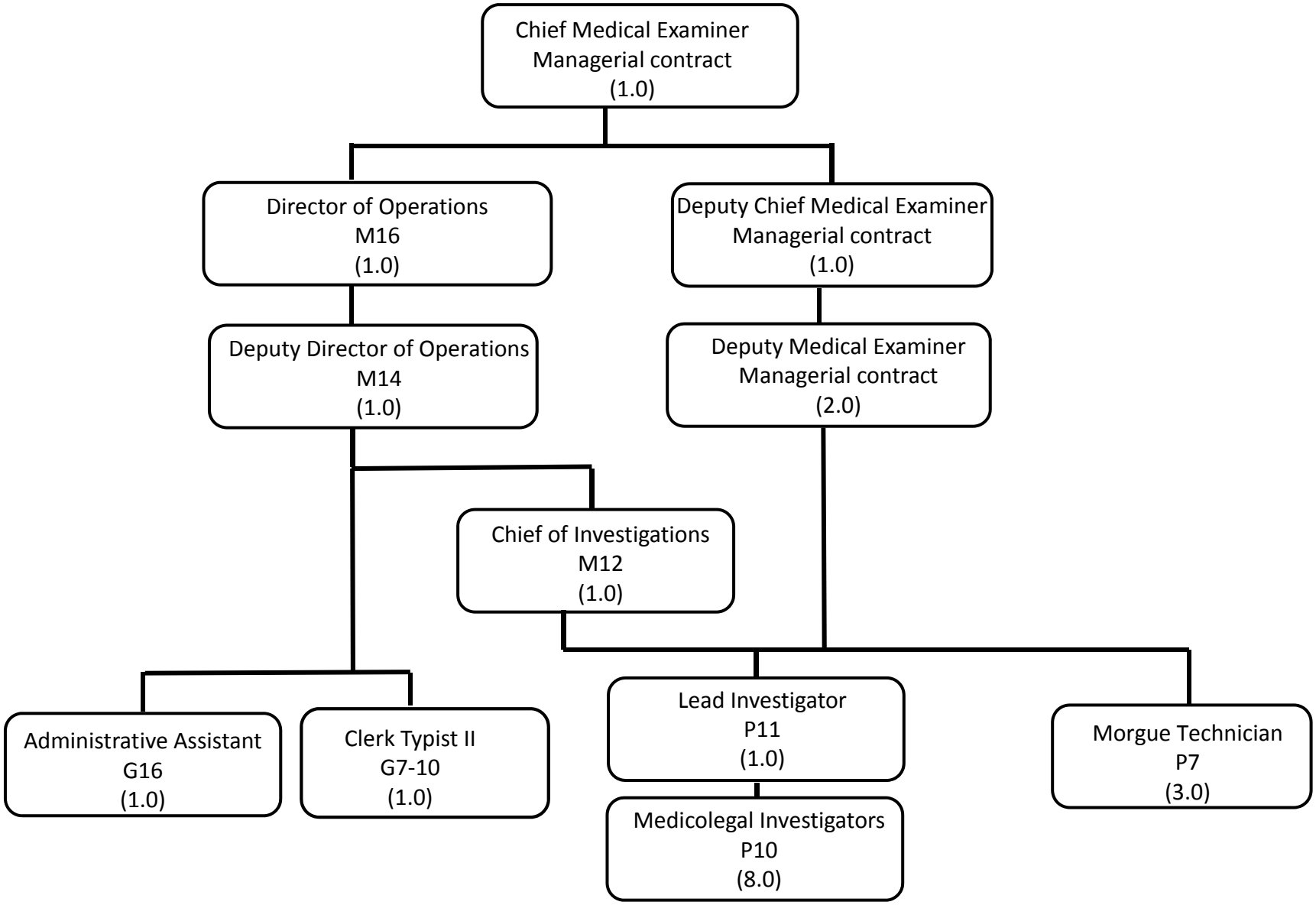
DANE COUNTY MEDICAL EXAMINER



COUNTY OF DANE

BUDGETED POSITIONS

CLASSIFICATION TITLE	RANGE	2025	2026	MOD 2026	2027 BASE	2027 REQUEST
MEDICAL EXAMINER						
CHIEF MEDICAL EXAMINER	MC ME	1.000	1.000	1.000	1.000	1.000
DEPUTY CHIEF MEDICAL EXAMINER	MC DC	0.000	0.000	1.000	1.000	1.000
DEPUTY MEDICAL EXAMINER	MC D	1.000 36-09	1.000 36-09	1.000 36-09	1.000 36-09	1.000 36-09
DEPUTY MEDICAL EXAMINER	MC D	3.000	3.000	2.000	2.000	2.000
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	8.000	8.000	8.000	8.000	8.000
MORGUE TECHNICIAN	P 07	3.000	3.000	3.000	3.000	3.000
ADMINISTRATIVE ASSISTANT I	G 16	1.000	1.000	1.000	1.000	1.000
CLERK I-II	G 07-10	1.000	1.000	1.000	1.000	1.000
MEDICAL EXAMINER TOTAL		**22.000**	**22.000**	**22.000**	**22.000**	**22.000**

COUNTY OF DANE

BUDGETED POSITIONS

SUMMARY OF POSITION FOOTNOTES:

MEDICAL EXAMINER

36-09	2022 EXEC BUDGET CREATES POSITION AS PREHIRE (FUNDED AT 50%). 2023 REQUEST REDUCES PREHIRE FUNDING FROM 50% TO 20%. PREHIRE FUNDED AT 20%. 2026 REQUEST TO FUND AT 0%.

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 2025	Adopted 2026	2025 Carry Forward	Board Transfers	Budget As Modified	2026 YTD	Estimated 2026	Department Request
PROGRAM EXPENDITURES								
Personnel Costs	$4,159,541	$4,393,700	$0	$0	$4,393,700	$1,003,956	$4,242,352	$4,496,500
Operating Expenses	$304,055	$271,955	$0	$0	$271,955	$47,872	$334,567	$268,988
Contractual Services	$303,744	$534,808	$0	$0	$534,808	$132,804	$500,581	$544,190
Operating Capital	$0	$0	$0	$0	$0	$0	$0	$0
TOTAL	$4,767,340	$5,200,463	$0	$0	$5,200,463	$1,184,631	$5,077,500	$5,309,678
PROGRAM REVENUE								
Taxes	$0	$0	$0	$0	$0	$0	$0	$0
Intergovernmental Revenue	$439,848	$459,994	$0	$0	$459,994	$0	$459,994	$473,971
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	$1,484,774	$1,410,208	$0	$0	$1,410,208	$292,582	$1,431,469	$1,470,302
Intergovernmental Charge for Services	$0	$0	$0	$0	$0	$0	$0	$0
Miscellaneous	$75,865	$0	$0	$0	$0	$0	$0	$0
Other Financing Sources	$0	$0	$0	$0	$0	$0	$0	$0
TOTAL	$2,000,487	$1,870,202	$0	$0	$1,870,202	$292,582	$1,891,463	$1,944,273
GPR SUPPORT	$2,766,853	$3,330,261			$3,330,261			$3,365,405
F.T.E. STAFF	22.000	22.000					22.000	22.000

Print Information: 7/28/2026 3:50 PM

Dept:	Medical Examiner	36		**Fund Name:**	General Fund
Prgm:	Medical Examiner	000/00		**Fund No.:**	1110

DI#	2027 Base	Net Decision Items 01	02	03	04	05	06	07	2027 Requested Budget
PROGRAM EXPENDITURES									
Personnel Costs	$4,496,500	$0	$0	$0	$0	$0	$0	$0	$4,496,500
Operating Expenses	$272,055	($3,067)	$0	$0	$0	$0	$0	$0	$268,988
Contractual Services	$540,808	$0	$3,382	$0	$0	$0	$0	$0	$544,190
Operating Capital	$0	$0	$0	$0	$0	$0	$0	$0	$0
TOTAL	$5,309,363	($3,067)	$3,382	$0	$0	$0	$0	$0	$5,309,678
PROGRAM REVENUE									
Taxes	$0	$0	$0	$0	$0	$0	$0	$0	$0
Intergovernmental Revenue	$459,994	$13,977	$0	$0	$0	$0	$0	$0	$473,971
Licenses & Permits	$0	$0	$0	$0	$0	$0	$0	$0	$0
Fines, Forfeits & Penalties	$0	$0	$0	$0	$0	$0	$0	$0	$0
Public Charges for Services	$1,410,208	$60,094	$0	$0	$0	$0	$0	$0	$1,470,302
Intergovernmental Charge for Services	$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	$1,870,202	$74,071	$0	$0	$0	$0	$0	$0	$1,944,273
GPR SUPPORT	$3,439,161	($77,138)	$3,382	$0	$0	$0	$0	$0	$3,365,405
F.T.E. STAFF	22.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	22.000

NARRATIVE INFORMATION ABOUT DECISION ITEMS SHOWN ABOVE		Expenditures	Revenue	GPR Support
	2027 BUDGET BASE	$5,309,363	$1,870,202	$3,439,161
DI #	MEDX-MEDX-1 GPR Reduction Actions			
DEPT	Reduction to operating expenses and revenue offset from cremation permits and Rock County Intergovernmental Agreement.	($3,067)	$74,071	($77,138)
EXEC				$0
ADOPTED				$0
	NET DI # MEDX-MEDX-1	($3,067)	$74,071	($77,138)

Print Information: 7/28/2026 3:50 PM

Dept:	Medical Examiner	36		**Fund Name:**	General Fund
Prgm:	Medical Examiner	000/00		**Fund No.:**	1110

	NARRATIVE INFORMATION ABOUT DECISION ITEMS SHOWN ON PREVIOUS PAGE	**Expenditures**	**Revenue**	**GPR Support**
DI #	MEDX-MEDX-2 Contractual Obligations			
DEPT	Contractual obligations with NMS Laboratory Services and SSM Health	$3,382	$0	$3,382
EXEC				$0
ADOPTED				$0
	NET DI # MEDX-MEDX-2	$3,382	$0	$3,382

2027 REQUESTED BUDGET		$5,309,678	$1,944,273	$3,365,405

Print Information: 7/28/2026 3:50 PM

DEPARTMENT: Medical Examiner
PROGRAM: Medical Examiner

OPERATING BUDGET SUMMARY

PROGRAM SUMMARY	2025 ACTUAL	ADOPTED BUDGET 2026	2025 CARRYFORWD	2026 CO BOARD ACTIONS	CURRENT MODIFIED BUDGET	ACTUAL YTD	ESTIMATED TOTAL	TOTAL ESTIMATED CARRYFORWD	AGENCY BASE
PERSONNEL COSTS	$ 4,159,541	$ 4,393,700	$ 0	$ 0	$ 4,393,700	$ 1,003,956	$ 4,242,352	$ 0	$ 4,496,500
OPERATING EXPENSE	304,055	271,955	0	0	271,955	47,872	334,567	0	272,055
CONTRACTUAL SERVICES	303,744	534,808	0	0	534,808	132,804	500,581	0	540,808
OPERATING CAPITAL	0	0	0	0	0	0	0	0	0
TOTAL PROGRAM EXPENDITURES	$ 4,767,340	$ 5,200,463	$ 0	$ 0	$ 5,200,463	$ 1,184,631	$ 5,077,500	$ 0	$ 5,309,363
LESS REVENUES									
TAXES	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
INTERGOVERNMENTAL REVENUE	439,848	459,994	0	0	459,994	0	459,994	0	459,994
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	1,484,774	1,410,208	0	0	1,410,208	292,582	1,431,469	0	1,410,208
MISCELLANEOUS	75,865	0	0	0	0	0	0	0	0
OTHER FINANCING SOURCES	0	0	0	0	0	0	0	0	0
TOTAL PROGRAM REVENUES	$ 2,000,487	$ 1,870,202	$ 0	$ 0	$ 1,870,202	$ 292,582	$ 1,891,463	$ 0	$ 1,870,202
NET COST:	$ 2,766,853	$ 3,330,261	$ 0	$ 0	$ 3,330,261	$ 892,050	$ 3,186,037	$ 0	$ 3,439,161

DEPARTMENTAL CHANGES

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	$ 4,496,500	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 4,496,500
OPERATING EXPENSE	272,055	(3,067)	0	0	0	0	0	0	268,988
CONTRACTUAL SERVICES	540,808	0	3,382	0	0	0	0	0	544,190
OPERATING CAPITAL	0	0	0	0	0	0	0	0	0
TOTAL PROGRAM EXPENDITURES	$ 5,309,363	$ (3,067)	$ 3,382	$ 0	$ 0	$ 0	$ 0	$ 0	$ 5,309,678
LESS REVENUES									
TAXES	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
INTERGOVERNMENTAL REVENUE	459,994	13,977	0	0	0	0	0	0	473,971
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	1,410,208	60,094	0	0	0	0	0	0	1,470,302
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	$ 1,870,202	$ 74,071	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 1,944,273
NET COST:	$ 3,439,161	$ (77,138)	$ 3,382	$ 0	$ 0	$ 0	$ 0	$ 0	$ 3,365,405

DEPARTMENT: Medical Examiner
PROGRAM: Medical Examiner

YR	ORG CODE	OBJECT	DESCRIPTION	CAPBD	2025 EXPENDITURES	ADOPTED BUDGET 2026	2025 CARRYFORWARD	2026 COUNTY BOARD ACTIONS	CURRENT MODIFIED BUDGET	ACTUAL EXPENDITURES YTD	ESTIMATED EXPENDITURES TOTAL	TOTAL ESTIMATED CARRYFORWARD	AGENCY BASE
27	MEDEXAM	10009	SALARIES AND WAGES		$2,850,300	$2,919,400	$0	$0	$2,919,400	$627,934	$2,899,759	$0	$3,029,600
27	MEDEXAM	10027	OVERTIME		$35,346	$70,100	$0	$0	$70,100	$8,968	$33,739	$0	$70,100
27	MEDEXAM	10072	LIMITED TERM EMPLOYEES		$245,895	$321,400	$0	$0	$321,400	$53,796	$244,145	$0	$321,400
27	MEDEXAM	10099	RETIREMENT FUND		$193,157	$215,400	$0	$0	$215,400	$45,633	$210,988	$0	$223,200
27	MEDEXAM	10108	SOCIAL SECURITY		$198,254	$224,600	$0	$0	$224,600	$52,367	$215,497	$0	$230,000
27	MEDEXAM	10117	HEALTH		$494,071	$604,800	$0	$0	$604,800	$166,966	$540,028	$0	$594,500
27	MEDEXAM	10126	HEALTH-RETIREES		$86,449	$38,800	$0	$0	$38,800	$40,373	$40,373	$0	$31,100
27	MEDEXAM	10153	DENTAL		$23,447	$27,200	$0	$0	$27,200	$5,841	$25,996	$0	$26,400
27	MEDEXAM	10171	DISABILITY INSURANCE		$3,556	$3,400	$0	$0	$3,400	$1,042	$3,166	$0	$3,200
27	MEDEXAM	10180	LIFE INSURANCE		$592	$800	$0	$0	$800	$135	$541	$0	$600
27	MEDEXAM	10185	FSA ADMINISTRATION FEE		$153	$200	$0	$0	$200	$0	$200	$0	$200
27	MEDEXAM	10189	WORKERS COMPENSATION		$26,000	$25,600	$0	$0	$25,600	$0	$25,600	$0	$26,300
27	MEDEXAM	10207	PROTECTIVE WEAR		$2,320	$0	$0	$0	$0	$900	$2,320	$0	$0
27	MEDEXAM	10250	SALARY SAVINGS		$0	($58,000)	$0	$0	($58,000)	$0	$0	$0	($60,100)
27	MEDEXAM	20096	PREEMPLOYMENT TESTING		$2,520	$5,000	$0	$0	$5,000	$2,965	$3,392	$0	$5,000
27	MEDEXAM	20520	CADAVER K9 PROGRAM EXPENSE		$2,379	$10,000	$0	$0	$10,000	$0	$10,000	$0	$10,000
27	MEDEXAM	20612	COMMUNICATION EQUIPMENT REPAIR		$738	$4,000	$0	$0	$4,000	$527	$1,700	$0	$4,000
27	MEDEXAM	20648	CONFERENCES AND TRAINING		$13,641	$15,000	$0	$0	$15,000	$1,752	$15,000	$0	$15,000
27	MEDEXAM	20711	CONVEYANCES		$137,616	$0	$0	$0	$0	$0	$101,271	$0	$0
27	MEDEXAM	21029	FINAL DISPOSITION EXPENSE		$7,551	$22,000	$0	$0	$22,000	$896	$22,000	$0	$22,000
27	MEDEXAM	21674	MORGUE SUPPLIES		$49,851	$62,255	$0	$0	$62,255	$12,372	$50,913	$0	$62,255
27	MEDEXAM	21809	OPERATING EQUIPMENT EXPENSE		$49,095	$71,700	$0	$0	$71,700	$18,414	$53,860	$0	$71,700
27	MEDEXAM	22043	PRTNG STA & OFFICE SUPPLIES		$17,680	$21,045	$0	$0	$21,045	$3,889	$15,090	$0	$21,045
27	MEDEXAM	22455	SPECIALIZED RECRUITMENT		$0	$0	$0	$0	$0	$0	$0	$0	$100
27	MEDEXAM	22632	TRANSCRIPTIONS		$0	$33,500	$0	$0	$33,500	$0	$33,500	$0	$33,500
27	MEDEXAM	22646	TRAVEL EXPENSE		$4,211	$3,955	$0	$0	$3,955	$688	$6,754	$0	$3,955
27	MEDEXAM	22736	TELEPHONE		$18,774	$23,500	$0	$0	$23,500	$6,370	$21,087	$0	$23,500
27	MEDEXAM	30180	SCANNER MAINTENANCE		$84,788	$84,788	$0	$0	$84,788	$70,656	$84,788	$0	$84,788
27	MEDEXAM	30287	LODOX WARRANTY CONTRACT		$32,167	$19,833	$0	$0	$19,833	$0	$19,833	$0	$19,833
27	MEDEXAM	30299	POWERLOAD COT MAINTENANCE		$7,265	$7,300	$0	$0	$7,300	$7,265	$9,686	$0	$7,300
27	MEDEXAM	30304	COVID DIAGNOSTIC SERVICES		$28,900	$30,000	$0	$0	$30,000	$5,700	$26,657	$0	$30,000
27	MEDEXAM	30646	CONVEYANCES		$0	$197,055	$0	$0	$197,055	$25,600	$197,055	$0	$197,055
27	MEDEXAM	30860	DIAGNOSTIC SERVICES		$114,125	$156,832	$0	$0	$156,832	$23,583	$123,126	$0	$156,832
27	MEDEXAM	31260	INSURANCE		$36,500	$38,900	$0	$0	$38,900	$0	$38,900	$0	$44,900
27	MEDEXAM	32223	RENTAL OF EQUIPMENT		$0	$100	$0	$0	$100	$0	$536	$0	$100
			TOTAL EXPENDITURES		**$4,767,340**	**$5,200,463**	**$0**	**$0**	**$5,200,463**	**$1,184,631**	**$5,077,500**	**$0**	**$5,309,363**

DEPARTMENT: Medical Examiner
PROGRAM: Medical Examiner

YR	ORG CODE	OBJECT	DESCRIPTION	CAPBD	AGENCY BASE	DEPARTMENTAL CHANGES							AGENCY REQUEST
						DECISION ITEM #1	DECISION ITEM #2	DECISION ITEM #3	DECISION ITEM #4	DECISION ITEM #5	DECISION ITEM #6	DECISION ITEM #7	
27	MEDEXAM	10009	SALARIES AND WAGES		$3,029,600								$3,029,600
27	MEDEXAM	10027	OVERTIME		$70,100								$70,100
27	MEDEXAM	10072	LIMITED TERM EMPLOYEES		$321,400								$321,400
27	MEDEXAM	10099	RETIREMENT FUND		$223,200								$223,200
27	MEDEXAM	10108	SOCIAL SECURITY		$230,000								$230,000
27	MEDEXAM	10117	HEALTH		$594,500								$594,500
27	MEDEXAM	10126	HEALTH-RETIREES		$31,100								$31,100
27	MEDEXAM	10153	DENTAL		$26,400								$26,400
27	MEDEXAM	10171	DISABILITY INSURANCE		$3,200								$3,200
27	MEDEXAM	10180	LIFE INSURANCE		$600								$600
27	MEDEXAM	10185	FSA ADMINISTRATION FEE		$200								$200
27	MEDEXAM	10189	WORKERS COMPENSATION		$26,300								$26,300
27	MEDEXAM	10207	PROTECTIVE WEAR		$0								$0
27	MEDEXAM	10250	SALARY SAVINGS		($60,100)								($60,100)
27	MEDEXAM	20096	PREEMPLOYMENT TESTING		$5,000								$5,000
27	MEDEXAM	20520	CADAVER K9 PROGRAM EXPENSE		$10,000								$10,000
27	MEDEXAM	20612	COMMUNICATION EQUIPMENT REPAIR		$4,000								$4,000
27	MEDEXAM	20648	CONFERENCES AND TRAINING		$15,000								$15,000
27	MEDEXAM	20711	CONVEYANCES		$0								$0
27	MEDEXAM	21029	FINAL DISPOSITION EXPENSE		$22,000								$22,000
27	MEDEXAM	21674	MORGUE SUPPLIES		$62,255								$62,255
27	MEDEXAM	21809	OPERATING EQUIPMENT EXPENSE		$71,700								$71,700
27	MEDEXAM	22043	PRTNG STA & OFFICE SUPPLIES		$21,045								$21,045
27	MEDEXAM	22455	SPECIALIZED RECRUITMENT		$100								$100
27	MEDEXAM	22632	TRANSCRIPTIONS		$33,500	($3,067)							$30,433
27	MEDEXAM	22646	TRAVEL EXPENSE		$3,955								$3,955
27	MEDEXAM	22736	TELEPHONE		$23,500								$23,500
27	MEDEXAM	30180	SCANNER MAINTENANCE		$84,788								$84,788
27	MEDEXAM	30287	LODOX WARRANTY CONTRACT		$19,833								$19,833
27	MEDEXAM	30299	POWERLOAD COT MAINTENANCE		$7,300								$7,300
27	MEDEXAM	30304	COVID DIAGNOSTIC SERVICES		$30,000								$30,000
27	MEDEXAM	30646	CONVEYANCES		$197,055								$197,055
27	MEDEXAM	30860	DIAGNOSTIC SERVICES		$156,832		$3,382						$160,214
27	MEDEXAM	31260	INSURANCE		$44,900								$44,900
27	MEDEXAM	32223	RENTAL OF EQUIPMENT		$100								$100
			TOTAL EXPENDITURES		**$5,309,363**	**($3,067)**	**$3,382**	**$0**	**$0**	**$0**	**$0**	**$0**	**$5,309,678**

Print Information: 7/28/2026 3:44 PM

DEPARTMENT: Medical Examiner
PROGRAM: Medical Examiner

YR	ORG CODE	OBJECT	DESCRIPTION	CAPBD	2025 REVENUES	ADOPTED BUDGET 2026	2025 CARRYFORWARD	2026 COUNTY BOARD ACTIONS	CURRENT MODIFIED BUDGET	ACTUAL REVENUES YTD	ESTIMATED REVENUES TOTAL	TOTAL ESTIMATED CARRYFORWARD	AGENCY BASE
27	MEDEXAM	82990	CREMATION CERTIFICATES		$1,251,914	$1,218,708	$0	$0	$1,218,708	$283,910	$1,218,708	$0	$1,218,708
27	MEDEXAM	82991	MORGUE USAGE REVENUE		$121,800	$130,000	$0	$0	$130,000	$0	$130,000	$0	$130,000
27	MEDEXAM	82993	EXPERT SERVICES REVENUE		$34,127	$7,000	$0	$0	$7,000	$7,797	$27,000	$0	$7,000
27	MEDEXAM	82998	AUTOPSY REVENUE		$73,183	$52,000	$0	$0	$52,000	$0	$52,000	$0	$52,000
27	MEDEXAM	83011	ROCK COUNTY-AUTOPSY MEDICINE		$311,220	$285,380	$0	$0	$285,380	$0	$285,380	$0	$285,380
27	MEDEXAM	83012	ROCK COUNTY-ADMIN/OVERSIGHT		$51,858	$63,700	$0	$0	$63,700	$0	$63,700	$0	$63,700
27	MEDEXAM	83013	ROCK CNTY-FORENSIC CASE REVIEW		$55,664	$59,319	$0	$0	$59,319	$0	$59,319	$0	$59,319
27	MEDEXAM	83014	ROCK COUNTY-PATHOLOGIST MGMT		$21,105	$19,795	$0	$0	$19,795	$0	$19,795	$0	$19,795
27	MEDEXAM	83031	ROCK CNTY-CASE REVIEW ADMIN		$0	$26,200	$0	$0	$26,200	$0	$26,200	$0	$26,200
27	MEDEXAM	83032	ROCK COUNTY-ANNUAL TRAINING		$0	$5,600	$0	$0	$5,600	$0	$5,600	$0	$5,600
27	MEDEXAM	83620	MISCELLANEOUS REVENUE		$3,750	$2,500	$0	$0	$2,500	$875	$3,761	$0	$2,500
27	MEDEXAM	84830	SALE OF COUNTY PROPERTY		$75,865	$0	$0	$0	$0	$0	$0	$0	$0
			TOTAL REVENUES		**$2,000,487**	**$1,870,202**	**$0**	**$0**	**$1,870,202**	**$292,582**	**$1,891,463**	**$0**	**$1,870,202**

DEPARTMENT: Medical Examiner
PROGRAM: Medical Examiner

YR	ORG CODE	OBJECT	DESCRIPTION	CAPBD	AGENCY BASE	DEPARTMENTAL CHANGES							AGENCY REQUEST
						DECISION ITEM #1	DECISION ITEM #2	DECISION ITEM #3	DECISION ITEM #4	DECISION ITEM #5	DECISION ITEM #6	DECISION ITEM #7	
27	MEDEXAM	82990	CREMATION CERTIFICATES		$1,218,708	$60,094							$1,278,802
27	MEDEXAM	82991	MORGUE USAGE REVENUE		$130,000								$130,000
27	MEDEXAM	82993	EXPERT SERVICES REVENUE		$7,000								$7,000
27	MEDEXAM	82998	AUTOPSY REVENUE		$52,000								$52,000
27	MEDEXAM	83011	ROCK COUNTY-AUTOPSY MEDICINE		$285,380	$13,977							$299,357
27	MEDEXAM	83012	ROCK COUNTY-ADMIN/OVERSIGHT		$63,700								$63,700
27	MEDEXAM	83013	ROCK CNTY-FORENSIC CASE REVIEW		$59,319								$59,319
27	MEDEXAM	83014	ROCK COUNTY-PATHOLOGIST MGMT		$19,795								$19,795
27	MEDEXAM	83031	ROCK CNTY-CASE REVIEW ADMIN		$26,200								$26,200
27	MEDEXAM	83032	ROCK COUNTY-ANNUAL TRAINING		$5,600								$5,600
27	MEDEXAM	83620	MISCELLANEOUS REVENUE		$2,500								$2,500
27	MEDEXAM	84830	SALE OF COUNTY PROPERTY		$0								$0
			TOTAL REVENUES		**$1,870,202**	**$74,071**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$1,944,273**

Print Information: 7/28/2026 3:44 PM

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

GPR Reduction Actions

9. DECISION ITEM NUMBER

MEDX-MEDX-1

10. SHORT DESCRIPTION (for budget document--may not exceed 470 characters)

Reduction to operating expenses and revenue offset from cremation permits and Rock County Intergovernmental Agreement.

8. BUDGETED POSITION CHANGES

POSITION#	TITLE	# FTE	START DATE
	TOTAL REQUESTED FTE CHANGE	0.000	

11. (a) EXPLANATION/JUSTIFICATION (please be specific)

In response to the County Executive's directive to submit a base reduction for the 2027 budget of $77,137.00, we are proposing a series of targeted reductions that minimize service disruptions while aligning with county wide fiscal responsibilities.

OPERATING EXPENSES. We are reducing $3,067.00 from our transcription services line, as transcription needs decrease in the office.

REVENUE OFFSET FROM CREMATION PERMITS. Overall increase of an estimated 75 paid cremation permits, as cremation continues to be a more popular choice for final disposition nationwide. Current rate for a cremation permit is $365.00, thus we expect a revenue of $27,375.00 for 2027. State Legislature enacted a law in 2015 which limits the amount a County can increase Coroner/Medical Examiner fees. The fee increase is based on the increase or decrease in the consumer price index (CPI) for the previous year. In 2027, the allowable increase in the cremation permit fee will be $9.78. The department suggests increasing the fee to a whole dollar amount of $9.00. Wisconsin State Statute 59.365 does not allow for recovery of permit increases that are not taken in the year they are possible. The estimated number of permits issued for 2027 will be 3,635. With an increase in the cremation permit fee for 2027, our office expects a revenue of $32,718.96. Revenue from the cremation permit increase and cremation permit fee was allocated to the base reduction for a total of $60,093.96.

REVENUE OFFSET FOR ROCK COUNTY INTERGOVERMENTAL AGREEMENT. The revenue increase reflects the terms of the approved Intergovernmental Agreement with Rock County, which includes a contractual 3% annual increase effective in 2027. Revenue from this contract was allocated to the base reduction for a total of $13,976.58

(b) What are the consequences of not funding this request?

Revenue will be underestimated and losing the non-recoverable allowable increase in cremation permit revenue according to Wisconsin State Statute 59.365. Maintaining the current operating expenses would prevent us from aligning with the County Executive's reduction target.

(c) What savings/productivity improvements will result from approval of this request?

12. OPERATING EXPENSES / REVENUE SUMMARY

REQUESTED EXPENDITURES	
PERSONNEL COSTS	$0
OPERATING EXPENSE	($3,067)
CONTRACTUAL EXPENSE	$0
OPERATING OUTLAY	$0
TOTAL EXPENSE	($3,067)
RELATED REVENUES	
TAXES	$0
INTERGOVERNMENTAL REVENUE	$13,977
LICENSES & PERMITS	$0
FINES, FORFEITS & PENALTIES	$0
PUBLIC CHARGES FOR SERVICES	$60,094
INTERGOVERNMENTAL CHARGE FOR SERVICES	$0
MISCELLANEOUS	$0
OTHER FINANCING SOURCES	$0
TOTAL REVENUE	$74,071
NET COST TO COUNTY	($77,138)

Print Information: 7/28/2026 3:45 PM

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

Contractual Obligations

9. DECISION ITEM NUMBER

MEDX-MEDX-2

10. SHORT DESCRIPTION (for budget document--may not exceed 470 characters)

Contractual obligations with NMS Laboratory Services and SSM Health

8. BUDGETED POSITION CHANGES

POSITION#	TITLE	# FTE	START DATE
	TOTAL REQUESTED FTE CHANGE	0.000	

11. (a) EXPLANATION/JUSTIFICATION (please be specific)

The Wisconsin State Lab of Hygiene (WSLH) is no longer subsidizing funding for microbiology testing, resulting in a 3% use increase for services previously provided at no charge.

NMS Laboratory Services are increasing prices by 3% in 2027, and more specialized testing is being requested in many cases due to new illicit synthetic substances.

(b) What are the consequences of not funding this request?

Insufficient funding to meet unavoidable contractual expenditures.

(c) What savings/productivity improvements will result from approval of this request?

12. OPERATING EXPENSES / REVENUE SUMMARY

REQUESTED EXPENDITURES	
PERSONNEL COSTS	$0
OPERATING EXPENSE	$0
CONTRACTUAL EXPENSE	$3,382
OPERATING OUTLAY	$0
TOTAL EXPENSE	$3,382
RELATED REVENUES	
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
TOTAL REVENUE	$0
NET COST TO COUNTY	$3,382

Print Information: 7/28/2026 3:45 PM

BUDGET CARRYFORWARD REQUEST

DEPT: MEDICAL EXAMINER
PROG: MEDICAL EXAMINER

			EXPENDITURES		REVENUES				
ORG	EXP/REV OBJECT	DESCRIPTION	MODIFIED BUDGET	ESTIMATED CARRYFWD	MODIFIED BUDGET	ESTIMATED CARRYFWD	TYPE	AUTHORIZATION	JUSTIFICATION/COMMENTS
NONE REQUESTED									
			-	-	-	-			

DEPARTMENT: Medical Examiner
DIVISION: Capital Projects

CAPITAL BUDGET SUMMARY

PROGRAM SUMMARY	2025 ACTUAL	ADOPTED BUDGET 2026	2025 CARRYFORWD	2026 CO BOARD ACTIONS	CURRENT MODIFIED BUDGET	ACTUAL YTD	ESTIMATED TOTAL	TOTAL ESTIMATED CARRYFORWD	AGENCY BASE
CAPITAL EXPENDITURES - BORROW	$ 179,158	$ 0	$ 194,426	$ 0	$ 194,426	$ 0	$ 194,426	$ 5,254	$ 0
CAPITAL EXPENDITURES - LEVY	0	0	0	0	0	0	0	0	0
TOTAL CAPITAL EXPENDITURES:	$ 179,158	$ 0	$ 194,426	$ 0	$ 194,426	$ 0	$ 194,426	$ 5,254	$ 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
MISCELLANEOUS	0	0	150,000	0	150,000	0	150,000	0	0
OTHER FINANCING SOURCES	0	0	0	0	0	0	0	0	0
TOTAL PROGRAM REVENUES	$ 0	$ 0	$ 150,000	$ 0	$ 150,000	$ 0	$ 150,000	$ 0	$ 0
NET COST (BORROWING & LEVY):	$ 179,158	$ 0	$ 44,426	$ 0	$ 44,426	$ 0	$ 44,426	$ 5,254	$ 0

DEPARTMENTAL CHANGES

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	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
CAPITAL EXPENDITURES - LEVY	0	0	0	0	0	0	0	0	0
TOTAL CAPITAL EXPENDITURES:	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 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
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	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
NET COST (BORROWING & LEVY):	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0

DEPARTMENT: Medical Examiner
PROGRAM: Capital Projects

YR	ORG CODE	OBJECT	DESCRIPTION	CAPBD	2025 EXPENDITURES	ADOPTED BUDGET 2026	2025 CARRYFORWARD	2026 COUNTY BOARD ACTIONS	CURRENT MODIFIED BUDGET	ACTUAL EXPENDITURES YTD	ESTIMATED EXPENDITURES TOTAL	TOTAL ESTIMATED CARRYFORWARD	AGENCY BASE
27	CPMEDEXM	51497	TABLETS	C	$0	$0	$8,084	$0	$8,084	$0	$8,084	$0	$0
27	CPMEDEXM	52110	CT AREA REMODEL	C	$65,872	$0	$181,088	$0	$181,088	$0	$181,088	$0	$0
27	CPMEDEXM	58155	RADIO EQUIPMENT REPLACEMENT	C	$4,197	$0	$0	$0	$0	$0	$0	$0	$0
27	CPMEDEXM	58925	VEHICLES & EQUIPMENT	C	$109,089	$0	$5,254	$0	$5,254	$0	$5,254	$5,254	$0
			TOTAL EXPENDITURES		**$179,158**	**$0**	**$194,426**	**$0**	**$194,426**	**$0**	**$194,426**	**$5,254**	**$0**

DEPARTMENT: Medical Examiner
PROGRAM: Capital Projects

YR	ORG CODE	OBJECT	DESCRIPTION	CAPBD	AGENCY BASE	DEPARTMENTAL CHANGES							AGENCY REQUEST
						DECISION ITEM #1	DECISION ITEM #2	DECISION ITEM #3	DECISION ITEM #4	DECISION ITEM #5	DECISION ITEM #6	DECISION ITEM #7	
27	CPMEDEXM	51497	TABLETS	C	$0								$0
27	CPMEDEXM	52110	CT AREA REMODEL	C	$0								$0
27	CPMEDEXM	58155	RADIO EQUIPMENT REPLACEMENT	C	$0								$0
27	CPMEDEXM	58925	VEHICLES & EQUIPMENT	C	$0								$0
			TOTAL EXPENDITURES		**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

DEPARTMENT: Medical Examiner
PROGRAM: Capital Projects

YR	ORG CODE	OBJECT	DESCRIPTION	CAPBD	2025 REVENUES	ADOPTED BUDGET 2026	2025 CARRYFORWARD	2026 COUNTY BOARD ACTIONS	CURRENT MODIFIED BUDGET	ACTUAL REVENUES YTD	ESTIMATED REVENUES TOTAL	TOTAL ESTIMATED CARRYFORWARD	AGENCY BASE
27	CPMEDEXM	84974	BORROWING PROCEEDS	C	$0	$0	$150,000	$0	$150,000	$0	$150,000	$0	$0
			TOTAL REVENUES		**$0**	**$0**	**$150,000**	**$0**	**$150,000**	**$0**	**$150,000**	**$0**	**$0**

DEPARTMENT: Medical Examiner
PROGRAM: Capital Projects

YR	ORG CODE	OBJECT	DESCRIPTION	CAPBD	AGENCY BASE	DEPARTMENTAL CHANGES							AGENCY REQUEST
						DECISION ITEM #1	DECISION ITEM #2	DECISION ITEM #3	DECISION ITEM #4	DECISION ITEM #5	DECISION ITEM #6	DECISION ITEM #7	
27	CPMEDEXM	84974	BORROWING PROCEEDS	C	$0								$0
			TOTAL REVENUES		**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

BUDGET CARRYFORWARD REQUEST

DEPT: MEDICAL EXAMINER
PROG: CAPITAL PROJECTS

			EXPENDITURES		REVENUES				
ORG	EXP/REV OBJECT	DESCRIPTION	MODIFIED BUDGET	ESTIMATED CARRYFWD	MODIFIED BUDGET	ESTIMATED CARRYFWD	TYPE	AUTHORIZATION	JUSTIFICATION/COMMENTS
CPMEDEXM	58925	VEHICLES & EQUIPMENT	5,254	5,254			CAPITAL	2026 Budget	PROJECT MAY NOT BE COMPLETE IN 2026
			5,254	5,254	-	-			