



GREEN LAKE COUNTY

571 County Road A, Green Lake, WI 54941

Original Post Date: 02/13/2026

Amended Post Date:

The following documents are included in the packet for the County Board meeting on February 17, 2026:

- 1) Agenda
- 2) Minutes – 12/16/25
- 3) Correspondence – Upper Lone Tree Farm Historic District
- 4) Monthly update from County Manager Jason Jerome
- 5) Resolution 01-2026 Resolution Creating an Opioid Task Force to Distribute Opioid Settlement Funds
- 6) Resolution 02-2026 Resolution Creating a Retention Bonus Program for Corrections and Communications Staff within the Sheriff's Office
- 7) Resolution 03-2026 Resolution Relating to Sustainable Transportation Funding
- 8) Resolution 04-2026 Resolution Requesting Wisconsin Counties Association Lobby State Legislature and Governor on Legislation for Greater Local Control for Wisconsin Counties
- 9) Resolution 05-2026 Resolution in Opposition to Wisconsin Assembly Bill 1033
- 10) Ordinance 01-2026 Relating to Rezone in the Town of Marquette – Lloyd L. Miller, Jr.
- 11) Ordinance 02-2026 Amending Green Lake County §9-5, Annual Meeting
- 12) Budget Adjustment – Sheriff's Office
- 13) Committee Appointments



Green Lake County Board of Supervisors
Meeting Notice

The Green Lake County Board of Supervisors will meet in person and via virtual communication in Room #0902 in the City of Green Lake, Wisconsin on Tuesday, the 17th day of February, 2026 at 4:30 PM for the regular meeting of the Board. Business to be transacted includes:

Amended AGENDA*

County Board of Supervisors

- Dist. 1 Nancy Hoffmann*
- Dist. 2 Charles Buss*
- Dist. 3 Curtis Talma*
- Dist. 4 David Abendroth,
Chair*
- Dist. 5 Mike Skivington*
- Dist. 6 Brian Floeter*
- Dist. 7 Bob Schweder,
Vice Chair*
- Dist. 8 Nancy Hiestand*
- Dist. 9 Bill Boutwell*
- Dist. 10 Sue Wendt*
- Dist. 11 Harley Reabe*
- Dist. 12 Charlie Wielgosh*
- Dist. 13 Don Lenz*
- Dist. 14 Dennis Mulder*
- Dist. 15 Nita Krenz*
- Dist. 16 Joe Gonyo*
- Dist. 17 Keith Hess*
- Dist. 18 VACANT*
- Dist. 19 Gene Thom*

Virtual attendance at meetings is optional. If technical difficulties arise, there may be instances when remote access may be compromised. If there is a quorum attending in person, the meeting will proceed as scheduled.

GREEN LAKE COUNTY MISSION:

- 1) *Fiscal Responsibility*
- 2) *Quality Service*
- 3) *Innovative Leadership*
- 4) *Continual Improvement in County Government*

- 1. Call to Order**
- 2. Roll Call**
- 3. Reading of the Call**
- 4. Pledge of Allegiance**
- 5. Minutes of 12/16/25 meeting**
- 6. Announcements**
- 7. Correspondence**
 - Wisconsin Historical Society – Upper Lone Tree Farm Historic District
- 8. Public Comment (3 min. limit)**
- 9. Appearances**
 - Monthly update from County Manager Jason Jerome
 - Sheriff Mark Podoll – Collaboration with Federal partners
- 10. Appointment of County Clerk – Samantha Stobbe**
- 11. Resolutions**
 - Res. 01-2026 Resolution Creating an Opioid Task Force to Distribute Opioid Settlement Funds
 - Res. 02-2026 Resolution Creating a Retention Bonus Program for Corrections and Communications Staff within the Sheriff’s Office
 - Res. 03-2026 Resolution Relating to Sustainable Transportation Funding
 - Res. 04-2026 Resolution Requesting Wisconsin Counties Association Lobby State Legislature and Governor on legislation for Greater Local Control for Wisconsin Counties
 - * Res. 05-2026 Resolution in Opposition to Wisconsin Assembly Bill 1033
- 12. Ordinances**
 - Ord. 01-2026 Relating to Rezone in the Town of Marquette – Lloyd L. Miller, Jr.
 - Ord. 02-2026 Amending Green Lake County §9-5, Annual Meeting
- 13. Budget Adjustment**
 - Sheriff’s Office
- 14. Committee Appointments**
- 15. Departments to Report on March 17, 2026 @ 4:30 PM**
- 16. Future Agenda Items for Action & Discussion**
- 17. Adjourn**

Given under my hand and official seal at the Government Center in the City of Green Lake, Wisconsin, this 13th day of February, 2026

Elizabeth A. Otto, Green Lake County Clerk

This meeting will be conducted and available through in person attendance or audio/visual communication. Remote access can be obtained through the following link:

Microsoft Teams meeting

[Join Teams Meeting](#)

Meeting ID: 271 675 285 659 78

Passcode: 4K8nn3Mj

[Need help?](#) | [System reference](#)

Dial in by phone

[+1 920-515-0745,,83803206#](#) United States, Appleton

[Find a local number](#)

Phone conference ID: 838 032 06#

For organizers: [Meeting options](#) | [Reset dial-in PIN](#)

Please accept at your earliest convenience. Thank you!

[Org help](#) | [Privacy and security](#)

TO BE APPROVED AT THE FEBRUARY 17, 2026 MEETING

GREEN LAKE COUNTY

BOARD PROCEEDINGS

REGULAR MEETING

December 16, 2025

The Green Lake County Board of Supervisors met in regular session, Tuesday, December 16, 2025 at 4:30 PM via remote access and in person for the regular meeting of the Board.

The Board was called to order by Chair David Abendroth. Roll call taken – Present – 14, Absent – 4 (Curt Talma-District 3, Brian Floeter-District 6, Nancy Hiestand-District 8, Joe Gonyo-District 16), Vacant – 1 (District 18)

<u>Supervisor</u>	<u>Supervisor Districts</u>
Nancy Hoffmann	1
Charles Buss	2
David Abendroth	4
Mike Skivington	5
Bob Schweder	7
Bill Boutwell	9
Sue Wendt	10
Harley Reabe	11
Charlie Wielgosh	12
Don Lenz	13
Dennis Mulder	14
Nita Krenz	15
Keith Hess	17
Gene Thom	19

READING OF THE CALL

CALL TO ORDER

ROLL CALL

READING OF THE CALL

PLEDGE OF ALLEGIANCE

MINUTES OF 11/12/25 MEETING

ANNOUNCEMENTS

PUBLIC COMMENT (3 minute limit)

APPEARANCES

- Monthly update from Interim County Manager Jason Jerome

TO BE APPROVED AT THE FEBRUARY 17, 2026 MEETING

APPOINTMENT OF ADMINISTRATIVE COORDINATOR/COUNTY MANAGER ORDINANCES

- Ordinance 17-2025 Rezone in the Town of Brooklyn – Owner: Noah Polcyn
- Ordinance 18-2025 Relating to the Adoption of the Green Lake County Farmland Preservation Plan
- Ordinance 19-2025 Ordinance Amending Article IV Boat Launch User Fees and Creation of Prohibition on Power Loading

COMMITTEE APPOINTMENTS

DEPARTMENTS TO REPORT ON February 17, 2026

FUTURE AGENDA ITEMS FOR ACTION & DISCUSSION

ADJOURN

Given under my hand and official seal at the Government Center in the City of Green Lake, Wisconsin this 8th day of December, 2025.

Elizabeth A. Otto
Green Lake County Clerk

PLEDGE OF ALLEGIANCE

1. The Pledge of Allegiance to the Flag was recited.

MINUTES OF 11/12/2025 MEETING

2. **Motion/second (Mulder/Krenz)** to approve the minutes of the November 12, 2025 County Board meeting with no changes or corrections. Motion carried with no negative vote.

ANNOUNCEMENTS

3. The next County Board meeting will take place on February 17, 2026 at 4:30 PM. There is no meeting scheduled for January.

PUBLIC COMMENT (3 minute limit)

4. Sheriff Mark Podoll provided an update on the activities within the Sheriff's Office including their participation in the Lights of Christmas program sponsored by Culver's, Shop with Hometown Heros, and caroling at area nursing homes and assisted living facilities. The supervisors also congratulated Sheriff Podoll on receiving the 2025 Badger State Sheriff's Association Sheriff of the Year award.

APPEARANCES

5. Interim County Manager Jason Jerome reviewed his written report in the packet. Jerome updated the Board on open positions, the opioid settlement funds, and the capital equipment work group.

TO BE APPROVED AT THE FEBRUARY 17, 2026 MEETING

APPOINTMENT OF ADMINISTRATIVE COORDINATOR/COUNTY MANAGER

6. Chair Abendroth stated that Jason Jerome has served as the Interim County Administrator from February 11, 2025 and then Interim Administrative Coordinator/County Manager since June 18, 2025 when Ordinance 08-2025 was enacted.

Motion/second (Mulder/Hoffmann) to appoint Jason Jerome as the permanent Administrative Coordinator to be known as the County Manager. Roll call vote on motion to appoint – Ayes – 14, Nays – 0, Abstain – 0, Absent – 4 (Talma, Floeter, Hiestand, Gonyo), Vacant - 1. Ordinance 17-2025 passed as enacted.

ORDINANCES

7. Ordinance 17-2025 Rezone in the Town of Brooklyn – Owner: Noah Polcyn. **Motion/second (Thom/Boutwell)** to enact Ordinance 17-2025. No discussion. Roll call vote on motion to enact Ordinance 17-2025 – Ayes – 13, Nays – 0, Abstain – 1 (Lenz), Absent – 4 (Talma, Floeter, Hiestand, Gonyo), Vacant - 1. Ordinance 17-2025 passed as enacted.
8. Ordinance 18-2025 Relating to the Adoption of the Green Lake County Farmland Preservation Plan. **Motion/second (Buss/Lenz)** to enact Ordinance 18-2025. No discussion. Roll call vote on motion to enact Ordinance 18-2025 – Ayes – 14, Nays – 0, Abstain – 0, Absent – 4 (Talma, Floeter, Hiestand, Gonyo), Vacant - 1. Ordinance 18-2025 passed as enacted.
9. Ordinance 19-2025 Ordinance Amending Article IV Boat Launch User Fees and Creation of Prohibition on Power Loading. **Motion/second (Krenz/Boutwell)** to enact Ordinance 19-2025. Corporation Counsel Jeff Mann explained the amendments. **Motion/second (Schweder/Skivington)** to suspend the rules and allow Maintenance & Parks Director Mike Van Meel to speak. Motion carried with no negative vote. Van Meel provided a video regarding power loading and pictures of the damage at Dodge Memorial Park caused by this issue. **Motion/second (Schweder/Boutwell)** to suspend the rules and allow Chief Deputy Matt Vandekolk to speak. Vandekolk provided information on how this would be enforced. Discussion held. Roll call vote on motion to enact Ordinance 19-2025 – Ayes – 10, Nays – 4 (Hoffmann, Buss, Reabe, Wielgosh), Abstain – 0, Absent – 4 (Talma, Floeter, Hiestand, Gonyo), Vacant - 1. Ordinance 19-2025 passed as enacted.

COMMITTEE APPOINTMENTS

10. Chair Abendroth stated there are no committee appointments this month.

DEPARTMENTS TO REPORT ON February 17, 2026

11. To be determined

FUTURE AGENDA ITEMS FOR ACTION AND DISCUSSION

TO BE APPROVED AT THE FEBRUARY 17, 2026 MEETING

12. To be determined.

ADJOURN

13. Chair Abendroth adjourned the meeting at 5:18 PM after wishing everyone a Happy Holiday season.

Respectfully Submitted,

Elizabeth Otto
County Clerk

DRAFT



WISCONSIN
HISTORICAL
SOCIETY

TO: Local and State Officials

FROM: Tricia Canaday, State Historic Preservation Officer

RE: State and National Register of Historic Places nomination

DATE: January 23, 2026

We are pleased to inform you that the *Upper Lone Tree Farm Historic District, W2511 State Highway 23, W2600-block Abbey Drive, N5600-block Lawson Drive, Town of Brooklyn, Green Lake County, WI* will be considered by the Wisconsin Historic Preservation Review Board for nomination to the Wisconsin State Register of Historic Places and the National Register of Historic Places.

The nomination will be considered at the Wisconsin Historic Preservation Review Board meeting on February 27, 2026 at the Wisconsin Historical Society, 816 State Street, Madison, Wisconsin. The enclosed agenda gives the times for the full board meeting.

Any comments or questions should be directed to Elizabeth Hilton at (608) 264-6501 or email at Elizabeth.Hilton@WisconsinHistory.org.



**WISCONSIN
HISTORICAL
SOCIETY**

State Historic Preservation Review Board Meeting
Wisconsin Historical Society
816 State Street, Madison, Wisconsin
February 27, 2026

AGENDA

Times as Noted

COMMITTEE MEETINGS

Individual properties are presented only at the applicable committee meetings. See the list below to determine the committee meeting(s) where a specific nomination will be presented.

10:00-10:45 AM

Architecture Committee (AR), Murphy Board Room, Room 318

Zoom Link <https://wihist.org/WIRB-AR>

Calvary Baptist Church, Milwaukee, Milwaukee County (AR)
State Bank of De Pere, De Pere, Brown County (AR)

10:15-10:45 AM

Anthropology Committee (AN), Conference Room, Room 437

Zoom Link <https://wihist.org/WIRB-AN>

F.J. King Shipwreck (Schooner), Town of Liberty Grove, Door County (AN)

10:15-10:45 AM

History Committee (H), Sellery Room, First Floor

Zoom Link <https://wihist.org/WIRB-H>

St. Benedict the Moor Roman Catholic Church, Milwaukee, Milwaukee County (H)

11:00 AM-12:00

FULL REVIEW BOARD MEETING, Murphy Board Room, Room 318

Zoom Link <https://wihist.org/WIRB>

Committees provide recommendations on individual properties for consideration by the Review Board. Historic Districts are presented to the board; the board votes on both individual properties and districts.

Individual Nominations (Action on Individual Nominations)

Calvary Baptist Church, Milwaukee, Milwaukee County (AR)
F.J. King Shipwreck (Schooner), Town of Liberty Grove, Door County (AN)
St. Benedict the Moor Roman Catholic Church, Milwaukee, Milwaukee County (H)
State Bank of De Pere, De Pere, Brown County (AR)

PRESENTATION OF INDIVIDUAL PROPERTY CERTIFICATES

Historic Districts (Presentation and Action on District Nominations)

Upper Lone Tree Farm Historic District, Town of Brooklyn, Green Lake County
East Troy Electric Railroad Historic District, East Troy & Mukwonago, Waukesha & Walworth Counties

12:00 – 12:30 PM

LUNCH BREAK FOR BOARD MEMBERS, Murphy Board Room, Room 318

12:30 PM -

REVIEW BOARD BUSINESS MEETING, Murphy Board Room, Room 318

Call to order
Minutes of Review Board Meeting on November 14, 2025
Report by Chairperson González
Election of new Chair and Vice Chair of the State Historic Preservation Review Board
Approval of 2026 CLG Subgrants
Tax Credit Projects Highlights
Reports by SHPO and Staff
Adjournment

All meetings are open to the Public

****Public comments are limited to 2 minutes****

***** Action may be taken on any item listed on the agenda*****



Green Lake County

County Board
February 17th, 2026

County Manager Update

- Sophia Walters began her role as our new Human Resources Coordinator at the beginning of the year. She has already stepped in and has been assisting Department Heads on recruitment and onboarding while also working closely with Liz on learning and assuming many of the Human Resources functions the County Clerk has been fulfilling. Sophia is also part of the group that made the suggested changes to our wage plan. We met in January to begin going over the Policy and Procedure manual. Any draft clean up or updates of those policies will be brought to the Administrative Committee and to this full County Board for final approval.
- Grace Brown began her role as our new County Fair & UW Extension position at the beginning of the year. We are excited to have her part of the team!
- The County Clerk position was advertised, and candidates went through an interview process with the Administrative committee. That committee has recommended Samantha Stobbe to be appointed as the next Green Lake County Clerk at tonight's meeting of the full County Board.
- The Capital Improvement workgroup met in January. Our first meeting we established our purpose while also starting the process of identifying all County assets and liabilities. We will continue to gather this information and present it at the Committee and full County Board level to begin developing a strategic plan for the short and long-term capital improvement needs and goals of the County.
- These represent some of the highlights of the last month. The day-to-day consists of learning new aspects of the job or County, working collaboratively with staff on solutions for problems that arise, and ensuring the day-to-day operations of the County are running as smoothly and efficiently as possible. I welcome any questions that anyone has.

Respectfully submitted,
Jason Jerome
County Manager

RESOLUTION NUMBER 01-2026

Resolution Creating an Opioid Task Force to Distribute Opioid Settlement Funds

The County Board of Supervisors of Green Lake County, Green Lake, Wisconsin, duly assembled at its regular meeting begun on the 17th day of February, 2026, does resolve as follows:

- 1 **WHEREAS**, Green Lake County has received moneys through the settlement of opiate
- 2 litigation (the *settlement*), and

- 3 **WHEREAS**, pursuant to WI Stat. § 165.12, said funds have been distributed into a
- 4 segregated account to be expended solely for purposes identified as approved uses for
- 5 abatement in the settlement agreement or by court order, subject to WI Stat. § 165.12
- 6 (6), and

- 7 **WHEREAS**, distribution of the settlement funds can best be accomplished via the
- 8 authority of an Opioid Task Force, comprised of County employees and elected officials
- 9 with the guidance of the County Manager.

- 10 Fiscal note: N/A

- 11 A majority vote is needed to pass.

Roll Call on Resolution No. 01-2026

Submitted by Administrative
Committee:

Ayes , Nays , Absent , Abstain 0

/s/ David Abendroth

David Abendroth, Chair

Passed and Adopted/Rejected this 17th
day of February, 2026.

/s/ Gene Thom

Gene Thom, Vice Chair

County Board Chairman

/s/ Dennis Mulder

Dennis Mulder

ATTEST: County Clerk
Approve as to Form:

/s/ Brian Floeter

Brian Floeter

Corporation Counsel

Absent

Bob Schweder

/s/ Nancy Hoffmann

Nancy Hoffmann

/s/ Joe Gonyo

Joe Gonyo

12 **NOW, THEREFORE, BE IT RESOLVED** that the Green Lake County Manager shall
13 create a task force comprised of County employees and elected officials, and

14 **BE IT FURTHER RESOLVED** that said task force shall fairly determine subrecipients
15 and distribute amounts from the settlement funds consistent with the procedure outlined
16 in WI Stat. § 165.12, and

17 **BE IT FURTHER RESOLVED** that said task force shall comply with any other
18 procedures outlined in WI Stat. § 165.12 for executing, monitoring and recording the
19 distribution of the settlement funds; and

20 **BE IT FURTHER RESOLVED** that said task force shall continue to operate so long as
21 opiate settlement funds remain in the segregated account and will periodically provide
22 the Administrative Committee with updates on said funds as requested.

This document is not intended to be submitted as an application to be considered for funding. If you would like to complete an application, visit: Google Form

Green Lake County Opioid Settlement Funding Request for Proposals Application 2026

1. Name of applying agency, organization, or individual:
Only list an individual's name if the person is not applying on behalf of an organization/agency.

2. Address of applying agency, organization, or individual:
Include city, state, zip code; only list personal address if agency/organization address is not available.

3. Indicate whether the applicant has non-profit status:
 - Yes
 - No

If no, please explain why this application should be deemed eligible for funding

4. Applying agency/organization main contact:
This person will receive communication from Green Lake County on the status of the application and additional information as needed.
Main contact name:
Main contact phone number:
Main contact email:

5. Additional contact (optional):
Additional contact(s) will be copied into communications from Green Lake County.
Name:
Phone number:
Email:

6. Additional contact (optional):
Additional contact(s) will be copied into communications from Green Lake County.
Name:
Phone number:
Email:

7. Project Title:
What will you call this project?

8. Provide a short description of the project (150 word max):

This document is not intended to be submitted as an application to be considered for funding. If you would like to complete an application, visit: Google Form

9. This project is:

Select one

- A new project/initiative
- An expanded existing project/initiative
- Support for existing project/initiative
- Other (please specify)

10. What percent (estimate) of your project will focus on each category you selected?

Must equal 100%. Round to nearest whole number and do not include “%” in response.

Youth Substance Use Prevention

Harm Reduction and Overdose Prevention

Substance Use Treatment

Criminal Justice

Law Enforcement

Recovery

Community Awareness/Stigma Reduction

Other (i.e. community grant, or other)

11. Provide the project goal(s):

What do you hope to accomplish with this funding?

12. Provide the project objective(s):

Do not list specific strategies, but overall concepts of how you will accomplish your goal(s) from the previous question (e.g. Provide information/education on substance use disorder, reduce barriers to treatment, modify/change policy to ensure department staff have been trained in naloxone administration, etc.). Please list at least one objective per goal listed in the previous question.

Objective 1:

Objective 2 (optional):

Objective 3 (optional):

Objective 4 (optional):

Objective 5 (optional):

This document is not intended to be submitted as an application to be considered for funding. If you would like to complete an application, visit: [Google Form](#)

13. Which core strategy does the proposal fall within?

1. Broaden access to naloxone
2. Increase use of medications to treat opioid use disorder
3. Provide treatment and support during pregnancy and the postpartum period
4. Expand services for neonatal opioid withdrawal syndrome
5. Fund warm hand-off programs and recovery services
6. Improve care for opioid use disorder in the criminal justice system
7. Enrich prevention strategies
8. Expand harm reduction programs
9. Support data collection and research
10. Other (please specify)

14. Which other approved uses does the project fall within?

If the project does not fall within one of these strategies, please review Exhibit E: List of Opioid Remediation Uses (linked above), or direct questions to Rachel Prellwitz: rprellwitz@greenlakecountywi.gov | 920-294-4070

- A. Treatment: Treat Opioid Use Disorder (OUD)
- B. Treatment: Support people in Treatment and Recovery
- C. Treatment: Connect people who need help to the help they need (connections to care)
- D. Treatment: Address the needs of criminal justice-involved persons
- E. Treatment: Address the needs of pregnant or parenting women and their families, including babies with neonatal abstinence syndrome
- F. Prevention: Prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids
- G. Prevention: Prevent misuse of opioids
- H. Prevention: Prevent overdose deaths and other harms (harm reduction)
- I. Other: First responders
- J. Other: Leadership, planning and coordination
- K. Other: Training
- L. Other: Research
- M. Other (please specify)

15. Who is the target population for the project?

Examples: People who use drugs, families impacted by substance use, employees within a specific community or city, etc.

16. What geographic region will this project serve?

Examples: Green Lake County, City of Markesan, rural Green Lake County, Southern Green Lake County, Berlin area, Princeton School District, etc.

Note: Service areas outside of Green Lake County, WI may deem this application ineligible for funding.

This document is not intended to be submitted as an application to be considered for funding. If you would like to complete an application, visit: Google Form

17. What is the anticipated reach of the project?

Estimated number of people your project aims to serve.

18. What is the anticipated impact of the project? (250 word max)

How will this project affect the target population, general community, or other populations within our community?

19. How will the project be evaluated? (250 word max)

Share how much, how many, what difference does it make, what will the impact of the funds be, how will you know you made a difference?

20. What are some unintended or unanticipated outcomes that may come as a result of this project that could potentially negatively impact people with opioid use disorder? (50 word max)

Think about how people using opioids may be affected if this proposal is funded. Is there any way this project could make matters worse for people who use drugs?

21. Describe the sustainability plan for this project: (150 word max)

How will this project continue in future years (as needed) once opioid funding is not available?

22. Describe your agency's/organization's capacity to implement this project: (50 words max)

Are there enough resources (people, funding, time, space, tools) to support this project?

23. List (if any) collaborations or partners supporting this project and how they are supporting it:

Community collaboration is encouraged- who else is willing to help see this project through?

24. List (if any) other sources of funding that will or can be leveraged to support this project:

25. Total project budget:

The total project budget may be more than the amount requested if the project requires more funding than this award provides- how much will it cost to fully fund the project? Please use provided budget template and submit through online Google Form.

26. Project request:

The project request may be less than the total project budget- how much funding are you requesting from the Green Lake County Opioid Settlement funding for this project? This amount may not be more than \$25,000.

27. Do you have any additional comments about this funding proposal?

EXHIBIT E

List of Opioid Remediation Uses

Schedule A Core Strategies

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies (“*Core Strategies*”).¹⁴

- A. **NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES**
1. Expand training for first responders, schools, community support groups and families; and
 2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.
- B. **MEDICATION-ASSISTED TREATMENT (“MAT”) DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT**
1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;
 2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;
 3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and
 4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

¹⁴ As used in this Schedule A, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs.

C. **PREGNANT & POSTPARTUM WOMEN**

1. Expand Screening, Brief Intervention, and Referral to Treatment (“*SBIRT*”) services to non-Medicaid eligible or uninsured pregnant women;
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder (“*OUD*”) and other Substance Use Disorder (“*SUD*”)/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and
3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

D. **EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME (“*NAS*”)**

1. Expand comprehensive evidence-based and recovery support for NAS babies;
2. Expand services for better continuum of care with infant-need dyad; and
3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

E. **EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES**

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;
2. Expand warm hand-off services to transition to recovery services;
3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;
4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and
5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. **TREATMENT FOR INCARCERATED POPULATION**

1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and
2. Increase funding for jails to provide treatment to inmates with OUD.

G. **PREVENTION PROGRAMS**

1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);
2. Funding for evidence-based prevention programs in schools;
3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);
4. Funding for community drug disposal programs; and
5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. **EXPANDING SYRINGE SERVICE PROGRAMS**

1. Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

I. **EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE**

Schedule B Approved Uses

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

PART ONE: TREATMENT

A. **TREAT OPIOID USE DISORDER (OUD)**

Support treatment of Opioid Use Disorder (“*OUD*”) and any co-occurring Substance Use Disorder or Mental Health (“*SUD/MH*”) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:¹⁵

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (“*MAT*”) approved by the U.S. Food and Drug Administration.
2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (“*ASAM*”) continuum of care for OUD and any co-occurring SUD/MH conditions.
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including *MAT*, as well as counseling, psychiatric support, and other treatment and recovery support services.
4. Improve oversight of Opioid Treatment Programs (“*OTPs*”) to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.
5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
6. Provide treatment of trauma for individuals with OUD (*e.g.*, violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (*e.g.*, surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

¹⁵ As used in this Schedule B, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs.

8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.
12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (“*DATA 2000*”) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.
13. Disseminate of web-based training curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.
14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service for Medication–Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.
3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.
5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.
7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.
12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
14. Create and/or support recovery high schools.
15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

**C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED
(CONNECTIONS TO CARE)**

Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.
3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.
4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.
6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.
8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.
9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
11. Expand warm hand-off services to transition to recovery services.
12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
13. Develop and support best practices on addressing OUD in the workplace.

14. Support assistance programs for health care providers with OUD.
15. Engage non-profits and the faith community as a system to support outreach for treatment.
16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:
 1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (“*PAARP*”);
 2. Active outreach strategies such as the Drug Abuse Response Team (“*DART*”) model;
 3. “Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
 4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (“*LEAD*”) model;
 5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or
 6. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.
2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.
3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.
5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.
6. Support critical time interventions (“*CTP*”), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
7. Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome (“*NAS*”), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.
3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.
4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.

5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.
6. Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
7. Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.
8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.
10. Provide support for Children’s Services—Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).
2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs (“*PDMPs*”), including, but not limited to, improvements that:

1. Increase the number of prescribers using PDMPs;
2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or
3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.
6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation’s Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.
7. Increasing electronic prescribing to prevent diversion or forgery.
8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Funding community anti-drug coalitions that engage in drug prevention efforts.
6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (“SAMHSA”).
7. Engaging non-profits and faith-based communities as systems to support prevention.

8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
2. Public health entities providing free naloxone to anyone in the community.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.
8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.
10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.
12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.
13. Supporting screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment

intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.
3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (*e.g.*, health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.
3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (*e.g.*, Hawaii HOPE and Dakota 24/7).
7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (“*ADAM*”) system.
8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

Green Lake County Opioid Settlement Funding Request for Proposals 2025-2026

The Green Lake County Board of Supervisors requested the Opioid Task Force determine appropriate uses of Green Lake County Opioid Settlement funds for opioid abatement purposes such as: enhancing substance use treatment; evaluating and implementing community-based prevention; increasing access to harm reduction resources; and increasing implementation of best practices.

Applicants are encouraged to request no more than \$25,000 per request, with requests of smaller amounts encouraged. Requests can cover the following areas related to opioid use: Prevention, harm reduction, treatment*, recovery, criminal justice, enforcement, community programs, evaluation, communication, and stigma reduction. Examples of evidence-based strategies for each area can be found in *Attachment 1*.

Eligible applicants include community lead organizations and must be a Wisconsin-based organization, serving Green Lake County, within one or more of these categories: Nonprofit, IRS tax exempt, 501(c)(3) organization; nonprofit, IRS tax exempt, 501(c)(6) organization; nonprofit or public 4K-12 school or district; tribal, state or local government entity.

To request Green Lake County Opioid Settlement funds, complete online application and budget template. Funding applications are accepted on a **quarterly basis**. **Due dates for 2026 are as follows: March 2, 2026, June 1, 2026, September 2, 2026 and December 1, 2026.** Submit the completed [application](#) with an estimated budget (template provided in Google Form link) to have the request reviewed for consideration. Late requests will not be considered.

Applicants should review the attachments prior to submitting requests to ensure appropriate use of funds ([Exhibit E](#) or [OSPRI Tool](#)). If a funding request does not meet requirements for approved use of funds, the request will be denied. To support proposals in choosing evidence-based approaches to utilizing Opioid Settlement Funds, refer to the [Strategy Briefs by Core Abatement Strategies from the National Association of Counties](#). Applicants should be familiar with [Wisconsin Department of Health Services \(DHS\) plan for Opioid Abatement](#) and **not replicate state efforts that Green Lake County is participating in** (e.g. purchasing/distributing naloxone and drug checking strips, EMS leave-behind programs, etc.).

Note: It is important to remember that helping people access resources to meet their health related social needs, such as housing, child care assistance, food assistance, health care access, and transportation, is crucial to assisting individuals and communities harmed by the opioid-related overdose epidemic. Meeting such needs supports and helps facilitate people's entry to and retention in substance use treatment as well as other harm reduction, health, and wellness services.

The Opioid Task Force will score proposals using [criteria](#) that support evidence and best practice.

Those receiving funding will be required to complete bi-annual reports. A report template will be provided to recipients. Funding must be spent within one year of receiving grant funds.

Questions regarding the use of funds or this funding application may be submitted to Rachel Prellwitz (rprellwitz@greenlakecountywi.gov).

Letter(s) of Support are strongly encouraged, but not required. Proposals are prohibited from supplanting (using grant funds to pay for ongoing activities already budgeted or for the usual activities assigned to a position) or lobbying activities.

Applicants are strongly encouraged to work with people who use/have used substances. This will be prioritized in the scoring of applications.

Link to application: [Google form link](#)

Attachment 1

Examples of evidence-based requests approved under Exhibit E include:

Prevention:

- Supporting substance use prevention coalition efforts by implementing evidence-informed prevention by following models such as the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).
- School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

Harm reduction:

- Expansion of syringe service programs and other harm reduction supply distribution programs such as naloxone.
- Public education relating to immunity and Good Samaritan laws.
- Supporting screening for fentanyl in routine clinical toxicology testing.
- Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder (SUD)/Mental Health (MH) conditions.

Recovery:

- Broaden scope of recovery services to include co-occurring Substance Use Disorder (SUD) or mental health conditions.
- Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.
- Expand [warm hand-off](#) services to transition to recovery services.
- Provide access to housing for people with opioid use disorder and any co-occurring substance use disorder/mental health conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.
- Expand peer support services in new locations (e.g., worksites).

Treatment:

- Provide or support transportation to treatment or recovery programs or services for persons with opioid use disorder and any co-occurring substance use disorder/mental health conditions.
- Provide employment training or educational services for persons in treatment for or recovery from opioid use disorder and any co-occurring substance use disorder/mental health conditions.
- Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
- Provide treatment to people who are incarcerated.
- Expand access to treatment modalities (e.g. group, Moral Reconciliation Therapy (MRT), contingency management).

Law Enforcement:

- Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, such as Angel Programs of the Police Assisted Addiction Recovery Initiative (PAARI), Law Enforcement Assisted Diversion (LEAD) program, or active outreach strategies such as the Drug Abuse Response Team (DART) model.
- Employ substance use professionals to work alongside corrections officers or deputies in the field.

Criminal Justice:

- Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.
- Support pretrial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including providing medications to treat substance use disorders, and related services.

Community Grants:

- Organizations using evidence-informed practices to support prevention, harm reduction, treatment, and/or recovery efforts requesting funds for approved uses.

Evaluation/Communication/Stigma reduction:

- Ensure funded programs are meeting outcomes and reaching goals.
- Anti-stigma trainings and education.

Examples of practices that lack evidence and effectiveness in preventing, changing behavior, or possibly furthering harms in the opioid crisis that are not encouraged as standalone activities include:

- One-time events/presentations/speakers
- Mock car crashes for high school students
- Campus alcohol/drug bans
- Designated driver promotion programs
- Enhanced enforcement of individuals who use substances

Green Lake County Opioid Settlement Grant Biannual Report Form

Please describe how your agency is utilizing the Opioid Settlement Funds and plans to further the objectives identified in your proposed scope of work.

Complete this report form (and any pertinent attachments) and submit by **June 30, 2026** to rprellwitz@greenlakecountywi.gov

Organization Information		
Name of Organization	Address of Organization	
Contact Information for Person Completing Report		
Name	Phone	Email
Date Report Completed		
Opioid Funding Awarded	\$	
Opioid Funding Spent	\$	
Opioid Funds Remaining	\$	
Describe your plans to spend your remaining funds.		
Describe how the Opioid Settlement Funding has been used in the past 6 months.		

Describe successes and challenges faced in your efforts to combat the impacts of the opioid epidemic.

Share any data you have collected (pre/post surveys, # of people served, etc.).

Share a positive impact story about how these funds were used, including pictures if applicable.



--	--

Signature

Date

APPENDIX D: REQUEST FOR PROPOSALS (RFP) RUBRIC

Criteria	Limited	Needs Improvement	Promising	Excellent
	1	2	3	4
Evidence Base				
Is the strategy grounded in data and evidence-driven/informed?				
Feasibility				
Organizational Capacity: - Do organizations have enough staffing to carry this out?				
Cost: - Will the funding provided cover the entirety of the strategy (start to finish)? - Will the strategy require sustained funding? - Are costs anticipated to increase or decrease at any point in time? - Are there startup costs?				
Legality: - Is the strategy in compliance with DHS and state guidelines? - Is there any activity that is prohibited?				
Scalable: - Can the strategy be implemented to many communities? - How can the strategy be promoted?				
Sustainable: - Does the strategy address short-term outcomes or long-term outcomes? - How will success be measured? - Will the strategy continue to be successful after using the initial funds?				
Fit				
- Does the strategy fit the identified needs and gaps in Green Lake County?				

- Will it prevent deaths in the long-term?				
Equity				
- Does the strategy consider equity? - Will the strategy address the needs in the community in a fair and equitable way? - Will there be minimal barriers with respect to implementation?				
Reach				
- Will this reach the most vulnerable in the community?				
Scope of Strategy				
Prevention				
Harm Reduction				
Treatment				
Recovery				

RESOLUTION NUMBER 02-2026

RESOLUTION CREATING A RETENTION BONUS PROGRAM FOR CORRECTIONS AND COMMUNICATIONS STAFF WITHIN THE SHERIFF'S OFFICE

The County Board of Supervisors of Green Lake County, Green Lake, Wisconsin, duly assembled at its regular meeting begun on the 17th day of February, 2026, does resolve as follows:

- 1 **WHEREAS**, the Green Lake County Sheriff's Office continues to face significant
- 2 challenges in the retention and recruitment of qualified Corrections and
- 3 Communications personnel; and
- 4
- 5 **WHEREAS**, retaining experienced staff directly reduces overtime expenditures, lowers
- 6 training costs, and promotes operational stability and public safety; and
- 7
- 8 **WHEREAS**, the Sheriff's Office has identified that a structured retention bonus program
- 9 will incentivize long-term employment, reduce turnover, and improve workforce
- 10 reliability; and
- 11 Fiscal note is attached.
- 12 A majority vote is need to pass.

Roll Call on Resolution No. 02-2026

Submitted by Public Safety & Judicial Committee:

Ayes , Nays , Absent , Abstain 0

/s/ Joe Gonyo

Joe Gonyo, Chair

Passed and Adopted/Rejected this 17th day of February , 2026.

/s/ Gene Thom

Gene Thom, Vice Chair

County Board Chairman

/s/ Keith Hess

Keith Hess

ATTEST: County Clerk
Approve as to Form:

Absent

Sue Wendt

Corporation Counsel

/s/ Don Lenz

Don Lenz

13 **WHEREAS**, the cost of such a retention program can be offset through savings already
14 realized by reducing training needs, lowering overtime, and through existing budgeted
15 funds; and

16
17 **WHEREAS**, the Sheriff's Office anticipates the total annual cost of the retention
18 program to be **no more than \$135,000 per year**, which will be fully funded through the
19 Sheriff's Office budget without requiring additional levy dollars; and

20
21 **WHEREAS**, for the calendar year 2026, the Sheriff's Office will leave one Corrections
22 Officer position unfilled to provide a financial buffer as the effectiveness and efficiency
23 of the program is evaluated;

24
25 **NOW, THEREFORE, BE IT RESOLVED**, by the Green Lake County Board of
26 Supervisors, that a Retention Bonus Program for Corrections and Communications staff
27 is hereby established as follows:

- 28
29 1. **Employees who remain employed for the entire 2026 calendar year**
30 **(January 1, 2026 to the last day of the last pay period of 2026) shall receive**
31 **a retention bonus of \$2,000.**
- 32 2. **For each additional full year of continued employment thereafter, eligible**
33 **employees shall receive an additional \$1,000, up to a maximum total annual**
34 **bonus of \$5,000.**
- 35 3. **Employees who are employed on January 1st 2026 and remain employed on**
36 **the last day of the last pay period of 2027 would receive an additional**
37 **\$3,000.**
- 38 4. **Employees who are employed on January 1st 2026 and remain employed on**
39 **the last day of the last pay period of 2028 would receive an additional**
40 **\$4,000.**
- 41 5. **Employees who are employed on January 1st 2026 and remain employed on**
42 **the last day of the last pay period of 2029 would receive an additional**
43 **\$5,000.**
- 44 6. **Employees who are employed on January 1st 2026 and remain employed on**
45 **the last day of the last pay period of 2030 would receive an additional**
46 **\$5,000.**
- 47 7. **Newly hired employees shall receive a prorated first-year retention bonus**
48 **of \$166 for each full month of employment completed in 2026 (or in the**
49 **calendar year of hire if hired thereafter), paid at the end of the year,**
50 **followed by full eligibility for the established bonus amounts at the**
51 **completion of each subsequent year of employment.**

52 **8. The total annual cost of the program shall not exceed \$135,000 in any**
53 **single year with the maximum for the first year at \$54,000, and the program**
54 **shall be funded through existing Sheriff's Office budgetary allocations,**
55 **including overtime savings derived from reduced turnover and reduced**
56 **training obligations.**

57 **9. One Corrections Officer position within the Sheriff's Office shall remain**
58 **unfilled for the 2026 budget year to provide fiscal stability and to allow for**
59 **ongoing evaluation of the program's financial and operational impact.**

60 **BE IT FURTHER RESOLVED**, that the Public Safety Committee, Finance Committee,
61 and Sheriff shall review the program's results and financial impact annually and provide
62 recommendations to the County Board regarding continuation or modification of the
63 program.

RESOLUTION NUMBER 03-2026

Resolution Relating to Sustainable Transportation Funding

The County Board of Supervisors of Green Lake County, Green Lake, Wisconsin, duly assembled at its regular meeting begun on the 17th day of February, 2026, does resolve as follows:

- 1 **WHEREAS**, local units of government in Wisconsin own and maintain approximately
- 2 90% of the public road miles in the state, including county highways, town roads, and
- 3 city and village streets; and
- 4 **WHEREAS**, Wisconsin’s economy—rooted in agriculture, manufacturing, and tourism—
- 5 relies on a safe, reliable, and well-maintained transportation network; and
- 6 **WHEREAS**, local governments greatly appreciate the one-time infusions of General
- 7 Purpose Revenue, primarily sales and income taxes, and other revenue provided in
- 8 recent state budgets, which have enabled the initiation and continuation of the
- 9 successful and popular Local Roads Improvement Program Supplemental (LRIP-S) and
- 10 Agricultural Roads Improvement Program (ARIP); and
- 11 Fiscal note is N/A.
- 12 A majority vote is needed to pass.

Roll Call on Resolution No. 03-2026

Submitted by Highway Committee:

Ayes , Nays , Absent , Abstain 0

/s/ Dennis Mulder

Dennis Mulder, Chair

Passed and Adopted/Rejected this 17th day of February, 2026.

/s/ Chuck Buss

Chuck Buss, Vice Chair

County Board Chairman

/s/ Bob Schweder

Bob Schweder

ATTEST: County Clerk
Approve as to Form:

/s/ Harley Reabe

Harley Reabe

Corporation Counsel

/s/ Charlie Wielgosh

Charlie Wielgosh

13 **WHEREAS**, despite modest increases from the state over the years, transportation aids
14 to local governments remain insufficient to keep pace with inflation and rising
15 construction costs, leaving many communities funded below 2000 levels in real dollars;
16 and

17 **WHEREAS**, local governments throughout Wisconsin continue to struggle to perform
18 even routine maintenance, pavement preservation, and safety improvements, resulting
19 in deteriorating roads and bridges; and

20 **WHEREAS**, the inaugural inventory and assessment of small bridges between 6 to 20
21 feet found about 10% of the nearly 17,000 structures to be in poor or severe condition;
22 and

23 **WHEREAS**, levy limits and other fiscal constraints prevent local governments from
24 independently filling the funding gap created by inadequate state transportation aids;
25 and

26 **WHEREAS**, absent sustainable state funding, many communities have been forced to
27 address their shortfalls by significantly increasing borrowing, deferring essential
28 projects, or imposing local vehicle registration (“wheel”) taxes; and

29 **WHEREAS**, Wisconsin motorists currently pay among the lowest transportation user
30 fees in the Midwest, while neighboring states and dozens of others nationwide have
31 enacted long-term revenue measures to keep their transportation systems competitive;
32 and

33 **WHEREAS**, Wisconsin is increasingly relying on General Purpose Revenues to make
34 needed investments, potentially pitting transportation against other vital services, such
35 as education; and

36 **WHEREAS**, continued lack of growing, dedicated, and predictable revenue places
37 Wisconsin at a growing economic disadvantage by threatening the efficiency of freight
38 movement, the safety of travelers, and the attractiveness of our state to businesses and
39 residents; and

40 **WHEREAS**, both Wisconsin’s aging Interstate highway system—largely constructed in
41 the 1950s and 1960s—and our extensive network of state and local roads require
42 predictable, adequate, and sustainable funding to meet current and future needs;

43 **NOW, THEREFORE, BE IT RESOLVED** that the Green Lake County Board of
44 Supervisors strongly urges the Governor of Wisconsin and the State Legislature to
45 enact a comprehensive, sustainable transportation funding solution that:
46 **1.** Provides adequate and reliable revenue growth for the efficient long-term planning
47 and execution of state and local transportation programs;
48 **2.** Includes responsible and prudent use of General Purpose Revenue and bonding;
49 **3.** Adjusts any new and existing transportation user fees and other revenue
50 mechanisms to sustain purchasing power in order to maintain and improve Wisconsin’s
51 transportation infrastructure; and

52 **4.** Ensures transportation continues to deliver for Wisconsin by adequately funding
53 reconstruction, preservation, and safety investments on the state and local systems.

54 **BE IT FURTHER RESOLVED** that the clerk is hereby directed to transmit a copy of this
55 resolution to the Governor's office, all members of the Wisconsin State Senate and
56 Assembly representing districts within Green Lake County, and the Wisconsin Counties
57 Association.

RESOLUTION NUMBER 04-2026

Resolution Requesting Wisconsin Counties Association Lobby State Legislature and Governor on Legislation for Greater Local Control for Wisconsin Counties

The County Board of Supervisors of Green Lake County, Green Lake, Wisconsin, duly assembled at its regular meeting begun on the 17th day of February, 2026, does resolve as follows:

- 1 **WHEREAS**, local governments in Wisconsin are closest to the people they serve and are
- 2 best positioned to understand and address the unique needs, priorities, and challenges of
- 3 their communities; and,
- 4 **WHEREAS**, public meetings and hearings held by local units of government allow for
- 5 significantly more opportunity for public input than meetings and hearings held by the
- 6 Public Service Commission in Madison; and,
- 7 Fiscal note is N/A.
- 8 A majority vote is needed to pass.

Roll Call on Resolution No. 04-2026

Submitted by Administrative Committee:

Ayes , Nays , Absent , Abstain 0

/s/ David Abendroth

Dave Abendroth, Chair

Passed and Adopted/Rejected this 17th day of February, 2026.

/s/ Gene Thom

Gene Thom, Vice Chair

County Board Chairman

/s/ Dennis Mulder

Dennis Mulder

ATTEST: County Clerk
Approve as to Form:

Absent

Brian Floeter

Corporation Counsel

/s/ Bob Schweder

Bob Schweder

Approved via remote access
Nancy Hoffmann

Absent

Joe Gonyo

9 **WHEREAS**, preserving local control is essential to maintaining accountability,
10 transparency, and public trust in government, as well as ensuring that decisions reflect
11 local values and conditions; and,

12 **WHEREAS**, statewide, one size fits all regulations do not always appropriately address
13 the issues and needs of every Wisconsin community; and,

14 **WHEREAS**, a series of mandates and other agency actions have continuously shifted
15 powers from the local to the state level; and,

16 **WHEREAS**, the geographic, environmental, and demographic diversity across
17 Wisconsin counties necessitates localized approaches to governance that reflect each
18 county's unique characteristics; and,

19 **WHEREAS**, state legislators have been making attempts to return local control to cities,
20 villages and towns over large-scale wind and solar projects in several bills; and,

21 **WHEREAS**, such attempts should also be applied to counties and county boards who
22 are democratically elected bodies that directly represent the interests and values of their
23 constituents; and,

24 **WHEREAS**, significant negative impacts on environmental habitats, public health, road
25 infrastructure, and property values and taxes due to large-scale wind and solar projects
26 in those areas where they exist are well established and documented; and,

27 **NOW THEREFORE BE IT RESOLVED** that the Green Lake County Board of
28 Supervisors hereby requests the Wisconsin Counties Association consider this issue
29 and/or adopt this resolution and lobby the Wisconsin State Legislature and Governor to
30 support any and all efforts and legislation that would give local elected bodies greater
31 control in regulating large scale wind and solar projects to in the best interest of their
32 communities; and,

33

34 **BE IT FURTHER RESOLVED**, that a copy of this resolution be forwarded to the
35 Wisconsin Towns Association, all local and state legislators who represent citizens
36 across Green Lake County, the Governor, and all county boards in Wisconsin for
37 consideration, support, and action.

RESOLUTION NUMBER 05-2026

Resolution in Opposition to Wisconsin Assembly Bill 1033

The County Board of Supervisors of Green Lake County, Green Lake, Wisconsin, duly assembled at its regular meeting begun on the 17th day of February, 2026, does resolve as follows:

- 1 **WHEREAS**, a wake-enhanced boating bill is currently proposed in the Wisconsin
- 2 Legislature – Assembly Bill 1033.
- 3 **WHEREAS**, said bill would set a single statewide standard of 200 feet from shore for all
- 4 wake-enhanced boats.
- 5 **WHEREAS**, said bill would limit a local municipality’s ability to create and pass its own
- 6 laws, tailored to address its own unique, local issues.
- 7 **WHEREAS**, said bill would establish parameters at the state level that would apply the
- 8 same to all Wisconsin waters, regardless of size and circumstances.
- 9 **WHEREAS**, said bill fails to mention any scientific data supporting its proposed actions.
- 10 No fiscal impact anticipated.
- 11 Majority vote is needed to pass.

Roll Call on Resolution No. 05-2026

Submitted by Land, Water, Parks, & Community Committee:

Ayes , Nays , Absent , Abstain 0

/s/ Bob Schweder

Bob Schweder, Chair

Passed and Adopted/Rejected this 17th day of February, 2026.

/s/ Mike Skivington

Mike Skivington, Vice-Chair

County Board Chairman

/s/ Bill Boutwell

Bill Boutwell

ATTEST: County Clerk
Approve as to Form:

Absent

Nancy Hiestand

Corporation Counsel

/s/ Nita Krenz

Nita Krenz

12 **NOW THEREFORE BE IT RESOLVED**, that the Green Lake County Board of
13 Supervisors supports the following wake-enhanced boating standards grounded in
14 science of: operating at least 700 feet from shore, waters at least 30+ feet deep, ballast
15 systems fully drained and sanitized before entering a waterbody, and preservation of
16 local authority so municipalities and lake districts can adopt stronger protections if
17 needed.

18 **BE IT FURTHER RESOLVED** that the Green Lake County Board of Supervisors does
19 not support Assembly Bill 1033.

20 **BE IT FURTHER RESOLVED** that the Green Lake County Board of Supervisors prefers
21 for local municipalities to maintain a higher degree of autonomy in addressing this issue.

22 **BE IT FURTHER RESOLVED** that the Green Lake County Board of Supervisors
23 believes that any proposal be based upon reliable, scientific findings and that any
24 proposed legislation refer to the same.

25 **BE IT FURTHER RESOLVED** that this resolution shall be shared with all the Governor,
26 all lawmakers in the State Assembly and Senate, and counties in the State of
27 Wisconsin.

ORDINANCE NO. 01-2026

**Relating to: Rezone in the Town of Marquette
Owner: Lloyd L. Miller Jr.**

The County Board of Supervisors of Green Lake County, Green Lake, Wisconsin, duly assembled at its regular meeting begun on the 17th of February 2026, does ordain as follows:

1 **NOW, THEREFORE, BE IT ORDAINED** that the Green Lake County Zoning Ordinance,
2 Chapter 350 as amended, Article IV Zoning Districts, Section 350-26 Official Map, as
3 relates to the Town of Marquette, shall be amended as follows:
4

5 **Owner:** Lloyd L. Miller Jr., **Agent:** Donald W. Lenz, **Location:** W5495 Puckaway Road,
6 **Parcel:** 014-00500-0100. **Legal Description:** Located in the NW ¼ of SE ¼ & SW ¼ of
7 SE ¼ of Section 35, T15N, R11E, Town of Marquette, ±8.32 acres. **Request:** The owners
8 are requesting a rezone of ±8.32 acres zoned A1, Farmland Preservation District, to A2,
9 General Agriculture District. To be identified by Certified Survey Map.

10 **BE IT FURTHER ORDAINED**, that this ordinance shall become effective upon passage
11 and publication.

Roll Call on Ordinance No. 01-2026

Submitted by Land Use Planning &
Zoning Committee:

Ayes , Nays , Absent , Abstain

/s/ Chuck Buss

Passed and Enacted/Rejected this 17th
Day of February 2026.

Chuck Buss, Chair

/s/ William Boutwell

William Boutwell, Vice Chair

County Board Chairman

Absent

Sue Wendt

ATTEST: County Clerk
Approve as to Form:

Gene Thom

Gene Thom

Jeffrey Mann, Corporation Counsel

Absent

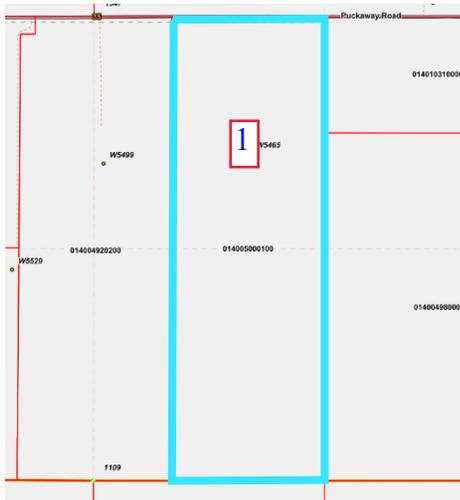
Curt Talma

**Lloyd L. Miller Jr.
Town of Marquette**

**W5465 Puckaway Road, Parcel #014-00500-0100
NW ¼ of SE ¼ & SW ¼ of SE ¼, Section 35, T15N, R11E**

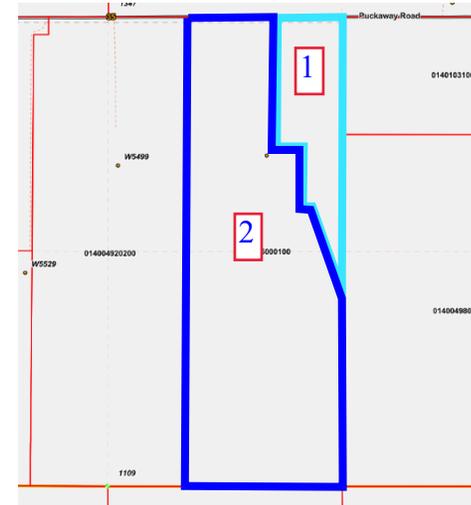
Existing Configuration

1 = ±53.63-acre parcel zoned A1, Farmland Preservation District.



Proposed Configuration

**1 = ±8.32-acre parcel zoned A2, General Agriculture District.
2 = ±45.31-acre parcel zoned A1, Farmland Preservation District.**



ORDINANCE NO. 02-2026

Ordinance amending Green Lake County § 9-5, Annual Meeting

The County Board of Supervisors of Green Lake County, Green Lake Wisconsin, duly assembled at its regular meeting begun on the 17th day of February, 2026, does ordain as follows:

1 **NOW, THEREFORE, BE IT ORDAINED** that Green Lake County § 9-5, Annual Meeting
2 shall be amended as follows:
3

4 The annual meeting of the Green Lake County Board of Supervisors shall be held in the
5 County Courthouse in the City of Green Lake at 6:00 p.m. on the Tuesday following the
6 second Monday in November of each year for the purpose of transacting such business
7 as the adoption of a budget. **If that day falls on November 11 of any given year, the**
8 **meeting shall be held on the next succeeding day in accordance with WI Stat. § 59.11**
9 **(1)(a). Furthermore, said budget shall be made available for inspection and hearing**
10 **noticed in accordance with WI Stat. § 65.90 (3)(a).**

11
12 **BE IT FURTHER ORDAINED**, that this ordinance shall become effective upon passage
13 and publication.

Roll Call on Resolution No. 02-2026

Submitted by Finance & Insurance
Committee:

Ayes , Nays , Absent , Abstain 0

/s/ Harley Reabe

Harley Reabe, Chair

Passed and Enacted/Rejected this 17th
day of February, 2026.

Brian Floeter, Vice Chair

/s/ Charlie Wielgosh

Charlie Wielgosh

County Board Chairman

ATTEST: County Clerk
Approve as to Form:

Donald Lenz

Corporation Counsel

/s/ Dennis Mulder

Dennis Mulder

GREEN LAKE COUNTY

Notice of Budgetary Adjustment

Date: November 18, 2025
 Department: Sheriff's Office
 Amount: \$6,000.00
 Budget Year Amended: 2025

Recording information
Batch no: _____
Date: _____

Source of Increase / Decrease and affect on Program:
 (If needed attached separate brief explanation.)

We currently do not have enough Credit Card Points to purchase all of the 2025 Gift Cards that are purchased to compensate for the Sheriff's dept staff that work on the the holidays that the other staff get as a paid holiday. This has been corrected in the 2026 budget.

Are Green Lake County contingency funded needed to fund this budget adjustment? **YES** NO
 If Yes, complete sections 1, 2, and 3. If No, complete sections 1 and 2 and inform oversight committee.

Section #1

Revenue Budget Lines Amended:

Account #	Account Name	Current Budget	Budget Adjustment	Final Budget
				\$ -
				\$ -
				\$ -
				\$ -
Total Adjustment			\$ -	

Expenditure Budget Lines Amended:

Account #	Account Name	Current Budget	Budget Adjustment	Final Budget
25-101-00-58000-000-000	Contingency Fund Exp	\$ 75,692.00	\$ (6,000.00)	\$ 69,692.00
25-100-09-52100-124-000	Sheriff's Office Overtime	\$ 67,252.00	\$ 6,000.00	\$ 73,252.00
			amended to \$ 3500	\$ -
				\$ -
				\$ -
Total Adjustment			\$ -	

Section #2

Department Head Approval: Mack H. Pedell Date: 11-18-25
 Finance Director Approval: Kayla Gjonke Date: 11/18/2025
 County Administrator Approval: Jason Jerome Date: 11/18/2025
 Inform your Governing Committee Date: _____

Section #3

Governing Committee Approval: _____ Date: 12/10/25
 Following this approval please forward to the County Clerk's Office.
 Finance Committee Approval: _____ Date: 12/23/25
 County Board Approval: _____ Date: _____

APPOINTMENTS TO BE MADE AT THE February 17, 2026 County Board

Appoint/Reappoint	Name	Committee Name	Term Ending
Appoint	JJ Gigstead	Board of Ajustment - Alternate	6/30/2028
Appoint	Mary Iserman	Transportation	12/31/2027
Appoint	Darlene Krentz	Aging/ADRC	??
Appoint	See attached	Emergency Fire Wardens	12/31/2026

**DNR Emergency Fire Wardens
Green Lake County
CY 2026**

Town of Berlin

Brenda Murkley

Berlin Town Hall
N9291 Willard Road
Berlin, WI 54923

Town of Brooklyn

Mike Wuest

Town of Brooklyn
N5988 County Rd A
Green Lake, WI 54941

Town of Kingston

Mark Stefan

Grand Valley Campground
W5855 County Rd B
Dalton, WI 53926

Town of Mackford

Joel Strahota

Rennerts Fire Equipment
615 E. John Street
Markesan, WI 53946

By signing, the County Board approves the list of individuals above to act as Emergency Fire Wardens on behalf of the Wisconsin Department of Natural Resources in accordance with Section 26.12(3) and Section 26.14(3) of the Wisconsin State Statutes.

BY: 

Jodi Stormoen, Area Forestry Leader

Date: 01/20/2026

BY: _____ Date: _____
Chairperson, Green Lake County Board

Please return 1 signed copy to:

WI-DNR
Attention: Denise Krentz
427 E. Tower Drive, Suite 100
Wautoma, WI 54982