



Village of Grantsburg

Special Board of Trustees Meeting

Monday, November 30, 2020 6:00 p.m.

Notice is hereby given that the Board of Trustees for the Village of Grantsburg will hold a Special Board Meeting on Monday, November 30, 2020, 6:00 p.m. remotely via zoom. The public is invited to monitor the meeting by smartphone, computer or tablet online at zoom.us/join. Meeting ID: 876 7819 1262. Meeting link: <https://us02web.zoom.us/j/87678191262>. You can also dial in using your phone at 1-312-626-6799. The Board will consider the following items and take action as needed:

- I. **CALL TO ORDER**
 - A. Roll Call
 - B. Pledge of Allegiance
- II. **6:00 p.m. 2021 BUDGET HEARING**
- III. **INSURANCE – MEMO Health, Vision & Short-term Disability UHC Unum**
- IV. **WAGES**
- V. **2021 BUDGETS – General Fund, Water Fund, Sewer Fund, Storm Water Fund, Capital Fund Russell St Estimate Library letter budget**
- VI. **SET LEVY for 2020, collected in 2021**
- VII. **APPOINTMENT of Terri Stone to Grantsburg Housing Authority Board of Commissioners to fill a vacant, unexpired term to March 1, 2021**
- VIII. **AIRPORT COVID-19 survey and money**
- IX. **ADJOURNMENT**

Prepared by Sheila Meyer, Clerk/Treasurer

Posted: Posted 11/27/2020; Village of Grantsburg website www.grantsburgwi.com; Village Office 316 S Brad Street; Community Center 315 S Robert Street; Post Office 201 N Pine Street

This meeting is open to the public. Individuals with disabilities requiring special accommodation to attend the meeting should contact the Village Office (715) 463-2405. For additional information on any agenda item, please contact (715) 463-2405.



Village of Grantsburg

316 South Brad Street
Grantsburg, WI 54840

Date: November 30, 2020
To: Village Board
From: Sheila
Re: Health, Vision and Short-term Disability Insurance

As you may recall, the Western WI Insurance Consortium that the Village was a member of and had health and vision insurance for employees through, was dissolved several months ago.

I contacted a local insurance agent who collected our employee information and submitted the apps to multiple insurance companies in order to obtain quotes for 2021 health and vision insurance. I was also asked to obtain quotes on short-term disability insurance for village employees.

1. Attached you will find a benefit comparison between WEA Trust (our existing health & vision ins. company) and HealthPartners. The main difference is the network deductible and out-of-pocket amounts increase slightly. There are other differences in the non-network categories. HealthPartners does not offer vision insurance. There is also a comparison listing the other 3 companies quotes were received from, all with higher premiums.
2. Attached are quotes and benefit information for vision and short-term disability insurance from UnitedHealthcare and Unum.

The yearly employer total for health, dental and life insurance is \$114,600 (without the Library). Adding vision = \$1,561/year and adding short-term disability = \$1,810 to \$2,200 depending if weekly maximum benefit is \$500, \$750, \$1,000 or \$1,500.

I had included \$119,000 for insurance in the draft budget.

Village of Grantsburg
Effective Date: 1/1/2021

Carrier	HealthPartners	Existing WEA Trust
Plan Name	4100-100 HSA Silver SE Open Access	
Network	OPEN ACCESS	
Network URL		
Summary of Benefits URL		
Additional Information	HSA Eligible	HSA Eligible
	Network Non-Network	Network Non-Network
Medical Deductible & Maximum Out of Pocket		
Individual Medical Deductible	\$4,100	\$10,000
Family Medical Deductible	\$8,200	\$20,000
Individual Medical Maximum Out of Pocket	\$4,300	\$30,000
Family Medical Maximum Out of Pocket	\$8,600	\$60,000
Coinsurance		
Coinsurance	\$0 after deductible	50% after deductible
Physicians Services		
Preventative Care	\$0	50% after deductible
Primary Care Physician	\$0 after deductible	50% after deductible
Specialty Care Physician	\$0 after deductible	50% after deductible
Emergency Services		
Emergency Room	\$0 after deductible	\$0 after deductible
Urgent Care	\$0 after deductible	\$0 after deductible
Hospital Services		
Inpatient Physician	\$0 after deductible	50% after deductible
Outpatient Physician	\$0 after deductible	50% after deductible
Diagnostic Procedures		
Imaging	\$0 after deductible	50% after deductible
Lab Test	\$0 after deductible	50% after deductible
Pharmacy Deductible & Maximum Out of Pocket		
Individual Drug Deductible	Included in Medical	Included in Medical
Family Drug Deductible	Included in Medical	Included in Medical
Individual Drug Maximum Out of Pocket	Included in Medical	Included in Medical
Family Drug Maximum Out of Pocket	Included in Medical	Included in Medical
Pharmacy Retail		
Generic Drugs (Preferred)	\$0 after deductible	50% after deductible
Generic Drugs (Non-Preferred)	Not Applicable	Not Applicable
Brand Drugs (Preferred)	\$0 after deductible	50% after deductible
Brand Drugs (Non-Preferred)	20% after deductible	50% after deductible
Specialty Drugs (Preferred)	\$0 after deductible	Not Covered
Specialty Drug (Non-Preferred)	Not Applicable	Not Applicable
Pharmacy Mail Order		
Generic Drugs (Preferred) Mail Order	See Benefit Summary	See Benefit Summary
Generic Drugs (Non-Preferred) Mail Order	See Benefit Summary	See Benefit Summary
Brand Drugs (Preferred) Mail Order	See Benefit Summary	See Benefit Summary
Brand Drugs (Non-Preferred) Mail Order	See Benefit Summary	See Benefit Summary
Specialty Drugs (Preferred) Mail Order	See Benefit Summary	See Benefit Summary
Specialty Drug (Non-Preferred) Mail Order	See Benefit Summary	See Benefit Summary
MONTHLY PREMIUM*	\$11,503.81	\$11,095.33
ANNUALIZED COST	\$138,045.72	\$133,144.01

(Monthly)**		
Average Adult	\$677.99	Family \$1,830.91 / EE + Sp \$1,460.14
Average Child	\$298.87	Single \$755.46

* All information shown is for illustration purposes. Pricing to be confirmed.

Health Insurance Comparisons for 2021

Company	Monthly Premium	Yearly Premium	+ (-) 2020
WEA - Existing	\$ 11,095.38	\$ 133,144.01	
HealthPartners	\$ 11,503.81	\$ 138,045.72	\$ 4,901.71
Medica	\$ 13,365.05	\$ 160,380.60	\$ 27,236.59
Security Health	\$ 13,691.87	\$ 164,302.44	\$ 31,158.43
Anthem BC/BS	\$ 13,997.93	\$ 167,975.16	\$ 34,831.15

Proposal Exclusively Prepared For:

Village of Grantsburg

Provided By

CAROL M ALDERMAN

Email: CALDERMAN@JENSEN-SUNDQUIST.COM

Delivery Date: 10/07/2020



Oct 07, 2020

RE: Village of Grantsburg

Dear ,

Thank you for your time and interest in UnitedHealthcare and our health care coverage plans. We are pleased to provide this proposal for an effective date of 01/01/2021.

Enclosed you will find the proposal rates. Final Rates will be provided after all enrollment applications and appropriate documentation is received by UnitedHealthcare.

As a leading health services company, we are committed to providing a number of innovative services like myuhc.com. To learn more about the wide spectrum of products and services you have come to expect from UnitedHealthcare, please explore the information available at unitedservices.com.

We look forward to the opportunity to work with you and all the employers you represent to meet each employee's health care coverage needs. Again, thank you for considering UnitedHealthcare.

Sincerely,

MANASA DAITHA

Village of Grantsburg
 WI-54840
 Company Market: 615
 # of enrollees: 10
 SIC Code: 9111

Broker: CAROL M ALDERMAN
 Broker Phone: (715) 463-2955
 Account Executive: GREGORY D JUVE
 Account Executive Phone: (866) 432-5992

Quote Effective Date: 01/01/2021
 Quote Creation Date: 10/07/2020
 Quote Number: 3536925
 SAM Case ID: 1227202

Contribution Level	Total monthly Vision Cost \$	Rates				In Network					Out-of-Network				Frequency			
		EE Only (4 Enrolled) \$	EE + Spouse (2 Enrolled) \$	EE + Child(ren) (0 Enrolled) \$	EE + Family (4 Enrolled) \$	Copays			Allowance		Allowance				Exams M	Materials M	Frames M	
						Exams \$	Materials \$	Frames \$	Contact Lenses \$	Retail Frames \$	Exams \$	Single Vision Lenses \$	Frames \$	Contact Lenses \$				
Plan Code																		
100% EMPLOYER PAID																		
S1004	119.52	5.88	11.16	13.09	18.42	10	25	25	105	130	40	40	45	80	12	12	24	
S1076	130.10	6.40	12.15	14.25	20.05	10	25	25	125	130	40	40	45	100	12	12	24	
VOLUNTARY																		
S1008	145.20	7.14	13.56	15.90	22.38	10	25	25	105	130	40	40	45	80	12	12	24	
S1077	158.12	7.78	14.76	17.32	24.37	10	25	25	125	130	40	40	45	100	12	12	24	

Village of Grantsburg
 WI-54840
 Company Market: 615
 # of enrollees: 10
 SIC Code: 9111

Broker: CAROL M ALDERMAN
 Broker Phone: (715) 463-2955
 Account Executive: GREGORY D JUVE
 Account Executive Phone: (866) 432-5992

Quote Effective Date: 01/01/2021
 Quote Creation Date: 10/07/2020
 Quote Number: 3536925
 SAM Case ID: 1227202

Plan Code	Plan Funding	Total monthly STD Cost \$	Rates				Coverage										
			Total Number of Employees	STD Rate /\$10 Weekly Benefit \$	Maximum Weekly Benefit \$	STD Total Weekly Benefit \$	Benefit Amount \$	Duration (Weeks)	Elimination Period	Pre-Existing Condition Exclusions	Rehabilitation Services	Lum Sum Survivor Benefit	Recurrent Disability	Coverage Type	Maternity	Bridge2 Health Disability	
ST0001ST0AAATB	Noncontributory	150.71	10	0.31	500 500	4,861.54	N/A	26	0 D / 7 D	None	Voluntary	Lesser of 3 weeks STD benefit or \$3,000	14 D	Non occupational	Same as any other illness	Included	
ST0001ST0AAAWA	Noncontributory	179.92	10	0.31	750 750	5,803.84	N/A	26	0 D / 7 D	None	Voluntary	Lesser of 3 weeks STD benefit or \$3,000	14 D	Non occupational	Same as any other illness	Included	
ST0001ST0AAASU	Noncontributory	182.43	10	0.31	1,000 1,000	5,884.61	N/A	26	0 D / 7 D	None	Voluntary	Lesser of 3 weeks STD benefit or \$3,000	14 D	Non occupational	Same as any other illness	Included	
ST0001SB064600	Noncontributory	182.43	10	0.31	1,500 1,500	5,884.61	N/A	26	0 D / 7 D	None	Voluntary	Lesser of 3 weeks STD benefit or \$3,000	14 D	Non occupational	Same as any other illness	Included	

KEY

D = Days M = Months

Village of Grantsburg
WI-54840
Company Market: 615
of enrollees: 10
SIC Code: 9111

Broker: CAROL M ALDERMAN
Broker Phone: (715) 463-2955
Account Executive: GREGORY D JUVE
Account Executive Phone: (866) 432-5992

Quote Effective Date: 01/01/2021
Quote Creation Date: 10/07/2020
Quote Number: 3536925
SAM Case ID: 1227202

State:	WI	
ZIP Code:	54840	
County:	Burnett	
Market:	615	
Number of Locations:	1	
SIC-Description:	9111-Executive Offices	Prior Dental Coverage: No
Franchise Code:		Employer Contribution-Medical: 0
Average Total Number of Employees/FTE:	10	
Total Number of Eligible Employees:	10	
Total Number of Non-COBRA Employees Applying:	10	
Total Number of COBRA Employees Applying:	0	
Total Number of Out of Area Employees:	0	

Broker: CAROL M ALDERMAN
Broker Phone: (715) 463-2955
Account Executive: GREGORY D JUVE
Account Executive Phone: (866) 432-5992

Quote Effective Date: 01/01/2021
Quote Creation Date: 10/07/2020
Quote Number: 3536925
SAM Case ID: 1227202

Plan Code	S1004	S1076	S1008	S1077	
Benefit Overview					
Plan Type	E	E	V	V	
Contribution Level	100% EMPLOYER PAID	100% EMPLOYER PAID	VOLUNTARY	VOLUNTARY	
Frequency					
Exam	12 Months	12 Months	12 Months	12 Months	
Lenses (eyeglasses or contacts)	12 Months	12 Months	12 Months	12 Months	
Frames	24 Months	24 Months	24 Months	24 Months	
In-Network Copays					
Exam	\$10	\$10	\$10	\$10	
Materials	\$25	\$25	\$25	\$25	
In-Network Allowance					
Frames	\$130	\$130	\$130	\$130	
Contact Lenses	\$105	\$125	\$105	\$125	
Out-of-Network Allowance					
Exam	Up to \$40	Up to \$40	Up to \$40	Up to \$40	
Lenses					
Single Vision Lenses	Up to \$40	Up to \$40	Up to \$40	Up to \$40	
Frames	Up to \$45	Up to \$45	Up to \$45	Up to \$45	
Contact Lenses	Up to \$80	Up to \$100	Up to \$80	Up to \$100	
# of Employees					
Employee	4	\$5.88	\$6.40	\$7.14	\$7.78
Employee + Spouse	2	\$11.16	\$12.15	\$13.56	\$14.76
Employee + Child(ren)	0	\$13.09	\$14.25	\$15.90	\$17.32
Family	4	\$18.42	\$20.05	\$22.38	\$24.37
Premium Totals					
Total Monthly Premium	\$119.52	\$130.10	\$145.20	\$158.12	
Total Annual Premium	\$1,434.24	\$1,561.20	\$1,742.40	\$1,897.44	

The rates and benefits included within this proposal are for general information and discussion purposes only and not valid unless approved by UnitedHealthcare. This rate quote is not an offer or a guarantee of coverage. The rates quoted are applicable to the plan design selected. We reserve the right to modify your rates in the event your plan design must be modified as a result of any change, modification or clarification in law, including the Patient Protection and Affordable Care Act. This group should not, under any circumstances, cancel its existing coverage unless and until coverage is offered by us and final rates have been accepted by and initial premium paid by the group. Final rates are determined by UnitedHealthcare's underwriting guidelines and final enrollment. The insurance policy, not general rates and descriptions in this Web site or printed output, will form the contract between the insured and UnitedHealthcare, and the Certificate of Coverage issued to the subscriber will provide the legal description of coverage.

Village of Grantsburg
 WI-54840
 Company Market: 615
 # of enrollees: 10
 SIC Code: 9111

Broker: CAROL M ALDERMAN
 Broker Phone: (715) 463-2955
 Account Executive: GREGORY D JUVE
 Account Executive Phone: (866) 432-5992

Quote Effective Date: 01/01/2021
 Quote Creation Date: 10/07/2020
 Quote Number: 3536925
 SAM Case ID: 1227202

Plan Code		ST0001ST0AAATB	ST0001ST0AAAW	ST0001ST0AAASU	ST0001SB064600
Benefit Overview					
Benefit Percent		60%	60%	60%	60%
Maximum Weekly Benefit		\$500	\$750	\$1,000	\$1,500
Benefit Amount		N/A	N/A	N/A	N/A
First Day Hospital Benefit		No	No	No	No
Elimination Period - Accident		0 Days	0 Days	0 Days	0 Days
Elimination Period - Sickness		7 Days	7 Days	7 Days	7 Days
Benefit Duration		26 Weeks	26 Weeks	26 Weeks	26 Weeks
Pre-Existing Limitation		None	None	None	None
Contributory Indicator		Noncontributory	Noncontributory	Noncontributory	Noncontributory
Employer Contribution		100%	100%	100%	100%
Required Participation		100%	100%	100%	100%
Class		All Employees	All Employees	All Employees	All Employees
STD Rate/\$10 Weekly Benefit	# of Employees	10	10	10	10
		\$0.31	\$0.31	\$0.31	\$0.31
STD Total Weekly Benefit	# of Employees	10	10	10	10
		\$4,861.54	\$5,803.84	\$5,884.61	\$5,884.61
Premium Totals					
Total Monthly Premium		\$150.71	\$179.92	\$182.43	\$182.43
Total Annual Premium		\$1,808.52	\$2,159.04	\$2,189.16	\$2,189.16

The rates and benefits included within this proposal are for general information and discussion purposes only and not valid unless approved by UnitedHealthcare. This rate quote is not an offer or a guarantee of coverage. The rates quoted are applicable to the plan design selected. We reserve the right to modify your rates in the event your plan design must be modified as a result of any change, modification or clarification in law, including the Patient Protection and Affordable Care Act. This group should not, under any circumstances, cancel its existing coverage unless and until coverage is offered by us and final rates have been accepted by and initial premium paid by the group. Final rates are determined by UnitedHealthcare's underwriting guidelines and final enrollment. The insurance policy, not general rates and descriptions in this Web site or printed output, will form the contract between the insured and UnitedHealthcare, and the Certificate of Coverage issued to the subscriber will provide the legal description of coverage.

Village of Grantsburg
WI-54840
Company Market: 615
of enrollees: 10
SIC Code: 9111

Broker: CAROL M ALDERMAN
Broker Phone: (715) 463-2955
Account Executive: GREGORY D JUVE
Account Executive Phone: (866) 432-5992

Quote Effective Date: 01/01/2021
Quote Creation Date: 10/07/2020
Quote Number: 3536925
SAM Case ID: 1227202

Medical Disclaimers

(1) Catalyst Plans Only: Plans also include pre-deductible coverage. Please review the market-specific product documentation posted to the "Forms" section of United eServices for more information on the Catalyst offering and pre-deductible coverage.

If the employer offer consists of more than one medical plan, we require the policy year, or calendar year basis selection be the same for each sold policy if the employees have the option to choose from among the plans offered.

Engineering Companies with the SIC of 8711 may be eligible for discounted medical rates through the American Council of Engineering Companies (ACEC) Life and Health Trust. Restaurants and Hotels with SIC of 5812, 5813, 7000, 7011, 7012, or 7993 may also be eligible for discounted rates (medical 51+, specialty 2-99) through the National Restaurant Association. Please contact your account executive for additional details.

Employer Contribution Premium/Month (Employee Only) is the amount of the total monthly employee premium contributed by the employer and does not include any additional amounts that may be contributed for dependents. This amount will change depending on the number of employees and the contribution percentage. If no contribution percentage has been provided, this amount assumes the employer pays 100% of the employee premium.

Starting with 2014 effective dates, all pharmacy plans include an ancillary charge program (also known as a generic pharmacy program). This type of pharmacy program includes out of pocket expenses when a member fills a brand name or higher tier generic prescription but there is a chemically equivalent lower tier brand or generic available.

All Plan Designs with an effective date of 1/1/14 or greater will have all member cost share apply to the Medical OOP maximum, including Pharmacy.

Catalyst Choice Plans Only: Plans must be sold and installed as multi-option packages. Please review the market-specific product documentation posted to the "Forms" section of United eServices to determine the appropriate package to quote, as well as the contribution and participation guidelines.

This premium may include state and federal taxes and fees.

Dual Option is available in this state. Please refer to the unitedeservices.com Product section for a detailed description document.

Premium rates and/or product forms included herein are subject to approval by regulators. If the rates or product forms offered herein are subsequently modified by regulators we will immediately advise you of the change in plan design and retroactively adjust premium in subsequent billings, in accordance with applicable law.

UnitedHealthcare's Packaged Savings Program allows you the opportunity to receive an administrative credit on your monthly invoice when you purchase eligible UnitedHealthcare specialty products with your medical coverage. Per-employee per-month administrative savings apply based on the number of enrolled medical subscribers and will continue for a period of 12 months as long as eligible medical and specialty benefits remain in-force. Contact your UnitedHealthcare representative to discuss plan and program availability. UnitedHealth Group Incorporated owns the trademark for Packaged Savings. Used by permission of UnitedHealth Group Incorporated.

The Shared Pharmacy Plans pay a fixed dollar amount toward the cost of covered medications based on the tier level. Employees are responsible for a copayment as well as costs that exceed the plan contribution. Please reference the benefit summary for plan codes: CC, CD, CE, CF and EY for additional benefit information.

(10) (s) This plan features split physician office visit copayments. Enrollees in these plans will pay a higher copayment when they see specialists than when they see primary care physicians.

Dental Disclaimers

(1) The Employer Contribution for Voluntary dental plans may range from 0%- 49%.

"L" plans include a Dental Discount Program. the Dental Discount Program is NOT insurance.

For certain dental plans the Endodontic, Periodontic and Oral Surgery benefits may, as a group or individually, be class shifted between Class II and Class III coinsurance rates. For more information, please see the Dental Benefit Summary for the specific plan setup.

Specialty rates can be further discounted for employers who are members of the Business Health Care Group. Please contact your account representative for further information regarding these exclusive discounts.

Village of Grantsburg
 WI-54840
 Company Market: 615
 # of enrollees: 10
 SIC Code: 9111

Broker: CAROL M ALDERMAN
 Broker Phone: (715) 463-2955
 Account Executive: GREGORY D JUVE
 Account Executive Phone: (866) 432-5992

Quote Effective Date: 01/01/2021
 Quote Creation Date: 10/07/2020
 Quote Number: 3536925
 SAM Case ID: 1227202

Lifetime Deductible dental plans are: P3420 - P3426, P3429, P3430, P3320 - P3326, P3328, P3330, P3331, P3471 - P3477, P3480, P3481, I1213 - I1216 & I1316 - I1321. The deductible is met once per lifetime per eligible individual, with no family maximum.

UnitedHealthcare's Packaged Savings Program allows you the opportunity to receive an administrative credit on your monthly invoice when you purchase eligible UnitedHealthcare specialty products with your medical coverage. Per-employee per-month administrative savings apply based on the number of enrolled medical subscribers and will continue for a period of 12 months as long as eligible medical and specialty benefits remain in-force. Contact your UnitedHealthcare representative to discuss plan and program availability. UnitedHealth Group Incorporated owns the trademark for Packaged Savings. Used by permission of UnitedHealth Group Incorporated.

The Out of Network reimbursement may be based on a percentage of the Usual and Customary (UCR) or Maximum Allowable Charges (MAC) which are applicable for the same service that would have been rendered by a network provider. OON reimbursements are based on the geographic area in which the expenses are incurred. Please see the Benefit Summary for OON reimbursement basis. "P" plans can vary by MAC, 85th, 90th or 95th percentile of UCR. "A" plans can vary by MAC or 70th percentile of UCR.

(10) UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX and associated COC form number DCOC.CER.06. Plans sold in Virginia use policy form number DPOL.06.VA with associated COC form number DCOC.CER.06.VA and policy form number DPOL.12.VA with associated COC form number DCOC.CER.12.VA. Benefits for the UnitedHealthcare dental DHMO plans are provided by or through the following UnitedHealth Group companies: Nevada Pacific Dental, National Pacific Dental, Inc. and Dental Benefit Providers of Illinois, Inc. Plans sold in Texas use contract form number DHMO.CNT.11.TX and associated EOC form number DHMO.EOC.11.TX. The New York Select Managed Care Plan is underwritten by UnitedHealthcare Insurance Company of New York located in Islandia, New York. Administrative services provided by DBP Services. The Select DHMO plan is underwritten by Dominion Dental Services, Inc. Dominion is licensed as a Limited Health Care Services HMO in Virginia, Pennsylvania and a Dental Plan Organization in Maryland and Delaware. In CA, benefits for the UnitedHealthcare Dental DHMO/Direct Compensation plans are offered by Dental Benefit Providers of California, Inc. UnitedHealthcare Dental is affiliated with UnitedHealthcare.

Vision Disclaimers

(1) UnitedHealthcare's Packaged Savings Program allows you the opportunity to receive an administrative credit on your monthly invoice when you purchase eligible UnitedHealthcare specialty products with your medical coverage. Per-employee per-month administrative savings apply based on the number of enrolled medical subscribers and will continue for a period of 12 months as long as eligible medical and specialty benefits remain in-force. Contact your UnitedHealthcare representative to discuss plan and program availability. UnitedHealth Group Incorporated owns the trademark for Packaged Savings. Used by permission of UnitedHealth Group Incorporated.

Specialty rates can be further discounted for employers who are members of the Business Health Care Group. Please contact your account representative for further information regarding these exclusive discounts.

Members age 0-12 are eligible for a 2nd exam. Members age 0-12 are also eligible for a replacement frame and lenses if they have a prescription change of 0.5 diopter or more. The 2nd exam and replacement benefits are the same as the initial exam, frame and lens benefits.

Short Term Disability Disclaimers

(1) Specialty rates can be further discounted for employers who are members of the Business Health Care Group. Please contact your account representative for further information regarding these exclusive discounts.

In no event will the Short Term Disability flat weekly benefit amount exceed 70% of the employee's pre-disability earnings.

(50) Rates are based on the SIC code and assume the contract is situated in the state shown on the quote.

Employees must be active, full-time and regularly work a minimum of 30 hours per week and must be U.S. citizens or residents working and living in the U.S. Temporary or seasonal workers are not eligible.

Short Term Disability benefits are non-occupational only.

Group must have been in business for a minimum of two years and no more than 50% of the group can be immediate family members.

The premium shown is an estimate based on the census provided. This estimate is not valid if the sold census varies by more than 10% of coverage or lives. For group sizes 10-50 which have more than one class indicated on the census, the final premium will be calculated once the sold plan codes have been selected.

Lump Sum Survivor Benefit and Catastrophic Disability are not included.

The rates and benefits included within this proposal are for general information and discussion purposes only and not valid unless approved by UnitedHealthcare. This rate quote is not an offer or a guarantee of coverage. The rates quoted are applicable to the plan design selected. We reserve the right to modify your rates in the event your plan design must be modified as a result of any change, modification or clarification in law, including the Patient Protection and Affordable Care Act. This group should not, under any circumstances, cancel its existing coverage unless and until coverage is offered by us and final rates have been accepted by and initial premium paid by the group. Final rates are determined by UnitedHealthcare's underwriting guidelines and final enrollment. The insurance policy, not general rates and descriptions in this Web site or printed output, will form the contract between the insured and UnitedHealthcare, and the Certificate of Coverage issued to the subscriber will provide the legal description of coverage.

Village of Grantsburg
WI-54840
Company Market: 615
of enrollees: 10
SIC Code: 9111

Broker: CAROL M ALDERMAN
Broker Phone: (715) 463-2955
Account Executive: GREGORY D JUVE
Account Executive Phone: (866) 432-5992

Quote Effective Date: 01/01/2021
Quote Creation Date: 10/07/2020
Quote Number: 3536925
SAM Case ID: 1227202

Proposed rates are valid for 90 days from the date of release and are guaranteed for 24 months.

The employer must meet the minimum contribution and eligible employee participation requirements as specified by the quoted plan.

Eligibility is the first of the month coincident with or following 30 days continuous employment.

Product availability may vary based on group size and may change if plan design or enrollment changes.

(40) Earnings are defined as average monthly earnings with the employers including commission's average over the most recent 24-month period. This excludes bonuses, overtime pay, or any other extra compensation.

Continuity of Coverage for previously covered employees is included in rates.

All non-contributory plans must be 100% employer-paid and require 100% participation.

Agents may receive commissions, bonuses and other compensations for selling the product in this proposal. The cost of the compensation may be directly or indirectly reflected in the premium for these products.

Information about HRA/HSA Contribution Requirements under the Affordable Care Act (ACA)

Our goal is to help you understand how the contributions you make to your employees' HSAs and integrated HRAs can affect the actuarial value of your health plan. Under the Affordable Care Act (ACA), plan sponsors are required to offer health coverage to their employees that falls within one of four metallic levels of coverage. Each metallic level has its own range of permitted actuarial values. UnitedHealthcare, as a health insurance issuer, is also obligated to only offer health coverage that falls within the four metallic levels.

It is important to understand that the amount of the contributions that you make to your employees' HSAs or integrated HRAs have an impact on the actuarial value of every plan design we offer to you. Further, with respect to an integrated HRA, the available contribution ranges shown in this proposal/renewal packet are specific to the particular type of HRA (Standard or Select, see definitions below) we have available in your market. We will gladly work with you to make sure you understand the HRA plans available in your market.

Why this is important

Making sure that the employer contribution to HSAs or HRAs fall into the designated dollar amount ranges helps ensure that your plan meets the actuarial value for the metallic level of coverage you have elected for your health plan offering and that you maintain compliance with the requirements of the ACA. Failing to make the contributions as indicated may mean that your selected plan falls below the actuarial value for the metallic level while funding at an amount above may mean the actuarial value for the metallic level has been exceeded. In either circumstance your plan will not be compliant with the requirements of the ACA.

We are offering you the plan you have chosen for your employees based on the understanding that your contributions to your employees' HSA or HRA will be made as set forth in the proposal for new customers or, for existing customers, in the renewal plan documents. In addition, contributions must be available to employees on the first day of the plan year.

If you do not intend to make the contributions or intend to change the amount or timing of the contributions, it may mean that your plans will not fall within the appropriate metallic level and thus may not be compliant with the ACA. We want to ensure that does not happen so are asking that you please contact your UnitedHealthcare representative to let them know of any changes to your plan or to the amount and/or timing of the HSA/HRA contributions you intend to make.

Please take these steps to ensure compliance

1. If you are a new customer, please review the contribution amounts for the plan you have selected. These amounts are shown in your final proposal from UnitedHealthcare. If you are an existing customer, please review the contribution amounts that are shown in your renewal plan documents. If you do not have the appropriate document, please contact your UnitedHealthcare representative, who can provide the information to you.
2. Please make the required HSA/HRA contribution so that it is available on the first day of the plan year.
3. For HRA plans, please ensure that your HRA plan design is such that HRA amounts may only be used to reimburse employees for cost sharing amounts under your plan.
4. Please note your HRA must adhere to the UnitedHealthcare HRA Standard or Select product design available in your market. (See description below.)
5. Please inform us at least 30 days in advance of any plan changes to your plan.

We are committed to ensuring the ACA is implemented successfully and that you, as our customer, know the necessary actions to take. We are here to help you throughout this process, so if you have questions please contact your UnitedHealthcare representative.



UnitedHealthcare Standard HRA plans are available in Alabama, Arizona, Arkansas, Connecticut, Delaware, Florida, Georgia, Idaho, Louisiana, Maine, Maryland, Massachusetts, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, Washington, and West Virginia. Standard HRAs (also known as first dollar HRAs) are designed to pay 100% of the initial claims until the HRA is depleted. The member is then responsible for payment of additional claims until the deductible is satisfied. The maximum HRA contribution amount is equal to 50% of the deductible.

UnitedHealthcare Select HRA plans are available in California, Colorado, Iowa, Illinois, Indiana, Kansas, Kentucky, Michigan, Missouri, New Mexico, Ohio, Oklahoma, Oregon, Texas, Wisconsin and Wyoming, as Shared or Split. Shared HRA plans pay a percentage of first dollar qualifying expenses up to the HRA contribution limit. The employee is responsible for the remaining percentage of first dollar qualifying expenses. Split Deductible HRA (also called second dollar) plans are designed so the employee is responsible for the first 50% of expenses applying to the deductible; then the Employer funded HRA pays for subsequent qualifying expenses up to the HRA contribution limit. The maximum Employer HRA funding for both Shared and Split Deductible is equal to 50% of the deductible.



VILLAGE OF GRANTSBURG

Situs state: Wisconsin

Presented by: Rogers Benefit Group Inc

Expires: December 31, 2020

Better benefits ahead

At Unum, we combine our expertise and dedication to employee wellbeing for a workplace benefits solution that's been an industry leader for more than 170 years.

BENEFITS PROPOSED



Group Short Term Disability



Group Vision

Proposed rates may assume sale of at least one other line of coverage.

Ask your UNUM representative about the additional benefits we offer:



Dental



Long Term Disability



Term Life and AD&D



Critical Illness



Accident

Employer and employee funding methods available for the benefits above.

UNUM REPRESENTATIVE

Kelly Hempel



Unum has been a **leading provider** of group disability benefits in the US for over 4 decades.¹



We serve **55% of Fortune 100 companies** or their subsidiaries and affiliates.²



In 2018 Unum **doubled its group dental subscribers**.³



93% of our customers say they are **satisfied with their Unum products**.⁴

FINANCIALLY STRONG

AGENCY

AM. Best

Fitch

Moody's

S&P

RATING

A Excellent

A- Strong

A3 Good

A Strong

Ratings are given to the U.S. insuring subsidiaries of Unum Group and are current as of May 15, 2020



GROUP SHORT TERM DISABILITY INSURANCE

Coverage Effective Date: January 1, 2021 Rate Guarantee: 2 Years

Lives	Rate per \$10 of Weekly Benefit	Volume per \$10 of Weekly Benefit	Monthly Premium	Annual Premium
10	\$0.420	\$486.20	\$204.20	\$2,450.40

Short Term Disability	PROVISIONS QUOTED Full-time Employees
Contributions	Employer pays 100%
Minimum Participation Requirement ..	100%
Minimum Hours for Eligibility	30 hours per week
Elimination Period: Injury/Sickness	0 days injury / 7 days sickness
Maximum Duration of Benefits	26 weeks
Definition of Disability	Residual
Maternity	6 weeks
Weekly Benefit %	6 weeks for c-section
Maximum Weekly Benefit \$	60%
Guaranteed Issue	\$500
Minimum Weekly Benefit	\$500
Coverage Type	\$25
Rehabilitation Services	Non-occupational
	Participation is voluntary

THE UNUM DIFFERENCE

OFFSETS: Employers get the full value of Unum’s income protection coverage, because we don’t deduct employee’s salary continuation or accumulated sick leave benefits from our short-term disability payments.

VOLUNTARY REHABILITATION AND RETURN-TO-WORK ASSISTANCE: After a disability, most people want to get back to work. We will provide an additional 10% in disability benefits (to a maximum amount per month) if the employee is eligible and participating in the rehabilitation and return-to-work program.



PLAN INFORMATION

Definition of Earnings:

When calculating benefits and cost, an employee's "weekly earnings" are assumed to be what was provided on the census when the quote was requested.

Note: If Partnership, Schedule K-1 will be used in determining "weekly earnings" for partners. It will not include income from sources other than the employer.

Definition of Disability:

Residual

The employee is disabled when Unum determines that:

- the employee is limited from performing the material and substantial duties of his or her regular occupation due to his or her sickness or injury; and
- the employee has a 20% or more loss in weekly earnings due to the same sickness or injury

Coverage Exclusions & Limitations:

- Intentionally self-inflicted injuries
- Active participation in a riot
- Loss of Professional License, Occupational License or Certification
- Commission of a crime for which the employee has been convicted
- War, declared or undeclared, or any act of war
- Incarceration
- The STD weekly payment may be reduced by amounts the employee receives or is entitled to receive from deductible sources of income (offsets) and disability earnings.

Broker Commissions:

Rates reflect standard commissions.



GROUP VISION INSURANCE

Coverage Effective Date: January 1, 2021 Rate Guarantee: 24 Months

Frames: Once per 24 Months Monthly Premiums	
Participation Requirement	Greater of 20% participation (based on total eligible lives) or 2 enrolled
Employee	\$6.78
Employee & Family	\$21.29
Employees Eligible for Coverage	Minimum Hours for Eligibility
10	30 hours per week

BENEFIT FREQUENCIES

Frames: Once per 24 months	
Exam	1 per 12 months
Std. Plastic Lenses	1 per 12 months
Frames	1 per 24 months
Contact Lenses	1 per 12 months

THE UNUM DIFFERENCE

VISION NETWORKS: Members have the freedom to choose any provider or take advantage of discounts Unum has negotiated on their behalf. Our network offers members access to convenient, quality care from thousands of independent optometrists and retail stores like Walmart, Sam's Club, JC Penney, Sear's Optical, America's Best and many more. Our vision provider search engine is available 24/7 at UnumVisionCare.com.

DISCOUNTS: We have negotiated with thousands of optical locations for extra purchases of lenses and coatings, frames, contact lenses and other products. These discounts may be used in conjunction with insurance for non-covered services as well as with additional purchases.



PLAN DESCRIPTION

	In-Network	Out-of-Network
EXAM	\$10 copay	Up to \$35
MATERIALS	\$10 copay	See allowances below
Standard plastic lenses:		
Single Vision	Covered by copay	Up to \$25
Bifocal	Covered by copay	Up to \$40
Trifocal	Covered by copay	Up to \$50
Lenticular	\$80 allowance	Up to \$50
Standard Progressive	\$70 allowance	Up to \$40
Lens Options:		
Polycarbonate Lenses (Under age 19)	Covered	Not Covered
Standard Scratch Resistant Coating	Covered (at Walmart only)	Not Covered
FRAMES (Members may select any frame available)	\$120 retail allowance	Up to \$50
CONTACT LENSES In lieu of eyeglass lenses & frames (Includes fit**, follow-up and materials)	\$10 copay
Elective (Std Contacts)	\$120 allowance	Up to \$100
Medical Necessary	\$210 allowance	Up to \$210

Special payment and reimbursement terms apply for materials purchases at Costco.

****Some providers, such as Walmart, may charge for a contact lens fit and evaluation separately from your contact lens allowance, leaving the entire allowance for materials.**

LASIK DISCOUNT

We offer nationwide access to discounts on LASIK surgery through a partnership with TLC Vision. Discounts are also available with participating local providers. This is not an insured benefit. Visit UnumVisionCare.com to find the specialist closest to you.



OPTICAL MATERIALS: More choices, more value

Providers identified as “Value Added (VA)” or “Service Plus (SP)” in our Online Directory offer the following additional values. Find a list of all providers in-network at UnumVisionCare.com

Value Added Providers (VA)

Discounts for first pair of glasses:

Lens Options - Add-ons for insured purchases:

- UV coating - \$15
- Solid tinting / gradient tinting - \$15
- Standard scratch resistance coating - \$15
- Standard anti-reflective coating - \$45
- Premium anti-reflective coating - \$70
- Ultra anti-reflective coating - 20% discount
- Polarized - \$75
- Transition - \$75
- Progressive lenses:
 - Standard - \$110
 - Premium - \$170
 - Ultra - member receives a 20% discount
- Standard polycarbonate - \$40
- High index (single vision)
 - 1.56-1.60 - \$60
 - 1.66+ - 20% discount
- High index (multi-focal)
 - 1.56-1.60 - \$75
 - 1.66+ - 20% discount

Purchase a second pair of glasses or contact lenses and receive preferred pricing:

Lenses:

- Single vision plastic lenses - \$40
- Bifocal plastic lenses - \$60
- Trifocal - \$70
- Progressive lenses (Standard) - \$110
- Progressive lenses (Premium and Ultra) - 20% discount

Frames: Up to 35% discount

Contact Lenses: - 5 -15% discount, depending on type

Other Products: - 20% discount on non-prescription sunglasses and other ancillary products/solutions²

Service Plus Providers

Receive up to a 20% discount for the following add-ons to insured purchases:

- UV coating
- Solid tinting / gradient tinting
- Standard scratch resistance coating
- Standard anti-reflective coating
- Premium anti-reflective coating
- Transition
- Standard polycarbonate

HEARING SAVINGS PLAN

Unum offers a Hearing Savings Plan at no additional cost, to all of its Unum Dental and Unum Vision members. Partnering with EPIC Hearing Healthcare, the Hearing Savings Plan provides:

- 30-60% discounts off MSRP on name brand hearing instruments.
- 40% savings on hearing aid batteries shipped directly to members' homes.
- On-call support for member questions, managed by professional hearing counselors.



OPTIONAL COBRA ADMINISTRATIVE SERVICES

The Consolidated Omnibus Budget Reconciliation Act (COBRA) requires employers offering group health benefits (including dental and vision) to offer employees and their families the opportunity to extend coverage if they lose health benefits due to specific qualifying events. Unum has partnered with TASC to provide COBRA administrative services to Unum customers.*

TASC COBRA takes the worry out of COBRA with comprehensive and efficient administrative services that will allow you to remain compliant, ease your administrative burden, and provide a potential cost savings over administering COBRA in-house. If you elect to have COBRA administrative services for your dental and/or vision plans provided by Unum, your cost will be \$0.24 per participating employee per month. This additional fee will be included as a line item on your monthly bill from Unum.

*Access to COBRA administrative services does not require the purchase of Unum insurance products.

PLAN INFORMATION

Dependent Children:

Dependent children guidelines vary by state. Please refer to your policy certificate or contact customer service at (888) 400-9304.

Laser Vision Correction Network:

Laser Vision Correction Network Membership provides access to Preferred Pricing. Transactions are handled directly between Members and Providers. Refractive surgery is an elective procedure and may involve potential risks to patients. The plan cannot and does not guarantee the outcome of any refractive surgical procedure or a total elimination of the need for glasses or contacts. Providers may not be available in all metropolitan areas.

Value Added Discount:

Value added discounts are scheduled to change and may not be available in all geographical areas and vary by network. Many providers are not able to offer discounts on "Prestige" frames. Value Added discounts may not apply on special lens packages which combine numerous lens enhancements at value price points. Cannot be combined with any other promotions or discounts.

Members should contact their selected provider prior to visiting their location to confirm continued participation. Not all providers, such as Walmart, Sam's Club, and Costco Optical, choose to participate in these special discounts.

Optometrists at retail outlets are independent of the retail optical and may not be in network. To verify that vision exam will be fully covered after copay, confirm that the doctor is an in-network provider. Some retail chains sell sunglasses in departments outside of their optical shops where discounts do not apply.

Coverage Exclusions and Limitations:

Services not listed: If you expect to require a vision service not included on this brochure, it may still be covered. Please contact customer service at 888-400-9304, to confirm your exact benefits. This is a primary vision care benefit and is intended to cover only eye examinations and corrective eyewear. If a Materials Only Plan is sold, this is a primary vision care benefit that is intended to cover only corrective eyewear. Medical or surgical treatment of eye disease or injury is not provided under this plan. Coverage may not exceed the lesser of actual cost of covered services and materials or the limits of the policy. Some providers at optical and/or retail chains, such as Walmart, may charge for a contact lens fit and evaluation separately and apart from your contact lens allowance, leaving the entire allowance for materials.

Covered Materials that are lost or broken will be replaced only at normal service intervals indicated in the Plan Design; however, these materials and any items not covered below may be purchased at Preferred Pricing from a Participating Provider. In addition, benefits are payable only for expenses incurred while the group and individual member coverage is in force.



PLAN INFORMATION

This plan will not cover:

- Orthoptics or vision training and any supplemental testing; Plano (non-prescription) lenses; or two pair of eyeglasses in lieu of bifocals or trifocals.
- Medical or surgical treatment of the eyes.
- An eye exam or corrective eyewear required by an employer as a condition of employment.
- Any injury or illness covered under Workers' Compensation or similar law, or which is work related.
- Plain or prescription sunglasses or tinted lenses.
- Sub-normal vision aids.
- Charges in excess of Usual and Customary for services and materials.
- Experimental or non-conventional treatments or devices.
- Safety eyewear.
- Spectacle lens styles, materials, treatments or "add-ons" not shown in the Schedule of Benefits.

Vision Plan Number: V924

Broker Commissions:

Rates reflect flat 12% commissions.

PROPOSAL CONDITIONS AND DISCLOSURES

Termination Provision for Short Term Disability:

- This policy or a plan under this policy can be cancelled: by Unum; or by the Policyholder.
- Unum may cancel or modify this policy or a plan if:
 - The participation of eligible employee's requirement is not met;
 - The policyholder does not promptly provide Unum with information that is reasonably required;
 - The policyholder fails to perform any of its obligations that relate to this policy;
 - Fewer than 10 employees are insured under a plan;
 - The premium is not paid in accordance with the provisions of this policy that specify whether the policyholder, the employee or both pay the premiums;
 - The policyholder does not promptly report to Unum the names of any employees who are added or deleted from the eligible group;
- Unum determines that there is a significant change, in the size, occupation or age of the eligible group as a result of a corporate transaction the Policyholder and or its employees fails to pay premium within the 31-day grace period.
- If Unum cancels or modifies this policy or a plan for reasons other than the policyholder's failure to pay premium, a written notice will be delivered at least 31 days prior to the cancellation or modification date. The policyholder may cancel this policy or plan if the modifications are unacceptable.
- If any portion of the premium is not paid during the grace period, Unum with either cancel or modify the policy or plan automatically at the end of the grace period.
- The policy holder may cancel this policy or a plan by written notice delivered to Unum at least 31 days prior to the cancellation date, unless agreed to an earlier date.
- Unum will provide coverage for a payable claim which occurs while the employee is covered under the policy or plan.

Termination Provision for Vision:

By giving the Policyholder written notice at least 60 days in advance, we have the right to end coverage under this policy as follows:

1. We have the right to terminate all insurance under this Policy at the end of the Initial Term or on any Premium Due Date after participation drops below the following requirements:
 - a. When Members are not required to contribute to the cost of their own insurance, there must be 100% participation.
 - b. For groups of 2 to 9 Members, 100% participation is required in all circumstances for both Members and Eligible Dependents.
 - c. For groups of 10 or more Members where benefits are funded by the Members, 20% participation is required in all circumstances for both Members and Eligible Dependents. A minimum of 10 must enroll.
 - d. Participation must not drop 25% or more from the participation on the original effective date.
2. We can terminate all Dependent insurance under this Policy as of any Premium Due Date if there are less than 100% of the Members who have Dependent insurance when the Member is not required to contribute to its cost.

All insurance or any part may be ended on any date by mutual agreement between the Policyholder and Us. After the Initial Term, the Policy shall continue on a 12 month basis. It will automatically renew on the first day of each renewal period unless either We or the Policyholder has given to the other at least 60 days advance written notice of cancellation. Insurance will end as provided above without the consent of, or notice to, any Insured Dependent or Beneficiary.

Broker Compensation Disclosure Notice for Group Products:

- Your insurance or benefits advisor can offer you advice and guidance as you select the policy and provider most appropriate for your needs. At Unum we recognize the important role these professionals play in the sale of our products and services and offer them a variety of compensation programs. Your advisor can provide you with information about these programs as well as those available from other providers. We support disclosure of broker compensation so that customers can make an informed buying decision.
- Brokers may be eligible to receive Base Commissions as well as Supplemental Commissions from Unum.
- Unless you have agreed in writing to compensate the broker differently, Unum provides Base Commissions to all brokers in connection with the sale of an insurance policy. Base Commissions are a fixed percentage of the policy premium, and may include a one time, first year flat amount for each policy sold. Base Commissions are paid by Unum to the broker(s) on your policy. In some circumstances, broker(s) may be eligible to receive commissions on your policy even after a broker of record change has occurred.
- A broker may also qualify for Supplemental Commissions paid by Unum. For group insurance products, Supplemental Commissions may be paid as a fixed percentage of total eligible group insurance premiums. The Supplemental Commission rate depends on the total dollar amount of all eligible premiums or number of group policies that the broker had in force with Unum in the prior calendar year. The Supplemental Commission rate may range from 0% to 13.80% of total premium paid.
- Your broker may also be eligible to receive Supplemental Commissions on other insurance products, which may be calculated differently. The premium you pay is not impacted whether or not your broker receives Supplemental Commissions.
- If you would like additional information about the range of compensation programs our company offers for your group insurance policy or any other Unum insurance product, or if you want to speak to us directly about broker compensation, please call 1-800-ASK-UNUM (1-800-275-8686).

PROPOSAL CONDITIONS AND DISCLOSURES

Proposal Conditions:

This proposal is under no circumstances a contract for the insurance coverage described within. If this proposal is accepted, a contract outlining the coverage will be issued. This proposal is based on census data received by Unum. Actual costs will be based on the final enrollment data of employees insured under the plan on its effective date. Quote assumes coverage of employees who are in active employment in the United States with the employer working the minimum hours for eligibility. Please contact your Unum representative to request a quote for coverage of any employees who do not fit this category. This quote will expire on the date listed on the first page and includes standard services only, unless otherwise expressly described herein. **Important Information Concerning the Sale of these Benefits:** State laws require that insurance brokers be licensed and appointed with the applicable Unum insurance subsidiary before engaging in the solicitation or sale of these benefits. Note that Unum cannot accept this business if the broker is not properly licensed and appointed before soliciting this proposal. Unum is prepared to help ensure compliance with these state regulations. Brokers who need to check their Unum appointment status should call 1-800-ASK-UNUM (1-800-275-8686). **STD Policy Form Number: C.FP-1 Vision Plan Form Number: VI-2019**

1. Employee Benefit Plan Review, "Group Accident & Health Surveys 1976-1990" (1977-1991); Gen Re, "U.S. Group Disability Market Surveys 1991-2013" (1992-2014); LIMRA, "U.S. Group Disability Insurance 2014-2017 Annual Sales and In Force" (2015-2017); LIMRA, 4Q 2017 U.S. Workplace Disability Insurance Inforce (2018).
2. Fortune, "Fortune 500 2016," (2016); Unum customer database, 2016.
3. Unum internal data, 2017.
4. Unum internal claims data, as of YE 2017.

Vision plans are marketed by Unum, administered and underwritten by Starmount Life Insurance Company, Baton Rouge, LA.

Underwritten by Unum Life Insurance Company of America, Portland, ME

© 2020 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

SD-1143

	A	B	C	D	E
1	2021 Estimated Wages, taxes, WRS (excluding Board, Library, part-time and seasonal)				
2					
3		Wage, S/S & WRS			
4		<u>No increase</u>	Same/Hr \$0.35 <u>\$728/yr/employee</u>	<u>COL 1.4%</u>	Same/Hr \$0.50 <u>\$1,040/yr/employee</u>
5	Wages, taxes, WRS, Ins:				
6	Gen'l	\$487,482	\$492,818	\$492,819	\$495,018
7	Water	\$65,053	\$66,019	\$65,927	\$66,425
8	Sewer	\$55,817	\$56,640	\$56,561	\$56,987
9	Storm Water	<u>\$12,154</u>	<u>\$12,319</u>	<u>\$12,311</u>	<u>\$12,387</u>
10	Totals	\$620,506	\$627,796	\$627,618	\$630,817
11					
12	Cost of increase (over no incr)		\$7,290	\$7,112	\$10,311
13					
14		Gen'l Fund	\$5,336	\$5,337	\$7,536
15		Water Fund	\$966	\$874	\$1,372
16		Sewer Fund	\$823	\$744	\$1,170
17		Storm Wtr Fund	\$165	\$157	\$233
18			\$7,290	\$7,112	\$10,311

VILLAGE OF GRANTSBURG - 2021 GENERAL FUND BUDGET - DRAFT

ACCOUNT:	2018 Actual	2019 Actual	2020 Estimated Year-End	2021 Proposed Budget	Description
REVENUES:					Approved
					changed since meeting
					Loan
TAX COLLECTIONS					
General Property Tax	\$420,876.00	\$423,190.00	\$432,872.00	\$464,802.00	Allowable levy
Tax Increment	\$162,982.06	\$173,830.51	\$216,229.00	\$57,863.00	TID #4 & #5 + \$2,863
Tax from Utilities	\$54,195.00	\$54,195.00	\$54,195.00	\$54,195.00	Water pays Gen'l
PILOT/Village Housing Auth.	\$3,991.45	\$4,061.67	\$4,122.88	\$4,000.00	payment in lieu of tax
PILOT/County Housing Auth.	\$976.32	\$0.00	\$1,063.12	\$1,000.00	payment in lieu of tax
PILOT/Courtyard Square Apts.	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00	payment in lieu of tax
PILOT/GHI-Big Gust Terrace	\$8,400.00	\$8,400.00	\$8,400.00	\$8,400.00	payment in lieu of tax
Interest/Payment on Taxes	\$106.70	\$102.94	\$100.00	\$100.00	
TAX COLLECTIONS	\$653,027.53	\$665,280.12	\$718,482.00	\$591,860.00	
SPECIAL ASSESSMENTS					
Curb, Gutter & Walk Sp. Assmt	\$33,531.11	\$0.00	\$0.00	\$0.00	
SPECIAL ASSESSMENTS	\$33,531.11	\$0.00	\$0.00	\$0.00	
INTERGOV REVENUE					
Federal Grants	\$140,967.47	\$432,485.84	\$21,346.00	\$0.00	CARES Route to Recovery
State Shared Revenue	\$433,491.95	\$432,716.89	\$432,156.27	\$433,114.42	
Fire Insurance Tax	\$2,738.89	\$3,010.23	\$3,172.93	\$3,200.00	paid to Fire Department
State Grants - Law Enforcement	\$0.00	\$4,800.00	\$4,782.41	\$0.00	
State Grants - Local Streets	\$93,903.43	\$88,935.62	\$99,227.69	\$99,940.45	highway aid
State Grants - LRIP Grant	\$6,069.94	\$0.00	\$0.00	\$0.00	
Payment for Municipal Services	\$5,646.09	\$5,245.37	\$4,138.67	\$4,341.56	for WI DNR properties
PILOT - WI DNR	\$418.59	\$418.59	\$418.59	\$418.59	payment in lieu of tax
State Grant - Election Aid	\$0.00	\$0.00	\$2,107.30	\$0.00	CARES grant
State Payment - Computer Aid	\$3,758.05	\$3,848.99	\$3,848.99	\$3,848.99	
State Payment - PP Aid	\$0.00	\$3,352.54	\$5,634.19	\$7,824.70	
INTERGOV REVENUE	\$686,994.41	\$974,814.07	\$576,833.04	\$552,688.71	

ACCOUNT:	2018 Actual	2019 Actual	2020 Estimated Year-End	2021 Proposed Budget	Description
LICENSE					
Business Licenses	\$320.00	\$1,185.00	\$1,100.00	\$1,200.00	pawn broker, food trucks
Liquor & Beverage License	\$6,199.80	\$6,181.00	\$6,447.00	\$6,300.00	
Operator's License	\$2,055.00	\$2,310.00	\$2,200.00	\$2,200.00	bartender license
Cigarette License	\$800.00	\$800.00	\$750.00	\$800.00	
Dog License	\$978.02	\$995.56	\$800.00	\$700.00	
Building Permit	\$1,795.75	\$2,474.00	\$500.00	\$750.00	
Zoning Permits & Fees	\$941.00	\$380.00	\$250.00	\$300.00	conditional use/variances
LICENSE	\$13,089.57	\$14,325.56	\$12,047.00	\$12,250.00	
FINES & PENALTY					
Law & Ordinance Violations	\$5,710.08	\$4,769.46	\$2,300.00	\$2,500.00	Village portion of citations
Settlement for Property Damage	\$205.00	\$525.00	\$0.00	\$0.00	
FINES & PENALTY	\$5,915.08	\$5,294.46	\$2,300.00	\$2,500.00	
SERVICE CHARGES					
Gen'l Gov't Misc.	\$1,915.88	\$1,817.71	\$1,600.00	\$2,000.00	assmnt searches, pub. Fees
Police Misc.	\$762.00	\$234.50	\$100.00	\$100.00	reports
Streets	\$2,401.36	\$3,534.38	\$20,400.00	\$4,000.00	spring cleanup, misc
Airport	\$4,886.13	\$4,946.65	\$5,282.61	\$5,300.00	leases, Dairy
Airport Fundraising	\$636.32	\$358.39	\$0.00	\$0.00	
Trash Collection	\$95,056.62	\$94,673.69	\$96,000.00	\$106,000.00	collected from RE customers
				\$2,000.00	Add 2% administration fee
Recycling	\$0.00	\$37.00	\$52.00	\$0.00	
Campground	\$62,410.86	\$64,385.95	\$61,000.00	\$64,000.00	camping fees
Swimming Pool	\$24,291.18	\$22,216.31	\$0.00	\$24,000.00	memberships, daily, school rent
Timber Sales	\$0.00	\$13,800.38	\$0.00	\$0.00	
SERVICE CHARGES	\$192,360.35	\$206,004.96	\$184,434.61	\$207,400.00	

ACCOUNT:	2018 Actual	2019 Actual	2020 Estimated Year-End	2021 Proposed Budget	Description
MISC. REVENUE					
Interest	\$5,990.99	\$8,541.88	\$6,500.00	\$7,500.00	interest on investment acct
Interest-Special Assessments	\$4,856.75	\$6,324.12	\$4,102.19	\$4,000.00	int on amts to taxroll
Rent	\$13,661.09	\$7,533.39	\$4,275.00	\$4,500.00	food shelf, school, comm ctr
Sale of Village Property	\$1,238.50	\$15,844.64	\$6,711.00	\$0.00	
Insurance Recoveries/Other	\$560.00	\$0.00	\$0.00	\$0.00	
Donations/Contributions	\$40,758.82	\$39,174.02	\$40,550.53	\$44,200.00	pool \$25,000/benches, Wtrx
Other Misc. Revenues	\$6,256.00	\$7,213.89	\$7,169.21	\$0.00	insurance dividends
MISC. REVENUE	\$73,322.15	\$84,631.94	\$69,307.93	\$60,200.00	
OTHER FINANCING SOURCES					
Long Term Loans	\$62,182.65	\$747,762.39	\$0.00	\$40,044.11	2020 Benson Ave
				\$20,000.00	steel over brick v. office bldg
				\$5,000.00	reside yellow shed (partial)
				\$17,000.00	reside golf garage
				\$5,572.00	replace 2 pads with concrete
Capital Leases	\$5,603.40	\$0.00	\$0.00	\$0.00	
OTHER FINANCING SOURCES	\$67,786.05	\$747,762.39	\$0.00	\$87,616.11	
TOTAL REVENUES	\$1,726,026.25	\$2,698,113.50	\$1,563,404.58	\$1,514,514.82	

ACCOUNT:	2018 Actual	2019 Actual	2020 Estimated Year-End	2021 Proposed Budget	Description
EXPENDITURES:					
					* all % are shared with w/s/st w
GENERAL GOVERNMENT					
Legislative wages & taxes	\$5,070.31	\$6,564.49	\$4,611.70	\$4,629.00	* % village board
Legislative gen'l operations	\$1,826.72	\$2,860.45	\$1,425.00	\$2,200.00	dues, memberships, conf
Legal Services	\$9,037.14	\$6,489.00	\$5,000.00	\$5,000.00	police, airport, misc legal
Legal - Code of Ordinances	\$8,202.48	\$6,583.00	\$3,600.00	\$5,000.00	code updates/amendments
General Administration	\$5,391.13	\$5,556.41	\$2,500.00	\$5,000.00	* % office supplies
President wages & taxes	\$2,727.84	\$2,893.63	\$1,860.19	\$1,862.00	* % president
President gen'l operations	\$1,341.33	\$994.53	\$38.20	\$1,000.00	conferences
Clerk wages & taxes	\$51,144.52	\$40,273.69	\$40,344.00	\$39,373.00	* % of Allison & Sheila
Clerk benefits	\$28,366.42	\$9,803.07	\$12,365.00	\$13,263.00	* % ins, HSA, retirement
Clerk gen'l operations	\$832.24	\$1,966.93	\$1,100.00	\$1,600.00	training, supplies
Clerk publications	\$1,947.20	\$2,409.80	\$2,301.98	\$2,500.00	
Election wages	\$2,813.23	\$997.00	\$3,000.00	\$1,000.00	election workers/inspectors
Election gen'l operations	\$1,863.21	\$925.05	\$2,823.14	\$3,000.00	notices, meals, machine
IT Services	\$2,196.47	\$2,461.27	\$2,391.95	\$2,650.00	* % of IT services
Treasurer wages & taxes	\$29,704.78	\$38,902.16	\$40,344.00	\$39,373.00	* % of Allison & Sheila
Treasurer benefits	\$14,705.08	\$9,185.85	\$12,366.00	\$13,263.00	* % ins, HSA, retirement
Treasurer audit services	\$5,750.00	\$9,200.00	\$6,500.00	\$6,500.00	auditor
Treasurer gen'l operations	\$1,472.78	\$452.78	\$200.00	\$1,000.00	training, supplies
Assessor's Service	\$6,900.00	\$7,025.00	\$7,150.00	\$7,300.00	assessor
Assessment gen'l operations	\$321.68	\$337.91	\$701.10	\$0.00	

ACCOUNT:	2018 Actual	2019 Actual	2020 Estimated Year-End	2021 Proposed Budget	Description
V. Office Bldg Crew wages/taxes	\$7,809.68	\$5,382.77	\$7,832.00	\$6,524.00	crew wages & taxes
VO Bldg crew benefits	\$2,172.56	\$1,921.68	\$1,897.00	\$1,810.00	crew ins, HSA, retirement
V. Office Bldg general operations	\$8,049.50	\$7,714.48	\$19,000.00	\$7,500.00	
				\$20,000.00	Steel over brick on roof
				\$1,500.00	Yearly inspections-17 furnaces
				\$1,065.00	gardens around v. office bldg
V. Office Bldg utilities	\$9,045.93	\$7,868.56	\$7,430.00	\$7,830.00	heat, electric, phones, w/s
Uncoll A/R, Tax Refunds	\$510.37	\$9,495.00	\$0.00	\$0.00	
Insurance Prop,liab, w/c, vehicles	\$46,408.50	\$42,181.56	\$40,084.15	\$47,135.00	* % of insurance + \$6,000
Other Gen'l Gov't	\$7,926.77	\$2,560.47	\$2,200.00	\$0.00	* % software support, hams,
GENERAL GOVERNMENT	\$263,537.87	\$233,006.54	\$229,065.41	\$248,877.00	
PUBLIC SAFETY					
Police Full-time wages & taxes	\$178,980.80	\$216,152.13	\$186,252.00	\$180,915.00	3 full-time wages & taxes
Police FT benefits	\$90,517.55	\$67,614.50	\$64,993.00	\$68,855.00	3 f-t ins, HSA, retirement
Police Part-time wages/taxes	\$13,236.32	\$19,096.94	\$18,674.00	\$17,913.00	
				\$4,478.00	increase wages \$5/hr
				\$3,252.00	add 15 part-time shifts
Police Admin Asst wages/taxes	\$12,160.14	\$13,428.26	\$15,674.00	\$15,674.00	
				\$5,600.00	increase in hrly wage to \$19
Police gen'l op, uniforms, phone	\$13,126.33	\$12,696.92	\$15,907.77	\$13,200.00	lock out kits, camera, phone
				\$2,000.00	load bearing vest - Getts
				\$3,000.00	portable radio
Police training	\$3,386.97	\$1,683.82	\$2,200.00	\$3,000.00	
Police Squad maint & gas	\$9,859.41	\$8,734.93	\$8,000.00	\$9,000.00	
Police Outlay	\$6,060.00	\$37,001.84	\$8,481.32	\$0.00	

ACCOUNT:	2018 Actual	2019 Actual	2020 Estimated Year-End	2021 Proposed Budget	Description
Fire Protection general operations	\$2,738.89	\$3,010.23	\$3,172.93	\$3,200.00	payment to Fire Department
Fire Protection Levy	\$53,440.76	\$53,896.76	\$56,484.64	\$57,231.00	operations and building
Ambulance Levy	\$68,386.32	\$71,805.64	\$75,243.42	\$79,000.00	addt'l 5% and 5 people
Other Public Safety	\$0.00	\$0.00	\$413.00	\$0.00	
PUBLIC SAFETY	\$451,893.49	\$505,121.97	\$455,496.08	\$466,318.00	
PUBLIC WORKS					
Street Admin wages & taxes	\$457.56	\$152.36	\$343.00	\$323.00	* % PW assistant
Street Admin general operations	\$1,535.00	\$888.20	\$1,568.50	\$625.00	* % mapping software
				\$230.00	3 wall maps for bd room
				\$800.00	add zoning to mapping system
Streets, garage, mach wages/taxes	\$78,431.28	\$67,061.06	\$88,236.35	\$69,882.00	* % crew wages & taxes
Streets, garage, mach benefits	\$17,525.12	\$22,079.31	\$21,373.25	\$20,677.00	* % crew ins, HSA, retirement
Street general operations	\$13,376.79	\$13,678.59	\$30,700.00	\$13,600.00	blktop, sprg cleanup, uniforms
				\$3,500.00	extra to paint all lines
				\$3,800.00	patching - various areas
Garage general operations	\$2,696.94	\$2,522.34	\$3,004.05	\$2,700.00	supplies, uniforms
				\$5,000.00	reside yellow shed (partial)
				\$1,100.00	paint storage cabinets
Garage utilities	\$6,789.46	\$8,410.25	\$8,680.00	\$8,400.00	electricity, heat, phones
Machinery general operations	\$4,213.35	\$2,563.25	\$4,203.45	\$3,500.00	maintenance
Machinery gas & oil	\$5,880.18	\$8,404.05	\$4,668.85	\$8,000.00	
Machinery repairs	\$3,711.76	\$2,769.20	\$23.94	\$3,000.00	
Machinery outlay	\$47,743.21	\$0.00	\$0.00	\$0.00	

ACCOUNT:	2018 Actual	2019 Actual	2020 Estimated Year-End	2021 Proposed Budget	Description
Street Const/Benson Ave	\$0.00	\$0.00	\$40,044.11	\$0.00	Obtain loan in 2021
2018 WI Ave/Brad to Oak	\$190,104.09	\$0.00	\$0.00	\$0.00	
2018-19 CDBG Downtown Project	\$31,325.25	\$290,254.32	\$0.00	\$0.00	
Snow & Ice wages & taxes	\$17,652.93	\$30,165.98	\$21,526.48	\$21,500.00	crew wages & taxes
Snow & Ice benefits	\$3,548.16	\$9,822.40	\$5,213.99	\$5,200.00	crew ins, HSA, retirement
Snow & Ice general operations	\$5,309.16	\$6,546.96	\$7,500.00	\$7,000.00	salt/sand, misc repairs
Snow & Ice machinery maint, gas	\$8,135.30	\$6,230.96	\$7,000.00	\$6,000.00	
Snow & Ice outlay	\$11,599.51	\$1,500.00	\$0.00	\$0.00	
Crack/Chip/Fog Sealing gen'l op	\$49,668.26	\$4,335.43	\$14,385.00	\$15,000.00	various streets
Street Lights electricity	\$26,790.92	\$23,120.12	\$22,100.00	\$23,000.00	
Street Lights maint & repairs	\$0.00	\$1,260.26	\$2,973.77	\$3,000.00	
Street Lights Outlay	\$0.00	\$254,731.18	\$0.00	\$0.00	
Sidewalks Outlay	\$17,468.71	\$59,170.77	\$0.00	\$0.00	
Curb & Gutter Outlay	\$30,761.58	\$266,688.63	\$0.00	\$0.00	
Street Signs Gen'l Op.	\$0.00	\$702.63	\$88.65	\$500.00	
Airport wages & taxes	\$3,027.76	\$6,117.83	\$3,229.17	\$3,700.00	crew maint & plowing time
Airport benefits	\$631.56	\$1,471.94	\$782.78	\$900.00	crew maint & plowing time
Airport general operations	\$1,444.27	\$4,304.26	\$1,122.64	\$1,300.00	maintenance
Airport Electricity	\$972.30	\$975.43	\$850.00	\$900.00	runway lights
Trash Coll. Gen'l Op.	\$94,803.95	\$94,240.76	\$96,000.00	\$106,000.00	paid to Waste Mangmnt
Recycling Attd wages & taxes	\$1,749.71	\$1,157.99	\$1,368.46	\$1,765.00	reimb from Recycling Control
PUBLIC WORKS	\$677,354.07	\$1,191,326.46	\$386,986.44	\$340,902.00	

ACCOUNT:	2018 Actual	2019 Actual	2020 Estimated Year-End	2021 Proposed Budget	Description
HEALTH AND HUMAN SERVICES					
Riverside Cemetery wages/taxes	\$2,550.36	\$1,726.68	\$1,225.00	\$2,254.00	crew & Gordy wages & taxes
Riverside Cemetery benefits	\$53.76	\$120.73	\$71.00	\$363.00	crew ins, HSA, retirement
Riverside Cemetery general op	\$1,889.44	\$50.00	\$42.63	\$0.00	
Riverside Cemetery donation	\$5,000.00	\$5,000.00	\$10,000.00	\$10,000.00	for mowing
HEALTH AND HUMAN SERVICES	\$9,493.56	\$6,897.41	\$11,338.63	\$12,617.00	
LEISURE & RECREATION					
CC,Park,Cmgrd,evts,golf,dam wages/taxes	\$23,519.60	\$21,112.77	\$21,160.31	\$25,698.00	crew wages & taxes
CC,Park,Cmgrd,events,golf,dam benefits	\$5,986.40	\$7,054.54	\$5,125.13	\$7,237.00	crew ins, HSA, retirement
Comm. Center general operations	\$6,730.17	\$4,907.91	\$1,879.98	\$2,000.00	Hank cleaning, supplies
Comm. Center utilities	\$7,666.09	\$6,439.53	\$6,072.00	\$6,492.00	electricity, natural gas, wtr-swr
Park general operations	\$2,103.63	\$3,009.48	\$2,000.00	\$600.00	
				\$400.00	tennis court cracks
				\$345.00	flowers at welcome sign
Park utilities	\$1,166.04	\$2,099.42	\$1,450.78	\$1,450.00	electricity
Campground Host wages & taxes	\$2,333.33	\$2,803.20	\$0.00	\$0.00	
Campground general operations	\$6,693.77	\$4,194.39	\$5,150.00	\$5,115.00	
				\$35.00	flower basket at sign
				\$5,572.00	replace 2 pads with concrete
Campground utilities	\$21,240.55	\$19,736.22	\$17,820.76	\$18,000.00	electricity, natural gas, wtr-swr
Campground Repairs	\$0.00	\$0.00	\$19,624.44	\$0.00	
Campground New Proposed	\$0.00	\$0.00	\$4,900.00	\$0.00	
Events Security wages & taxes	\$3,210.67	\$4,191.64	\$0.00	\$4,200.00	Wtrcross, reimbursed
Events general operations	\$2,618.98	\$813.44	\$2,500.00	\$2,500.00	flowers, decorations

ACCOUNT:	2018 Actual	2019 Actual	2020 Estimated Year-End	2021 Proposed Budget	Description
Fairgrds Property Improvement	\$0.00	\$1,644.00	\$786.00	\$800.00	paid to Fair Society
Pool crew wages & taxes	\$6,347.84	\$8,519.61	\$2,772.98	\$0.00	crew wages & taxes
Pool crew benefits	\$928.88	\$1,737.06	\$671.87	\$0.00	crew ins, HSA, retirement
Pool Staff wages & taxes	\$18,409.68	\$17,969.10	\$87.73	\$18,193.00	
Pool gen'l operations, chemicals	\$11,752.77	\$10,722.41	\$1,330.30	\$15,500.00	
Pool utilities	\$8,346.18	\$7,619.45	\$1,370.97	\$9,500.00	electricity, natural gas, wtr-swr
Pool repairs	\$0.00	\$1,472.35	\$26,072.90	\$1,500.00	
Pool outlay	\$0.00	\$2,200.00	\$0.00	\$0.00	
Golf Course general operations	\$682.82	\$145.86	\$14.24	\$0.00	fire ext service, light repairs
				\$17,000.00	reside golf garage
Golf Course outlay	\$24,222.00	\$0.00	\$0.00	\$0.00	
Skating Rink	\$3,900.00	\$7,037.00	\$541.59	\$600.00	
Memory Lake Dam gen'l operations	\$79.98	\$54.98	\$79.79	\$500.00	solar lights
				\$2,500.00	inspection
LEISURE & RECREATION	\$157,939.38	\$135,484.36	\$121,411.77	\$145,737.00	
ECONOMIC DEVELOPMENT					
Ec. Development gen'l operaitons	\$550.68	\$531.00	\$331.87	\$300.00	TID filing fees
TID #3 Payout after closing	\$0.00	\$0.00	\$98,903.49	\$0.00	excess \$ pd to BC, School, WITC
TID #4 DGI Grantsburg	\$0.00	\$12,500.00	\$12,500.00	\$12,500.00	paid Dollar Gen'l Inc
TID #5 D & J Property	\$11,300.00	\$18,466.94	\$0.00	\$0.00	reimbursed from tax increment
ECONOMIC DEVELOPMENT	\$11,850.68	\$31,497.94	\$111,735.36	\$12,800.00	
DEBT SERVICE					
Principal	\$171,183.43	\$154,034.95	\$181,466.83	\$145,934.15	loan payments
Interest - Long Term	\$36,115.72	\$34,723.96	\$46,312.30	\$40,864.00	loan payments
Debt Costs	<u>\$0.00</u>	<u>\$439.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	
DEBT SERVICE	\$207,299.15	\$189,197.91	\$227,779.13	\$186,798.15	

ACCOUNT:	2018 Actual	2019 Actual	2020 Estimated Year-End	2021 Proposed Budget	Description
OTHER FINANCING USES					
Operating Transfer	\$83,000.00	\$83,000.00	\$83,000.00	\$83,000.00	paid to library
Misc. Expenditures	\$100.00	\$0.00	\$0.00	\$0.00	donation to humane society
OTHER FINANCING USES	\$83,100.00	\$83,000.00	\$83,000.00	\$83,000.00	
TOTAL EXPENDITURES	\$1,862,468.20	\$2,375,532.59	\$1,626,812.82	\$1,497,049.15	
NET TOTALS Rev over (under) exp	(\$136,441.95)	\$322,580.91	(\$63,408.24)	\$17,465.67	

VILLAGE OF GRANTSBURG - 2021 WATER FUND BUDGET - DRAFT

ACCOUNT:	2018 Actual	2019 Actual	2020 Estimated Year-End	2021 Proposed Budget	Description
REVENUES:					
					APPROVED
SERVICE CHARGES					
Water Metered Residential	\$88,396.90	\$86,973.77	\$89,000.00	\$89,000.00	
Water Metered Commercial	\$33,729.94	\$28,158.50	\$30,000.00	\$30,000.00	
Water Metered Industrial	\$12,318.13	\$12,615.78	\$14,000.00	\$14,000.00	
Water Metered Multi Family	\$8,509.92	\$8,038.21	\$7,300.00	\$8,000.00	
Water Private Fire Protection	\$5,452.80	\$5,452.80	\$5,630.00	\$5,630.00	indoor sprinkler systems
Water Public Fire Protection	\$103,071.96	\$108,276.19	\$108,907.00	\$108,907.00	
Water Public Authorities	\$19,320.50	\$18,363.87	\$18,000.00	\$18,500.00	
SERVICE CHARGES	\$270,800.15	\$267,879.12	\$272,837.00	\$274,037.00	
MISC. OTHER REVENUE					
Water - Penalties	\$2,296.46	\$2,371.49	\$918.00	\$920.00	
Rents from Water Property	\$22,907.60	\$15,902.80	\$0.00	\$0.00	
Water Misc. Other Revenues	\$8,222.02	\$8,457.91	\$7,350.00	\$7,350.00	standby water fee, mtr in fees
MISC. OTHER REVENUE	\$33,426.08	\$26,732.20	\$8,268.00	\$8,270.00	
MISC. REVENUE					
Water Interest on Investments	\$688.79	\$349.15	\$300.00	\$300.00	
Water Interest-Special Assmnts	\$824.30	\$974.37	\$1,000.00	\$1,000.00	
Water Meter Usage Fee	\$164.50	\$317.89	\$200.00	\$200.00	
Water Misc. Non-Op. Income	\$57,830.07	\$25,999.24	\$0.00	\$0.00	SDW & CDBG grants
MISC. REVENUE	\$59,507.66	\$27,640.65	\$1,500.00	\$1,500.00	
TOTAL REVENUES	\$363,733.89	\$322,251.97	\$282,605.00	\$283,807.00	

ACCOUNT:	2018 Actual	2019 Actual	2020 Estimated Year-End	2021 Proposed Budget	Description
EXPENDITURES:					* all % are shared with g/s/st w
PUMPING EXPENSES					
Water crew wages & taxes	\$35,173.17	\$43,794.45	\$49,217.00	\$40,365.00	
Water crew benefits	\$8,647.12	\$15,944.51	\$15,581.00	\$15,151.00	
Water Power for Pumping	\$16,700.08	\$16,643.51	\$16,300.00	\$17,000.00	electricity
Water Tax Equivalent	\$53,368.45	\$53,357.47	\$54,195.00	\$54,195.00	paid to Gen'l Fund in lieu of tax
PUMPING EXPENSES	\$113,888.82	\$129,739.94	\$135,293.00	\$126,711.00	
Water Treatment Expenses					
Water Chemicals	\$12,669.55	\$10,365.66	\$13,000.00	\$13,000.00	
Water Treatment Expenses	\$12,669.55	\$10,365.66	\$13,000.00	\$13,000.00	
Transmission & Distribution					
Water Supplies & Exp.	\$8,527.67	\$18,133.19	\$23,403.98	\$25,300.00	includes \$1,500 training, \$10,595 Kamstrup meters
Water Repairs of Plant	\$5,641.48	\$7,751.05	\$15,101.89	\$5,000.00	
				\$3,500.00	repair/repaint Well #1
				\$5,000.00	repair generator
				\$5,600.00	repair gate valves
				\$2,000.00	water shut off to motel
Water Transportation Exp	\$712.61	\$1,160.63	\$950.00	\$1,000.00	
Transmission & Distribution	\$14,881.76	\$27,044.87	\$39,455.87	\$47,400.00	
Administration & General					
Water Admin wages & taxes	\$22,932.72	\$17,620.62	\$21,928.00	\$20,938.00	* % Bd, Allison, Sheila, Mtr rdg
Water Admin benefits	\$9,838.84	\$5,146.42	\$6,656.00	\$7,004.00	* % Bd, Allison, Sheila, Mtr rdg
Water Admin insurance	\$5,002.01	\$5,004.08	\$5,085.26	\$5,225.00	* % prop, liability, w/c, vehicles
					% office supplies & IT services,
Water Admin supplies & IT services	\$7,255.98	\$11,397.55	\$7,500.00	\$7,500.00	* includes \$345 for wall maps
Water Admin outside services	<u>\$2,925.00</u>	<u>\$3,136.00</u>	<u>\$3,625.00</u>	<u>\$4,000.00</u>	Auditor
Administration & General	\$47,954.55	\$42,304.67	\$44,794.26	\$44,667.00	

ACCOUNT:	2018 Actual	2019 Actual	2020 Estimated Year-End	2021 Proposed Budget	Description
DEBT SERVICE					
Water principal long-term debt	\$61,539.00	\$58,958.00	\$58,500.00	\$48,621.00	
Water interest long-term debt	\$15,898.10	\$14,450.39	\$13,849.62	\$11,690.22	
DEBT SERVICE	\$77,437.10	\$73,408.39	\$72,349.62	\$60,311.22	
TOTAL EXPENDITURES	\$266,831.78	\$282,863.53	\$304,892.75	\$292,089.22	
NET TOTALS Rev over (under) exp	\$96,902.11	\$39,388.44	(\$22,287.75)	(\$8,282.22)	

VILLAGE OF GRANTSBURG - 2021 SEWER FUND BUDGET - DRAFT

ACCOUNT:	2018 Actual	2019 Actual	2020 Estimated Year-End	2021 Proposed Budget	Description
					APPROVED
REVENUES:					
SERVICE CHARGES					
Sewer Charges - RE	\$158,305.38	\$157,569.01	\$160,000.00	\$160,000.00	
Sewer Charges - CO	\$45,859.78	\$38,672.64	\$40,000.00	\$40,000.00	
Sewer Charges - IN	\$12,612.57	\$12,873.75	\$13,500.00	\$14,000.00	
Sewer Charges - Multi Family	\$9,893.00	\$9,073.31	\$8,400.00	\$8,400.00	
Sewer Charges - PA	\$9,197.82	\$8,501.91	\$7,700.00	\$7,700.00	
Sewer Charges - Penalties	\$2,258.67	\$2,157.11	\$836.07	\$1,500.00	
SERVICE CHARGES	\$238,127.22	\$228,847.73	\$230,436.07	\$231,600.00	
MISC. OTHER INCOME					
Sewer Misc. Other Income	\$1,778.73	\$1,227.47	\$500.00	\$500.00	
MISC. OTHER INCOME	\$1,778.73	\$1,227.47	\$500.00	\$500.00	
MISC. REVENUE					
Sewer Interest on Investment	\$750.29	\$1,803.88	\$702.76	\$800.00	
Sewer Misc. Non-Op. Income	\$0.00	\$3,882.00	\$0.00	\$0.00	
MISC. REVENUE	\$750.29	\$5,685.88	\$702.76	\$800.00	
TOTAL REVENUES	\$240,656.24	\$235,761.08	\$231,638.83	\$232,900.00	

ACCOUNT:	2018 Actual	2019 Actual	2020 Estimated Year-End	2021 Proposed Budget	Description
EXPENDITURES:					* all % are shared with g/w/st w
OPERATING EXPENSES					
Sewer crew wages & taxes	\$33,898.75	\$24,375.82	\$35,681.00	\$31,675.00	
Sewer crew benefits	\$6,583.21	\$10,243.63	\$11,560.00	\$11,155.00	
Sewer Power	\$23,686.49	\$22,468.50	\$22,000.00	\$22,000.00	electricity
Sewer Chemicals	\$20,518.41	\$31,303.96	\$30,800.00	\$42,817.00	includes addt'l testing discharge pilot project
Sewer Supplies & Expenses	\$18,375.20	\$20,616.09	\$18,700.00	\$19,700.00	includes \$1,500 training, \$5,000 televising
				\$4,000.00	Bypass at south lift
Sewer Trans./Machinery	\$1,741.35	\$919.59	\$1,000.00	\$1,000.00	
OPERATING EXPENSES	\$104,803.41	\$109,927.59	\$119,741.00	\$132,347.00	
MAINTENANCE EXPENSES					
Sewer Repairs	\$19,043.47	\$3,978.54	\$5,080.02	\$5,000.00	
MAINTENANCE EXPENSES	\$19,043.47	\$3,978.54	\$5,080.02	\$5,000.00	
ADMINISTRATION & GENERAL					
Sewer Admin wages & taxes	\$21,840.90	\$16,983.90	\$22,147.00	\$20,938.00	* % Bd, Allison, Sheila, Mtr rdg
Sewer Admin benefits	\$9,838.81	\$5,134.75	\$6,656.00	\$7,004.00	* % Bd, Allison, Sheila, Mtr rdg
Sewer insurance	\$5,842.33	\$5,864.92	\$5,557.57	\$5,700.00	* % prop, liability, w/c, vehicles
Sewer Admin supplies & expenses	\$6,215.27	\$5,217.07	\$6,324.71	\$6,000.00	* %office supplies/includes \$230 wall maps
Sewer outside services	\$5,221.75	\$9,002.50	\$3,625.00	\$5,000.00	Auditor
Sewer Admin misc & IT service	\$96.77	\$1,024.98	\$1,000.00	\$1,300.00	* % IT services
ADMINISTRATION & GENERAL	\$49,055.83	\$43,228.12	\$45,310.28	\$45,942.00	
DEBT SERVICE					
Sewer principal long-term debt	\$52,545.00	\$41,650.00	\$43,427.00	\$44,722.00	
Sewer interest long-term debt	\$18,178.61	\$15,448.78	\$14,764.31	\$13,259.53	
DEBT SERVICE	\$70,723.61	\$57,098.78	\$58,191.31	\$57,981.53	
TOTAL EXPENDITURES	\$243,626.32	\$214,233.03	\$228,322.61	\$241,270.53	
NET TOTALS Rev over (under) exp	(\$2,970.08)	\$21,528.05	\$3,316.22	(\$8,370.53)	

VILLAGE OF GRANTSBURG - 2021 STORM WATER FUND BUDGET - DRAFT

ACCOUNT:					APPROVED
	2018 Actual	2019 Actual	2020 Estimated Year-End	2021 Proposed Budget	Description
REVENUES:					* all % are shared with g/w/s
SERVICE CHARGES					
Storm Water - RE	\$12,036.72	\$12,473.42	\$12,600.00	\$12,600.00	* % Bd, Allison, Sheila, mtr rdg
Storm Water - CO	\$31,274.99	\$32,317.18	\$32,750.00	\$32,800.00	* % Bd, Allison, Sheila, mtr rdg
Storm Water - IN	\$9,752.39	\$10,165.87	\$10,560.00	\$10,600.00	* % office supplies
Storm Water - Multi Family	\$2,356.43	\$2,358.48	\$2,360.00	\$2,380.00	* % IT services
Storm Water - PA	\$13,831.02	\$13,002.19	\$12,700.00	\$13,000.00	
Storm Water Penalties	\$1,157.58	\$971.86	\$225.00	\$500.00	* proper, liability, w/c, vehicles
SERVICE CHARGES	\$70,409.13	\$71,289.00	\$71,195.00	\$71,880.00	
MISC. REVENUE					
St. Wtr Interest on Investment	\$261.67	\$76.34	\$75.00	\$100.00	
St. Wtr Misc. Non-op. Income	\$0.00	\$47,550.00	\$0.00	\$0.00	CDBG grant
St. Wtr Misc. Other Income	\$368.94	\$157.19	\$0.00	\$0.00	
MISC. REVENUE	\$630.61	\$47,783.53	\$75.00	\$100.00	
TOTAL REVENUES	\$71,039.74	\$119,072.53	\$71,270.00	\$71,980.00	

ACCOUNT:	2018 Actual	2019 Actual	2020 Estimated Year-End	2021 Proposed Budget	Description
EXPENDITURES:					
GENERAL ADMINISTRATION					
Storm Water Admin wages & taxes	\$4,684.82	\$5,373.49	\$7,093.00	\$7,067.00	
Storm Water Admin benefits	\$2,278.54	\$1,417.13	\$1,906.00	\$2,035.00	
St Wtr Admin general operations	\$3,440.44	\$5,455.41	\$7,223.00	\$5,000.00	includes \$230 wall maps
St Wtr Admin IT services	\$0.00	\$59.38	\$300.00	\$350.00	
St Wtr Admin legal	\$918.00	\$0.00	\$0.00	\$0.00	
St Wtr insurance	\$794.89	\$795.87	\$814.66	\$850.00	
GENERAL ADMINISTRATION	\$12,116.69	\$13,101.28	\$17,336.66	\$15,302.00	
PUBLIC WORKS					
St Wtr maint/st sweeping wage/taxes	\$1,741.57	\$6,748.54	\$5,663.00	\$4,433.00	
St Wtr maint/st sweeping benefits	\$413.49	\$1,952.02	\$2,293.69	\$1,703.00	
St Wtr machinery maint,gas,repair	\$0.00	\$0.00	\$900.00	\$1,400.00	includes \$636 sweeper brooms, shoes
				\$600.00	cement for culvert North Ave
St Wtr street sweeping	\$6,500.00	\$1,700.00	\$0.00	\$0.00	
St Wtr maintenance & repairs	\$520.65	\$5,651.07	\$626.94	\$600.00	
PUBLIC WORKS	\$9,175.71	\$16,051.63	\$9,483.63	\$8,736.00	
DEBT SERVICE					
St Wtr pincipal long-term debt	\$2,019.00	\$18,629.00	\$23,095.81	\$19,561.44	
St Wtr interest long-term debt	\$6,175.21	\$6,075.18	\$6,956.67	\$6,177.03	
DEBT SERVICE	\$8,194.21	\$24,704.18	\$30,052.48	\$25,738.47	
TOTAL EXPENDITURES	\$29,486.61	\$53,857.09	\$56,872.77	\$49,776.47	
NET TOTALS Rev over (under) exp	\$41,553.13	\$65,215.44	\$14,397.23	\$22,203.53	

VILLAGE OF GRANTSBURG - 2021 CAPITAL PROJECTS BUDGET

Proposed Yr 2021

REVENUES

LONG TERM LOAN	GENERAL \$	239,491	Various
LONG TERM LOAN	WATER \$	433,938	Russell St & Manganese project
LONG TERM LOAN	SEWER \$	133,281	Russell St
LONG TERM LOAN	STORM WTR \$	17,653	Russell St
TOTAL REVENUES		\$ 824,363	

EXPENDITURES

PUBLIC WORKS

Garage/Yellow Shed	GENERAL \$	11,000	Reside yellow shed (partial)
--------------------	------------	--------	------------------------------

STREET PROJECTS

Johnson Street	GENERAL \$	48,895	Resurface
W Harrison/Oak east to Pine	GENERAL \$	21,931	Resurface
W Harrison/Oak west to Park	GENERAL \$	30,473	Resurface
S Russell/St Rd 70 to St Geo/WI	GENERAL \$	127,192	Resurface **
S Russell/St Rd 70 to St Geo/WI	WATER \$	140,538	Replace watermain
S Russell/St Rd 70 to St Geo/WI	SEWER \$	133,281	Replace sanitary sewer main
S Russell/St Rd 70 to St Geo/WI	STORM WTR \$	17,653	Inlets and connect to existing

Water Manganese Filter System	WATER \$	293,400	Water
-------------------------------	----------	---------	-------

TOTAL EXPENDITURES	\$	824,363	
---------------------------	-----------	----------------	--

Excess of Revenues Over Expenditures	\$	-	
--------------------------------------	----	---	--



**PRELIMINARY CONSTRUCTION COST ESTIMATE
VILLAGE OF GRANTSBURG
2021 RUSSELL STREET & UTILITY IMPROVEMENTS
STH 70 to Wisconsin Avenue**

October 30, 2020

SANITARY SEWER

EXISTING CLAY TILE ESTIMATED TO BE INSTALLED IN 1960
ASSUMES NO ROCK OR DEWATERING.

ITEM	UNIT	QUANTITY	UNIT PRICE	COST
REMOVE MANHOLE	EACH	4	\$300.00	\$1,200.00
ABANDON EXISTING SANITARY SEWER	L.F.	970	\$5.00	\$4,850.00
ADJUST EXISTING MANHOLE	EACH	1	\$250.00	\$250.00
8-INCH SANITARY SEWER	L.F.	970	\$50.00	\$48,500.00
DIRECTIONAL BORE, 8-INCH SANITARY SEWER	L.F.	120	\$200.00	\$24,000.00
MANHOLE, 8-FOOT DEPTH w/ CASTING	EACH	4	\$3,300.00	\$13,200.00
EXCESS MANHOLE DEPTH, 4' DIAMETER	V.F.	20	\$250.00	\$5,000.00
SANITARY MANHOLE DROP SECTION	V.F.	8	\$500.00	\$4,000.00
STUB INTO EXISTING MANHOLE	EACH	1	\$250.00	\$250.00
8-INCH BY 4-INCH WYE	EACH	4	\$200.00	\$800.00
4-INCH SANITARY SERVICE	L.F.	132	\$15.00	\$1,980.00
CONNECT TO EXISTING SANITARY SEWER	EACH	1	\$1,500.00	\$1,500.00
CONNECT TO EXISTING SANITARY SERVICE	EACH	3	\$250.00	\$750.00
ROCK FOR PIPE STABILIZATION	TON	100	\$22.00	\$2,200.00
REPLACEMENT BACKFILL	TON	50	\$10.00	\$500.00
SUBTOTAL				\$102,680.00
CONTINGENCY (10%)				\$10,270.00
TOTAL ESTIMATED SANITARY SEWER CONSTRUCTION COST				\$112,950.00

WATERMAIN

EXISTING DUCTILE IRON WM ESTIMATED TO BE INSTALLED IN 1969
ASSUMES NO ROCK OR DEWATERING.

ITEM	UNIT	QUANTITY	UNIT PRICE	COST
ABANDON EXISTING WATERMAIN IN PLACE	L.F.	1200	\$4.00	\$4,800.00
8-INCH WATERMAIN	L.F.	1200	\$56.00	\$67,200.00
6-INCH WATERMAIN	L.F.	60	\$50.00	\$3,000.00
8-INCH GATE VALVE	EACH	2	\$1,900.00	\$3,800.00
6-INCH GATE VALVE	EACH	2	\$1,500.00	\$3,000.00
HYDRANT	EACH	2	\$4,400.00	\$8,800.00
WATER MAIN FITTINGS	LBS	200	\$7.00	\$1,400.00
LIVE TAP CONNECT TO EXISTING WATERMAIN	EACH	1	\$5,500.00	\$5,500.00
CONNECT TO EXISTING WATERMAIN	EACH	4	\$2,000.00	\$8,000.00
1-INCH CORPORATION STOP	EACH	4	\$250.00	\$1,000.00
1-INCH CURB STOP AND BOX	EACH	4	\$400.00	\$1,600.00
1-INCH COPPER WATER SERVICE	L.F.	132	\$36.00	\$4,752.00
ADJUST EXISTING GATE VALVE BOX	EACH	1	\$200.00	\$200.00

SUBTOTAL	\$108,250.00
CONTINGENCY (10%)	\$10,830.00
TOTAL ESTIMATED WATER CONSTRUCTION COST	\$119,080.00

STORM SEWER

EXISTING STORM SEWER IS IN GOOD SHAPE, TO REMAIN IN PLACE.

ITEM	UNIT	QUANTITY	UNIT PRICE	COST
48-INCH STORM MANHOLE INLET w/ CASTING	EACH	1	\$3,000.00	\$3,000.00
SALVAGE AND RELAY EXISTING STORM SEWER	L.F.	120	\$80.00	\$9,600.00
CONNECT TO EXISTING STORM SEWER	EACH	2	\$500.00	\$1,000.00
SUBTOTAL				\$13,600.00
CONTINGENCY (10%)				\$1,360.00
TOTAL ESTIMATED STORM SEWER CONSTRUCTION COST				\$14,960.00

STREET CONSTRUCTION

RUSSELL STREET- 1,200 LF LONG, 36 FEET F-F AND 32 FEET WIDE PAVED.

ITEM	UNIT	QUANTITY	UNIT PRICE	COST
MOBILIZATION	L.S.	1	\$16,500.00	\$16,500.00
MAINTENANCE OF TRAFFIC	L.S.	1	\$3,000.00	\$3,000.00
PULVERIZE, REMOVE, RELAY AND SHAPE	S.Y.	4,270	\$2.00	\$8,540.00
REMOVE CONCRETE CURB & GUTTER	L.F.	100	\$3.00	\$300.00
SILT FENCE, DELIVERED, INSTALLED AND MAINTAINED	L.F.	100	\$2.50	\$250.00
INLET PROTECTION	EACH	5	\$50.00	\$250.00
COMMON EXCAVATION	C.Y.	0	\$6.00	\$0.00
GRANULAR SUBBASE COURSE, 12"	C.Y.	0	\$14.00	\$0.00
CRUSHED AGGREGATE BASE COURSE	C.Y.	100	\$15.00	\$1,500.00
ASPHALT PAVEMENT 3-INCH	TONS	750	\$87.00	\$65,250.00
CONCRETE CURB AND GUTTER, 30-INCH, TYPE D	L.F.	100	\$15.00	\$1,500.00
SAWCUT EXISTING PAVEMENT	L.F.	200	\$3.00	\$600.00
TURF ESTABLISHMENT	S.Y.	100	\$3.00	\$300.00
SUBTOTAL				\$97,990.00
CONTINGENCY (10%)				\$9,800.00
TOTAL ESTIMATED STREET CONSTRUCTION COST				\$107,790.00

PRELIMINARY CONSTRUCTION COST	\$354,800.00
DESIGN/PART TIME CONSTRUCTION ENGINEERING (1	\$63,864.00
TOTAL PROJECT COST	\$418,664.00

Grantsburg Public Library

Mary Ann Erickson Memorial

415 S. Robert Street
Grantsburg, WI 54840
715/463-2244
grantsburglibrary.org

Michael Longhenry
Village President
316 S. Brad Street
Grantsburg, WI 54840

November 23, 2020

Board of Trustees

Duke Tucker

Mandi Amundson

Tiffany Johnson

Caylin Muehlberg

Dagny Norenberg

William Norine

Ben Seume

As you make important funding decisions this year, please remember one of our community's most valuable and well utilized resources, the Grantsburg Public Library.

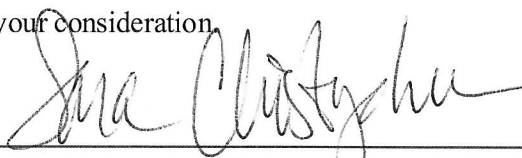
With access to thousands of books, to programs in literacy, and technology assistance, the library is here to help our residents enjoy happy, fulfilling and successful lives. Grantsburg's modern, up-to-date library figures prominently into decisions on which community to choose.

The library staff and board of trustees are delighted so many Grantsburg residents are frequent library users. Of our 1,343 village residents, 858 (63.9% or nearly two-thirds) hold library cards. In 2019, large numbers attended our programs for all ages and checked out 30,948 items including books, movies, magazines, and other materials.

We owe this success largely to you, the Grantsburg Village Board. Due to your continued financial support, the library has been able to pivot to a new model of service in 2020. In 2020 thus far, the library has presented 60 virtual family programs, 10+ virtual book club meetings, 5+ in-person book club meetings and are positioned to exceed these totals in 2021. Residents of all ages and economic levels feel the direct benefit of their tax dollars at the public library.

Without question, Grantsburg Public Library is one of the community's most widely used assets. The library deserves your continued and level support. As we anticipate an unknown funding level in future years at the county level, the village's many library patrons will look to the village board to keep this vital resource active, growing, and vibrant.

Thank you for your consideration.

 Library Director

The mission of Grantsburg Public Library is to encourage literacy and the love of reading, and enhance the quality of life in our community by connecting people with information, resources and each other.



November 23, 2020



Grantsburg Public Library

Dear Village of Grantsburg Board of Trustees,

As you make important funding decisions this year, please remember one of our community's most valuable and well utilized resources, the Grantsburg Public Library.

With access to thousands of books, to programs in literacy, and technology assistance, the library is here to help our residents enjoy happy, fulfilling and successful lives. Grantsburg's modern, up-to-date library figures prominently into decisions on which community to choose.

The library staff and board of trustees are delighted so many Grantsburg residents are frequent library users. Of our 1,343 village residents, 858 (**63.9% or nearly two-thirds**) hold library cards. In **2019**, large numbers attended our programs for all ages and checked out 30,948 items including books, movies, magazines and other materials.

We owe this success largely to you, the Grantsburg Village Board. Due to your continued financial support, **the library has been able to pivot to a new model of service in 2020**. In 2020, the library has presented **60 virtual family programs, 10+ virtual book club meetings, 5 in person book club meetings** and are on track to exceed these totals in 2021. Residents of all ages and economic levels feel the direct benefit of their tax dollars at the public library.

Without question, Grantsburg Public Library is one of the community's most widely used assets. The library deserves your continued and level support. As we anticipate an unknown funding level in future at the county level, the village's many library patrons will look to the village board to **keep this vital resource active, growing, and vibrant**.

Thank you for your consideration

The Library Board of Trustees

- Duke Tucker*
- Mandi Amundson*
- Tiffany Johnson*
- Caylin Muehlberg*
- William Norine*
- Dagny Norenberg*
- Ben Seume*

LIBRARY REVENUE	2020	2021
Village of Grantsburg	83,000.00	83,000.00
County	74,284.85	77,937.10
Donations	3,306.35	2,000.00
Services	7,000.00	7,000.00
TOTAL	170,585.20	169,937.10

LIBRARY EXPENSES	2020	2021
Wages, benefits, taxes	127,102.73	122,075.04
Library consortium	8,875.09	9,557.52
Books, audiobooks, etc.	8,773.00	8,000.00
Programs	4,674.64	4,600.00
Computers, technology	1,200.00	1,000.00
Supplies, copier, phone, educ.	6,672.59	6,742.75
Facility, insurance & utilities	17,961.79	17,961.79
TOTAL	170,585.20	169,937.10

