DATE:	DEPARTMENT	County Council	1000-129
		NAME	NUMBER

	AMOUNT	DDC I		LACOT			
		PROJ.		ACCT.	FUND	NAME	FUND
	REQUESTED	NO.	ACCOUNT NAME	NO.			NO
1	1,150		Educ & Conf Costs	43830	General		1000
2	2,150		Sustenance & Other 1	43110	General		1000
3							
4						4	
5							
6							
7							
8						A)	
TOTAL	3,300						
			If Drive Addill				
	ORIGINAL AMOUN	IT.	If Prior Add'I	0	T	400000	
			Appropriation	Can	Transfers	APPROV	ED
	Approp. Unspent		Was Approved	Ве	Effected	BY	
	Request	Date	This Year			COUNC	IL
			AMOUNT DATE	YES	NO	Amount	Date
						a	
						4	
						1	
	73						

REASON FOR REQUEST	Tina would like to attend 2 NACO Conferences this year. This request is to cover most if not all of the					
amount needed. Request is being made for approximately \$1,650 reimbursement for each of the 2 conferences						
1 Conference in Washington DC	1 Conference in Washington DC February 29 through March 4, 2020					
1 Conference to be held in Florida later in the summer						

	DATE: Jan 1	5 2020	DEPAR	IMENI	EMA			1000/137
						NAME		NUMBER
	AMOUNT	PROJ.	ACCC	DUNT	ACCT.	FUND	NAME	FUND
	REQUESTED	NO.	NA	ME	NO.			NO
	6,600				24400	Donation M	loney	
150								
TOTAL	6,600							
			If Prior	Add'l				
	ORIGINAL AMO	DUNT	Approp	riation	Can	Transfers	APPRO	VED
	Approp. Unspent	as of	Was Ap			Effected	BY	
	Request	Date	This			Liicotca	COUN	CII
	1104001	2 0.10	AMOUNT		YES	NO	Amount	Date
_			AWICOITT	DATE	11.0	110	Amount	Date
		_						
-								
-								
		4						
DEASON	I FOR REQUEST	*						
	N FOR REQUEST	he corried fo	muned to the		was informed to	h - t		
	st this money would							nis
ine itern.	. We occasionally re	ceive fundin	y for nousing	equipment	and/or to suppo	oπ our agency.		
					Thank you	Director To	hou	

 DATE:
 1/17/2020
 DEPARTMENT
 Victim Assistance
 1000/159

 NAME
 NUMBER

	AMOUNT	PROJ.		ACCT.	FUNE	ALABAT	=::::=
	REQUESTED	NO.	ACCOUNT NAME		FUNL	NAME	FUND
		NO.	ACCOUNT NAME				NO
1	\$ 4,090.00		Victim Assistance	44535	General Fu	ınd	1000
2							
3							
4							
5							
6							
7							
8							
TOTAL	4,090						
			If Prior Add'I				
	ORIGINAL AMO	I NINT		Can	Transfers	ADDDO	
			Appropriation		Transfers	APPROV	ÆD
	Approp. Unspent		Was Approved	Be	Effected	BY	
	Request	Date	This Year			COUNC	IL
			AMOUNT DATE	YES	NO	Amount	Date
	1						

REASON FOR REQUEST	Funds needed for appropriation to fund purchase of 5 new computers for Victim Assistance.				
	The VOCA Grant will reimburse the County for the 5 new computers.				

DATE Januar	y 6, 2020	DEPARTMENT	Elknart Circ	cuit Court	1000/160		
				NAME		NUMBER	
	nno.		7				
AMOUNT	PROJ.		ACCT.		FUND		
	NO.	ACCOUNT NAME	NO.	FUND NAME	NO.		
1 95,000.00		Court Administrator	41110	General		1000	
3						4	
4							
5							
6							
7							
8							
TOTAL \$95,00	0.00						
		If Prior Add'l					
ORIGINAL AMO	UNT	Appropriation	Can	Transfers	APPRO\	√ED	
Approp. Unspent	as of	Was Approved	Ве	Effected	BY		
Request	Date	This Year			COUNCIL		
		AMOUNT DATE	YES	NO	Amount	Date	
1				Х	runoune	Duto	
2							
3							
4							
5							
6		-					
8							
TOTAL \$							
REASON FOR F	REQUEST	For purpose of payir	na salary for	Court Administr	ator		
		To parpose or payin	ig salary for	Oddit Administra	2101		
						i	
				/s/ Michael A. Ch	ristofeno		
			100				

Signature of Department Head

DATE January	6, 2020	DEPARTMENT	Elkhart C	ircuit Court	1000-160a	
				NAME		NUMBER
		T	1			
AMOUNT	PROJ.		ACCT.		FUN	
REQUESTED	NO.	ACCOUNT NAME		FUND NAME	NC	
1 10,000.00		Medical	43020	General		1000
2						
3						
4						
5						
6						
7 8						
	00					
TOTAL \$10,000	.00		_			
		IS Delega Asilalii				
ODIOINAL AMOL	0.000.00	If Prior Add'l	0	T	45556) (ED
ORIGINAL AMOU			Can	Transfers	APPRO	
Approp. Unspent	as of	Was Approved	Be	Effected	BY	
Request	Date	This Year			COUN	
\$425		AMOUNT DATE	YES	NO	Amount	Date
1				Х		
2						
3						
4						
5						
6						
7						
8						
TOTAL \$	1.4					
REASON FOR RE	EQUEST	To have adequate fu	inds to pay	tor future compo	etency evalua	tions
	-,,					
	-					

/s/ Michael A. Christofeno

Signature of Department Head

DATE 1/6/2020 DEPARTMENT COMMUNITY CORRECTIONS 1000.0179

NAME NUMBER

_	*********	T						
	AMOUNT	PROJ.	ACCOUNT NAME	ACCT.	FUND NAME		FUND	
	REQUESTED	NO.		NO.		NO		
1	\$ 53,395		Security/Operations	41115	FY2020 C	ounty General	1000.0179	
2	\$ 165,910		Professional	41120	FY2020 C	ounty General	1000.0179	
3	\$ 184,119		Technicians	41125	FY2020 C	ounty General	1000.0179	
4	\$ 38,899		Office & Clerical	41140	FY2020 C	ounty General	1000.0179	
5	\$ 14,000		Excess Hours	41165	FY2020 C	ounty General	1000.0179	
6	\$ 28,292		FICA	41300	FY2020 C	ounty General	1000.0179	
7	\$ 6,617		Medicare	41305	FY2020 C	ounty General	1000.0179	
8	\$ 180,921		Insurance	41310	FY2020 C	ounty General	1000.0179	
9	\$ 15,000		Wellness	41330	FY2020 C	ounty General	1000.0179	
10	\$ 12,000		Workman's Comp.	41340	FY2020 C	ounty General	1000.0179	
11	\$ 50,360		PERF	41400	FY2020 C	ounty General	1000.0179	
TOTAL	\$ 749,513							
	ORIGINAL AMO		If Prior Add'I Appropriation	Can	Transfers APPROVED			
_	Approp. Unspent	as of	Was Approved	Be	Effected	BY		
	Request	Date	This Year			COUN	ICIL	
			AMOUNT DATE	YES	NO	Amount	Date	
		-						
-								

REASON FOR REQUEST	Setting up accounts for new fiscal year, FY2020 County General.					

DATE: January 22, 2020 DEPARTMENT Commissioners 1112/980
NAME NUMBER

AMOUNT PROJ ACCT FUND NAME FUND

	AMOUNT	PROJ.		ACCT.	FUND	NAME	FUND	
					FUND	INAIVIE		
	REQUESTED	NO.	ACCOUNT NAME	NO.			NO	
1	1,974,946.00		Construction/Recor	44600	EDIT		1112	
2		_ 5						
3								
4	N.							
5								
6								
7								
8	15							
TOTAL	1,974,946.00							
	ORIGINAL AMO Approp. Unspent Request	UNT as of Date	If Prior Add'l Appropriation Was Approved This Year		Transfers APPRO\ Be Effected BY COUNC			
			AMOUNT DATE	YES	NO	Amount	Date	
	V.							
	1 3							
	100	_						
	, ×							
	"							

REASON FOR REQUEST	Monies moved from EDIT Fund to support the Fiber Fund.	
		1
To be heard February 8, 2020	0.	

DATE: 01-22-2020

DEPARTMENT

Highway

4928-980

NAME

1	AMOUNT	PROJ.			ACCT.	FUND	NIANT	FUND	
						FUND	FUND NAME		
	REQUESTED	NO.	ACCOUNT I	NAME	NO.				
1	60,000		Professional		41120	Fiber		4928	
2	5,000		Excess Hours		41165	Fiber	4.	4928	
3	4,973		Social Security		41300	Fiber		4928	
4	943		Medicare		41305	Fiber		4928	
, 5	4,030		Retirement Per	f	41400	Fiber		4928	
6	400,000		Other Profession	nal Services	43090	Fiber		4928	
7	1,500,000	202608	Construction/Re	econstruction	44600	Fiber		4928	
8									
TOTAL	1,974,946								
	ORIGINAL AMO	DUNT		or Add'l priation	Can	Transfers	APPRO	VED	
	Approp.	as of	Was A	pproved	Be	Be Effected		BY	
	7	Date	This	Year		COUN		NCIL	
			AMOUNT	DATE	YES	NO	Amount	Date	
8									

REASON FOR REQUEST 1. This appropriation request is to set up a budget for dark fiber. This will be the first						
of an annual budget for the fiber department. This budget will be seeded with EDIT funds for the first and second years of						
operation. The financial plan is to reduce the funds needed from EDIT as the income rises from subscribers to the						
network.						

DATE:

1/16/2020

DEPARTMENT

Highway

1112-980

NAME

	AMOUNT	PROJ.	ACCOUNT NAME		ACCT.	FUND	NAME	FUND	
	REQUESTED	NO.			NO.			NO	
1	1,400,000	200006	CR 38 ROW A	cquisition	44600	EDIT		1112	
2									
3									
4									
5									
6									
7									
8	74								
TOTAL	1,400,000								
	ORIGINAL AMOUNT Approp Unspent as of Request Date		If Prior Appropri Was App This Y	iation proved ear	Ве	Transfers APPRO Effected BY COUN		,	
			AMOUNT	DATE	YES	NO	Amount	Date	
	207								
	5								
	3								
7								-	

REASON FOR REQUEST	1. Funds to complete right of way purchases including but not limited to appraisals, buying, legal,						
title work, etc. and associated costs for the CR 38 - CR 31 to SR 13 project.							
25							
The state of the s							

DATE: 1/6/2020

DEPARTMENT

COMMUNITY CORRECTIONS

1130-614 2

NAME

		MOUNT QUESTED	PROJ. NO.	ACCOUNT NAME		ACCT. NO.	FUND	NAME	FUND NO
1	\$	253,098		Case Manager		41120	FY2020 Project Income		1130.0614
2	\$	57,660		Sergeant		41125	FY202	0 Project Income	1130.0614
3	\$	640,744		Protective/Cust	tody Officer	41130	FY202	0 Project Income	1130.0614
4	\$	30,000		Admin Assistar	nt	41135	FY202	0 Project Income	1130.0614
5	\$	30,328		Excess Hours		41165	FY202	0 Project Income	1130.0614
6	\$	50,000		Part Time Field	Officer	41200	FY202	0 Project Income	1130.0614
7	\$	19,500		Part Time Main	tanence	41230	FY202	0 Project Income	1130.0614
8	\$ -	67,200		FICA		41300	FY202	0 Project Income	1130.0614
9	\$	26,600		Medicare		41305	FY202	0 Project Income	1130.0614
10	\$	378,150		Insurance		41310	FY2020 Project Income		1130.0614
11	\$	31,000		Wellness/Other		41330	FY2020 Project Income		1130.0614
12	\$	23,000		Workman's Cor	mp.	41340	FY2020 Project Income		1130.0614
13	\$	105,500		PERF		41400	FY2020 Project Income		1130.0614
TOTAL	\$	1,712,780							
	ORIGII	NAL AMOU	NT as of	If Prior	riation	Can	Transfers	APPROVE	ĒD
	Approp.	Unspent Request	Date	Was Ap This `		Be Effected BY			
		Nequest	Date	AMOUNT	DATE	YES	NO	COUNCI	
				AMOUNT	DATE	TES	NO	Amount	Date
	100								
	A A								
		1							

REASON FOR REQUEST	Seturing up accounts for new riscal year, FY2020 Project Income.

DATE: 1/6/2020

DEPARTMENT

COMMUNITY CORRECTIONS

1130-614

NAME

	AMOUNT	PROJ.	400011					
	REQUESTED	NO.	ACCOU	NT NAME	ACCT.	FUND	NAME	FUND
-		NO.			NO.			NO
1	\$ 12,000		Office S	Supplies	42090	FY2020	Project Income	1130.0614
2	\$ 20,000		Unif	orms	42150	FY2020	Project Income	1130.0614
3	\$ 2,500		Med	dical	42180	FY2020	Project Income	1130.0614
4	\$ 5,000		Other Opera	ting Supplies	42195	FY2020	Project Income	1130.0614
5	\$ 9,000		Vehicle	Supplies	42210	FY2020	Project Income	1130.0614
6	\$ 1,500		Fo	ood	42310	FY2020 I	Project Income	1130.0614
7								
8								
TOTAL	\$ 50,000							
	ORIGINAL AMOUNT Approp. Unspent as of Request Date		If Prior Approp Was Ap This	riation proved Year		Transfers Effected	APPROVED BY COUNCIL	
			AMOUNT	DATE	YES	NO	Amount	Date

REASON FOR REQUEST	Setting up accounts for new fiscal year, FY2020 Project Income.

DATE: 1/6/2020

DEPARTMENT

COMMUNITY CORRECTIONS

1130.0614

NAME

	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND NAME		FUND NO
1	\$ 300,000		Professional Services	43090	FY2020 Pr	oject Income	1130.0614
2	\$ 5,000		Travel/Training	43110	FY2020 Pr	oject Income	1130.0614
3	\$ 200		Postage	43120	FY2020 Pr	oject Income	1130.0614
4	\$ 2,000		Telephones	43140	FY2020 Pr	oject Income	1130.0614
5	\$ 400,000		Operating Supplies	43190	FY2020 Pr	oject Income	1130.0614
6	\$ 10,000		Equipment Leasing	43630	FY2020 Pr	oject Income	1130.0614
7	\$ 3,250		Dues & Subscriptions	43800	FY2020 Pr	oject Income	1130.0614
8							
TOTAL	\$ 720,450						
	ORIGINAL AMOUNT Approp. Unspent as of Request Date		If Prior Add'I Appropriation Was Approved This Year	Can Transfers Be Effected		APPROVED BY COUNCIL	
			AMOUNT DATE	YES	NO	Amount	Date

REASON FOR REQUEST	Setting up accounts for new fiscal year, FY2020 Project Income.

DATE: 1/6/2020

DEPARTMENT

COMMUNITY CORRECTIONS

1130.0614

NAME

	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME		ACCT. NO.	FUND	FUND NO		
1	\$ 120,000		Vehi	icles	44500	FY2020 P	roject Income	1130.0614	
2	\$ 10,000		Office Ed	quipment	44520	FY2020 P	roject Income	1130.0614	
3	\$ 50,000		Data Processi	ng Equipment	44540	FY2020 P	roject Income	1130.0614	
4	\$ 15,000		Facility E	quipment	44545	FY2020 P	roject Income	1130.0614	
5									
6									
7		-							
8									
TOTAL	\$ 195,000								
	ORIGINAL AMOUNT Approp. Unspent as of Request Date		If Prior Add'I Appropriation Was Approved This Year		Can Transfers Be Effected		BY	APPROVED BY COUNCIL	
			AMOUNT	DATE	YES	NO	Amount	Date	
-		JH .							

REASON FOR REQUEST	Setting up accounts for new fiscal year, FY2020 Project Income.						

DATE: 1/15/20 DEPARTMENT COMMUNITY CORRECTIONS 1130.0980

NAME NUMBER

	Г	AMOUNT	PROJ.	ACCOUNT NAME	ACCT.	EUND	NAME	FUND
		EQUESTED	NO.	ACCCOUNT NAME	NO.	I ONL	IVAIVIL	NO
1	\$	56,365.00	.,,,,,	Director	41115	EV 2010	DOC Grant	1130.0980
2	\$	104,259.50		Case Manager	41113		DOC Grant	1130.0980
3	_	35,953.00		EM/DR Coordinator	41125		DOC Grant	
4	\$	89,928.00					DOC Grant	1130.0980
5	\$	14,517.50		Custody Officers Administrative Assistan	41130		DOC Grant	1130.0980
-							DOC Grant	1130.0980
6	\$	3,750.00		Excess Hours	41165			1130.0980
7	\$	14,400.00		FICA	41300		DOC Grant	1130.0980
8	\$	4,632.50		Medicare	41305		DOC Grant	1130.0980
9	\$	118,241.00		Insurance	41310		DOC Grant	1130.0980
10	\$	10,000.00		Wellness/Other	41330	FY 2019	DOC Grant	1130.0980
11	\$	6,000.00		Workman's Comp.	41340	41340 FY 2019 DOC Grant		1130.0980
12	\$	30,579.00		PERF	41400	FY 2019	DOC Grant	1130.0980
13								
TOTAL	\$	488,625.50						
				If Prior Add'I				
	O	RIGINAL AMO	DUNT	Appropriation Can		Transfers	OVED	
	Ar	prop. Unsper	as of	Was Approved	Be Effected		BY	
			Date	This Year			COUN	
	Т			AMOUNT DATE	YES	NO	Amount	Date
	-						7 miledine	Buto
							-	
		-						
		18						
			1					

REASON FOR REQUEST	FY 2019 extension July 2019 to December 2019					

DATE: 1/15/20 DEPARTMENT COMMUNITY CORRECTIONS 1130.0980 2

NAME NUMBER

		AMOUNT EQUESTED	PROJ. NO.	ACCOUN	IT NAME	ACCT. NO.	FUND	NAME	FUND NO
1	\$	6,500.00		Office S	upplies	42090	FY 2019	DOC Grant	1130.0980
2	\$	10,000.00		Unifo	rms	42150	FY 2019	DOC Grant	1130.0980
3	\$	8,124.00		Other Operat	ing Supplies	42195	FY 2019	DOC Grant	1130.0980
4	\$	1,624.00		Preventative I	Maintenance	42210	FY 2019	DOC Grant	1130.0980
5	\$	250.00		Traning N	/laterials	42320	FY 2019	DOC Grant	1130.0980
6									
7									
8									
TOTAL	\$	26,498.00							
	ORIGINAL AMOUNT Approp. Unspent as of Request Date		If Prior Add'I Appropriation Was Approved This Year		Can Transfers Be Effected		APPROVED BY COUNCIL		
				AMOUNT	DATE	YES	NO	Amount	Date
		(

REASON FOR REQUEST	F1 2019 extension July 2019 to December 2019
	

DATE: 1/15/20

DEPARTMENT

COMMUNITY CORRECTIONS

1130.0980

NAME

	AMOUNT REQUESTED	PROJ.	ACCOUNT NAME	ACCT, NO.	FUND	NAME	FUND NO	
1	\$ 62,500.00		Professional Services	43090	FY 2019	FY 2019 DOC Grant		
2	\$ 8,750.00		Travel/Training	43110	FY 2019	DOC Grant	1130.0980	
3	\$ 500.00		Postage	43120	FY 2019	DOC Grant	1130.0980	
4	\$ 1,000.00		Mileage	43130	FY 2019	DOC Grant	1130.0980	
5	\$ 5,000.00		Telephone/Cells	43140	FY 2019	DOC Grant	1130.0980	
6	\$ 250.00	1	Printing	43150	FY 2019	DOC Grant	1130.0980	
7	\$ 2,500.00		Maintanence Contracts	43510	FY 2019	DOC Grant	1130.0980	
8	\$ 11,907.50		Equipment Leasing	43630	FY 2019	DOC Grant	1130.0980	
9	\$ 2,500.00		Dues & Subscriptions	43800	FY 2019 I	DOC Grant	1130.0980	
10	\$ 4,000.00		Education & Conferences	43830	FY 2019 I	DOC Grant	1130.0980	
11								
TOTAL	\$ 98,907.50							
	ORIGINAL AMO Approp Unspent Request	UNT as of Date	If Prior Add'I Appropriation Was Approved This Year	Be Effected			ROVED BY UNCIL	
			AMOUNT DATE	YES	NO	Amount	Date	

REASON FOR REQUEST	FY 2019 extension July 2019 to December 2019

DATE: 1/6/2020

DEPARTMENT

COMMUNITY CORRECTIONS | 1130.0981 |

NAME

		AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT.	FUND	NAME	FUND NO	
1	\$	118,375.00		Directors	41115	FY202	DOC Grant	1130.0981	
2	\$	218,945.00		Case Manager	41120	FY2020	DOC Grant	1130.0981	
3	\$	75,500.00		EM/DR Coordinator	41125	FY2020	DOC Grant	1130.0981	
4	\$	188,850.00		Custody Officers	41130	FY2020	DOC Grant	1130.0981	
5	\$	30,490.00		Administrative Assistant	41135	FY2020	DOC Grant	1130.0981	
6	\$	17,500.00		Excess Hours	41165	FY2020	DOC Grant	1130.0981	
7	\$	30,240.00		FICA	41300	FY2020	DOC Grant	1130.0981	
8	\$	9,725.00		Medicare	41305	FY2020	DOC Grant	1130.0981	
9	\$	248,300.00		Insurance	41310	FY2020	DOC Grant	1130.0981	
10	\$	20,000.00		Wellness/Other	41330	FY2020	DOC Grant	1130.0981	
11	\$	12,300.00		Workman's Comp.	41340	FY2020	DOC Grant	1130.0981	
12	\$	64,200.00		PERF	41400	FY2020	DOC Grant	1130.0981	
13									
TOTAL	\$	1,034,425.00							
	ORIGINAL AMOUNT		INT	If Prior Add'I Appropriation	Can	Can Transfers APPRO		OVED	
	App	prop. Unspent	as of	Was Approved	Ве	Effected	BY		
		Request	Date	This Year			COUN	ICIL	
				AMOUNT DATE	YES	NO	Amount	Date	
		14							
		- 35							

REASON FOR REQUEST	Setting up accounts for new fiscal year, FY2020 DOC Grant.

DATE: 1/6/2020

DEPARTMENT

COMMUNITY CORRECTIONS

1130.0981

NAME

		MOUNT QUESTED	PROJ. NO.	ACCOUN	IT NAME	ACCT. NO.	FUND	NAME	FUND NO
1	\$	25,000.00		Office S	upplies	42090	FY 2019	DOC Grant	1130.0981
2	\$	15,000.00		Other Operat	ing Supplies	42195	FY 2019	DOC Grant	1130.0981
3	\$	3,300.00		Preventative	Maintenance	42210	FY 2019	DOC Grant	1130.0981
4	\$	500.00		Traning N	/laterials	42320	FY 2019	DOC Grant	1130.0981
5			4						
6						0			
7									
TOTAL	\$	43,800.00							
	ORIGINAL AMOUNT Approp. Unspent as of Request Date		If Prior Add'I Appropriation Was Approved This Year		Can Transfers Be Effected		APPROVED BY COUNCIL		
				AMOUNT	DATE	YES	NO	Amount	Date
			7			*			

READON ON REGUEST	ecting up accounts for new fiscal year, F12020 DOC Grant.	
		ŽI.
		G.

DATE: 1/6/2020

DEPARTMENT COMMUNITY CORRECTIONS 1130.0981 b

NAME

	AMOUNT REQUESTED	PROJ.	CCOUNT/PROJECT NAM	ACCT.	FUND	NAME	FUND NO
1	1 \$ 125,000.00		Professional Services	43090	FY 2019	DOC Grant	1130.0981
2			Travel/Training	43110		DOC Grant	1130.0981
3			Postage	43120		DOC Grant	1130.0981
4	\$ 2,000.00		Mileage	43130		DOC Grant	1130.0981
5	5 \$ 10,000.00		Telephone/Cells	43140	FY 2019	DOC Grant	1130.0981
6	\$ 500.00		Printing	43150	FY 2019	DOC Grant	1130.0981
7	\$ 5,000.00		Maintanence Contracts	43510	FY 2019	DOC Grant	1130.0981
8	\$ 24,700.00		Equipment Leasing	43630	FY 2019	DOC Grant	1130.0981
9	\$ 5,000.00		Dues & Subscriptions	43800	FY 2019	DOC Grant	1130.0981
10	\$ 8,000.00		Education & Conferences	43830	FY 2019	DOC Grant	1130.0981
11							
TOTAL	\$ 198,700.00						
	ORIGINAL AMOUNT Approp. Unspent as of Request Date		If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effected		APPROVED BY COUNCIL	
	ų.		AMOUNT DATE	YES	NO	Amount	Date
	31: 20:						
	1/2						

REASON FOR REQUEST	Setting up accounts for new fiscal year, FY2020 DOC Grant.					

 12/26/2019
 DEPARTMENT
 Concord Township Assessor
 1131-114

 NAME
 NUMBER

	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND	NAME	FUND NO
1	\$2,225.00		Rent-Copy Machine	43650	Sales Discl	osure	1131
2	\$1,236.00		Data Processing Services	43050	Sales Discl	osure	1131
3							
4	2						
5							
6							
7							
8							
TOTAL	\$3,461.00						
	ORIGINAL AMOUN Approp. Unspent Request	T as of Date	If Prior Add'I Appropriation Was Approved This Year	Can Be	Transfers Effected	APPR B'	Y
			AMOUNT DATE	YES	NO	Amount	Date
1	\$2,025.00	1/1/2020	No		Х		
2	\$1,236.00	1/1/2020	No		Х		
3							
4						1	
5							
6							
7							
8							

REASON FOR REQUEST	1; Additional appropriation request from Sales Disclosure Fund for 2020 budget. Copy machine
rent needed for sales disclosure va	alidation & retention. Increased \$200.00 due to increased fee's over prior years
	2: Additional appropriation request from sales disclosure fund for 2020 budget. Will be used
for MLS to maintain access ensuri	ng accuracy of sales disclosures and assessments

 12/26/2019
 DEPARTMENT
 Assessors
 Sales Disclosure
 Fund
 1131/980

 NAME
 NUMBER

AMOUNT	PROJ.			ACCT.		FUND	
REQUESTED	NO.	ACCOUNT	NAME	NO.	FUND NAME	NO	
4,700.00		rent- copy m	achine	43650	Sales Disclosure	1131	
2,600.00	4.	rent- copy m	achine	43650			
3,800.00		rent- copy m	achine	43650			
3,400.00		mls		43090			
700.00		pp taxes on	copiers	43650			
TOTAL \$15200.00							
	3	If Prior A					
ORIGINAL AMOU	JNT	Appropri	ation	Can	Transfers	APPRO1	√ED
Approp. Unspent	as of	Was App	roved	Ве	Effected	BY	
Request	Date	This Y	ear			COUN	nii.
-						COON	JIL.
	*	AMOUNT	DATE	YES	NO	Amount	Date
1.00	**	AMOUNT	DATE	YES	NO		
1.00		AMOUNT	DATE	YES	NO		
		AMOUNT	DATE	YES	NO		
2.00		AMOUNT	DATE	YES	NO		
2.00 3.00		AMOUNT	DATE	YES	NO		
2.00 3.00 4.00		AMOUNT	DATE	YES	NO		
2.00 3.00 4.00 5.00		AMOUNT	DATE	YES	NO		
2.00 3.00 4.00 5.00 6.00		AMOUNT	DATE	YES	NO		

REASON FOR REQUEST	This is annual request for funds from the sales disclusre account to cover the cost
of three copiers, our MLS service that	t we use to verify sales disclosures.
*	
	Cathy Searcy
	Signature of Department Head

1/22/2020

DEPARTMENT Information Technology

1138/141

NAME

NUMBER

Matthew Dietz

					Maunew Di	CIE .	
	AMOUNT	PROJ.		ACCT.	FUND	NAME	FUND
	REQUESTED	NO.	ACCOUNT NAME	NO.			NO
1	\$ 350,000.00		Data Center Migration	44600	Cum Capita	al Development	1138
2							
3							
4				4			
5							
6							
7							
8							
TOTAL	350,000						
	ORIGINAL AMOU Approp. Unspent Request		If Prior Add'l Appropriation Was Approved This Year		Transfers Effected	APPROVE BY COUNCII	
			AMOUNT DATE	YES	NO	Amount	Date
				ď			
	0						

REASON FOR REQUEST	wilgrating outdated servers to Aunalytics Secure Data Center in South Bend.						
A							

DATE: <u>1/8/2020</u>

DEPARTMENT LEPC

NAME

1152-980 Pg1

	AMOUNT	PROJ.		ACCT.	FUNI	D NAME	FUND
1.7	REQUESTED	NO.	ACCOUNT NAME	NO.			NO
	350		Copy Supplies	42030	LEPC		1152
	25		Photographic Supplies	42050	LEPC		1152
	500		Other Office	42090	LEPC		1152
	100		Fuel	42110	LEPC		1152
	500		Clothing	42160	LEPC		1152
	5,000		Operating Supplies	42195	LEPC		1152
	1,000		Food	42310	LEPC		1152
	200		Training Supplies	42320	LEPC		1152
	100		Other Supplies	42370	LEPC		1152
	6,000		Capital Supply	42380	LEPC		1152
	3,000		Data Process Serv	43050	LEPC		1152
	10,000		Other Prof serv	43090	LEPC		1152
	7,250		Sustenance	43110	LEPC		1152
	200		Postage	43120	LEPC		1152
	3,000		Travel Expense	43130	LEPC		1152
	2,000		Telephone Expense	43140	LEPC		1152
TOTAL	39,225					(8)	
			If Prior Add'l				
	ORIGINAL AMOUN	Τ	Appropriation	Can	Transfe	APPRO	OVED
	Approp. Unspent	as of	Was Approved	Ве	Effected	BY	
	Request	Date	This Year			COUN	ICIL
			AMOUN DATE	YES	NO	Amount	Date
						1	
	9						

REASON FOR REQUE	

DATE: <u>1/8/2020</u>

DEPARTMENT

LEPC

1152-980 Pg 2

NAME

NUMBER

	AMOUNT	PROJ.			1.00-			
	REQUESTED	NO.	ACCOUNT	NIABAT	ACCT.	FUNI	O NAME	FUND
-		NO.			NO.		- 1	NO
-	500		Printing oth			LEPC		1152
-	100		Publishing L			LEPC		1152
-	50		Photo Proce			LEPC		1152
-	200		Maintenanc			LEPC		1152
	300		Equipment I		43350			1152
	500		Equipment I	Rental	43610			1152
	325		Car Rental		43620			1152
	2,000	91	Awards and		43920	LEPC		1152
-	400		Subscription		43805	LEPC		1152
_	10,000		Conference		43830	LEPC		1152
	5,000	_	Training Pro		43835	LEPC	i i	1152
	10,000		Other Equip		44510	LEPC	21	1152
	1,000		Copier Purc		44530	LEPC		1152
	5,344		Data Hardwa		44535	LEPC		1152
	2,000		Data Softwa		44540	LEPC		1152
	2,000		Other office	equip	44545	LEPC		1152
TOTAL	39,719							
		**	If Prio	r Add'l				
	ORIGINAL AMO	UNT	Appro	priation	Can	Transfers	APPRO	VED
	Approp.	as of	Was A	pproved	Be	Effected	BY	
		Date		Year	50	Lilootod	COUN	
			AMOUNT	DATE	YES	NO	Amount	
				57112	,,,	NO	Amount	Date
		4						

RE.	AS	ON	FO	R	RF	Oι	JEST

Page 2 of 2 LEPC 2020 Budget

Approved by Board 12/17/19

DATE: 1/21/2020 DEPARTMENT: Health- Administration 1159-981

NAME NUMBER

_	TATAL DIE	lanc i					
	AMOUNT	PROJ.		ACCT.	FUN	D NAME	FUND
	REQUESTED	NO.	ACCOUNT NAME	NO.			NO
1	612		Donations	24400			1159
2							
3							
4							
5							
6							
7							
8							
9							
10							
TOTAL	612						
11							
			If Prior Add'l				
	ORIGINAL AMOUN	ĬΤ	Appropriation	Can	Transfer	APPR	OVED
	Approp. Unspent	as of	Was Approved	Ве	Effected	В	Υ
	Request	Date	This Year			COU	
			AMOUNT DATE	YES	NO	Amount	Date
	1.						

LASON FOR REGUEST.	To appropriate donated funds.
	A CONTRACTOR OF THE CONTRACTOR

<u>DATE: 1/21/2020</u> DEPARTMENT:				Health- CH	<u>1159-982</u>			
					NAME		NUMBER	
	AMOUNT	PROJ.		ACCT.	FUND	NAME	FUND	
	REQUESTED	NO.	ACCOUNT NAME	NO.			NO	
1	8,419		Donations	24400			1159	
2								
3								
4								
5								
6								
7								
8								
9								
10								
TOTAL	8,419							
	ORIGINAL AM	OUNT as of	If Prior Add'l Appropriation Was Approved		Transfers Effected	APPR B		
	, трргор.	Date	This Year	De Lilecteu			COUNCIL	
			AMOUNT DA	YES	NO	Amount	Date	
REASON	FOR REQUEST:	U 10 10 15	To appropriate dona	ated funds.				
						1		

DATE: 1/21/2020

DEPARTMENT: Health- Lobley Donation

1159-983

NAME

	AMOUNT	PROJ.		ACCT.	FUNI	NAME	FUND
	REQUESTED	NO.	ACCOUNT NAME	NO.			NO
1	2,757		Donations	24400			1159
2							
3							
4							14
5							
6							
7							
8							
9							
10							
TOTAL	2,757						
	* *		If Prior Add'l				
	ORIGINAL AMO	UNT	Appropriation	Can	Transfers	APPRO	√ED
	Approp. Unspent	as of	Was Approved	Ве	Effected	BY	
		Date	This Year			COUNC	CII
			AMOUNT DATE	YES	NO	Amount	Date
						7	Duto

REASON FOR REQUEST:	To appropriate donated funds from the Community Foundations of Elkhart County					
(Freida May Lobley)						
Till the second						

DATE: 12/31/19

DEPARTMENT: Health Education Donation

1168-982

NAME

	AMOUNT	PROJ.	ACC	DUNT	ACCT.	FUND	NAME	FUND
- 9	REQUESTED	NO.		ME	NO.			NO
1	2,867		donation	1	24400			1168
2								
3								
4								
5								
7			-					
8			-				-	
9							1	
10								
11								
12								
13								
TOTAL	2,867							
			If Prior					
	ORIGINAL AMO		Approp		Can Transfers		APPROVED	
	Approp. Unspent	as of	Was Ap		Be	Effected	BY	
_	Request	Date	This				COUN	
			AMOUNT	DATE	YES	NO	Amount	Date
	-						-	
	-							

REASON FOR REQUEST:								
Per the Auditor must appropriate donation funds (2020)								
	3							
	*							
The state of the s								

1/17/2020

DEPARTMENT South Benton

4505-980

NAME

	IDDO I		100T	FUND	NAME	E1115	
	AMOUNT PROJ.		ACCT.	FUND NAME		FUND	
REQUESTED	NO,	ACCOUNT NAME	NO.			NO	
1 \$ 29,903	/	Administrative Fee	43890	South	n Benton	4505	
2							
3							
4							
5							
6							
7							
8							
TOTAL \$ 29,903	3			e ^c			
ORIGINAL AMOU		If Prior Add'l Appropriation Was Approved	Can	Transfers APPRO			
	Date	This Year	De	Effected	BY COUNCIL		
Request	Date						
		AMOUNT	YES	NO	Amount	Date	
1							
2							
3							
4							
5							
6		4					
7							
8							
TOTAL \$							

REASON FOR REQUEST	Reimbursement to Town of Syracuse for water/sewer extension					

1/1//2020		DEPARTMENT	Western G	ateway		4506-980
				NAME		NUMBER
AMOUNT	PROJ.		ACCT.	FUND	NAME	FUND
REQUESTED	NO.	ACCOUNT/PROJECT		1 0115		NO
1 \$ 5,149	1	Administrative Fees	43890	Wester	n Gateway	4506
2					-	
3						
4						
5						
6						
7						
8						
TOTAL \$ 5,149						
ORIGINAL AMOU	NT	If Prior Add'l Appropriation	Can	Transfers	APPRO	VED
Approp. Unspent	as of	Was Approved	Ве	Effected	BY	
Request	Date	This Year			COUN	CIL
		AMOUNT DATE	YES	NO	Amount	Date
1						
2						
3						
4						
5						
6						
7						
8						
TOTAL \$						
REASON FOR RE	QUEST	Reimbursement to En	v. Special P	rojects for s	ewer/water pro	iject

1/17/2020	DEPARTMENT		Middlebury	4510-980				
				NUMBER				
AMOUNT	PROJ.			ACCT.	FUN	D NAME	FUND	
REQUESTED	NO.	ACCOUNT	ГИАМЕ	NO.			NO	
1 \$51,633		administr	ative fees	43890	Midd	lebury East	4510	
2								
3								
4								
5								
6								
7								
8								
TOTAL \$ 51,633								
ORIGINAL AMOUN Approp. Unspent Request	T as of Date	If Prior Approp Was Ap This	riation proved	Can Be	Transfer APPRO		Y	
rtoquoot	Duto	AMOUNT	DATE	YES	NO	Amount	Date	
1		AMOON	DixiL	120	110	Amount	Date	
2								
3								
4								
5								
6								
7								
8	5							
TOTAL \$	3							
REASON FOR REQ	UEST	Reimburse	ment to to	vn of middle	ebury for s	sewer and wate	er fees	

DEPARTMENT 1/17/2020 CR 6&17 NE TIF 4511-980 NAME **NUMBER** PROJ. ACCT. **FUND NAME FUND** AMOUNT NO. ACCOUNT NAME REQUESTED NO. NO \$ 50,000.0 202502 44600 **CR 6&17 NE TIF** Construction & Reconstruct. 4511 3 5 6 TOTAL \$ 50,000

ORIGINAL AMOUNT Approp. as of Date		If Prior Add'I Appropriation Was Approved This Year		Can Transfers Be Effected		APPROVED BY COUNCIL	
		AMOUNT	DATE	YES	NO	Amount	Date
1							
2							
3							
4							
5							
6							
7							
8				×			
TOTAL \$							

REASON FOR REGUEST	Last Tille liber Collifections III NE TIF area					
	The state of the s					

 1/17/2020
 DEPARTMENT
 North Baugo
 4512-980

 NAME
 NUMBER

AMOUNT	PROJ.		ACCT.	FUNI	FUND NAME	
REQUESTED	NO.	ACCOUNT NAME	NO.			NO
1 \$ 18,154		Administrative Fee	s 43890	No	rth Baugo	4512
2						
3						
4						
5						
6						
7						
8						
TOTAL \$ 18,154						
ORIGINAL AMOUNT Approp. as of Date		If Prior Add'I Appropriation Was Approved This Year	Can Be	Transfers Effected	APPROV BY COUNC	
		AMOUNT DA	T YES	NO	Amount	Date
1						24.0
2						
3						
4						
5						
6						
7						
8						
TOTAL \$						

REASON FOR REQUEST	reimbursement to env. Special projects for sewer extenstion project				

1/17/2020		DEPARTMENT	SR 13 TIF			4514-98
		*		NAME	11	NUMBE
	PROJ.		ACCT.	FUNI	D NAME	FUND
AMOUNT FNO.		ACCOUNT NAME	NO.			NO
	52,000	Other professional Services	43090	SR	4514	
2						
3						
4		, <u>L</u>				
5						
6						
7						
8			V.			
TOTAL \$	52,000					
ORIGINAL	AMOUNT	If Prior Add'I Appropriation	Can	Transfers	APPRO	OVED
Approp.	as of	Was Approved	Be	Effected	ВҮ	
	Date	This Year			COUN	
		AMOUNT DATE	YES	NO	Amount	Date
1		4				
2						
3						
4						
5						
<u>6</u> 7						
8						
TOTAL \$						
REASON FOR	REQUEST	Water utility study for SR 13 T	IF			

2/21/2020

DEPARTMENT Park & Recreation

4909-980

NAME

	AMOUNT	PROJ.		ACCT.	FUND NAME		FUND
	REQUESTED	NO.	ACCOUNT NAMI	NO.			NO
1	\$9,960.00		Wage	41230	Donations		4909
2	\$1,000.00		FICA	41300	Donations		4909
3	\$240.00		Medicare	41305	Donations		4909
4							
5		74					
6	\$52,768.00	202601	DeFries Gardens	44600	Donations		4909
7	1						
8							
TOTAL	\$63,968.00						
	ORIGINAL AMOUNT Approp. as of Date		If Prior Add'I Appropriation Was Approved This Year	Can Transfers Be Effected		APPROVED BY COUNCIL	
			AMOUNT	YES	NO	Amount	Date
	100						
	3						
	3						

REASON FOR REQUEST	The Park Board is requesting this appropriation to set up				
the accounting from the Elkhart County Community Foundation DeFries Garden Endowment					
for payroll and the cont	inuing maintenance and development of the DeFries Gardens at the				
River Preserve County Park for 2020					

DATE: 01/15/2020 DEPARTMENT COMMUNITY CORRECTIONS 4913.0980

NAME NUMBER

	AMOUNT	5501	A COCCUPIE MANE	1007			
il i	AMOUNT	PROJ.	ACCOUNT NAME	ACCT.	FUND	NAME	FUND
	REQUESTED	NO.		NO.			NO
1	\$ 16,720		CTP Case Manager	41120		CTP Grant	4913.0980
2	\$ 17,500		CTP Coordinator	41125	FY 2019	CTP Grant	4913.0980
3			Custody Officer	41130	FY 2019	CTP Grant	4913.0980
4	\$ -		Excess Hours	41165	FY 2019	CTP Grant	4913.0980
5			FICA	41300	FY 2019	CTP Grant	4913.0980
6	\$ 1,000		Medicare	41305	FY 2019	CTP Grant	4913.0980
7	\$ 9,209		Insurance	41310	FY 2019	CTP Grant	4913.0980
8	\$ -		Unemployment	41320	FY 2019	CTP Grant	4913.0980
9	\$ 500		Wellness/Other	41330	FY 2019	CTP Grant	4913.0980
10	\$ 750		Workman's Comp.	41340	FY 2019	CTP Grant	4913.0980
11	\$ 5,457		PERF	41400	FY 2019	CTP Grant	4913.0980
TOTAL	\$ 68,657						
	ORIGINAL AMOUNT Approp. as of Date		If Prior Add'l Appropriation Was Approved This Year	Caïn Be	Can Transfers APPRO Be Effected BY COUN		Y
			AMOUNT DATE	YES	NO	Amount	Date
				*			

REASON FOR REQUEST	FY 2019 extension July 2019 to December 2019				

DATE: <u>1/15/20</u>

DEPARTMENT COMMUNITY CORRECTIONS

4913.0980 2

NAME

			ACCOUNT NAME	ACCT.	FUND	NAME	FUND
	REQUESTED	NO.		NO.			NO
1	\$ 500		Office Supplies	42090	FY 2019	CTP Grant	4913.0980
2	\$ 350		Clothing	42160	FY 2019	CTP Grant	4913.0980
3	\$ 2,000	Oth	ner Operating Supp	42195	FY 2019	CTP Grant	4913.0980
4							
5							
6							
7							
8					c .		
TOTAL	\$ 2,850						
	ORIGINAL AMOUNT Approp. as of Date		If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effected		APPROVED BY COUNCIL	
			AMOUNT [YES	NO	Amount	Date
				-			

REASON FOR REQUEST	FY 2019 extension July 2019 to December 2019

DATE: 1/15/20 DEPARTMENT COMMUNITY CORRECTIONS 4913.0980 NAME NUMBER

	AMOUNT	PROJ.	ACCOUNT NAME	ACCT.	FUND NAME		FUND
	REQUESTED	NO.		NO.			NO -
1	\$ 7,500		Professional Services	43090	FY 2019	FY 2019 CTP Grant	
2	\$ 1,250		Travel/Training	43110	FY 2019	CTP Grant	4913.0980
3			Mileage	43130	FY 2019	CTP Grant	4913.0980
4	\$ 500	4	Dues & Subscriptions	43800	FY 2019	CTP Grant	4913.0980
5	\$ 1,350		Education & Conferences	43830	FY 2019	CTP Grant	4913.0980
6							
7							
8							
TOTAL	\$ 10,750						
			If Prior Add'l				
	ORIGINAL AMO	TNUC	Appropriation	Can Transfers		APPROVED	
	Approp.	as of	Was Approved	Be Effected		B,	Y
		Date	This Year			COUNCIL	
		F6	AMOUNT DATE	YES	NO	Amount	Date

REASON FOR REQUEST	FY 2019 extension July 2019 to December 2019						

DATE 1/15/2020 DEPARTMENT COMMUNITY CORRECTIONS 4913.0981

NAME NUMBER

		MOUNT QUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND	NAME	FUND NO
1	\$	33,440	А	CTP Case Manager	41120	FY2020 CTP Grant		4913.0980
2	\$	35,000		CTP Coordinator	41125	FY2020 (CTP Grant	4913.0980
3	\$	29,000		Custody Officer	41130	FY2020 (CTP Grant	4913.0980
4	\$	-		Excess Hours	41165	FY2020	CTP Grant	4913.0980
5	\$	6,042		FICA	41300	FY2020	CTP Grant	4913.0980
6	\$	2,000		Medicare	41305	FY2020	CTP Grant	4913.0980
7	\$	18,418		Insurance	41310	FY2020	CTP Grant	4913.0980
8	\$	-		Unemployment	41320	FY2020	CTP Grant	4913.0980
9	\$	1,000		Wellness/Other	41330	FY2020	CTP Grant	4913.0980
10	\$	1,500	316	Workman's Comp.	41340	40 FY2020 CTP Grant		4913.0980
11	\$	10,914	1	PERF	41400	FY2020 CTP Grant		4913.0980
TOTAL	\$	137,314	23					
	ORIGINAL AMOUNT Approp. Unspent as of Request Date		If Prior Add'I Appropriation Was Approved This Year	Can Transfe Be Effected		APPR(B)	Y	
14.2				AMOUNT DATE	YES	NO	Amount	Date
8								
- 1								

REASON FOR REQUEST	Setting up accounts for new fiscal year, FY2020 CTP Grant.						

DATE: 1/6/2020	DEPARTMENT	COMMUNITY CORRECTIONS	4913.981	12
		NAME	NUMBER	11

	AMOUNT REQUESTED	PROJ. NO.	ACCOUN	IT NAME	ACCT. NO.	FUND NAME		FUND NO
1	\$ 15,000		Professiona	al Services	43090	FY2020	CTP Grant	4913.981
2	\$ 2,500		Travel/1	Fraining	43110	FY2020	CTP Grant	4913.981
3	\$ 300		Mile	age	43130	FY2020	CTP Grant	4913.981
4	\$ 1,000		Dues & Sul	bscriptions	43800	FY2020	CTP Grant	4913.981
5	\$ 2,700		Education &	Conferences	43830	FY2020	CTP Grant	4913.981
6								
7								
8								
TOTAL	\$ 21,500							
	ORIGINAL AMOUNT Approp. Unspent as of Request Date		If Prior Approp Was Ap This	riation proved	Can Transfers Be Effected		APPROVED BY COUNCIL	
			AMOUNT	DATE	YES	NO	Amount	Date
						-		
	3							
	- 11							
							_	

REASON FOR REQUEST	Setting up accounts for new fiscal year, FY2020 CTP Grant.							

DATE: 1/6/2020 DEPARTMENT COMMUNITY CORRECTIONS 4913.0980 | 6 NAME NUMBER

		OUNT UESTED	PROJ. NO.	ACCOUN	T NAME	ACCT. NO.	FUND NAME		FUND NO
1	\$	1,000		Office S	upplies	42090	FY2020	CTP Grant	4913.0980
2	\$	700		Cloth	ning	42160	FY2020	CTP Grant	4913.0980
3	\$	4,000	12	Other Operat	ing Supplies	42195	FY2020	CTP Grant	4913.0980
4									
5									
6			W						
7			8						-
8									
TOTAL	\$	5,700							
	ORIG Appro	SINAL AM	IOUNT as of Date	If Prior Add'I Appropriation Was Approved This Year		Can Transfers Be Effected		APPROVED BY COUNCIL	
				AMOUNT	DATE	YES	NO	Amount	Date
			18						12
			2						
	_								

REASON FOR REQUEST	Setting up accounts for new fiscal year, FY2020 CTP Grant.						

DATE: 12/31/2019 DEPARTMENT: Elkhart County Food Council 4926-982

NAME NUMBER

	PROJ.	1 ACCC						
	AMOUNT PROJ.		TNUC	ACCT.	FUND	NAME	FUND	
REQUESTED NO.		NAI	ME	NO.			NO	
423		Donation		24400			4926	
- 19								
423	10							
		If Prior	'Add'l					
IGINAL AMO	UNT	Approp	riation	Can Transfers API		APPROV	PPROVED	
rop. Unspent	as of	Was Ap	proved	Be Effected		BY		
Request	Date	This '	Year			COUNCIL		
		AMOUNT	DATE	YES	NO	Amount	Date	
13								
1								
	423 IGINAL AMO	423 IGINAL AMOUNT rop. Unspent as of	423 IGINAL AMOUNT Top. Unspent as of Request Date This	423 IGINAL AMOUNT Top. Unspent as of Request Date IGUS Appropriation Was Approved This Year	423 IGINAL AMOUNT Top. Unspent as of Request Date IGNAL AMOUNT Top. Unspent as of This Year Top. Unspent as of This Year	423 IGINAL AMOUNT Top. Unspent as of Request Date IGNAL AMOUNT Top. Unspent as of This Year Appropriation Was Approved This Year	423 If Prior Add'I Appropriation Can Transfers APPROV Was Approved Be Effected BY COUNCE	

REASON FOR REQUEST:	Per the Auditor must appropriate donation lunds (2020)
- 1	

 DATE: 12/31/2019
 DEPARTMENT:
 WIC
 8101-982

 NAME
 NUMBER

	AMOUNT	PROJ.		ACCT.	FUND	NAME	FUND
	REQUESTED	NO.	ACCOUNT NAME	NO.			NO
1	2,899		Donation	24400			8101
2							
3							
4							
5							
6							
7							
8							
9							
10							
TOTAL	2,899						
			If Prior Add'I				
- 2	ORIGINAL AMO	UNT	Appropriation	Can	Transfers	APPRO	VED
	Approp. Unspent	as of	Was Approved	Be Effected		BY	
	Request	Date	This Year			COUNCIL	
			AMOUNT DATE	YES	NO	Amount	Date
	6	1					
	12						
	J.						

REASON FOR REQUEST:	Per the Auditor must appropriate donation funds (2020)

	DATE:	1/9/2020	DEPARTMENT	Fetal and I	nfant Mortal	ity Review	8127-311
					NAME		NUMBER
	AMOUNT	PROJ.	ACCOUNT	ACCT.	FUND	NAME	FUND
	REQUESTED	NO.	ACCOUNT NAME	NO.	10110	IVAIVIL	NO
1	8,265		Other Operating S	42195	Fetal and Infa	nt Mortality Review	8127
2	3						
3							
4							
5							
6							
7							
8							
9							
10							
11							
TOTAL	8,265						
	4						
	00101111111111111111		If Prior Add'l				
	ORIGINAL AMOUN		Appropriation		Transfers	APPROV	ED
	Approp. Unspent	as of	Was Approved	Be	Effected	BY	
	Request	Date	This Year			COUNC	
			AMOUNT DATE	YES	NO	Amount	Date
REASO	N FOR REQUEST	Per the ar	ant to purchase 50 Pack 1	N Dlave and mat	oriola and to also		
INLAGO	NAT OK KEGOEST		Bassinet Sheets for Baby		eriais and to aiso	purchase	
		13001	The block for baby	DUNUS			

DATE: 12/31/2019

DEPARTMENT:

MCH Program Income

8127-982

NAME

	AMOUNT	PROJ.		ACCT.	FUND	NAME	FUND
	REQUESTED	NO.	ACCOUNT NAME	NO.			NO
1	2,103		Donation	24400			8127
2		<u> </u>					
3							
4							
5			1				
6			ļ				
7							
8							
9							
10							
TOTAL	2,103	. 14					
			If Prior Add'l				
	ORIGINAL AMO	DUNT	Appropriation	Can	Transfers	APPRO	VED
	Approp. Unspent	as of	Was Approved	Ве	Effected	BY	
	Request	Date	This Year			COUN	CIL
			AMOUNT DATE	YES	NO	Amount	Date
		Ú,					

REASON FOR REQUEST:	Per the Auditor must appropriate donation funds (2020)

DATE: <u>1/9/2020</u>

DEPARTMENT 2016 Deobligated Funds Grant (Software)

8160-980

NAME

	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND	NAME	FUND NO
	9,980		TOWNE		Maintenand	ce and Service	
	•						
			/				
TOTAL	9,980						
	ORIGINAL AMO	UNT	If Prior Add'l Appropriation	Can	Transfers	APPRO	VED
	Approp. Unspent Request	as of Date	Was Approved This Year	Ве	Effected	BY COUN	
			AMOUNT DATE	YES	NO	Amount	Date
REASO	ON FOR REQUES	ST					

REASO	ON FOR REQUEST				
Softwa	re for Elkhart County Sheriff	Office Drone-2 li	CANSAS		
Oonwa	TO TOT EIKHAIT OCUMY CHEMI	Office Dione-2 in	censes		
			Thank you,	Director Tobe	y

DATE: <u>1/9/2020</u>

DEPARTMENT 2016 Deobligated Funds Grant (Gemini) 8161-980

NAME

	AMOUNT	PROJ.	ACCO	UNT	ACCT.	FUND	NAME	FUND
	REQUESTED	NO.	NAN	ΛE	NO.			NO
	178,881				42380	capital sup	oly	8161
	84				42195	other opera	iting supplies	
-								
	-							
							i i i i i i i i i i i i i i i i i i i	
TOTAL	178,965							
101112								
	9		If Prior	I'bbA				
	ORIGINAL AMOU	I INT	Appropi		Can	Transfers	APPRO	VFD
-		as of	Was Ap			Effected	BY	
	Approp. Unspent	Date	This		De	Lifected	COUN	CII
	Request	Date			VEO	NO		
			AMOUNT	DATE	YES	NO	Amount	Date
	4							
	41							

REASON FOR REQUEST		
Purchased a Gemini detector for unknown solids at	nd liquids (Hazmat Team), Rad/Nuc go	kit (Bomb Squad)
and batteries for both units.		
	Thank you,	Director Tobey

DATE: <u>1/16/2020</u> DEPARTMENT 2

DEPARTMENT 2020 EMPG EMA COMPETITIVE

8162-980

NAME

	ALICUNIT.		_				
	AMOUNT	PROJ.		ACCT.	FUND	NAME	FUND
	REQUESTED	NO.	ACCOUNT NAME	NO.			NO
	5,000			42380	Training Pr	ograms	
_							
TOTAL	5,000						
TOTAL	0,000		-				
-							
		l	If Prior Add'l				
	ORIGINAL AMOUN	NT	Appropriation	Can	Transfers	APPROV	/ED
	Approp. Unspent	as of	Was Approved	Ве	Effected	BY	
	Request	Date	This Year			COUNC	eii
			AMOUNT	YES	NO	Amount	Date
			AWOUNT	TES	NO	Amount	Date

REASON FOR REQUEST		
100% reimbursible grant funds for PIO and Warning Cour	se and Jail Evacuation	
tabletop exercise.		
	Thank you,	Director Tobey
	Thank you,	Billocio: 1000y

DATE: 1/16/2020 DEPARTMENT 2020 EMPG LEPC COMPETITIVE 8162-980 ANAME NUMBER

								=11115	
	AMOUNT	PROJ.			ACCT.	FUND	NAME	FUND	
	REQUESTED	NO.	ACCOUNT	NAME	NO.			NO	
	5,000				42380	Training Pro	ograms		
_									
	5 000			_					
TOTAL	5,000								
			If Prior Add'I					4 DDD 61 (ED	
	ORIGINAL AMOU	NT	Appropi	riation	Can	Transfers	APPROVED		
	Approp. Unspent	as of	Was Ap	proved	Be Effected		BY		
	Request	Date	This `	Year			COUNCIL		
			AMOUNT	DATE	YES	NO	Amount	Date	
					-				
			 						
1	T,								

REASON FOR REQUEST		
Grant funds 100% Reimbursible	for ICS/NIMS 300, ICS/NIMS 400 and Incident Response to Ten	rorist Bombing.
	2	
	Thank you,	Director Tobey

DATE: 12/31/2019 DEPARTMENT: Tobacco Control of Elkhart County 9104-982

NAME NUMBER

	AMOUNT	PROJ.	ACCOUNT	DUNT ACCT. FUND NAME		NAME	FUND
	REQUESTED	NO.	NAME	NO.			NO
1	74		Donation	24400			9104
2							
3							
4							
5							
6							
7							
8	8						
9					-		
10							
TOTAL	74						
	ORIGINAL AMOUNT Approp. Unspent as of Request Date		If Prior Add'I Appropriation Was Approved This Year	Can Transfers Be Effected		APPROVED BY COUNCIL	
			AMOUNT DATE	YES	NO	Amount	Date

REASON FOR REQUES 1	: Per the Additor Must appropriate donation funds (2020)
	E CONTRACTOR OF THE CONTRACTOR

DATE: 01.21.20 DEPARTMENT Sheriff 9125.105

NAME NUMBER

			T					
	AMOUNT	PROJ.		ACCT.	FUND	NAME	FUND	
	REQUESTED	NO.	ACCOUNT NAME	NO.			NO	
1	48,686		SUPERVISOR_OTHER ADM	41115	JAIL TREAT	MENT GRANT	9125	
2	94,738		PROTECTIVE SERVICE	41130	JAIL TREAT	MENT GRANT	9125	
3	10,299		SOCIAL SECURITY	41300	JAIL TREAT	MENT GRANT	9125	
4	2,409		MEDICARE	41305	JAIL TREAT	MENT GRANT	9125	
5	52,764		GROUP INSURANCE	41310	JAIL TREAT	MENT GRANT	9125	
6	19,436		PERF	41400	JAIL TREAT	MENT GRANT	9125	
7	1,869		EDUC_CONFERENCE COST	43830	JAIL TREAT	MENT GRANT	9125	
8								
TOTAL	230,201							
	ORIGINAL AMOUI	NT	If Prior Add'l Appropriation	Can	Transfers	APPROVED		
	Approp Unspent	as of	Was Approved	Be Effected		BY	BY	
	Request	Date	This Year			COUNCIL		
			AMOUNT DATE	YES	NO	Amount	Date	
	5. y 2.9							

REASON FOR REQUEST	To appropriate funds for the approved 2019 HEA JAIL TREATMENT GRANT
TO BE HEARD FEBRUARY 8	3, 2020

1/16/2020

DEPARTMENT 2020 HMEP LEPC (#1) exercise

9144-980

NAME

_								
	AMOUNT	PROJ.	ACCOUN	T NAME	ACCT.	FUND	NAME	FUND
	REQUESTED	NO.			NO.			NO
	12,000				43835	Training Pr	ograms	
	3,000						and Conference	
TOTAL	15,000							
			If Prior	Add'l				
	ORIGINAL AMOUN	Т	Appropr		Can	Transfers	APPRO'	VED
	Approp. Unspent	as of	Was Ap		141	Effected	BY	
	Request	Date	This Y		20	Lilootod		
			AMOUNT		YES	NO	Amount	Date
		_	ANICOITT	DATE	TEG	NO	Amount	Date
		-					,	
	-	_		-				
	-							
							- 1	

REASON FOR REQUEST	
LEPC 100 % reimbursable grant through Indiana Department of Homeland securi	ty
EMAI Conference in Indy	
Health Dept-40 hr Hazwhopper Course (x2)	
Lippert Facility/LEPC Annual Exercise	
	Director Tobey

1/16/2020

DEPARTMENT 2020 HMEP LEPC (#2) Toll Road 9145-980

NAME

	AMOUNT	PROJ.		ACCT.	FUND	NAME	FUND
	REQUESTED	NO.	ACCOUNT NAME	NO.			NO
	8,000			43835	Training Pr	ograms	
	61						
				•			
TOTAL	9.000						
TOTAL	8,000						
			If Prior Add'I				
	ORIGINAL AMOUN		Appropriation	Can	Transfers	APPRO	VED
	Approp. Unspent	as of	Was Approved	Ве	Effected	BY	
	Request	Date	This Year			COUN	CIL
			AMOUNT DA	YES	NO	Amount	Date
	- 1						

REASON FOR REQUEST	
LEPC 100 % reimbursable gr	ant through Indiana Department of Homeland security
Creation of Ingress/Egress pla	an with tabletop exercise with Toll Road
	Director Tobey

980

	DATE:	01.21.2	DEPARTMENT		Sherif	f	9147.105	
					NAME		NUMBER	
	AMOUNT	PROJ.		ACCT.	FUND	NAME	FUND	
	REQUESTED ,	NO.	ACCOUNT NAME	NO.			NO	
1	6,300		OTHER PROFESSIONAL SE	43090	2019 .	ICAP Grant	9147	
2								
3								
4								
5								
6								
7								
8								
TOTAL	6,300							
	-			,				
	1		If Prior Add'l					
	ORIGINAL AMO	UNT	Appropriation	Can Transfers		APPRO\	/ED	
	Approp Unspen	as of	Was Approved	Be Effected B)			1	
	Request	Date	This Year	C		COUNC	CIL	
			AMOUNT DATE	YES	NO	Amount	Date	
							i i	
	(
	- 4							
REASON F			oriate funds for the approved 2		Grant. This is 1	00% reimbursable f	from	
		the Indian	na Drug Enforcement Associat	ion.				
TO BE HE	ARD FERRUARY 8	2020						

ELKHART COUNTY ADDITIONAL REDUCTION REQUEST

DATE: 1/15/20 DEPARTMENT Highway

1135-980

NAME

	AMOUNT	PROJ.		ACCT.	FUND	NAME	FUND	
	REQUESTED	NO.	ACCOUNT NAME	NO.			NO	
1	57,170	190005	Bridge 354 Rehab		Cumulative	Bridge	1135	
2	14,091		Bridge 102 Design		Cumulative	Bridge	1135	
3	8,493		Bridge 102 Constr		Cumulative	Bridge	1135	
4	1,300	180003	Bridge 102 Const.	Inspection	Cumulative	Bridge	1135	
5				U - L				
6								
7								
8								
TOTAL	81,054							
	ORIGINAL AMOUNT Approp. as of		If Prior Add'I Appropriation Was Approved	Can Be	Effected B		ROVED BY	
		Date	This Year			COUNCIL		
			AMOUNT D	YES	NO	Amount	Date	
		15						
		2						

REASON FOR REQUEST	1, 2, 3, 4 projects are completed					

ELKHART COUNTY APPROPRIATION REQUEST

1/17/2020 DEPARTMENT <u>CR 6&17 NE TIF</u> 4511-980

Name Number

AMOUNT OF	AMOUNT OF PROJ.		ACCT,			FUND	
REDUCTION	NO.	ACCOUNT NAME	NO. FUND NAME		NAME	NO	
1 \$300.00	182507	construction & recons	44600 CR 6&17		7 NE TIF	4511	
3							
4							
5							
6							
7							
8				17 11			
TOTAL \$300.00							
DRIGINAL AMOUNT DF APPROPRIATION		DATE OF APPROP.	DATE OF		APPROVEIBY COUNCIL		
1 \$			Amount		Amount	Date	
2	2						
3							
4							
5							
6							
7	8						
8	_						
TOTAL \$	4						
REASON FOR REDUCTION Project closeout for Love's Drive fiber project							
					2		

ELKHART COUNTY REQUEST FOR TRANSFER OF APPROPRIATED FUNDS BETWEEN MAJOR CLASSIFICATION

DATE	1/16/2020	DEPARTMENT	Veterans' Services			1000 - 0134
			NAME			FUND/DEPT NO.
			TRANSFE	R FROM		
(1#)	(#2)				(#6)	
ORIGINAL	AMOUNT TO BE				PREVIOUS ACTION	REVISED BUDGET
BUDGET	TRANSFERRED	AMOUNT SPENT	ACCT.	ACCOUNT	*T/A	(Col #1 Less #2,
		TO DATE	NO.	NAME	& DATE	(+ or -) #6)
\$800.00	800.00	\$0.00	43120	Postage		
				.0		
TOTAL \$	800.00					
			TRANSFE	RTO	(40)	
(1#)	(#2)				(#6)	
ORIGINAL	AMOUNT TO BE		100		PREVIOUS ACTION	REVISED BUDGET
BUDGET	TRANSFERRED	AMOUNT SPENT	ACCT.	ACCOUNT	*T/A	(Col #1Plus #2,
		TO DATE	NO.	NAME	& DATE	(+ or -) #6)
\$7,350.00	800.00	\$3,168.00	42195	Other operation	ng supplies	
						1 A
TOTAL ®	200.00		_			
TOTAL \$	800.00					
REASON FOR TRANSFER Moving funds to purchase cemetery markers.						
	- 40		_			
	#			- 12		
	7	7				

ELKHART COUNTY

REQUEST FOR TRANSFER OF APPROPRIATED

FUNDS BETWEEN **MAJOR CLASSIFICATION**

DATE	8-Jan-20	DEPARTMENT		Highway		1176-202
			NAME			FUND/DEPT NO.
			TRANSFE	RFROM		
(1#)	(#2)				(#6)	
ORIGINAL	AMOUNT TO BE				PREVIOUS ACTION	REVISED BUDGET
BUDGET	TRANSFERRED	AMOUNT SPENT	ACCT.	ACCOUNT	*T/A	(Col #1 Less #2,
		TO DATE	NO.	NAME	& DATE	(+ or -) #6)
1 600000	9,000.00	0	43090	Other Profes	ssional Services	591000
2						
3						
4						
5						
6						
7						
8						
TOTAL \$	9,000.00					
	100					
	- 4					
			TRANSFEI	ТО		
(1#)	(#2)				(#6)	
	AMOUNT TO BE				PREVIOUS ACTION	REVISED BUDGET
BUDGET	TRANSFERRED	AMOUNT SPENT	ACCT.	ACCOUNT	*T/A	(Col #1Plus #2,
		TO DATE	NO.	NAME	& DATE	(+ or -) #6)
10	9,000.00	0.00	43050	Data Proces	1,500	10,500
3						
3						
4						
4 5 6 7 8	d					
6						and the same
7	100					
TOTAL \$	9,000.00	1563				
REASON FOR TRANSFER 1. Transfer between from 1176-202-43090 Other Professional Services to fund						
1176-201-43050 Data Processing Services						
				W 15		