

**ELKHART COUNTY
ADDITIONAL APPROPRIATION REQUEST**

DATE: 2/23/2021

DEPARTMENT

Commissioners
NAME

1000/130
NUMBER

	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND NAME	FUND NO		
1	75,000.00	212526	Room 104 Reconstruction	44600	General Fund	1000		
2								
3								
4								
5								
6								
7								
8								
TOTAL	75,000.00							
			If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effectcd		APPROVED BY COUNCIL		
	ORIGINAL AMOUNT							
	Approp.	as of Date	AMOUNT	DATE	YES	NO	Amount	Date

REASON FOR REQUEST Funds needed for room 104 Reconstruction, including but not limited to Technology Upgrades, etc.

To be heard on March 13, 2021.

**ELKHART COUNTY
ADDITIONAL APPROPRIATION REQUEST**

2/23/2021

DEPARTMENT: Highway 1112-980
NAME NUMBER

	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND NAME	FUND NO	
1	500,000	210010	CR 40 SR 19 to CR 6 RC	44600	EDIT	1112	
2							
3							
4							
5							
6							
7							
8							
TOTAL	500,000						
			If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effected		APPROVED BY COUNCIL	
	Approp. Unspent Request	as of Date	AMOUNT DATE	YES	NO	Amount	Date

REASON FOR REQUEST 1) Funds for right of way acquisition and associated costs for the CR 40 - SR 19 to CR 7
buggy lanes project. Land acquisition costs will be federally reimbursed up to 80%.

**ELKHART COUNTY
ADDITIONAL APPROPRIATION REQUEST**

DATE 1/29/2021

DEPARTMENT Cum Drain

1141/980

NAME

NUMBER

	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND NAME	FUND NO
1	\$ 2,021.00	211002	Kosciusko Co. J	44600	Cum Drain	1141
2						
3						
4						
5						
6						
7						
8						
TOTAL	\$ 2,021.00					
			If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effectuated	APPROVED BY COUNCIL	
	ORIGINAL AMOUNT Approp. as of Date		AMOUNT	YES	NO	Amount Date

REASON FOR REQUEST 2021 Drainage assessments for Joint systems with Kosciusko County
Armey, Burkholder and A.P. Jones

**ELKHART COUNTY
ADDITIONAL APPROPRIATION REQUEST**

2/23/2021

DEPARTMENT: Highway 1171-980
NAME NUMBER

	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND NAME	FUND NO	
1	500,000	210011	Sunnyside / Trax Grant De	44600	Major Bridge	1171	
2							
3							
4							
5							
6							
7							
8							
TOTAL	500,000						
	ORIGINAL AMOUNT		If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effectd		APPROVED BY COUNCIL	
	Approp. Request	Unspent as of Date					
				YES	NO		

REASON FOR REQUEST 1) Matching funds to pay for engineering design fees for the Sunnyside overpass.
 INDOT is contributing \$3.8 million for the design of this project.

ELKHART COUNTY
REQUEST FOR TRANSFER OF APPROPRIATED
FUNDS BETWEEN MAJOR CLASSIFICATION

DATE: February 26, 2021 DEPARTMENT Commissioners 1000/130
NAME FUND/DEPT NO.

TRANSFER FROM

(1#)	(2)				(6)	
ORIGINAL BUDGET	AMOUNT TO BE TRANSFERRED	AMOUNT SPENT TO DATE	ACCT. NO.	ACCOUNT NAME	PREVIOUS ACTION *T/A & DATE	REVISED BUDGET (Col #1 Less #2, (+ or -) #6)
1	20,000.00		43510	Main/Service Contracts		
2						
3						
4						
5						
6						
7						
8						
TOTAL		20,000.00				

TRANSFER TO

(1#)	(2)				(6)	
ORIGINAL BUDGET	AMOUNT TO BE TRANSFERRED	AMOUNT SPENT TO DATE	ACCT. NO.	ACCOUNT NAME	PREVIOUS ACTION *T/A & DATE	REVISED BUDGET (Col #1Plus #2, (+ or -) #6)
1	20,000.00		42210	Repair Parts		
2						
3						
4						
5						
6						
7						
8						
TOTAL		20,000.00				

REASON FOR TRANSFER To cover repairs for the remainder of 2021.

To be heard March 13, 2021.

ELKHART COUNTY
REQUEST FOR TRANSFER OF APPROPRIATED
FUNDS BETWEEN _____ MAJOR CLASSIFICATION

DATE 2/5/2021 DEPARTMENT Digital Dental Equipment 9108-980
NAME _____ FUND/DEPT NO. _____

TRANSFER FROM

(1#)	(#2)	(#6)				
ORIGINAL BUDGET	AMOUNT TO BE TRANSFERRED	AMOUNT SPENT TO DATE	ACCT. NO.	ACCOUNT NAME	PREVIOUS ACTION *T/A & DATE	REVISED BUDGET (Col #1 Less #2, (+ or -) #6)
1	4,000	132.00	2,216.86	42195 Oper. Suplies	(1,174)	\$2,694.00
2						
3						
4						
5						
6						
7						
8						
9						
TOTAL \$		132.00				

TRANSFER TO

(1#)	(#2)	(#6)				
ORIGINAL BUDGET	AMOUNT TO BE TRANSFERRED	AMOUNT SPENT TO DATE	ACCT. NO.	ACCOUNT NAME	PREVIOUS ACTION *T/A & DATE	REVISED BUDGET (Col #1 Plus #2, (+ or -) #6)
1	0	132.00	1,173.68	44510 Other Equip.	1,174	\$1,306.00
2						
3						
4						
5						
6						
7						
8						
TOTAL \$		132.00				

REASON FOR TRANSFER _____

Transfer is to cover work completed for the installation of the vacuum system for the dental clinic.

ELKHART COUNTY
REQUEST FOR TRANSFER OF APPROPRIATED
FUNDS BETWEEN MAJOR CLASSIFICATION

DATE 2/5/2021 DEPARTMENT Digital Dental Equipment 9108-981
NAME _____ FUND/DEPT NO. _____

TRANSFER FROM

(1#)	(#2)				(#6)	
ORIGINAL BUDGET	AMOUNT TO BE TRANSFERRED	AMOUNT SPEN TO DATE	ACCT. NO.	ACCOUNT NAME	PREVIOUS ACTION *T/A & DATE	REVISED BUDGET (Col #1 Less #2, (+ or -) #6)
1	7,010	4,209.00	2,800.68	43090	Other Professionals	0 \$2,801.00
2						
3						
4						
5						
6						
7						
8						
9						
TOTAL		4,209.00				

TRANSFER TO

(1#)	(#2)				(#6)	
ORIGINAL BUDGET	AMOUNT TO BE TRANSFERRED	AMOUNT SPEN TO DATE	ACCT. NO.	ACCOUNT NAME	PREVIOUS ACTION *T/A & DATE	REVISED BUDGET (Col #1 Plus #2, (+ or -) #6)
1	7,000	4,209.00	2,901.68	44510	Other Equipment	0 \$11,209.00
2						
3						
4						
5						
6						
7						
8						
TOTAL		4,209.00				

REASON FOR TRANSFER _____

Transfer is to cover work completed for the installation of the vacuum system for the dental clinic.

ELKHART COUNTY
REQUEST FOR TRANSFER OF APPROPRIATED
FUNDS BETWEEN MAJOR CLASSIFICATION

DATE 3/2/2021 DEPARTMENT Digital Dental Equipment 9108-981 2
NAME FUND/DEPT NO.

TRANSFER FROM

(1#)	(#2)				(#6)	
ORIGINAL BUDGET	AMOUNT TO BE TRANSFERRED	AMOUNT SPENT TO DATE	ACCT. NO.	ACCOUNT NAME	PREVIOUS ACTION *T/A & DATE	REVISED BUDGET (Col #1 Less #2, (+ or -) #6)
7,010	1,139.00	2,901.68	44510	Other Equipm	0	\$1,196.00
TOTAL \$		1,139.00				

TRANSFER TO

(1#)	(#2)				(#6)	
ORIGINAL BUDGET	AMOUNT TO BE TRANSFERRED	AMOUNT SPENT TO DATE	ACCT. NO.	ACCOUNT NAME	PREVIOUS ACTION *T/A & DATE	REVISED BUDGET (Col #1 Plus #2, (+ or -) #6)
7,000	1,139.00	8,148.68	43090	Other profess	0	\$8,139.00
TOTAL \$		1,139.00				

REASON FOR TRANSFER _____

Transfer is to cover work completed for the installation of the vacuum system for the dental clinic.

