

**ELKHART COUNTY  
ADDITIONAL APPROPRIATION REQUEST**

DATE: 3/12/2021

DEPARTMENT

PUBLIC DEFENDER

1000-175

NAME

NUMBER

	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND NAME	FUND NO		
1	35,000		APPOINTED ADMINISTRA-	41110	GENERAL	1000		
2			TIVE OFFICIAL					
3								
4								
5								
6								
7								
8								
<b>TOTAL</b>	<b>35,000</b>							
			If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effected		APPROVED BY COUNCIL		
	ORIGINAL AMOUNT							
	Approp.	as of Date	AMOUNT	DATE	YES	NO	Amount	Date

**REASON FOR REQUEST**

To bring the Chief Public Defender's salary into compliance with the State Public Defender Commission requirements.  
 This will enable the County of Elkhart to request 40% reimbursement on all qualified expenses paid for the funding  
 of the Elkhart County Public Defender's Office. These amounts must be in effect as of 7/1/2021, or Elkhart County  
 will no longer be in compliance with the program and shall no longer receive quarterly reimbursement amounts from  
 the State.

**ELKHART COUNTY  
ADDITIONAL APPROPRIATION REQUEST**

DATE: 3/11/2021 DEPARTMENT Clerk Perpetuation 1119-980  
NAME NUMBER

	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND NAME	FUND NO		
1	5000.00		Office Furniture & Fixtures	44515	Clerk Perpetuation	1119-980		
2								
3								
4								
5								
6								
7								
8								
<b>TOTAL</b>	<b>5000.00</b>							
			If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effectuated		APPROVED BY COUNCIL		
	ORIGINAL AMOUNT							
	Approp. Unspent as of	Date	AMOUNT	DATE	YES	NO	Amount	Date

**REASON FOR REQUEST**

Additional desk/working stations for Clerk's Offices

**ELKHART COUNTY  
ADDITIONAL APPROPRIATION REQUEST**

DATE:  
3/17/2021

DEPARTMENT

Clerk's Perpetuation  
NAME

1119-980  
NUMBER

2

	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND NAME	FUND NO		
1	50000.00		Other Prof.Services	43090	Clerk's Perpetuation	1119-980		
2								
3								
4								
5								
6								
7								
8								
<b>TOTAL</b>	<b>50000.00</b>							
			If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effected		APPROVED BY COUNCIL		
	ORIGINAL AMOUNT							
	Approp. Unspent as of	Date	AMOUNT	DATE	YES	NO	Amount	Date

**REASON FOR REQUEST** \_\_\_\_\_  
 Scanning project invoices and other professional services.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ELKHART COUNTY  
ADDITIONAL APPROPRIATION REQUEST**

DATE: 3/24/2021

DEPARTMENT

Commissioners

1138/980

NAME

NUMBER

	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND NAME	FUND NO	
1	40,000.00	212527	Building Demolitions	44600	Cum Capital Development	1138	
2							
3							
4							
5							
6							
7							
8							
<b>TOTAL</b>	<b>40,000.00</b>						
			If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effectuated		APPROVED BY COUNCIL	
	ORIGINAL AMOUNT	as of Date		YES	NO	Amount	Date
	Approp.	Date					

*Depart.  
Planning on  
Agenda*

**REASON FOR REQUEST** Funds needed for Demolition of Homes per Unsafe Building Ordinance to be reimbursed by liens on properties.

---



---

To be heard: April 10, 2021.

---



---

**ELKHART COUNTY  
ADDITIONAL APPROPRIATION REQUEST**

3/23/2021

DEPARTMENT

Electronic Map Generation

1150-980

NAME

NUMBER

AMOUNT	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND NAME	FUND NO.	
1	\$ 30,166.00	Other Professional Services	43090	Electronic Map Generation	1150	
2	\$ 6,500.00	Professional Part Time	41200	Electronic Map Generation	1150	
3						
4						
5						
6						
7						
8						
TOTAL \$ 36,666.00						
ORIGINAL AMOUNT		If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effected		APPROVED BY COUNCIL	
Approp.	as of Date		YES	NO	Amount	Date
		AMOUNT	DATE			
1						
2						
3						
4						
5						
6						
7						
8						
TOTAL \$						

**REASON FOR REQUEST**

Contracted portion for pictometry aerial flight - revenue from elevate subscriptions

Funding for intern/pt time worker in GIS for 4 months

---



---



---



---



---

**ELKHART COUNTY  
ADDITIONAL APPROPRIATION REQUEST**

DATE: 3/1/2021

DEPARTMENT: Health

1159-340

NAME

NUMBER

	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT/PROJECT NAME	ACCT. NO.	FUND NAME	FUND NO		
1	540		Other Prof. Services	43090		1159		
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
<b>TOTAL</b>	<b>540</b>							
			If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effected		APPROVED BY COUNCIL		
	ORIGINAL AMOUNT							
	Approp.	as of Date	AMOUNT	D.	YES	NO	Amount	Date

**REASON FOR REQUEST:** Covid Commercial announcement

---



---



---



---



---

**ELKHART COUNTY  
ADDITIONAL APPROPRIATION REQUEST**

DATE: 3/23/2021

DEPARTMENT: Health

1159-340 <sup>2</sup>

NAME

NUMBER

	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND NAME	FUND NO		
1	3,525		Other Professional S	43090		1159		
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
<b>TOTAL</b>	<b>3,525</b>							
			If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effectd		APPROVED BY COUNCIL		
	ORIGINAL AMOUNT	as of Date		AMOUNT	DATE	YES	NO	Amount
	Approp. Unspent Request							

**REASON FOR REQUEST:** \_\_\_\_\_ to pay for November 2020 interpreting services at Concord Mall testing site.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ELKHART COUNTY  
ADDITIONAL APPROPRIATION REQUEST**

DATE: 3/5/2021

DEPARTMENT: Local Health Maintenance fund  
NAME

1168-980  
NUMBER

	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND NAME	FUND NO	
1	7,800		Other Prof. Services	43090		1168	
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
<b>TOTAL</b>	<b>7,800</b>						
			If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effected		APPROVED BY COUNCIL	
	ORIGINAL AMOUNT			YES	NO	Amount	Date
	Approp. Unspent as of Request Date		AMOUNT	DATE			

**REASON FOR REQUEST:** The extractions of the Vital Records electronic data from Laserfiche and to  
upload data to DocuWare.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**ELKHART COUNTY  
ADDITIONAL APPROPRIATION REQUEST**

3/17/2021

DEPARTMENT

Court Services-JDAI

8131-980

NAME

NUMBER

AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND NAME	FUND NO	
\$803.00		Other Professional Services	43090	JDAI	8131-980	
\$803.00						
<b>ORIGINAL AMOUNT</b>		If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effected		APPROVED BY COUNCIL	
Approp. as of Date						
	AMOUNT DATE		YES	NO	Amount	Date
<b>TOTAL \$</b>						

**REASON FOR |**

These are funds remaining from a 2013 grant that need to be appropriated for use by the Juvenile Division of Court Services.

The Indiana Department of Correction

has given us until 6/30/2021 to spend these funds, or they must be returned to them.

\_\_\_\_\_

\_\_\_\_\_

**ELKHART COUNTY  
ADDITIONAL APPROPRIATION REQUEST**

3/17/2021

DEPARTMENT Court Services-JDAI  
NAME

9113-981  
NUMBER

AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND NAME	FUND NO		
\$2,234.00		Other Professional Services	43090	JDAI	9113-981		
\$6,000.00		Other Supplies	42370	JDAI	9113-981		
\$8,234.00							
<b>ORIGINAL AMOUNT</b>		If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effected		APPROVED BY COUNCIL		
Approp. as of Date							
		AMOUNT	DATE	YES	NO	Amount	Date
<b>TOTAL \$</b>							

**REASON FOR |**

These are funds remaining from a 2017 grant that need to be appropriated for use by the Juvenile Division of Court  
 Services. The Indiana Department of Correction  
 has given us until 6/30/2021 to spend these funds, or they must be returned to them.

---



---



---

**ELKHART COUNTY  
ADDITIONAL APPROPRIATION REQUEST**

DATE 3/19/2021

DEPARTMENT Stormwater  
NAME

1197/106  
NUMBER

	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND NAME	FUND NO.
1	\$ 17,000.00		Group Insurance	41310	Stormwater	1197
2						
3						
4						
5						
6						
7						
8						
<b>TOTAL</b>	<b>\$ 17,000.00</b>					
			If Prior Add'l Appropriation Was Approved This Year		Can Transfers Be Effected	APPROVED BY COUNCIL
	ORIGINAL AMOUNT	as of Date	AMOUNT	DA	YES	NO
	Approp.	Date				
						Amount
						Date

**REASON FOR REQUEST** To fund the group insurance account #41310 for John Heilger.  
He signed up for group insurance during the "open enrollment" after 2021 budgets were submitted.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ELKHART COUNTY  
ADDITIONAL APPROPRIATION REQUEST**

12/22/2020

DEPARTMENT Middlebury SE  
NAME

4509-980  
NUMBER

AMOUNT	PROJ. RE NO.	ACCOUNT NAME	ACCT. NO.	FUND NAME	FUND NO
1	\$ 600,000.00	Other prof.Services	43090	Middlebury SE	4509
2					
3					
4					
5					
6					
7					
8					
TOTAL \$ 600,000.00					

  

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

**REASON FOR REQUEST** Sewer project in conjunction with the Town of Middlebury

---



---



---



---



---

**ELKHART COUNTY  
ADDITIONAL APPROPRIATION REQUEST**

DATE: 3/24/2021

DEPARTMENT

Commissioners

9142/980

NAME

NUMBER

	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND NAME	FUND NO		
1	29,626.49		Other Professional Services	43090	Court Interpreter Grant	9142		
2								
3								
4								
5								
6								
7								
8								
<b>TOTAL</b>	<b>29,626.49</b>							
			If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effectuated		APPROVED BY COUNCIL		
	ORIGINAL AMOUNT							
	Approp.	as of Date	AMOUNT	DATE	YES	NO	Amount	Date

REASON FOR REQUEST Funds remaining from the Court Interpreter Grant in 2020.

---



---



---

To be heard: April 10, 2021.

---



---

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

DATE 31-Mar-21 DEPARTMENT Clerk Perpetuation 1119-980  
NAME \_\_\_\_\_ FUND/DEPT NO. \_\_\_\_\_

**TRANSFER FROM**

(1#)	(2)	(3)	(4)	(5)	(6)	(7)
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)
	1,700.00		43090	Professional Services		
<b>TOTAL \$</b>	<b>1,700.00</b>					

**TRANSFER TO**

(1#)	(2)	(3)	(4)	(5)	(6)	(7)
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)
\$0.00	\$1,700.00		44515	Office Furniture & Fix.		
<b>TOTAL \$</b>	<b>1,700.00</b>					

**REASON FOR TRANSFER** Transfer to cover purchase of Office Chairs for Superior Court 6.

---



---



---



---



---

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

DATE: 3/23/2021 DEPARTMENT Program Income 8127-614  
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)
\$32,500	5,068	12,567.14	42180	Medical Supplies		\$ 27,432.00
<b>TOTAL \$</b>	<b>\$5,068.00</b>					

**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)
\$0	5,068.00	0.00	44510	Other Equipment		\$5,068.00
<b>TOTAL \$</b>	<b>\$5,068.00</b>					

REASON FOR TRANSFER to pay for a defender automatic changeover manifold and flowmeter system for the nitrous system .  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ELKHART COUNTY**  
**REQUEST FOR TRANSFER OF APPROPRIATED**  
**FUNDS BETWEEN \_\_\_\_\_ MAJOR CLASSIFICATION**

DATE 15-Mar-21 DEPARTMENT Clerk IV-D 8899-980  
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	28,716.00		41135	Para Prof		
2	869.00		41240	Sp & Other Services		
3	10,000.00		42090	Office Supplies		
4						
5						
6						
7						
8						
TOTAL \$		39,585.00				

**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	39,585.00		43945	Title IV-D Expense		
2						
3						
4						
5						
6						
7						
8						
TOTAL \$		39,585.00				

**REASON FOR TRANSFER** Simplifying Budget and Reporting Processes  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**ELKHART COUNTY**  
**REQUEST FOR TRANSFER OF APPROPRIATED**  
**FUNDS BETWEEN \_\_\_\_\_ MAJOR CLASSIFICATION**

DATE 3/23/2021 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)
4,000	477.00	2,216.86	42195	Operating sup	(1,306)	\$2,217.00
TOTAL \$		477.00				

**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)
0	477.00	2,901.68	44510	Other Equipm	1,174	\$1,651.00
TOTAL \$		477.00				

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 19-Mar-21 DEPARTMENT Court Services-JDAI Grant 9113-983  
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)
\$4,132.00	\$2,040.00	\$0.00	42350	Program Supp	N/A	\$2,092.00
\$24,560.00	\$3,582.00	\$250.00	43090	Other Profess	N/A	\$20,978.00

TOTAL \$ 5,622.00

**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)
\$14,560.00	\$2,040.00	\$14,560.00	41210	Protective Ser	N/A	\$16,600.00
\$14,560.00	\$3,280.00	\$14,560.00	41210	Protective Ser	3/19/21-\$2,040.00	\$19,880.00
\$1,153.00	\$302.00	\$911.57	41300	Social Securit	N/A	\$1,455.00

TOTAL \$ 5,622.00

**REASON FOR TRANSFER** This transfer is due to a grant amendment that has been approved by state JDAI.  
The funds are needed to cover P/T salaries and fringe benefits  
for the remainder of 2021.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_