

**ELKHART COUNTY
ADDITIONAL APPROPRIATION REQUEST**

DATE: 3-26-21

DEPARTMENT Commissioners
NAME

1000/130
NUMBER

	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND NAME	FUND NO		
1	1,595.09		Transfer Between Funds	45100	County General	1000		
2								
3								
4								
5								
6								
7								
8								
TOTAL	1,595.09							
	ORIGINAL AMOUNT		If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effected		APPROVED BY COUNCIL		
	Approp.	Unspent as of Request Date						
			AMOUNT	DATE	YES	NO	Amount	Date

REASON FOR REQUEST Transfer between funds. Appropriating Fund 1000 to pay Fund 8902 to clear negative.

To Be Heard on: May 8, 2021

**ELKHART COUNTY
ADDITIONAL APPROPRIATION REQUEST**

DATE: 4/6/2021

DEPARTMENT _____

Public Defender
NAME _____

1000-175
NUMBER _____

	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND NAME	FUND NO
1	20,000		Other Professional	43090	General	175
2						
3						
4						
5						
6						
7						
8						
TOTAL	20,000					
			If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effected		APPROVED BY COUNCIL
	ORIGINAL AMOUNT			YES	NO	Amount
	Approp. as of Date		AMOUNT DATE			Date
	8516	4/6/2021			X	

REASON FOR REQUEST With the Covid restrictions lifted and trials commencing, we are now in need of hiring
experts to properly prepare for trials. Specifically, we are working on a case that Life Without Parole has been requested
by the State of Indiana and experts are necessary for this trial. Expenses for the contracted attorney who represents
clients in Drug Court have also gone up on a monthly basis.

**ELKHART COUNTY
ADDITIONAL APPROPRIATION REQUEST**

DATE 4/14/2021

DEPARTMENT Cum Drain
NAME

1141/980
NUMBER

	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND NAME	FUND NO		
1	\$ 20,000.00	211003	Nuisance Brush & Weed	44600	Cum Drain	1141		
2								
3								
4								
5								
6								
7								
8								
TOTAL	\$ 20,000.00							
			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 for spraying on County Regulated Drains

**ELKHART COUNTY
ADDITIONAL APPROPRIATION REQUEST**

4/20/2021

DEPARTMENT

CR 6&17 NE TIF

4511-980

NAME

NUMBER

AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND NAME	FUND NO	
1 \$ 175,000.00	212502	const. & reconstruction	44600	CR 6&17 NE TIF	4511	
2						
3						
4						
5						
6						
7						
8						
TOTAL \$ 175,000.00						
ORIGINAL AMOUNT		If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effectd		APPROVED BY COUNCIL	
Approp. as of F Date			YES	NO	Amount	Date
		AMOUNT	DATE			
1						
2						
3						
4						
5						
6						
7						
8						
TOTAL \$						

REASON FOR REQUEST CR 4 utility design _____

**ELKHART COUNTY
ADDITIONAL APPROPRIATION REQUEST**

DATE: 4/20/2021

DEPARTMENT Highway

4901-980

NAME

NUMBER

	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND NAME	FUND NO
1	273,319	210012	Road paving & const.	44600	Road Maint. & Const.	4901
2						
3						
4						
5						
6						
7						
8						
TOTAL	273,319					
			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.					

REASON FOR REQUEST 1. State funds that were received for Community Crossings Matching Grant 2020-2 award.

**ELKHART COUNTY
ADDITIONAL APPROPRIATION REQUEST**

DATE: 4/20/2021

DEPARTMENT: MCH Donations

8127-982

NAME

NUMBER

	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND NAME	FUND NO
1	65		Donations	22400		8127
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
TOTAL	65					
			If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effected		APPROVED BY COUNCIL
	ORIGINAL AMOUNT			YES	NO	Amount
	Approp. Unsp as of Date		AMOUNT DATE			Date

REASON FOR REQUEST: To appropriate donation funds.

**ELKHART COUNTY
ADDITIONAL APPROPRIATION REQUEST**

DATE: 4/20/2021

DEPARTMENT: Cares Epidemiology
NAME

8904-980
NUMBER

	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND NAME	FUND NO
1	40,000		Other Professional Services	43090		8904
2	9,800		Medical Supplies	42180		
3	1,200		Cleaning	43570		
4	200		Office supplies	42090		
5	200		Copy supplies	42030		
6	9,950		Operting Supplies	42195		
7						
8						
9						
10						
11						
TOTAL	61,350					
			If Prior Add'l Appropriation Was Approved This Year			
	ORIGINAL AMOUNT					
	Approp.	as of Date				
			AMOUNT	DATE		

42's = 20,150.00
43's = 41,200.00

61,350.00

REASON FOR REQUEST: For the Moderna Vaccine Outreach project.

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

DATE 4/21/2021 DEPARTMENT MS4-Health 1197/340
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)
60,000	3,600.00	0.00	43040	Laboratory		56,400.00
TOTAL \$	3,600.00					

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	3,600.00	0.00	44510	Other Equipment		\$3,600.00
TOTAL \$	3,600.00					

REASON FOR TRANSFER _____
To replace the water meter used in the field for surface water testing for parameters that cannot be determined accurately in the laboratory setting.

ELKHART COUNTY
REQUEST FOR TRANSFER OF APPROPRIATED
FUNDS BETWEEN MAJOR CLASSIFICATION

DATE 4/20/2021 DEPARTMENT Public Health Preparedness 8119-981
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)
3,576	175	1,374.01	42195	Office supplies		3,401
TOTAL \$	175.00					

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	175	\$0.00	43330	Licenses, permits		175
TOTAL \$	175.00					

REASON FOR TRANSFER To pay for renewal of our Radio license.

ELKHART COUNTY
REQUEST FOR TRANSFER OF APPROPRIATED
FUNDS BETWEEN MAJOR CLASSIFICATION

DATE: 4/21/2021

DEPARTMENT

Public Health Preparedness

8119-981 ^a

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	\$8,388	\$700		42195 Operating Supplies	(\$4,987.00)	\$ 2,701.00
2	\$100	\$100	\$0.00	42090 Office Supplies		
3						
4						
5						
6						
7						
8						
TOTAL \$		\$800				

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	\$8,478	\$675		41120 Professional		\$9,153.00
2	\$526	\$41		41300 FICA		
3		\$10		41305 MED		
4		\$74.00		41400 PERF		
5						
6						
7						
8						
TOTAL \$		\$800				

REASON FOR TRANSFER To cover personnel cost.

ELKHART COUNTY
REQUEST FOR TRANSFER OF APPROPRIATED
FUNDS BETWEEN MAJOR CLASSIFICATION

DATE: 4/21/2021

DEPARTMENT

Digital Dental
NAME

9108-980
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	111	2,216.86	42195	Operating supplies		\$ 3,889.00
TOTAL \$		\$111.00				

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)
\$0	111.00	0.00	44510	Other Equipm	609.00	\$720.00
TOTAL \$		\$111.00				

REASON FOR TRANSFER to cover payment for the vacuum system in the dental clinic.

ELKHART COUNTY
REQUEST FOR TRANSFER OF APPROPRIATED
FUNDS BETWEEN MAJOR CLASSIFICATION

DATE: 4/21/2021

DEPARTMENT

Digital Dental
NAME

9108-981

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	3,070	1,728.00	44510	Other Equipment		\$ 3,940.00
TOTAL \$	\$3,070.00					

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	3,070.00	5,348.00	43090	Other professional Services		\$10,070.00
TOTAL \$	\$3,070.00					

REASON FOR TRANSFER to cover payment for the vacuum system in the dental clinic.
the nitrous system .
