DATE: 8-24-2021 DEPARTMENT Commissioners

1000/130

NAME

	TALACULAT.	Inno I			TA COT	ELINIE.	11000	EUND
	AMOUNT	PROJ.			ACCT.	FUND	NAME	FUND
	REQUESTED	NO.	ACCOUNT		NO.			NO
1	25,000.00		Otr. Prof. Se	ervices	43090	General Fu	nd	1000
2								
3								
4								
5								
6								
7								
8								
TOTAL	25,000.00							
			If Prior	Add'l				
	ORIGINAL AMOU	JNT	Appropri	ation	Can	Transfers	APPRO\	/ED
	Approp.	as of	Was App	roved	Ве	Effected	BY	
		Date	This Y	ear			COUNC	CIL
			AMOUNT	DATE	YES	NO	Amount	Date

REASON FOR REQUEST	Funds needed for additional expenses for the remainder of 2021.							
				- 7	-			
To be heard: September	· 11, 2021							

8/24/2021		DEPART	MENT	Code			1000-131
				-	NAME		NUMBER
AMOUNT	PROJ.	ACCOUNT	NAME	ACCT.	FUND	NAME	FUND
	NO.			NO.			NO
1 \$ 29,6		Otr. Prof. S		43090		Code	1000
2 \$ 30,0	00	Legal Se	rvices	43010		Code	1000
3							
4							
5							
6							
7							
8							
TOTAL \$ 59,6	640						
ORIGINAL AMOUNT Approp. as of		If Prior Add'I Appropriation Was Approved This Year		Can Transfers Be Effected		APPROVED BY COUNCIL	
	Date	AMOUNT	DATE	YES	NO	Amount	Date
1		AWOUNT	DATE	TES	NO	Amount	Date
2					-		
3							
4		+					
5		-					
6		*					
7							
8							
TOTAL \$							
REASON FOR	REQUEST	Cost for scan				f BZA files ber - mid Decemb	per 2021

Clerk's Perpetuation

1119-980

DEPARTMENT

8/19/2021

					NAME		NUMBER
	AMOUNT	PROJ.	ACCOUNT	ACCT.	FUND	NAME	FUND
	REQUESTED	NO.	NAME	NO.			NO
1	52000.00		Document Scanning	43090	Clerk's P	erpetuation	119-980
2							
3							
4							
5							
6							
7 8							
	52000.00	-					
TOTAL	52000.00						
			If Prior Add'l				
	ORIGINAL AM	OUNT	Appropriation	Can	Transfers	APPRO	VED
	Approp. Unspen		Was Approved		Effected	BY	
	as of	Date	This Year	20		COUN	
			AMOUNT DATE	YES	NO	Amount	Date
	4						
REASON	FOR REQUEST	Documer	nt Scanning & Inde	xing Service	es - Circuit E	states	

DATE:	8/9/2021 DEPARTMENT	Elections	1143-190
		NAME	NUMBER

_	4464WIT	DD01	ACCOUNT	ACCT	ELINE	2112245	IELINID.
	AMOUNT	PROJ.	ACCOUNT NAME	ACCT.	FUNL	NAME	FUND
	REQUESTED	NO.	INAIVIE	NO.			NO
1	30000.00		Maint/Serv Contracts	43510	Cumm. Voting - Election Bd		1143-190
2							
3							
4							
5							
6							
7							
8							
TOTAL	30000.00						
			If Prior Add'l				
	ORIGINAL AMOUNT		Appropriation	Can	Transfers	APPRO	OVED
	Approp. Unspent		Was Approved	Ве	Effected	BY	•
	as of	Date	This Year			COUN	NCIL
			AMOUNT DATE	YES	NO	Amount	Date
		1					

REASON FOR REQUEST

License Renewal and Maintenance Agreement - Fall-Fall billing cycle.

ES&S Inv. #CD2006503. Central Point Software license, Central Point MediaView License, ExpressPoll Software License (170)

DATE:	8/24/2021	DEPARTMENT	Elections	1143-190
		-	NAME	NUMBER

								ELINIB
	AMOUNT	PROJ.			ACCT.	FUNL	NAME	FUND
	REQUESTED	NO.	ACCOUNT	NAME	NO.			NO
1	5000.00		Personal S	ervices	41220	Office &	Clerical PT	1143-190
2	2500.00		Personal S	ervices	41205	Techni	cians PT	1143-190
3		4						
4								
5								
6								
7								
8								
TOTAL	7500.00							
	ORIGINAL AMOUN Approp. Unspent as of	T Date	If Prior Appropr Was App This Y	iation proved /ear	Can Transfers Be Effected		APPRO B\ COUI	Y NCIL
			AMOUNT	DATE	YES	NO	Amount	Date

REASON FOR REQUEST

Additional monies needed for part time workers due to off year elections.

Ω	12	4	12	n	2	•
- 0	_	-	~	u	~	

DEPARTMENT

Middlebury SE

4509-980

NAME

AMOUNT	PROJ.	ACCOUNT NAME	ACCT.	FUND NAME		FUND NO
REQUESTED	NO.	ACCOUNT NAME			1 05	4509
1 \$ 155,000	212505	Const. & Reconstruct.	44600	Middl	Middlebury SE	
2						
3						
4						
5	1 - 1					
6						
7						
8						
TOTAL \$ 155,000						
1 2 2 2	as of	If Prior Add'I Appropriation Was Approved	Can Be	Transfers Effected	APPRO BY	
Re	Date	This Year			COUNCIL	
		AMOUNT DATE	YES	NO	Amount	Date
1						
2						
3						
4						
5						
6						
7						
8						
TOTAL \$						

REASON FOR REQUEST	Design costs for SR 13/CR 20 intersection improvement in conjunction with				
	Middlebury				

6/23/2021

DEPARTMENT

Court Services-JCC Project Income

4924-980

NAME

		T				
AMOUNT	PROJ.	ACCOUNT NAM	ME ACCT,	FUND	NAME	FUND
REQUESTED	NO.		NO.			NO
\$20,000.00		Protective Services	PT 41210	JCC-P	roject Income	4924-980
\$2,000.00		Workman's Comp	41340	JCC-Project Income		4924-980
\$2,000.00		Unemploy Cont.	41320		roject Income	4924-980
\$2,000.00		PERF	41400	JCC-P	roject Income	4924-980
\$1,000.00		Office Supplies	42090	JCC-P	roject Income	4924-980
\$1,000.00		Clothing	42160	JCC-P	roject Income	4924-980
\$28,000.00		Otr. Prof. Services	43090	JCC-P	roject Income	4924-980
\$1,500.00		Sustenance	43110	JCC-P	roject Income	4924-980
\$1,000.00		Mileage	43130	JCC-P	roject Income	4924-980
\$2,500.00		Telephone	43140	JCC-Project Income		4924-980
\$61,000.00						
ORIGINAL AMOU	JNT as of Date	If Prior Add'I Appropriation Was Approved This Year	Can Be	Transfers Effected	APPRO\ BY COUNG	
		AMOUNT DAT	TE YES	NO	Amount	Date
2						
3						
4						
5						
6						
7						
8						

REASON FOR REQL This appropriation request is setting up our JCC-Project Income Fund to coincide with the							
Grant.							
Ė							

DATE: 8/18/21 DEPARTMENT Food Council Donations 4926-98 NAME **NUMBER** AMOUNT PROJ. ACCT. **FUND NAME FUND** ACCOUNT REQUESTED NO. NO NO. NAME 4,000 24400 Food Council 4926 **Donations** 2 3 4 5 6 7 8 9 10 11 TOTAL 4,000 If Prior Add'I **ORIGINAL AMOUNT APPROVED** Appropriation Can Transfers Was Approved Be Effected BY as of Approp. Unspent Date This Year COUNCIL Request AMOUNT DATE YES NO **Amount** Date REASON FOR REQUEST

Appropriate donations for the Food Council

DATE:	8/19/21	DEPARTMENT	WIC	8101-312
			NAME	NUMBER

	AMOUNT	PROJ.		ACCT.	FUND I	NAME	FUND
	REQUESTED	NO.	ACCOUNT NAME	NO,			NO
1	155,384		Supervisor	41115	WIC Grant		8101
2	377,089		Professional	41120	WIC Grant		
3	157,548		Paraprofessional	41135	WIC Grant		
4	126,390		PT Professional	41200	WIC Grant		
5	1,000		Excess Hours	41165	WIC Grant		
6	50,679		Social Security	41300	WIC Grant		
7	11,853		Medicare	41305	WIC Grant		
8	74,472		PERF	41400	WIC Grant		
9	265,631		Group Insurance	41310	WIC Grant		
10	21,750		Wellness	41330	WIC Grant		
11							
TOTAL	1,241,796						
	ORIGINAL AM		If Prior Add'l Appropriation		Transfers	APPR B	
	Арргор.	as of Date	Was Approved This Year	Be	Effected	CON	
			AMOUNT DATE	YES	NO	Amount	Date

REASON FOR REQUES	ST Set the budget for FY 2022 for the WIC grant				
Ţ	otal amount of grant \$1,322,954				
*					

Page 2

DATE: 8/19	9/21 DEPARTMENT	WIC	8101-312
		NAME	NUMBER

Γ		AMOUNT	PROJ.		ACCT.	FUND	NAME	FUND
		REQUEST	NO.	ACCOUNT NAME	NO.			NO
Ī	1	750		Copy Machine Supplies	42030	WIC Grant		8101
Ī	2	800		Other Office Supplies	42090	WIC Grant		
	3	13,150		Medical Supplies	42180	WIC Grant		
	_ 4	8,141		Other Operating Supplies	42195	WIC Grant		
I	5	4,600		Other Professional Svcs	43090	WIC Grant		
	6	1,913		Sustanance	43110	WIC Grant		
	7	3,000		Postage	43120	WIC Grant		
	8	4,720		Mileage	43130	WIC Grant		
	9	3,240		Telephone	43140	WIC Grant		
	10	3,300		Printing	43200	WIC Grant		
	11	10,900		Electric	43400	WIC Grant		
Ι	12	5,500		Gas	43410	WIC Grant		
ŀ	TOTAL	60,014						
		ORIGINAL Approp.	AMOUNT as of Date	If Prior Add'I Appropriation Was Approved This Year	Can Be	Transfers Effected	APPRO BY COUN	,
t				AMOUNT DATE	YES	NO	Amount	Date
1								
1		72						
			*					

REASON FOR REQUEST	Set the budget for FY 2022 for the VVIC grant	
	Total amount of grant 1,322,954	

DATE:	8/19/21	DEPARTMENT	WIC	8101-312
			NAME	NUMBER

AMOUNT	PROJ.	ACCOUNT NAME	ACCT.	FUND	NAME	FUND
REQUESTED	NO.		NO.			NO
3,000		Water & Sewage	43420	WIC Grant		8101
840		Maintenance	43510	WIC Grant		8101
7,960		Laundry, Cleaning	43570	WIC Grant		8101
7,200		Rent-Real Estate	43600	WIC Grant		8101
1,034		Rent-Office Equipment	43630	WIC Grant		8101
50		Dues and Subscriptions	43800	WIC Grant		8101
1,060		Education & Tuition	43830	WIC Grant		8101
21,144						
					4.00000	(FD
						VED
Approp.			Be	Effected		211
	Date		\/F0			
		AMOUNT DATE	YES	NO	Amount	Date
	3,000 840 7,960 7,200 1,034 50 1,060	REQUESTED NO. 3,000 840 7,960 7,200 1,034 50 1,060 21,144 ORIGINAL AMOUNT	REQUESTED NO. 3,000 Water & Sewage 840 Maintenance 7,960 Laundry, Cleaning 7,200 Rent-Real Estate 1,034 Rent-Office Equipment 50 Dues and Subscriptions 1,060 Education & Tuition 21,144 ORIGINAL AMOUNT Approp. as of Date Was Approved This Year	REQUESTED NO. NO. 3,000 Water & Sewage 43420 840 Maintenance 43510 7,960 Laundry, Cleaning 43570 7,200 Rent-Real Estate 43600 1,034 Rent-Office Equipment 43630 50 Dues and Subscriptions 43800 1,060 Education & Tuition 43830 21,144 If Prior Add'I Appropriation Can Was Approved This Year Be	REQUESTED NO. NO. 3,000 Water & Sewage 43420 WIC Grant 840 Maintenance 43510 WIC Grant 7,960 Laundry, Cleaning 43570 WIC Grant 7,200 Rent-Real Estate 43600 WIC Grant 1,034 Rent-Office Equipment 43630 WIC Grant 50 Dues and Subscriptions 43800 WIC Grant 1,060 Education & Tuition 43830 WIC Grant 21,144 If Prior Add'I Appropriation Can Transfers Be Effected This Year Be Effected	REQUESTED NO. NO. 3,000 Water & Sewage 43420 WIC Grant 840 Maintenance 43510 WIC Grant 7,960 Laundry, Cleaning 43570 WIC Grant 7,200 Rent-Real Estate 43600 WIC Grant 1,034 Rent-Office Equipment 43630 WIC Grant 50 Dues and Subscriptions 43800 WIC Grant 1,060 Education & Tuition 43830 WIC Grant 21,144 If Prior Add'I Appropriation Can Transfers APPRO ORIGINAL AMOUNT Was Approved Be Effected BY COUNG This Year COUNG

REASON FOR REQUEST	Set the budget for FY 2021 for the WIC grant				
	Total amount of grant 1,322,954				

DATE:	8/19/21	DEPARTMENT	WIC- Breastfeeding Peer Counselor	8102-980
			NAME	NUMBER

Γ		AMOUNT	PROJ.	ACCOUNT	ACCT.	FUND	NAME	FUND
		REQUESTED	NO.	NAME	NO.			NO
	1	73,021		Paraprofessional	41135	Breastfeeding	Peer Counselor	8102
	2	4,527		Social Security	41300	Breastfeeding	Peer Counselor	
	3	1,059		Medicare	41305	Breastfeeding	Peer Counselor	
	4	8,178		PERF	41400	Breastfeeding	Peer Counselor	
	5	51,290		Group Insurance	41310	Breastfeeding	Peer Counselor	
	6	3,750		Wellness	41330	Breastfeeding	Peer Counselor	
	7	200		Mileage	43130	Breastfeeding	Peer Counselor	
	8	798		Sustenance	43110	Breastfeeding	Peer Counselor	
Г	9	1,800		Telephone	43140	Breastfeeding	Peer Counselor	
	10							
	11							
T	OTAL	144,623						
				If Prior Add'l				
		ORIGINAL AMO	DUNT	Appropriation	Can	Transfers	APPROV	ED
		Арргор.	as of	Was Approved	Ве	Effected	BY	
			Date	This Year			COUNC	IL
				AMOUNT DATE	YES	NO	Amount	Date
L								

REASON FOR REQUEST	Set the budget for FY 2022 for the Breastfeeding Peer Counselor grant					
3						

DATE: 8/25/2021

DEPARTMENT: Public Health Preparedness

8119-980

NAME

٢		AMOUNT	PROJ.		ACCT.	FUND	NAME	FUND
		REQUEST		ACCOUNT NAME	NO.			NO
t	1	11,000		Professional	41120			8119
t	2	682		FICA	41300			
t	3	160		Medicare	41305			
İ	4	1,232		PERF	41400			
T	5	100		Office Supplies	42090			
Ī	6	300		Gasoline	42110			
Ī	7	8,326		Operating Supplies	42195			
T	8	1,300		Printing- other than office supplies	43200			
	9	1,000		Telephone	43140			
	10	500		Sustenance	43110			
I	11	400		Education and Conference	43830			
ŀ	TOTAL	25,000						
		ORIGINAL A	as of Date	If Prior Add'I Appropriation Was Approved This Year	Can Be	Transfers Effected	APPRO BY COUN	
Ī				AMOUNT DATE	YES	NO	Amount	Date
Ī								

EASON FOR REQUEST: The Base Budget for the Public Health Preparedness and Emergency grant	
7/1/2021 through 6/30/2022	
	4

SHERIFF

8149-981

DATE:

08.24.21 DEPARTMENT

					NAME		NUMBER
	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND	FUND NAME	
1	63,111		OTR. EQUPMENT	44510	JAG GRANT		NO 8149
2							
3							
4							
5							
6							2
7							
8							
TOTAL	63,111						
			If Prior Add'l				
	ORIGINAL AMOU	JNT	Appropriation		Transfers	APPRO	VED
	Approp. Unspent	as of	Was Approved	Ве	Effected	BY	
	Request	Date	This Year			COUN	
			AMOUNT DATE	YES	NO	Amount	Date
-							
REASO	N FOR REQUEST		ate money for the 2 nber 2019-DJ-BX				ents
	HEARD SEPTEM						

SHERIFF

8149-982

08.24.21 DEPARTMENT

DATE:

					NAME		NUMBER
	AMOUNT	PROJ.	ACCOUNT	ACCT.	FUND	NAME	FUND
	REQUESTED	NO.	NAME	NO.			NO
1			OTR.EQUIPMENT	44510	JAG	GRANT	8149
2							
3							
4							
5							
6							
7							
8							
TOTAL	55,105						
			If Prior Add'l				
	ORIGINAL AMO		Appropriation		Transfers	APPRO\	/ED
	Approp. Unspent	as of	Was Approved	Be	Effected	BY	
	Request	Date	This Year			COUNC	
			AMOUNT DATE	YES	NO	Amount	Date
					-		
	1						
REASON			ate money for the 202 ober 2020-DJ-BX-09				s
						3	

DATE: 8/24/2021

DEPARTMENT

Commissioners

8951/980

NAME

	AMOUNT	PROJ.	ACCOUNT/PROJECT	ACCT.	FUND N	JAME	FUND
	REQUESTED	NO.	NAME	NO.	FUND	NAIVIE	NO
1			I In plate B Statemation		Amarican Dasa	us Dies	8951
1	5,000,000.00		Health Mitigation		American Resc		
2	250,000		Emer Management Mitigation		American Resc		8951
3			IT broadband improvements		American Resc		8951
4	2,000,000		CFEC non-profit assistance		American Resc		8951
5	2,000,000	212645	CVB/Impacted Industry	44600	American Resc	ue Plan	8951
6	2,000,000	212646	Courts Clean Water Improvements	44600	American Rescue Plan		8951
7	500,000	212647	Courts Broadband Improvements	44600	American Resc	ue Plan	8951
8	4,000,000		Parks clean water		American Resc		8951
	4,000,000	212040		41000	, anonoan reco	do i idii	0001
9	500,000	212649	Parks Broadband Improvements	44600	American Rescue Plan		8951
10	20,000,000	212650	Wakarusa/Foraker/Southwest Clean Water Improvements	44600	American Resc	ue Plan	8951
11	750,000	212651	Fiber Broadband Improvements	44600	American Resc	ue Plan	8951
12	500,000	212652	Revenue Replacement	44600	American Resc	ue Plan	8951
TOTAL	38,500,000.00						
			If Prior Add'l				
	ORIGINAL AMOU	JNT	Appropriation	Can	Transfers	APP	ROVED
	Approp.	as of	Was Approved	Re	Effected		3Y
	haprop.	Date	This Year		Liicolou		JNCIL
		Date	AMOUNT DATE	YES	NO	Amount	
			AWOUNT DATE	TES	140	Amount	Date
-							

REASON FOR REQUEST	Request to appropriate remaining American Rescue Plan Act (ARPA) dollars
into specific projects.	

Page 1 of 2

DATE:

8/19/2021 DEPARTMENT

Health -CDC CHW Grant

8952-980

NAME

	AMOUNT	PROJ.	ACCOUNT NAME	ACCT.	FUND	NAME	FUND
	REQUESTED	NO.		NO.			NO
1	284,844		Professional	41120	CDC Grant		8952-980
2	17,660		Social Security	41300			
3	4,130		Medicare	41305			
4	31,903	TX.	PERF	41400			
5	160,000		Group Insurance	41310			
6	4,500		Wellness	41330			
7	500		Copy Machine Supplies	42030			
8	4,500		Other Office Supplies	42090			
9	13,000		Other Operating Supplies	42195			
10	380,581		Other Professional Svcs	43090			
11	1,200		Postage	43120			
TOTAL	902,818						
	ORIGINAL AM	OUNT	If Prior Add'l Appropriation	Can	Transfers	APPR	OVED
	Approp	as of Date	Was Approved This Year	Ве	Effected	COU	
			AMOUNT DATE	YES	NO	Amount	Date

REASON FOR REQUE	Set the budget for FY 2022 for the CDC grant						
	Grant period 8/31/2021 to 8/30/2022	to amount of grant \$995,698					

Page 2 of 2

DATE: 8/19/2021 DEPARTMENT Health-CDC CHW Grant

8952-980

NAME

	AMOUNT	PROJ.			ACCT.	FUND	NAME	FUND
	REQUESTED	NO.	ACCOUNT N	NAME	NO,			NO
1	6,000		Mileage		43130	CDC Grant		8952
2	4,680		Telephone		43140			
3	2,000		Education and Conf	erence	43830			
4	7,200		Data Processing Ha	rdware	44535			
5	3,000		Data Processing So	ftware	44540			
6	70,000		Program Supplies		42350			
7								
8								
9								
10								
11								
TOTAL	92,880							
			If Prior Ad					
	ORIGINAL AMO	UNT	Appropriati		Can	Transfers	APPR	
	Approp.	as of	Was Appro		Be	Effected	B	
		Date	This Yea				COU	
			AMOUNT	DATE	YES	NO	Amount	Date
	-							
	-							

REASON FOR REQUEST	Set the budget for FY 2022 for the CDC grant				
	Total amount of grant \$995,698				
-					

DATE:

8/16/21 DEPARTMENT Safety PIN Grant

9148-981

NAME

	AMOUNT	PROJ.	ACCOUNT NAME	ACCT	FUND	NAME	FUND
	REQUESTED	NO.		NO.	1 0112	71070012	NO
1	39,309		Professional	41120			
2			Social Security	41300			
3			Medicare	41305			
4	1,378		PERF	41400			
5							
6							
7							
8							
9							
10							
11							
TOTAL	43,695					1	
			If Prior Add'l				
	ORIGINAL AMOU		Appropriation	Can	Transfers		VED
	Approp. Unspent	as of	Was Approved	Be	Effected	BY	
	Request	Date	This Year			COUN	
			AMOUNT DATE	YES	NO	Amount	Date
$\overline{}$							

REASON FOR REQUEST	Set the budget for FY 2022 for the Safety PIN Grant				
	July 1, 2021 to June 30, 2022				

ELKHART COUNTY APPROPRIATION REDUCTION REQUEST

8/24/2021		DEPARTMENT	CR 6&17 NE TIF			4511-980
				Name		Number
AMOUNT OF	PROJ.		ACCT.			FUND
REDUCTION	NO.	ACCOUNT NAME	NO.	FUND NAME		NO
1 \$62,209.23	162501	const. & reconst.	44600	CR 68	17 NE TIF	4511
2 \$16,900.00	172503	const. & reconst:	44600	CR 68	17 NE TIF	4511
3 \$ 468,600.00	172505	const. & reconst.	44600	CR 68	17 NE TIF	4511
4 \$ 204,800.00	212501	const. & reconst.	44600	600 CR 6&17 NE TIF		4511
5						
6						
7						
8						
TOTAL \$ 752,509.	.23					
ORIGINAL AMOUNT		DATE OF	APPROVED COUNCIL			ву
F APPROPRIATIO	N	APPROP.			A == = = 6	Date
1 \$					Amount	Date
2 3						
4						
5					_	
6			1			
7						
8						
TOTAL \$						
REASON FOR REDUCT	TION	Project closeout for older close	d projects & clos	seout for proje	ct costs coming f	rom

other sources. Will field any questions during September Council Meeting

ELKHART COUNTY REQUEST FOR TRANSFER OF APPROPRIATED FUNDS BETWEEN MAJOR CLASSIFICATION

DATE	8/31/2021	DEPARTMENT	Health-	COVID/VF	9149-980		
				NAME		FUND/DEPT NO.	
	TRANSFER FROM						
(1#)	(#2)	AMOUNT			(#6)		
ORIGINAL	AMOUNT TO BE	AMOUNT SPENT				REVISED BUDGET	
BUDGET	TRANSFERRED		ACCT.	ACCOUNT	*T/A	(Col #1 Less #2,	
			NO.	NAME	& DATE	(+ or -) #6)	
111,700	10,300		43090	Other		101,400	
						0	
3						0	
TOTAL \$	10,300.00						
IOIAL W	10,300.00	l e					
			TRANSFE	R TO			
(1#)	(#2)				(#6)		
ORIGINAL	AMOUNT TO BE	AMOUNT				REVISED BUDGET	
BUDGET	TRANSFERRED	SPENT	ACCT	ACCOUNT	*T/A	(Col #1Plus #2,	
			NO.	NAME	& DATE	(+ or -) #6)	
20,000	10,300	\$0.00	44535	Data Processing Hardware		30,300	
2							
3							
1							
5							
3							
7							
3							
TOTAL \$	10,300.00						
REASON FOR TRANSFER to replace old computers for CHN Staff							

ELKHART COUNTY REQUEST FOR TRANSFER OF APPROPRIATED FUNDS BETWEEN MAJOR CLASSIFICATION

DATE	9/1/2021	DEPARTMENT	Vet	1000 - 0134			
						FUND/DEPT NO.	
			TRANSF	ER FROM			
(1#)	1#) (#2)						
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)	
\$7,200.00	\$1,800.00	\$820.00	43090	Other Prof. S	Serv.		
\$800.00	\$300.00	\$0.00	43110	Sustenance	& other Travel		
\$800.00	\$800.00	\$0.00	43120	Postage			
\$800.00	\$300.00	\$71.20	43130	Mileage			
\$26,000.00	\$1,800.00	\$12,700.00	43925	Burl Sld, Sa	il, Mar, Wiv, Etc.		
TOTAL \$	\$5,000.00						
			TRANSF	ER TO			
(1#)	(#2)				(#6)		
ORIGINAL	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)	
\$7,350.00	\$5,000.00	\$5,927.91	42195	Other opera	ting supplies		
					#=		
TOTAL \$	5,000.00						
REASON FOR TRANSFER Moving funds to purchase cemetery flags and markers.							
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