Highway

1112-980

DEPARTMENT:

5/1/2019

					NAME		NUMBER
	AMOUNT	PROJ.	ACCOUNT/PROJECT	ACCT.	FUNI	O NAME	FUND
	REQUESTED	NO.	NAME	NO.			NO
1	336,399		Principal Major Moves Loan	46300	EDIT		1112
2	63,601		Interest Major Moves Loan	46600	EDIT		1112
3							
4							
5			1				
6							
7							
8							
TOTAL	400,000						
			If Prior Add'l				
	ORIGINAL AMOU	NT	Appropriation	Can	Transfers	APPRO	OVED
	Approp.	as of	Was Approved		Effected	J.I. I.K.	
	Прргора	Date	This Year		Lileoted	COU	
			AMOUNT DATE	YES	NO	Amount	Date
			Tanooni Diii	120	110	Annount	Dute
	fire.						
	N FOR REQUEST 2019 Major Moves		2019 Major Moves Princ Payment	cipal Pa	yment		20

DATE:	5/22/2019		DEPAR	IMENI	Highway			1171-980
						NAME		NUMBER
	AMOUNT	PROJ.	ACCOUNT	PROJECT	ACCT.	FUND	NAME	FUND
	REQUESTED		NAI		NO.			NO
1	150,000	190022	Bridge Deck		44600	Major Bridg	je	1171
2								
3								
4								
5								
6								
7								
8	V.							
TOTAL	150,000							
			If Prior					
	ORIGINAL AM		Approp			Transfers	APPR	
	Approp.	as of	Was Ap		Ве	Effected	B,	
		Date	This '				COU	NCIL
			AMOUNT	DATE	YES	NO	Amount	Date
	- A							
	- 18							
REASON FOI	REQUEST	1. funds	for sealing br	idge decks				
	1							

DATE: 5/1/2019

DEPARTMENT

Highway Department

1171-9802

NAME

NUMBER

	AMOUNT	PROJ.		ACCT.	FLINE	NAME	FUND
	REQUESTED		ACCOUNT/PROJECT N		I TONE) IVAIVIL	NO
1	676,539				Major Brid	dao	1171
2			Principal Major Moves Loan				1171
3	73,461		Interest Major Moves Loan	40000	Major Brid	age	11/1
					-		
5							
6							
7							
8							
TOTAL	750,000						
	ORIGINAL AM	OUNT	If Prior Add'l Appropriation	Can	Transfers	APPRO	OVED
	Approp.	as of	Was Approved	Ве	Effected	BY	/
	1	Date	This Year			COU	NCIL
			AMOUNT DATE	YES	NO	Amount	Date

REASON FOR REQUEST	1) June 2019 Major Moves principal payment for Six Span
2) June 2019 interest pa	ayment for Six Span
7	

DATE.	5/15/2019		DEPARTMENT	підпімау			1173-980
					NAME		NUMBER
	AMOUNT	PROJ.	ACCOUNT/PROJECT	ACCT.	FUND	NAME	FUND
	REQUESTED	NO.	NAME	NO.			NO
1	15,000	190020	A-Frames & Cones for Chip Se	44600	Motor Vehicle	e Highway	1173
2	360,000	190021	Loader Purchase	44600	Motor Vehicle	e Highway	1173
3							
4							
5							
6	7 85						
7							
8							
TOTAL	375,000						
	16						
)		If Prior Add'l				
	ORIGINAL AMO	TAUC	Appropriation	Can	Transfers	APPRO	OVED
	Approp.	as of	Was Approved	Be	Effected	ВҮ	,
	11.7	Date	This Year			COUN	
			AMOUNT DATE	YES	NO	Amount	Date
	14						
							3 1
					_		
	4						
REASON	FOR REQUEST	1 Traffic co	ontrol for 2019 chip seal pr	ogram			
	to purchase load		ontrol for 2019 only seal pr	ogram			
Z. IUIIUS I	o purchase load	CIS					
				-			

DATE:	04.04.19	DEPAR	TMENT	MISDEAMEANT			1175/980	
					NAME		NUMBER	
AMOUNT	PROJ.	ACCOUNT/	PROJECT	ACCT.	FUND	NAME	FUND	
REQUESTED	NO.	NAI	ME	NO.			NO	
2,859		TRAINING MA	TERIALS	42320	MISDEAMEANT		1175	
12,260		OTHER EQUIP	PMENT	44510	MISDEAMEANT		1175	
5,000		KITCHEN		42190	MISDEAM	MISDEAMEANT		
		8						
						4		
						30		
20,119								
	1	If Prior	Add'l					
ORIGINAL AMOUNT		Appropr	riation	Can	Transfers	APPRO	VED	
Approp. U	as of	Was Ap	proved	Ве	se Effected		IY	
R	Date	This	rear ear			COUN		
		AMOUNT	DATE	YES	NO	Amount	Date	
	4							
						- +		
						- 10		
						10		
	1							
Reason for Request:	1) To make m	onies available t	o pay for ordn	ance neede	ed in training C	orrections Officer	·s.	
2) To make monies availab								
officers and (5) FirstVue HD								
						96		
						To the		
						14		

DATE _05/16/20	019	DEPARTMENT	Superior 6			2200-980
				NAME		NUMBER
				FUND		
AMOUNT	PROJ.	ACCOUNT/PROJECT	ACCT.	FUND NAME	FUN	
REQUESTED	NO.	NAME	NO.		NC).
\$ 15,000.00		Other Professional Services	43090	ADR Fund	2200	
						_
TOTAL \$ 15,000	2.00					_
10176 \$ 13,000	7.00					
"		If Prior Add'l				
ORIGINAL AMOU	INIT	Appropriation	Can	Transfers	APPRO	WED
	as of			Effected	BY	
Approp.	Date	Was Approved This Year	De	Ellected	COUN	
	Date	AMOUNT DATE	YES	NO	Amount	Date
4		AWOUNT DATE	TES	NO	Amount	Date
2						_
3						
4						
6						
7 = 0, 11	1 4					
8						
TOTAL \$						
- N						
REASON FOR R	EQUEST	To pay CAPS for Super	rvised Visits			
7 3						
=						
2 1	-	×				
	2.2					

Signature of Department Head

5/21/2019		DEPARTMENT	NVVG TIF			4504-980
				NAME		NUMBER
AMOUNT	PROJ.	ACCOUNT/PROJECT	ACCT.	FUND	NAME	FUND
REQUESTED	NO.	NAME	NO.			NO
1 \$ 26,000		Transfer between funds	45100	NW	G TIF	4504
2						
3						
4						
4 5 6 7						
6						
8			E			
TOTAL \$ 26,000	0					
ORIGINAL AMOU	JNT	If Prior Add'l Appropriation	Can	Transfers	APPRO	OVED
Approp.	as of	Was Approved		Effected	BY	
, приор.	Date	This Year	50	Liiottoa	COUN	
	24.0	AMOUNT DATE	YES	NO	Amount	Date
1						
2						
3						
4						
5						
6						
7						
8	11					
TOTAL \$						
REASON FOR RE	EQUEST	Pay for Spring bond pay	ment			

DATE: 5/22/2019 DEPARTMENT <u>Highway</u> 4901-980

NAME NUMBER

	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT/PROJECT NAME	ACCT. NO.	FUNC	NAME	FUND NO
1	25,000		Road Signs	42230	Road Mai	ntenance & C	4901
2							
3							
4							
5							
6							
7							
8							
TOTAL	25,000						
	ORIGINAL AMO	UNT as of Date	If Prior Add'l Appropriation Was Approved This Year	Can Be	Transfers Effected	APPRO BY COUN	
			AMOUNT DATE	YES	NO	Amount	Date

REASON FOR REQUEST	
1. Additional funds to purchase road signs, supports, hardware, barricades, deliniators, reflectors, cones	

DATE: April 26, 2019

DEPARTMENT: Health Public Health Preparedness

8119-981

NAME

NUMBER

AMOUNT REQUESTED	PROJ. NO.	ACCOUNT/PROJECT NAME	ACCT. NO.	FUND	NAME	FUND NO
176		Operating Supplies	42195			8119
	T.					
	c					
	41					
	,					
	-					
176						
ORIGINAL AMOUNT		If Prior Add'I	0	T	4000	D) (ED)
	as of	Appropriation		Transfers	APPRO	
	Date	Was Approved This Year	Ве	Effected	COUI	
- No	Date	AMOUNT DATE	YES	NO	Amount	Date
	-1	Panicolti Britz	120	NO	Amount	Date
					1	
	1					

Reason for Request	to purchase supplies							
	41 T							

	3/28/2019		DEPARTMENT	HMEP Gr	ant (LEPC)	11	8133
					NAME		NUMBER
	AMOUNT	PROJ.		ACCT.	FUND NA	AME	FUND
	REQUESTED	NO.	ACCOUNT/PROJECT NAME	NO.			NO
	7,000			43835	Training Program	IS	
,	3,000				Education and Co		
							4
		М.					
	la .						
TOTAL	10,000						
		*					
	ORIGINAL AMOUI	 NT	If Prior Add'I Appropriation	Can	Transfers	APPRO	OVED
	Approp.	as of	Was Approved		Effected	BY	
-	44.4	Date	This Year			COUN	
			AMOUNT DATE	YES	NO	Amount	Date
		- A					
		¥4					
		- 1					
						91	
					1		
		1 =					
REASON	N FOR REQUEST						

EMAI Conference in Indy

Director Tobey

LEPC 100 % reimbursable grant through Indiana Department of Homeland security

Hazmat Refresher course

Health Dept-40 hr Hazwhopper Course KIK Facility/LEPC Annual Exercise

ELKHART COUNTY APPROPRIATION REDUCTION REQUEST

5/20/2019	DEPARTMENT	NWG	4504-980	
		Name	Number	

AMOUNT OF PROJ. REDUCTION NO.		ACCOUNT/PROJECT NAME	ACCT. NO.	FUND NAME	FUND NO
1 \$150,000.00	182506	construction & reconstruction	44600	NWG	4504
2 \$4,790.00	182511	construction & reconstruction	44600	44600 NWG	
3	- 3				
4					
5					
6					
7	17				
8	12				
TOTAL \$154,79	0.00				
RIGINAL AMOUN APPROPRIATIO		DATE OF APPROP.		APPROV COUNCII Amount	
1 \$				Date	
2			Į		
3			ļ		
4			1		
5 3			-		
7	-		1		
3			-		
FOTAL \$					
REASON FOR R	EDUCTION	Project closeout for CR 12 street for by St. Joesph County.	light purchase	e - design was chose	n and then paid
		Project closeout for landscaping	improvements	on Ash/Old US 20	

ELKHART COUNTY DUEST FOR TRANSFER OF APPROPRIA

REQUEST FOR TRANSFER OF APPROPRIATED
FUNDS BETWEEN MAJOR CLASSIFICATION

DATE	DATE 5/28/2019 DEPARTMENT Veterans' Services				1000 - 0134	
				NAME		FUND/DEPT NO
			TRANSFE	R FROM		
(1#)	(#2)		TRANSIE	KT KOM	(#6)	
ORIGINAL	AMOUNT TO BE				PREVIOUS ACTION	REVISED BUDGET
BUDGET	TRANSFERRED	AMOUNT	ACCT.	ACCOUNT	*T/A	(Col #1 Less #2,
		SPENT	NO.	NAME	& DATE	(+ or -) #6)
\$7,200.00	450.00	\$240.00	43090	Other Profes	ssional Services	
	170.00					
TOTAL \$	450.00					
			TRANSFE	R TO		
(1#)	(#2)				(#6)	
ORIGINAL	AMOUNT TO BE				PREVIOUS ACTION	REVISED BUDGET
BUDGET	TRANSFERRED	AMOUNT	ACCT.	ACCOUNT	*T/A	(Col #1Plus #2,
		SPENT	NO.	NAME	& DATE	(+ or -) #6)
\$0.00	350.00	\$0.00		Other Equipr		
\$0.00	100.00	\$0.00	42370	Other Suppli	es	
TOTAL \$	450.00					
					y, a portable folding tal	
	items will be used to pro		eterans servic	es at public outro	each events, and will re	present
Elkhart County	in a professional manne	r.				
		- Short				
			نسيت			

ELKHART COUNTY

REQUEST FOR TRANSFER OF APPROPRIATED

FUNDS BETWEEN **MAJOR CLASSIFICATION**

DATE	28-May-19)	EPARTMEN ⁻	Г	Extension		1000/0145
		1157		NAME		FUND/DEPT NO.
			TRANSF	ER FROM		
(1#)	(#2)				(#6)	
ORIGINAL		AMOUNT	ACCT.		PREVIOUS ACTION	REVISED BUDGET
BUDGET	TRANSFERRED	SPENT	NO.	ACCOUNT	*T/A	(Col #1 Less #2,
				NAME	& DATE	(+ or -) #6)
1 2500.00	664.00	0	42380	Capital Supplies		1836
2						
3						
4						
5		110				
6						
7						
8						14.
TOTAL \$	664.00					
			TRANSF	ER TO		
(1#)	(#2)				(#6)	
ORIGINAL	AMOUNT TO BE				PREVIOUS ACTION	REVISED BUDGET
BUDGET	TRANSFERRED	AMOUNT	ACCT.	ACCOUNT	*T/A	(Col #1Plus #2,
		SPENT	NO.	NAME	& DATE	(+ or -) #6)
1 312.00	664.00	311.52	44515	Office Furniture	\$311.52 3/31/19	\$664.48
2						
3						
4						
5		- 1111				
6						
7						
8						
TOTAL \$	664.00					
REASON F	OR TRANSFER	Purchase of ad	ditional des	sk and chair to prepa	re for new educator Ju	ne 3.
THE PLAN						
	7 4 1 1 1 1 1 1		315,15			
			4 to 1			

ELKHART COUNTY

REQUEST FOR TRANSFER OF APPROPRIATED

FUNDS

BETWEEN

MAJOR CLASSIFICATION

DATE _21	<u>-May-19</u> [DEPARTMENT		Superior 1		1000/162	
				NAME		FUND/DEPT NO.	
TRANSFER FROM							
(1#)	(#2)				(#6)		
ORIGINAL	AMOUNT TO BE	AMOUNT	ACCT.	ACCOUNT	PREVIOUS ACTION	REVISED BUDGET	
BUDGET	TRANSFERRED	SPENT	NO.	NAME	*T/A	(Col #1 Less #2,	
	7.0				& DATE	(+ or -) #6)	
30000	10,000.00	7507.84	41530	Petit Jurors			
2							
3							
4							
5							
6							
7							
8							
TOTAL \$	10,000.00	4					
	Ţ.						
			TRANSFE	ER TO			
(1#)	(#2)				(#6)		
ODICINIAL	AMOUNT TO DE				DDEVIOUS ACTION	DELMORD DIMOGET	
ORIGINAL	AMOUNT TO BE				PREVIOUS ACTION	REVISED BUDGET	
BUDGET	TRANSFERRED	AMOUNT SP	ACCT.	ACCOUNT	*T/A	(Col #1Plus #2,	
		AMOUNT SP TO DATE	ACCT.	ACCOUNT NAME			
		TO DATE	NO.		*T/A	(Col #1Plus #2,	
BUDGET	TRANSFERRED	TO DATE	NO. 43020	NAME	*T/A	(Col #1Plus #2,	
BUDGET 5000	TRANSFERRED 9,000.00	TO DATE 4,087.50	NO. 43020 43110	NAME Medical	*T/A	(Col #1Plus #2,	
5000 750	TRANSFERRED 9,000.00 500.00	TO DATE 4,087.50 1,035.22	NO. 43020 43110	NAME Medical Sustenance	*T/A	(Col #1Plus #2,	
5000 750 500 4 5	TRANSFERRED 9,000.00 500.00	TO DATE 4,087.50 1,035.22	NO. 43020 43110	NAME Medical Sustenance	*T/A	(Col #1Plus #2,	
5000 750 500 4	TRANSFERRED 9,000.00 500.00	TO DATE 4,087.50 1,035.22	NO. 43020 43110	NAME Medical Sustenance	*T/A	(Col #1Plus #2,	
5000 750 5000 4 5 6	TRANSFERRED 9,000.00 500.00	TO DATE 4,087.50 1,035.22	NO. 43020 43110	NAME Medical Sustenance	*T/A	(Col #1Plus #2,	
5000 750 5000 4 5	TRANSFERRED 9,000.00 500.00	TO DATE 4,087.50 1,035.22	NO. 43020 43110	NAME Medical Sustenance	*T/A	(Col #1Plus #2,	
5000 750 5000 4 5 6	TRANSFERRED 9,000.00 500.00	TO DATE 4,087.50 1,035.22	NO. 43020 43110	NAME Medical Sustenance	*T/A	(Col #1Plus #2,	
5000 750 5000 4 5 6 7	9,000.00 500.00 500.00	TO DATE 4,087.50 1,035.22	NO. 43020 43110	NAME Medical Sustenance	*T/A	(Col #1Plus #2,	
5000 750 500 4 5 6 7 8 TOTAL \$	9,000.00 500.00 500.00	TO DATE 4,087.50 1,035.22 286.00	NO. 43020 43110 43830	NAME Medical Sustenance Education	*T/A	(Col #1Plus #2,	
5000 750 5000 4 5 6 7 8 TOTAL \$	9,000.00 500.00 500.00	TO DATE 4,087.50 1,035.22 286.00 We have 4 ousta	NO. 43020 43110 43830	NAME Medical Sustenance Education	*T/A & DATE	(Col #1Plus #2,	
5000 750 5000 4 5 6 7 8 TOTAL \$	9,000.00 500.00 500.00 10,000.00	TO DATE 4,087.50 1,035.22 286.00 We have 4 ousta	NO. 43020 43110 43830	NAME Medical Sustenance Education	*T/A & DATE	(Col #1Plus #2,	
5000 750 5000 4 5 6 7 8 TOTAL \$	9,000.00 500.00 500.00 10,000.00	TO DATE 4,087.50 1,035.22 286.00 We have 4 ousta	NO. 43020 43110 43830	NAME Medical Sustenance Education	*T/A & DATE	(Col #1Plus #2,	
5000 750 5000 4 5 6 7 8 TOTAL \$	9,000.00 500.00 500.00 10,000.00	TO DATE 4,087.50 1,035.22 286.00 We have 4 ousta	NO. 43020 43110 43830	NAME Medical Sustenance Education	*T/A & DATE	(Col #1Plus #2,	
5000 750 5000 4 5 6 7 8 TOTAL \$	9,000.00 500.00 500.00 10,000.00	TO DATE 4,087.50 1,035.22 286.00 We have 4 ousta	NO. 43020 43110 43830	NAME Medical Sustenance Education	*T/A & DATE	(Col #1Plus #2,	

ELKHART COUNTY REQUEST FOR TRANSFER OF APPROPRIATED MA IOD CLASSIFICATION

FUNDS BETWEEN MAJOR CLASSIFICATION

DATE	5/13/2019	EPARTMEN	T	Sheriff		1114-105			
		NAME				FUND/DEPT NO.			
	TRANSFER FROM								
(1#)	(#2)				(#6)				
ORIGINAL	AMOUNT TO BE	AMOUNT SPENT	ACCT. NO.	ACCOUNT NAME	PREVIOUS ACTION				
BUDGET	TRANSFERRED	OI LIVI	NO.	INAIVIE	*T/A	(Col #1 Less #2,			
	- 11111				& DATE	(+ or -) #6)			
1 \$100,00	25.00	27001.15	42195	Other Operating	Supplies	99975			
2									
3									
4									
5									
6									
7									
8									
TOTAL \$	25.00								
	- 4								
(4.0)			TRANSFE	२ то	(#0)				
(1#)	(#2)	AMOUNT I	ACCT	ACCOUNT	(#6)				
ORIGINAL	AMOUNT TO BE	AMOUNT SPENT	ACCT. NO.	ACCOUNT NAME	PREVIOUS ACTION				
BUDGET	TRANSFERRED		110.	147 (IVIL	*T/A	(Col #1Plus #2,			
4 00	25.00	0.00	44505		& DATE	(+ or -) #6)			
1 \$0.	25.00	0.00	44535	Data Processir	ng Hardware	25			
2			-						
3									
5									
6									
7									
8									
TOTAL \$	25.00								
TOTAL \$	25.00								
DEACONE	REASON FOR TRANSFER To place monies in the correct account to complete payment to CDW Government.								
KEASUN F	OK IKANSPEK	To place monies	in the correct	account to com	piete payment to CDVV C	overnment.			
TO BE HEAD	TO BE HEARD JUNE 8, 2019								
. O DE HEAL	- OOITE 0, 2010								