

**ELKHART COUNTY
ADDITIONAL APPROPRIATION REQUEST**

4/25/2023
DATE:

General Fund
FUND NAME
Commissioners
DEPARTMENT NAME

1000
FUND NUMBER
130
NUMBER

AMOUNT REQUESTED	PROJ. NO.	FUND NAME	FUND NO.	ACCOUNT/PROJECT NAME	ACCOUNT NO.	
\$160,000.00	231008	Lincoln Center Elevator	1000	Construction	44600	
160,000.00						
ORIGINAL AMOUNT		If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effectcd		APPROVED BY COUNCIL	
Approp.	Unspent as of Request Date		YES	NO	Amount	Date
		AMOUNT	DATE			
0.00						

REASON FOR REQUEST (Be Specific) Funds for Lincoln Center elevator Cost Breakdown as follo 203,800

Health Dept. Funds Contribut 50,000

Balance neede 153,800

To be heard: 05-18-23

Jeff Taylor
Signature of Department Head

**ELKHART COUNTY
ADDITIONAL APPROPRIATION REQUEST**

3/17/2023
DATE:

IDOC Grant
FUND NAME
Community Corrections
DEPARTMENT NAME

1130
FUND NUMBER
0980
DEPARTMENT NUMBER

AMOUNT REQUESTED	PROJ. NO.	FUND NAME	FUND NO.	ACCOUNT/PROJECT NAME	ACCOUNT NO.	
\$263.05		IDOC Grant	41115	Admin & Oth Supervision	1130.0980	
263.05						
ORIGINAL AMOUNT		If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effected		APPROVED BY COUNCIL	
Approp.	Unspent as of Request Date		YES	NO	Amount	Date
0.00						

REASON FOR REQUEST (Be Specific) Request to appropriate monies from Void 2 Year Dock Checks completed 2/8/2022 \$173.45 and 1/19/2023 \$89.60 to use on CY2023 Salary expenses.

Helen Calvin
Signature of Department Head

**ELKHART COUNTY
ADDITIONAL APPROPRIATION REQUEST**

4/23/2023
DATE:

Motor Vehicle Highway
FUND NAME
Highway
DEPARTMENT NAME

1176
FUND NUMBER
204
DEPARTMENT NUMBER

AMOUNT REQUESTED	PROJ. NO.	FUND NAME	FUND NO.	ACCOUNT/PROJECT NAME	ACCOUNT NO.	
\$200,000.00		Motor Vehicle Highway	1176	Motor Vehicles	44500	
200,000.00						
ORIGINAL AMOUNT		If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effectd		APPROVED BY COUNCIL	
Approp.	Unspent as of Reques Date		YES	NO	Amount	Date
0.00						

REASON FOR REQUEST (Be Specific) Funds for purchase of tandem dump truck upfits and equipment. There is a corresponding reduction in 1176-202 of excess funds. This request is a tranfer between department numbers and is net zero motor vehicle highway budget.

Charlie McKenzie, P.E.
Signature of Department Head

**ELKHART COUNTY
ADDITIONAL APPROPRIATION REQUEST**

4/25/2023
DATE:

2022 L R BOND CONSTRUCTION
FUND NAME
Commissioners
DEPARTMENT NAME

4625
FUND NUMBER
980
DEPARTMENT NUMBER

AMOUNT REQUESTED	PROJ. NO.	FUND NAME	FUND NO.	ACCOUNT/PROJECT NAME	ACCOUNT NO.		
\$6,760,062.00	231009	2022 L R BOND CONSTR	4625	Courthouse Construction	44600		
6,760,062.00							
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
0.00							

REASON FOR REQUEST Funds received from 2022 LR BOND CONSTRUCTION that need to be appropriated for construction
(Be Specific)

To be heard: 05-18-23

Jeff Taylor
Signature of Department Head

**ELKHART COUNTY
ADDITIONAL APPROPRIATION REQUEST**

4/11/2023
DATE:

Tobacco Prevention & Cess.
FUND NAME
Health
DEPARTMENT NAME

9104
FUND NUMBER
980
NUMBER

AMOUNT REQUESTED	PROJ . NO.	FUND NAME	FUND NO.	ACCOUNT/PROJEC T NAME	ACCOUNT NO.	
\$1,363.00		Tobacco Prevention and Cessation	9104	Software	44540	
1,363.00						
ORIGINAL AMOUNT		If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effectcd		APPROVED BY COUNCIL	
Approp.	Unspent as Of Reques' Date		YES	NO	Amount	Date
0.00						

REASON FOR REQUEST (Be Specific) Payment was made to wrong vendor, refund has been received.
Appropriation needed to issue payment to correct vendor.

Concetta Sanfilippo
Signature of Department Head

**ELKHART COUNTY
ADDITIONAL APPROPRIATION REQUEST**

4/10/2023
DATE:

Safety Pin
FUND NAME
Health
DEPARTMENT NAME

9148
FUND NUMBER
981
DEPARTMENT NUMBER

AMOUNT REQUESTED	PROJ. NO.	FUND NAME	FUND NO.	ACCOUNT/PROJECT NAME	ACCOUNT NO.	
\$193.00		Safety Pin	9148	Office Supplies	42090	
193.00						
ORIGINAL AMOUNT		If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effectd		APPROVED BY COUNCIL	
Approp.	Unspent as of Request Date		YES	NO	Amount	Date
0.00						

REASON FOR REQUEST (Be Specific) To continue the collaboration to expanded home visit programs using Community Health Worker model.
Alongside Social Workers to provide support education and reduce barriers to care for pregnant
women in four counties, in the Northern Indiana region. (St Joseph, Elkhart, Marshall and Laport).
FY April 1, 2023 throu June 30,2024

Concetta Sanfilippo
Signature of Department Head

**ELKHART COUNTY
APPROPRIATION REDUCTION REQUEST**

4/23/2023
DATE

Motor Vehicle Highway
DEPARTMENT/FUND NAME

1176-202
FUND NO./DEPT. NO.

AMOUNT OF REDUCTION	PROJ. NO.	ACCOUNT/PROJECT NAME	ACCT. NO.	FUND NAME	FUND NO.
(\$200,000)		Other Professional Services	43090	Vehicle Highway	1176
-200,000.00					

ORIGINAL AMOUNT OF APPROPRIATION	DATE OF APPROP.		APPROVED BY COUNCIL	
			Amount	Date
0.00		z		

REASON FOR REDUCTION (BE SPECIFIC) Transfer to 1176-204-44500 motor vehicles (see corresponding additional appropriation) for purchase of tandem axle dump truck upfits and equipment.

12/29/2021 Revised

Charlie McKenzie, P.E.
Signature of Department Head

ELKHART COUNTY
REQUEST FOR TRANSFER OF APPROPRIATED
FUNDS BETWEEN MAJOR CLASSIFICATION

5/1/2023
DATE

Veterans Services
DEPARTMENT/FUND NAME

1000-134
FUND NO & DEPT NO.

TRANSFER FROM

(1#)	(2)				(6)	
ORIGINAL BUDGET	AMOUNT TO BE TRANSFERRED	AMOUNT SPENT TO DATE	ACCT. NO.	ACCOUNT/PROJECT NAME	PREVIOUS ACTION *T/A & DATE	REVISED BUDGET (Col. #1 Less #2, (+ or -) #6)
\$7,200.00	2,500.00	310	43090	Other Prof. Services		
2						
3						
4						
5						
6						
7						
8						
TOTAL \$	2,500.00					

TRANSFER TO

(1#)	(2)				(6)	
ORIGINAL BUDGET	AMOUNT TO BE TRANSFERRED	AMOUNT SPENT TO DATE	ACCT. NO.	ACCOUNT/PROJECT NAME	PREVIOUS ACTION *T/A & DATE	REVISED BUDGET (Col. #1 Less #2, (+ or -) #6)
9530	2,500.00	9,391.04	42195	Other Oper. Supplies		
2						
3						
4						
5						
6						
7						
8						
TOTAL \$	2,500.00					

REASON FOR TRANSFER (BE SPECIFIC) Please see the below reason for transfer:

Transfer funds to purchase cemetery flag holders.

ELKHART COUNTY
REQUEST FOR TRANSFER OF APPROPRIATED
FUNDS BETWEEN MAJOR CLASSIFICATION

4/17/2023
DATE

Public Health Preparedness
DEPARTMENT/FUND NAME

8119-981
FUND NO & DEPT NO.

TRANSFER FROM

(1#)	(2)				(6)	
ORIGINAL BUDGET	AMOUNT TO BE TRANSFERRED	AMOUNT SPENT TO DATE	ACCT. NO.	ACCOUNT/PROJECT NAME	PREVIOUS ACTION *T/A & DATE	REVISED BUDGET (Col. #1 Less #2, (+ or -) #6)
4,211	1,210.00	955.01	42195	Operating Supplies	(\$1,208.00)	1,793.00
						0.00
						0.00
						0.00
						0.00
						0

TOTAL \$ 1,210.00

TRANSFER TO

(1#)	(2)				(6)	
ORIGINAL BUDGET	AMOUNT TO BE TRANSFERRED	AMOUNT SPENT TO DATE	ACCT. NO.	ACCOUNT/PROJECT NAME	PREVIOUS ACTION *T/A & DATE	REVISED BUDGET (Col. #1 Less #2, (+ or -) #6)
1,000	1,210.00	\$700.00	43830	Education		2,210.00
						0.00
						0.00
						0.00
						0.00

TOTAL \$ 1,210.00

REASON FOR TRANSFER (BE SPECIFIC) _____

 Concetta Sanfilippo

ELKHART COUNTY
REQUEST FOR TRANSFER OF APPROPRIATED
FUNDS BETWEEN MAJOR CLASSIFICATION

5/2/2023
DATE

Community Coordination
DEPARTMENT/FUND NAME

8180.0981
FUND NO & DEPT NO.

TRANSFER FROM

(#6)

ORIGINAL BUDGET	AMOUNT TO BE TRANSFERRED	AMOUNT SPENT TO DATE	ACCT. NO.	ACCOUNT/PROJECT NAME	PREVIOUS ACTION *T/A & DATE	REVISED BUDGET (Col. #1 Less #2)
3780	132.00	175	43830	Conference and Educati	4/25/23 1500	2148

TOTAL \$ 132.00

TRANSFER TO

(1#)

(#2)

(#6)

ORIGINAL BUDGET	AMOUNT TO BE TRANSFERRED	AMOUNT SPENT TO DATE	ACCT. NO.	ACCOUNT/PROJECT NAME	PREVIOUS ACTION *T/A & DATE	REVISED BUDGET (Col. #1 Less #2)
2580	132.00	4,311.75	41400	PERF	1/31/23 1600	4312

TOTAL \$ 132.00

REASON FOR TRANSFER (BE Transfer of funds to cover HSA Distribution Cost overrun. Not budgeted when was set up in 2022. Grant fund expiration extended to 6/30/2023.

Helen Calvin

ELKHART COUNTY
REQUEST FOR TRANSFER OF APPROPRIATED
FUNDS BETWEEN MAJOR CLASSIFICATION

4/19/2023
DATE

Elkhart County Judiciary-JDAI Grant Fund
DEPARTMENT/FUND NAME

9113-981
FUND NO & DEPT NO.

TRANSFER FROM

(1#)	(2)				(6)	
ORIGINAL BUDGET	AMOUNT TO BE TRANSFERRED	AMOUNT SPENT TO DATE	ACCT. NO.	ACCOUNT/PROJECT NAME	PREVIOUS ACTION *T/A & DATE	REVISED BUDGET (Col. #1 Less #2, (+ or -) #6)
\$25,576.25	\$4,000.00	\$10,185.00	41210	Prot. Svcs P/T	N/A	\$21,576.25
\$1,878.24	500.00	\$631.47	41300	Social Security	N/A	\$1,378.24
\$738.05	400.00	147.69	41305	Medicare	N/A	\$338.05
\$2,835.52	1,200.00	185.2	43110	Sustenance	4/19-(\$300)	\$1,335.52
\$2,166.75	126.00	451.49	43130	Mileage	4/19-(\$1,074)	966.75
TOTAL \$	6,226.00					

TRANSFER TO

(1#)	(2)				(6)	
ORIGINAL BUDGET	AMOUNT TO BE TRANSFERRED	AMOUNT SPENT TO DATE	ACCT. NO.	ACCOUNT/PROJECT NAME	PREVIOUS ACTION *T/A & DATE	REVISED BUDGET (Col. #1 Less #2, (+ or -) #6)
\$0.00	\$4,000.00	\$0.00	43090	Oth. Prof. Services	4/19/23-\$1,800	\$5,800.00
0	500.00	0.00	43090	Oth. Prof. Services	\$5,800	\$6,300.00
0	400.00	0.00	43090	Oth. Prof. Services	\$6,300	\$6,700.00
\$2,200.90	1,200.00	1,052.13	42350	Program Supplies	\$1,900	\$5,300.90
\$2,200.90	126.00	1,052.13	42350	Program Supplies	\$3,100	\$5,426.90
TOTAL \$	6,226.00					

REASON FOR TRANSFER (BE SPECIFIC)

These funds are needed to cover our grant expenses for the remainder of the grant cycle. This was an approved amendment through the IDOC.

 Ross J. Maxwell