

**ELKHART COUNTY
ADDITIONAL APPROPRIATION REQUEST**

9/19/2023
DATE:

General
FUND NAME
Clerk
DEPARTMENT NAME

1000
FUND NUMBER
101
NUMBER

AMOUNT REQUESTED	PROJ. NO.	FUND NAME	FUND NO.	ACCOUNT/PROJECT NAME	ACCOUNT NO.
\$825,000.00		General	1000	Temp Loan PMT	46300
825,000.00					
ORIGINAL AMOUNT		If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effected		APPROVED BY COUNCIL
Approp.	Unspent as of Request Date		YES	NO	
		AMOUNT	DATE	Amount	Date
0.00					

REASON FOR REQUEST (Be Specific) Appropriation to cover the remaining balance of the Election Board loan to the Landfill.

Appropriation being submitted at the request of County Council. Council has agreed to pay the remaining loan balance for the Election Board.

Appropriation submitted by Patty Pickens, Auditor per County Council recommendation.

Patricia A. Pickens - Auditor
Signature of Department Head

**ELKHART COUNTY
ADDITIONAL APPROPRIATION REQUEST**

9/25/2023
DATE:

County General - Code
FUND NAME
Planning & Development
DEPARTMENT NAME

1000
FUND NUMBER
131
DEPARTMENT NUMBER

AMOUNT REQUESTED	PROJ. NO.	FUND NAME	FUND NO.	ACCOUNT/PROJECT NAME	ACCOUNT NO.	
\$100,000.00	232011	Code Enforcement	1000	Unsafe Structure Demos	43090	
100,000.00						
ORIGINAL AMOUNT		If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effectuated		APPROVED BY COUNCIL	
Approp. Requested	As of Date		YES	NO	Amount	Date
0.00						

REASON FOR REQUEST (Be Specific) Unsafe Structures to be demolished

Mae Kratzer
Signature of Department Head

**ELKHART COUNTY
ADDITIONAL APPROPRIATION REQUEST**

9/27/2023
DATE:

Jail CAGIT
FUND NAME
Buildings and Grounds
DEPARTMENT NAME

1114
FUND NUMBER
140
NUMBER

AMOUNT REQUESTED	PROJ. NO.	FUND NAME	FUND NO.	ACCOUNT/PROJECT NAME	ACCOUNT NO.		
\$270,000.00	231018	Jail CAGIT	1114	Equipment Purchase	44600		
270,000.00							
ORIGINAL AMOUNT		If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effected		APPROVED BY COUNCIL		
Approp.	Unspent as of Reques Date						
		AMOUNT	DATE	YES	NO	Amount	Date
0.00							

REASON FOR REQUEST (Be Specific) 1. Funds to replace washers and dryers at the jail.
6 washers, 8 dryers

To be heard: October 2, Commissioners
October 19, Council

Jeff Taylor
Signature of Department Head

**ELKHART COUNTY
ADDITIONAL APPROPRIATION REQUEST**

9/15/2023
DATE:

Project Income
FUND NAME
Community Corrections
DEPARTMENT NAME

1140
FUND NUMBER
614
NUMBER

AMOUNT REQUESTED	PROJ. NO.	FUND NAME	FUND NO.	ACCOUNT/PROJECT NAME	ACCOUNT NO.	
\$14,730.00		Project Income	1140	Excess Hours	41165	
\$2,000.00		Project Income	1140	Refunds	43850	
16,730.00						
ORIGINAL AMOUNT		If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effectuated		APPROVED BY COUNCIL	
Approp. Requested	Unspent as of Date					
		AMOUNT	DATE	YES	NO	Amount
						Date
0.00						

REASON FOR REQUEST (Be Specific) Appropriations to cover expenses for the remainder of CY2023

Signature of Department Head

**ELKHART COUNTY
ADDITIONAL APPROPRIATION REQUEST**

9/25/2023
DATE:

Health Fund
FUND NAME
Health
DEPARTMENT NAME

1159
FUND NUMBER
340
NUMBER

AMOUNT REQUESTED	PROJ. NO.	FUND NAME	FUND NO.	ACCOUNT/PROJECT NAME	ACCOUNT NO.	
\$12,447.00		Health	1159	Liability insurance	43310	
12,447.00						
ORIGINAL AMOUNT		If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effectuated		APPROVED BY COUNCIL	
Approp.	Unspent as of Request Date		YES	NO	Amount	Date
0.00						

REASON FOR REQUEST
(Be Specific) _____
 _____ to pay for medical liability insurance covering Dr. John Stewart, Dr. Greg Robbins,

 Dr. Richard Hostetter and Dr. Allyson Caselberry. The coverage period is from 09-21-23 through 09-21-24.

 Per Jeff Taylor, with the additional funds that the Health Department will receive from the State

 _____, this a cost that the Health Department _____ can now absorb.

 Concetta Sanfilippo
 Signature of Department Head

**ELKHART COUNTY
ADDITIONAL APPROPRIATION REQUEST**

9/25/2023
DATE:

CR 6&17 NE TIF
FUND NAME
Planning & Development
DEPARTMENT NAME

4511
FUND NUMBER
980
DEPARTMENT NUMBER

AMOUNT REQUESTED	PROJ. NO.	FUND NAME	FUND NO.	ACCOUNT/PROJECT NAME		ACCOUNT NO.
\$1,600,000.00	232003	CR 6&17 NE TIF	4511	PCR waterline design		44600
1,600,000.00						
ORIGINAL AMOUNT		If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effectuated		APPROVED BY COUNCIL	
Approp.	Unspent as of Request Date		YES	NO	Amount	Date
0.00						

REASON FOR REQUEST (Be Specific) PCR Water Utility Project, primarily to focus on Phase 3A-Berry St & open up water access to 30+ homes along route

Mae Kratzer
Signature of Department Head

**ELKHART COUNTY
ADDITIONAL APPROPRIATION REQUEST**

9/25/2023
DATE:

CR 6&17 NE TIF
FUND NAME
Planning & Development
DEPARTMENT NAME

4511
FUND NUMBER
980
DEPARTMENT NUMBER

AMOUNT REQUESTED	PROJ. NO.	FUND NAME	FUND NO.	ACCOUNT/PROJECT NAME	ACCOUNT NO.	
\$1,500,000.00	232010	CR 6&17 NE TIF	4511	Reliance Road	44600	
1,500,000.00						
ORIGINAL AMOUNT		If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effected		APPROVED BY COUNCIL	
Approp.	Unspen as of Reques Date					
		AMOUNT	DATE	YES	NO	Amount
0.00						

REASON FOR REQUEST (Be Specific) Reliance Road Project to back the associated Major Moves Loan

Mae Kratzer
Signature of Department Head

**ELKHART COUNTY
ADDITIONAL APPROPRIATION REQUEST**

9/25/2023
DATE:

Cares Epidemiology
FUND NAME
Health
DEPARTMENT NAME

8904
FUND NUMBER
981
NUMBER

AMOUNT REQUESTED	PROJ. NO.	FUND NAME	FUND NO.	ACCOUNT/PROJECT NAME	ACCOUNT NO.	
\$3,804.00		Cares Epidemiology	8904	Other Professional Serv	43090	
3,804.00						
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
0.00						

REASON FOR REQUEST (Be _____
 _____ to pay Mullets Fencing and Supplies.

 Concetta Sanfilippo
 Signature of Department Head

ELKHART COUNTY
APPROPRIATION REDUCTION REQUEST

9/1/2023
DATE

Park & Recreation
DEPARTMENT/FUND NAME

4909-980
FUND NO./DEPT. NO.

AMOUNT OF REDUCTION	PROJ. NO.	ACCOUNT/PROJECT NAME	ACCT. NO.	FUND NAME	FUND NO.
\$10,000	232200	DeFries Gardens	44600	Donations	4909
10,000.00					

ORIGINAL AMOUNT OF APPROPRIATION	DATE OF APPROP.	APPROVED BY COUNCIL	
		Amount	Date
73,064.00	1/19/2023		
73,064.00			

REASON FOR REDUCTION (BE SPECIFIC) Reduced project by \$10,000 and moved into the payroll wage account for the DeFries Gardens maintance

12/29/2021 Revised Ronda DeCaire
Signature of Department Head

ELKHART COUNTY
REQUEST FOR TRANSFER OF APPROPRIATED
FUNDS BETWEEN MAJOR CLASSIFICATION

10.02.23

SHERIFF

1000-105

DATE

DEPARTMENT/FUND NAME

FUND NO & DEPT NO.

TRANSFER FROM

(1#) ORIGINAL BUDGET	(2#) AMOUNT TO BE TRANSFERRED	AMOUNT SPENT TO DATE	ACCT. NO.	ACCOUNT/PROJECT NAME	PREVIOUS ACTION *T/A & DATE	(6#) REVISED BUDGET (Col. #1 Less #2, (+ or -) #6)
4,026,923.00	3,161.00	1,953,820.43	41130	PROTECTIVE SERVICE	-560,200	3,463,562.00
TOTAL \$	3,161.00					

TRANSFER TO

(1#) ORIGINAL BUDGET	(2#) AMOUNT TO BE TRANSFERRED	AMOUNT SPENT TO DATE	ACCT. NO.	ACCOUNT/PROJECT NAME	PREVIOUS ACTION *T/A & DATE	(6#) REVISED BUDGET (Col. #1 Less #2, (+ or -) #6)
0.00	3,161.00	0.00	45100	TRANSFER BETWEEN FUNDS		3,161.00
TOTAL \$	3,161.00					

REASON FOR TRANSFER (BE SPECIFIC) To repay 9125 Jail Treatment Grant that was overspent in GY22
when paying out sick/vacation time to previous director at retirement.

ELKHART COUNTY
REQUEST FOR TRANSFER OF APPROPRIATED
FUNDS BETWEEN MAJOR CLASSIFICATION

9/15/2023
DATE

Community Corrections - Grant
DEPARTMENT/FUND NAME

1130-980
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, (+ or -) #6)
25000	17,484.07	6710.52	42090	Office Supplies		7515.93
TOTAL \$	17,484.07					

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)
147950	17,484.07	3,236.74	43090	Professional Services	-144713.26	20720.81
TOTAL \$	17,484.07					

REASON FOR TRANSFER (BE SPECIFIC) To cover expenses for the remainder of CY2023

ELKHART COUNTY
REQUEST FOR TRANSFER OF APPROPRIATED
FUNDS BETWEEN MAJOR CLASSIFICATION

9/29/2023
 DATE

WIC
 DEPARTMENT/FUND NAME

8101-612
 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)
245,659	2,254.00	171,671.82	41310	Group Insurance		243,405.00
						0.00
						0.00
						0.00
						0.00
						0
TOTAL \$		2,254.00				

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)
5,016	947.00	\$5,730.95	42195	Operating Supplies	\$1,612.00	7,575.00
0	1,307.00	0.00	44510	Other Equipment		1,307.00
						0.00
						0.00
						0.00
TOTAL \$		2,254.00				

REASON FOR TRANSFER (BE SPECIFIC) Received approval on 9/27/2023 from Sarah Johnson, Stae WIC office to move personnel fringe. These funds will be used to cover needed supplies and equipment.

The equipment that will be replaced are 2 infant recumbent boards.

Concetta Sanfilippo

ELKHART COUNTY
REQUEST FOR TRANSFER OF APPROPRIATED
FUNDS BETWEEN MAJOR CLASSIFICATION

9/27/2023
DATE

Dental Program Income
DEPARTMENT/FUND NAME

8178-614
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
28,000	4,000.00	13,817.91	42180	Medical Supplies		24,000.00
						0.00
						0.00
						0.00
						0.00
						0
TOTAL \$		4,000.00				

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
3,000	4,000.00	\$2,227.10	43090	Other Professional Services		7,000.00
						0.00
						0.00
						0.00
						0.00
TOTAL \$		4,000.00				

REASON FOR TRANSFER (BE to pay Patterson Dental to repair the ScanX machine (used for dental x-rays).

Concetta Sanfilippo

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

DATE 9/14/2023

DEPARTMENT 2023 HMEP (LEPC) Exercise
NAME

8188/980
FUND/DEPT NO.

TRANSFER FROM

(1#)	(2#)				(6#)	
ORIGINAL BUDGET	AMOUNT TO BE TRANSFERRED	AMOUNT SPENT TO DATE	ACCT. NO.	ACCOUNT NAME	PREVIOUS ACTIO *T/A & DATE	REVISED BUDGET (Col #1 Less #2, (+ or -) #6)
7550	185.00	7365	42380	Capitol		
TOTAL \$		185.00				

TRANSFER TO

(1#)	(2#)				(6#)	
ORIGINAL BUDGET	AMOUNT TO BE TRANSFERRED	AMOUNT SPENT TO DATE	ACCT. NO.	ACCOUNT NAME	PREVIOUS ACTIO *T/A & DATE	REVISED BUDGET (Col #1 Plus #2, (+ or -) #6)
6000	185.00	0.00	43835	Training		
TOTAL \$		185.00				

REASON FOR TRANSFER

Need to move funds to cover all of grant. Eguipment came in cheaper than expected. Moved the difference to the exercise invoice.

Thanks
Jenn Tobey