5/22/2024		LIT	- Special P	urpose		11	
DATE:			FUND NAM			FUND N	
			nd Grounds			140	
		DEF	PARTMENT	NAME		DEPARTME	NT NUMBER
AMOUNT	PROJ. NO.	FUND	NAME	FUND NO.	ACCOUNT	/PROJECT	ACCOUNT
REQUESTED					N.A	ME	NO.
\$300,000.00	231011	LIT - Specia	l Purpose	1114 Jail HVAC 0		Controllers	44600
300,000.00							
		If Drie	r Add'l				
ODICINAL AMO) DUNT		oriation	Can	Transfers	APPRO	VFD
	ORIGINAL AMOUNT				Effected	ВУ	
Approp. Unspen			pproved Year	De	Ellected	COUN	CII
Reques	Date			VEC	NO		Date
		AMOUNT	DATE	YES	NO	Amount	Date
0.00							
REASON FOR	REQUEST (Be			ne jail HVAC contro	ollers		
Specific)		Additional Fu	nds Required				
Detects by the second							
Date to be heard	May 28, 200						
Commissioners:	May 28, 2024						
Council:	June 5, 2024					Jeff Taulor	

5/21/2024 DATE:		Community Correct FUND NAME Community Correct DEPARTMENT NA		FUND I	NUMBER 980 ENT NUMBER	
AMOUNT REQUESTED	PROJ. NO.	FUND NAME	FUND NO.		/PROJECT	ACCOUNT NO.
\$241.94		Community Corrections PI	1122	Ref	unds	43850
240						
ORIGINAL AMOU Approp. Unspent Request		If Prior Add'I Appropriation Was Approved This Year	Can Transfers Be Effected		APPROVED BY COUNCIL	
Nequest	Date	AMOUNT DATE	YES	NO	Amount	Date
0.00 REASON FOR RE (Be Specific)		Appropriate money from 1122.980.361 Unclaimed Property per DOC directive		Chks to send to	State of Indiana	
					Helen Calv	in

Signature of Department Head

12/29/2021 Revised

5/20/2024		Cun	nulative Bri	dge		11:	35
DATE:			UND NAME			FUND N	
		Highway				98	
		DEPA	RTMENT N	AME		DEPARTMEN	NT NUMBER
AMOUNT	PROJ.	FUND	NAME	FUND NO.	ACCOUNT	T/PROJECT	ACCOUNT
REQUESTED	NO.				N/	ME	NO.
\$2,000,000.00	240018	Cumulative I	Bridge	1135	Bridge 361 C	Construction	44600
,							
2,000,000.00							
		II Date	A -1 -100				
ODIOINAL AMOUN		If Prior		Can	Transfers	APPRO	VED
ORIGINAL AMOUN		Approp				BY	VLD
Approp. Unspent	as of	Was Ap	-			COUN	CII
Request	Date		Year	VEC	NO		
		AMOUNT	DATE	YES	NO	Amount	Date
0.00							
REASON FOR RE	QUEST	-					
(Be Specific) 1) Funds to pay for cost	s associated	with the constru	uction of Bridge	361 . carrying	Main Street over	Christiana Creek	in Elkhart.
The bridge is structurally							
					Charlie McK	enzie P.F.	

4/26/2024		Local Heal	th Mainter	nance Fund		13	168
DATE:		FU	IND NA	ME			NUMBER
			Health		2.		80
		DEPAR	RTMENT	NAME		NUM	IBER
AMOUNT	PROJ.	FUND N	ΔMF	FUND NO.	ACCOUNT	PROJECT	ACCOUNT
REQUESTED	NO.	l one			NAI		NO.
\$128.00		LHMF		1168	Profes	sional	41120
\$422.00					Insura	ance	41310
\$14.00					PERF		41400
564.00							
ORIGINAL AMOUNT Approp. Unspent as of		If Prior Add'I Appropriation Was Approved This Year		Can Transfers Be Effected		APPROVED BY COUNCIL	
Request	Date	AMOUNT	DATE	YES	NO	Amount	Date
		AMOUNT	DAIL	123	,,,,	7	
0.00							
REASON FOR RE (Be Specific)					isted shows		
We did not carryo	ver enou	gn tunas tor	the thre	e accounts t	isteu above.		
-							
*					Concetta Sa	nfilippo	

5/20/2024	5/20/2024 Motor Vehicle Highway - R				1	173
DATE:		FUND NAME				NUMBER
		Highway		* 1		980
		DEPARTMENT N	AME		NUI	MBER
AMOUNT REQUESTED	PROJ. NO.	FUND NAME	FUND NO.	ACCOUNT/F		ACCOUNT NO.
\$3,000,000.00	240019	Motor Vehicle Highway - R	1173	Road Paving a	nd Constr.	44600
3,000,000.00						
ORIGINAL AMO		If Prior Add'I Appropriation Was Approved	Can	Transfers Effected		OVED Y
Approp. Unspen Reques		This Year				INCIL
	Dute	AMOUNT DATE	YES	NO	Amount	Date
0.00						
REASON FOR REQUEST (Be	Specific)					
		onstruction, and associated cos	ts.			
				Charlie McKe		
				Signature of I	Departmen	t Head

5/20/2024			Rainy Day			1186	
DATE:			UND NAME			FUND NUM	IBER
		Highway				980	MUMBER
		DEPA	RTMENT N	AME		DEPARTMENT	NUMBER
AMOUNT	PROJ.	FUND	NAME	FUND NO.	ACCOUNT	PROJECT NAME	ACCOUNT
REQUESTED	NO.						NO.
\$1,500,000.00	242900	Rainy Day		1186	Road Paving	and Construction	44600
1,500,000.00						*	
		If Prior			Turning	A DDDOVE	<u></u>
ORIGINAL AMO		Approp		Can	Transfers	APPROVE	ט
Approp. Unspent		Was Ap	proved Year	Be	Effected	BY COUNCII	
Request	Date	AMOUNT	DATE	YES	NO	Amount	Date
		AMOUNT					
0.00							
				-			
REASON FOR F (Be Specific)	REQUEST						
1. Funds for paving,	chip seal, co	nstruction, and a	ssociated costs	3.			
These funds cover the	ne remaining	shortfall required	d to maintain the	e road network'	s condition in 20	24.	
-							
-					Charlie McK	enzie P.F.	
					Charlie Mich	1011210 ₁ 1 . L.	

5/22/2024		Landfil	I Operating I	Fund		1194			
DATE:		F	UND NAME			FUND NUMBER			
		Co	mmissioners	;		33	8		
		DEPA	RTMENT NA	ME		DEPARTMEN	IT NUMBER		
AMOUNT	PROJ.	FUND	NAME	FUND	ACCOUNT	/PROJECT	ACCOUNT		
REQUESTED	NO.			NO.		ME	NO.		
\$100,000.00		Landfill Ope	rating Fund	4803		tween Funds	45100		
\$100,000.00		Landfill Ope	rating Fund	4803	Transfer be	tween Funds	45100		
\$100,000.00		Landfill Ope	rating Fund	4803	Transfer be	tween Funds	45100		
300,000.00									
		If Prio	r Add'l				1,70		
ORIGINAL AMO	UNT Appropriation Can Tra		Transfers	APPRO'	VED				
Approp. Unspent as of		Was A	pproved	Ве	Effected	BY			
Request	Date	This	Year			COUN	CIL		
		AMOUNT	DATE	YES	NO	Amount	Date		
				14					
				The state of					
0.00									
1		To transfer	to 4803 for t	hese three	e agencies				
REASON FOR REQU	UEST (Be	1. Funds for 0	Center for Comm	unity Justice					
Specific) 2. Funds for Council on Aging									
		3. Funds for 0	CAPS						
Commissioners	May 28, 2	2024							
Council	June 20,	2024							
					Jeff Taylor				

Signature of Department Head

12/29/2021 Revised

5/22/2024	5/22/2024 Special Projects					48	03
DATE:		FUND NAME				FUND N	UMBER
		С	ommissione	rs		98	30
		DEP	ARTMENT N	IAME	NUM		BER
AMOUNT	PROJ.	FUND	NAME	FUND		/PROJECT	ACCOUNT
REQUESTED	NO.			NO.	NA	ME	NO.
\$100,000.00		Special Pro	jects	4803		and Awards	43920
\$100,000.00		Special Pro	jects	4803	Other Grants	and Awards	43920
\$100,000.00		Special Pro	jects	4803	Other Grants	and Awards	43920
300,000.00							
		If Pric	or Add'l				
ORIGINAL AMOU	GINAL AMOUNT		priation	Can	Transfers	APPRO	VED -
Approp. Unspent	as of	Was A	pproved	Be Effected B'			
Request	Date	This	s Year	COU			ICIL
		AMOUNT	DATE	YES	NO	Amount	Date
0.00							
REASON FOR RE	QUEST	1. Funds fo	r Center for Cor	mmunity Justi	ce		
(Be Specific)		2. Funds fo	r Council on Ag	ing			
		3. Funds fo	r CAPS				
Commissioners	May 28, 20						
Council	June 20, 2	024					
					Jeff Taulan		
					Jeff Taylor		

4/26/2024		Local Health Departmen	t Trust Fund		12	206
DATE:		FUND NAM	IE.			NUMBER
		Health				81
		DEPARTMENT	NAME		DEPARTME	NT NUMBER
AMOUNT	PROJ.	FUND NAME	FUND NO.	ACCOUNT	PROJECT	ACCOUNT
REQUESTED	NO.	FOND NAME	TOND NO.	NA		NO.
\$793.00		LHDTFA	1206	Insur	ance	41310
			1			
			-			
			1			
793.00			+			
		If Prior Add'l				
ORIGINAL AMO	DUNT	Appropriation	Can	Transfers	APPRO	VED
Approp. Unspen		Was Approved	Ве	Effected	ВҮ	
1	Date	This Year			COUN	ICIL
		AMOUNT DATE	YES	NO	Amount	Date
0.00)					
REASON FOR		2023 carry over funds				
REQUEST (Be						
1						
-						
-						
				Concetta Sa		
				Signature of	Department	Head

5/14/2024		Par	k & Recrea	tion		12	219
DATE:		F	UND NAM	E		FUND N	NUMBER
		Park & Recr	reation			320	
		DEPA	ARTMENT I	NAME		DEPARTME	NT NUMBER
AMOUNT	PROJ.	FUND	NAME	FUND NO.		/PROJECT	ACCOUNT NO.
REQUESTED	NO.					ME	
\$2,500.00		Park & Reci	reation	1219	Svc Maint	PT	41230
				-			
2,500.00							
		If Dele	- A al al II				
ODIONIAL AMO	LINIT		r Add'l	Can	Transfers	APPRO	VED
ORIGINAL AMOUNT		Approp			Effected	BY	
Approp. Unspent		Was Approved This Year		De	Ellected	COUN	
Request	Date			YES	NO	Amount	Date
		AMOUNT	DATE	TES	NO	Amount	Date
2500		- 0					
		+					
_							
2,500.00							
2,000.00							
REASON FOR F	REQUEST	г					
(Be Specific)							
This money is to cov	er staff wag	es in the part tir	me account to	assist with oper	ations at the		
Elkhart County Histo						3500	
-							
					Ronda Dec	aire	

Signature of Department Head

12/29/2021 Revised

5/14/2024		Pa	rk & Recrea			12 FUND N	19 <u>7</u>
DATE:		D1-0-D	FUND NAM	IE .		320	UNDER
		Park & Reci	ARTMENT	NAME	9		NT NUMBER
		DEP	AKTIVIENT	IAMIAIE		DEI AINTINE	T. HOMBEN
AMOUNT	PROJ.	FUND	NAME	FUND NO.	ACCOUNT	/PROJECT	ACCOUNT
REQUESTED	NO.				N.A	ME	NO.
\$5,100.00		Park & Reci	reation	1219	Office	Clerical/PT	41220
		-					
5,100.00							
		If Daile	r Add'l				
ODIONAL AMOUNT			oriation	Can	Transfers	APPRO'	VED
ORIGINAL AMOUNT		=	pproved		Effected	ВУ	
Approp. Unspent Request			Year		Lilcolog	COUN	CIL
Request	Date	AMOUNT	DATE	YES	NO	Amount	Date
5100		AIRIOON					
3100							
		-					
5,100.00							
	2				U	analat with analat	one at the
REASON FOR RE	QUEST			wages in the part			
			ding as outlined and is in Acco	d in the agreemen	it with the Comm	nasioners. The po	7, 100,00 1183
		been received	a and is in Acco	Junt #J0J00			
S-					Ronda Deca	ire	

5/7/2024		Opioid Unrestricte	ed Funds		12	38
DATE:	- :	FUND NAM	ΙE		FUND N	UMBER
		Commissioners			980	
		DEPARTMENT	NAME		DEPARTMEN	NT NUMBER
AMOUNT REQUESTED	PROJ. NO.	FUND NAME	FUND NO.		T/PROJECT AME	ACCOUNT NO.
\$387,195.32	241011	Opioid Unrestricted Funds	1238	Camera and Technology Upgrades at Community Corrections		44600
207.405.22						
387,195.32						
ORIGINAL AMOUNT		If Prior Add'I Appropriation	Can Transfers Be Effected		APPROVED BY	
Approp. Unspent Request		Was Approved This Year	Ве	Ellected	COUN	CIL
Request	Date	AMOUNT DATE	YES	NO	Amount	Date
0.00						
REASON FOR R (Be Specific)	EQUEST	To Upgrade Cameras and	Technology at 0	Community Corre	ections	
	1 45.5	004				
Commissioners	June 10, 20					
Council	June 20, 20	124				
				T. Jeffrey Ta	ylor	
				Signature of	Department H	ead

5/21/2024		Indiana Tobacco Prevention an	9104						
DATE:		FUND NAME		FUND NUMBER					
		Health		81					
		DEPARTMENT NA	ME		NUN	IBER			
AMOUNT	PRO	FUND NAME	FUND NO.		T/PROJEC	ACCOUNT			
REQUESTED	J.				AME	NO.			
\$107,370.00		IN. Tobacco Prev. & Cessation	9104		ssional	41120			
\$6,799.00		IN. Tobacco Prev. & Cessation	9104		ICA	41300			
\$1,700.00		IN. Tobacco Prev. & Cessation	9104	Med	dicare	41305			
\$25,706.00		IN. Tobacco Prev. & Cessation	9104		rance	41310			
\$1,500.00		IN. Tobacco Prev. & Cessation	9104		liness	41330			
\$12,168.00		IN. Tobacco Prev. & Cessation	9104		ERF	41400			
\$1,500.00		IN. Tobacco Prev. & Cessation	9104	Office	Supplies	42090			
156,743.00									
		If Prior Add'l							
ORIGINAL AMO	UNT	Appropriation	Can	Transfers	APPRO	OVED			
Approp. Unspent	as of	Was Approved	Be Effected			<i>(</i>			
Request		This Year			COUNCIL				
		AMOUNT DATE	YES	NO	Amount	Date			
0.00									
REASON FOR REQ									
(Be Specific)									
Tobacco Prevention	Tobacco Prevention and Cessation Program in Elkhart County. To build partnerships with								
		ts to support and implement compreh			bacco use.				
·		essation messaging to students and s							
-		resources. To expand youth empower							
Collect accurate data of		tobacco point-of -sale marketing, pri				inty.			
		nt. Grant Total \$175,000.00	FY July 1, 2024			Page 1 of 3			
	,, g. a.				Canfilinno				

Concetta Sanfilippo

5/21/2024	Indiana Tobacco Prevention and	9104
DATE:	FUND NAME	FUND NUMBER
	Health	981
	DEPARTMENT NAME	DEPARTMENT NUMBER

AMOUNT PROJ. NO.			FUND NAME	FUND NO.	ACCOUNT/PROJECT NAME		ACCOUNT NO.
\$6,000.00)		Indiana Tobacco Prevention	a 9104	Operatin	g Supplies	42195
\$2,940.00)		Indiana Tobacco Prevention	a 9104	Mil	eage	43130
\$1,835.00)		Indiana Tobacco Prevention	a 9104	Suste	enance	43110
\$500.00			Indiana Tobacco Prevention	a 9104	Pri	nting	43200
\$500.00			Indiana Tobacco Prevention	a 9104	Renta	al-other	43660
\$604.00			Indiana Tobacco Prevention	a 9104		criptions	43805
\$2,600.00)		Indiana Tobacco Prevention	a 9104	Training	programs	43835
	14,979.00						
Approp.	ORIGINAL AMOUNT Approp. Unspent as of Request Date		If Prior Add'I Appropriation Was Approved This Year	Can Be	Transfers Effected	APPRO BY COUN	CIL
			AMOUNT DATE	YES	NO	Amount	Date
	0.00						

DEACON FOR REQUEST	Tobacco Preventiona and Cessation Program in Elkl	hart County To build partnerships with Elkhart					
REASON FOR REQUEST							
(Be Specific)	County School districts to support and implement comprehensive strategies against all tobacco use.						
To provide prevention and o	cessation messaging to students and staff to	encourage quitting, using the Indiana					
Tobacco Quitline Cessation resour	ces. To expand youth empowerment and youth activis	m opportunities. Collect accurate data on					
tobacco point-of -sale marketing, p	rice promotions and placements in Elkhart County.	FY July 1, 2024 to June 30, 2025.					
Second year of two year grant. Gra	int Total \$175,000.00	Page 2 of 3					
*		Concetta Sanfilippo					
		01 1 10 1 1111					

5/21/2024	Indiana Tobacco Prevention and	9104
DATE:	FUND NAME	FUND NUMBER
	Health	981
	DEPARTMENT NAME	DEPARTMENT NUMBER

AMO	DUNT	PROJ.	FUND NAME	FUND NO.	ACCOUNT	/PROJECT	ACCOUNT	
	ESTED	NO.			N.A	ME	NO.	
\$3,278.0	0		Indiana Tobacco Prevention a	9104	Other Profe	essional Serv	43090	
	3,278.00							
			If Prior Add'l					
ORIGINA	AL AMOU	NT	Appropriation		Transfers	APPRO		
Approp.	Unspent Request	as of Date	Was Approved This Year	Be	Effected	BY COUN		
			AMOUNT DATE	YES	NO	Amount	Date	
*								
	0.00							

REASON FOR REQUEST	Tobacco Preventiona and Cessation Program in Elk	hart County. To build partnerships with Elkhart
(Be Specific)	County School districts to support and implement co	omprehensive strategies against all tobacco use.
To provide prevention and o	essation messaging to students and staff t	o encourage quitting, using the Indiana
	ces. To expand youth empowerment and youth activis	
	ice promotions and placements in Elkhart County.	FY July 1, 2024 to June 30, 2025.
Second year of 2 year grant. Grant		Page 3 of 3
Occord your or 2 your grant. Oran		Concetta Sanfilippo
		Signature of Department Head

12/29/2021 Revised

4/26/2024 DATE:		Hospital PCCS FUND NAME Health DEPARTMENT NAME				FUND N 9	I22 IUMBER 81 IBER
AMOUNT REQUESTED	PROJ.	FUND NAME FUND NO.		ACCOUNT NA		ACCOUNT NO.	
\$470.00		HPCCS		9122	PT Office a	ind Clerical	41220
\$30.00		HPCCS		9122	FIG		41300
\$7		HPCCS		9122	ME	D	41305
507.00							
ORIGINAL AMO	as of	If Prior Add'I Appropriation Was Approved This Year		Can Transfers Be Effected		APPROVED BY COUNCIL	
		AMOUNT	DATE	YES	NO	Amount	Date
0.00 REASON FOR REQUEST (Be Solution)	Specific)	2023 carry ove	er funds.				
					Concetta Sa	nfilippo	

ELKHART COUNTY

REQUEST FOR TRANSFER OF APPROPRIATED

FUNDS BETWEEN

MAJOR CLASSIFICATION

5/28/2024		Local Pu	blic Healt	h Services-Dental		1161-980
DATE		DEPA	RTMENT	/FUND NAME	FUND N	O & DEPT NO.
			TRANSF	ER FROM		
(1#)	(#2)				(#6)	DEVICED
ORIGINAL BUDGET	AMOUNT TO BE TRANSFERRED	AMOUNT SPENT TO	ACCT. NO.	ACCOUNT/PROJECT NAME	PREVIOUS ACTION	REVISED BUDGET (Col.
BODGET	TIVANOI ERICED	DATE			*T/A & DATE	#1 Less #2,
100,000	10,000.00	0.00	44515	Furniture and Fixtures		90,000.00
100,000	10,000.00	0.00				0.00
						0.00
						0.00
		1 × 1 × 1				0.00
TOTAL \$	10,000.00					
	Till					
			TRANSF	ER TO		
(1#)	(#2)				(#6)	
ORIGINAL	AMOUNT TO BE	AMOUNT	ACCT.	ACCOUNT/PROJECT	PREVIOUS	REVISED
BUDGET	TRANSFERRED	SPENT TO DATE	NO.	NAME	ACTION *T/A & DATE	BUDGET (Col. #1 Less #2,
						1+ or 1#6
377,617	10,000.00	\$3,229.70	43090	Other Professional Se	ervices	387,617.00
						0.00
						0.00
						0.00
						0.00
TOTAL \$	10,000.00					
	OR TRANSFER					
(BE SPECI	FIC)	To pay to pa	int the De	ental Clinic.		
	4 1					

Concetta Sanfilippo

ELKHART COUNTY REQUEST FOR TRANSFER OF APPROPRIATED FUNDS BETWEEN MAJOR CLASSIFICATION

5/24/2024			V	/IC		8101-312
DATE		DEP	ARTMEN	T/FUND NAME	FUN	ID NO & DEPT NO.
			TDANSE	ER FROM		
(1#)	(#2)		TICANOTI		(#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
2,100	2,100.00	0.00	43200	Printing other	\$0.00	0.00
1,128	\$1,128.00	0.00	43510	Maintenance/service contract	\$0.00	0.00
850	850.00	1098	43830	Education and Conferences	1,098	1,098.00
1,000	292.00	269.37	43630	Rent-Office Equipment	0	708.00
		72				0.00
(1#)	(#2)		TRANSF		(#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
4,000	4,370.00	\$1,708.85	42195	Other operational suppl	(\$2,093.00)	6,277.00
						0.00
						0.00
						0.00
						0.00
TOTAL \$	4,370.00					
REASON FO	OR TRANSFER	To cover su	pplies unti	I the end of the grant yea	ar.	

Concetta Sanfilippo

ELKHART COUNTY

REQUEST FOR TRANSFER OF APPROPRIATED BETWEEN MAJOR CLASSIFICATION

 5/20/2024
 ITPC
 9104-980

 DATE
 DEPARTMENT/FUND NAME
 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,
1,875	158.00	1,687.46	41330	Wellness		1,717.00
25,706	\$5,984.00	15,373.65	41310	Insurance		19,722.00
6,462	85.00		41300	FICA		6,377.00
-,						0.00
						0.00

TOTAL \$ 6,227.00

FUNDS

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,
6,000	4,100.00	\$1,952.50	43090	Other Services		10,100.00
1,500	500.00	1,166.22	42090	Office Supplies		2,000.00
6,100	\$1,627.00	\$2,786.94	42195	Operating Supplies		7,727.00
						0.00
						0.00

TOTAL \$ 6,227.00

REASON FOR TRANSFER	To cover year end expense for this grant.				
(BE SPECIFIC)	We have State approval to move these funds.				
-					

Concetta Sanfilippo

ELKHART COUNTY REQUEST FOR TRANSFER OF APPROPRIATED MAJOR CLASSIFICATION

FUNDS BETWEEN

	5/30/2024		Immuniza	tions and V	accines for Children		9149-980
١	DATE DEPARTMENT/FUND NAME			FUND	NO & DEPT NO.		
				TRANSFE			
		(#2)				(#6)	DE (050
I		AMOUNT TO BE TRANSFERRED	AMOUNT SPENT TO	ACCT. NO.	ACCOUNT/PROJECT NAME	PREVIOUS ACTION	REVISED BUDGET (Col. #1
۱	BUDGET	IKANSFERRED	DATE		WANE	*T/A & DATE	Less #2,
I	14,000	810.00	3,689.10	43090	Other Services	(\$9,500.00)	3,690.00
ŀ	0	\$1,770.00	729.00		Sustanance	\$2,500.00	730.00
I	3,000	500.00	2033.91	43130			2,500.00
н	600	295.00	204.20	43570	Cleaning		305.00
Н	4,000	3,730.00	250	43830	Tuition		270.00
Ц	O	33.00	20966.77	44510	Other Equipment	21000	20967
ı	5500	470.00	879.99	44535	Data Processing Hardw	-3500	1530
	TOTAL \$	7,608.00	100				
	IOIAL 9	7,000.00					
				TRANSFE	R TO		
	(1#)	(#2)		TRANSFE	R TO	(#6)	
	(1#)	(#2)	AMOUNT		R TO ACCOUNT/PROJECT	(#6)	REVISED
	(1#) ORIGINAL BUDGET	(#2) AMOUNT TO BE TRANSFERRED	AMOUNT SPENT TO	TRANSFE		PREVIOUS ACTION	BUDGET (Col. #1
	ORIGINAL	AMOUNT TO BE			ACCOUNT/PROJECT	PREVIOUS	BUDGET (Col. #1 Less #2,
	ORIGINAL BUDGET	AMOUNT TO BE TRANSFERRED	SPENT TO DATE	ACCT. NO.	ACCOUNT/PROJECT NAME	PREVIOUS ACTION	BUDGET (Col. #1
	ORIGINAL BUDGET	AMOUNT TO BE TRANSFERRED 1,862.00	SPENT TO	ACCT. NO. 42380	ACCOUNT/PROJECT	PREVIOUS ACTION *T/A & DATE	BUDGET (Col. #1 Less #2, (+ or) #8 8,546.00
	ORIGINAL BUDGET 14,684 8,003	AMOUNT TO BE TRANSFERRED	SPENT TO DATE \$6,011.64	42380 42180	ACCOUNT/PROJECT NAME Capital Supplies	PREVIOUS ACTION *T/A & DATE (\$8,000.00) -\$7,200.00	BUDGET (Col. #1 Less #2, (+ or) #8 8,546.00
	ORIGINAL BUDGET	1,862.00 3,947.00	\$6,011.64 752.41	42380 42180 42195	ACCOUNT/PROJECT NAME Capital Supplies Medical Supplies	PREVIOUS ACTION *T/A & DATE (\$8,000.00) -\$7,200.00	BUDGET (Col. #1 Less #2, (+ or) #6 8,546.00 4,750.00
	ORIGINAL BUDGET 14,684 8,003 3,000	1,862.00 3,947.00 \$1,399.00	\$6,011.64 752.41 \$3,853.90	42380 42180 42195	ACCOUNT/PROJECT NAME Capital Supplies Medical Supplies Other Operating Supplie	PREVIOUS ACTION *T/A & DATE (\$8,000.00) -\$7,200.00 \$1,000.00	BUDGET (Col. #1 Less #2, (+ or) #6 8,546.00 4,750.00 5,399.00
	ORIGINAL BUDGET 14,684 8,003 3,000	1,862.00 3,947.00 \$1,399.00	\$6,011.64 752.41 \$3,853.90	42380 42180 42195	ACCOUNT/PROJECT NAME Capital Supplies Medical Supplies Other Operating Supplie	PREVIOUS ACTION *T/A & DATE (\$8,000.00) -\$7,200.00 \$1,000.00	BUDGET (Col. #1 Less #2, /+ or) #6 8,546.00 4,750.00 5,399.00 400.00
	ORIGINAL BUDGET 14,684 8,003 3,000	1,862.00 3,947.00 \$1,399.00	\$6,011.64 752.41 \$3,853.90	42380 42180 42195	ACCOUNT/PROJECT NAME Capital Supplies Medical Supplies Other Operating Supplie	PREVIOUS ACTION *T/A & DATE (\$8,000.00) -\$7,200.00 \$1,000.00	BUDGET (Col. #1 Less #2, /+ or) #6 8,546.00 4,750.00 5,399.00 400.00
	ORIGINAL BUDGET 14,684 8,003 3,000	1,862.00 3,947.00 \$1,399.00	\$6,011.64 752.41 \$3,853.90	42380 42180 42195	ACCOUNT/PROJECT NAME Capital Supplies Medical Supplies Other Operating Supplie	PREVIOUS ACTION *T/A & DATE (\$8,000.00) -\$7,200.00 \$1,000.00	BUDGET (Col. #1 Less #2, /+ or) #6 8,546.00 4,750.00 5,399.00 400.00
	ORIGINAL BUDGET 14,684 8,003 3,000 2000	1,862.00 3,947.00 \$1,399.00 \$400.00	\$6,011.64 752.41 \$3,853.90 \$0.00	42380 42180 42195	ACCOUNT/PROJECT NAME Capital Supplies Medical Supplies Other Operating Supplie	PREVIOUS ACTION *T/A & DATE (\$8,000.00) -\$7,200.00 \$1,000.00	BUDGET (Col. #1 Less #2, (+ 07) #6 8,546.00 4,750.00 5,399.00 400.00
	ORIGINAL BUDGET 14,684 8,003 3,000	1,862.00 3,947.00 \$1,399.00	\$6,011.64 752.41 \$3,853.90 \$0.00	42380 42180 42195	ACCOUNT/PROJECT NAME Capital Supplies Medical Supplies Other Operating Supplie	PREVIOUS ACTION *T/A & DATE (\$8,000.00) -\$7,200.00 \$1,000.00	BUDGET (Col. #1 Less #2, (+ 07) #6 8,546.00 4,750.00 5,399.00 400.00
	ORIGINAL BUDGET 14,684 8,003 3,000 2000 TOTAL \$	1,862.00 3,947.00 \$1,399.00 \$400.00	\$6,011.64 752.41 \$3,853.90 \$0.00	42380 42180 42195 42030	ACCOUNT/PROJECT NAME Capital Supplies Medical Supplies Other Operating Supplie Copy Supplies	PREVIOUS ACTION *T/A & DATE (\$8,000.00) -\$7,200.00 \$1,000.00 -\$2,000.00	BUDGET (Col. #1 Less #2, /+ or) #6 8,546.00 4,750.00 5,399.00 400.00
	ORIGINAL BUDGET 14,684 8,003 3,000 2000 TOTAL \$	1,862.00 3,947.00 \$1,399.00 \$400.00 7,608.00	\$6,011.64 752.41 \$3,853.90 \$0.00	42380 42180 42195 42030	ACCOUNT/PROJECT NAME Capital Supplies Medical Supplies Other Operating Supplie Copy Supplies	PREVIOUS ACTION *T/A & DATE (\$8,000.00) -\$7,200.00 \$1,000.00 -\$2,000.00	BUDGET (Col. #1 Less #2, (+ 07) #6 8,546.00 4,750.00 5,399.00 400.00
	ORIGINAL BUDGET 14,684 8,003 3,000 2000 TOTAL \$ REASON FOR (BE SPECIFICATION SPE	1,862.00 3,947.00 \$1,399.00 \$400.00 7,608.00 OR TRANSFER	\$6,011.64 752.41 \$3,853.90 \$0.00 42380- Priva 42180- Med	42380 42180 42195 42030 acy Screens ical supplie	ACCOUNT/PROJECT NAME Capital Supplies Medical Supplies Other Operating Supplie Copy Supplies s, Magazine Holder, Ports (gloves, needles, bibs,	PREVIOUS	BUDGET (Col. #1 Less #2, (+ 0r.) #6 8,546.00 4,750.00 5,399.00 400.00 0.00
	14,684 8,003 3,000 2000 TOTAL \$ REASON FO (BE SPECIF 42195- Com	1,862.00 3,947.00 \$1,399.00 \$400.00 7,608.00 OR TRANSFER FIC) pputer privacy scr	\$6,011.64 752.41 \$3,853.90 \$0.00 42380- Priva 42180- Med	42380 42180 42195 42030 acy Screens ical supplie	ACCOUNT/PROJECT NAME Capital Supplies Medical Supplies Other Operating Supplie Copy Supplies	PREVIOUS	BUDGET (Col. #1 Less #2, (+ or) #6 8,546.00 4,750.00 5,399.00 400.00
	ORIGINAL BUDGET 14,684 8,003 3,000 2000 TOTAL \$ REASON FOR (BE SPECIFICATION SPE	1,862.00 3,947.00 \$1,399.00 \$400.00 7,608.00 OR TRANSFER FIC) Inputer privacy scr	\$6,011.64 752.41 \$3,853.90 \$0.00 42380- Priva 42180- Med	42380 42180 42195 42030 acy Screens ical supplie	ACCOUNT/PROJECT NAME Capital Supplies Medical Supplies Other Operating Supplie Copy Supplies s, Magazine Holder, Ports (gloves, needles, bibs,	PREVIOUS	BUDGET (Col. #1 Less #2, (+ 0r.) #6 8,546.00 4,750.00 5,399.00 400.00 0.00

Concetta Sanfilippo

ELKHART COUNTY REQUEST FOR TRANSFER OF APPROPRIATED MAJOR CLASSIFICATION FUNDS BETWEEN

6/3/2024

Elkhart County Judiciary-JDAI Grant Fund

9160-980

DATE

DEPARTMENT/FUND NAME

9160-980 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
\$10.00	\$10.00	\$0.00	43050	Data Proc. Svcs	N/A	\$0.00
\$1,148.43	517.00	\$451.70	43140	Telephone	N/A	\$631.43
\$6,708.29	1,008.00	2302.19	42310	Food	6/3/24-(\$1513)	\$4,187.29
\$5,044.99	525.00	3763.55	42350	Program Supplies	6/3/24-\$1,513	\$6,032.99
\$6,708.29	975.00	2302.19	42310	Food	6/3/24 (\$2,521)	3212.29
L						

3,035.00 TOTAL \$

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
\$5,044.99	\$527.00	\$3,763.55	42350	Program Supplies	6/3/24-\$1,515	\$6,559.99
35500	1,008.00	21,210.71	43090	Other Prof. Services	6/3/24-\$1,874	\$38,382.00
1923.34	525.00	1,121.30	43110	Sustenance	N/A	\$2,448.34
\$35,500.00	975.00	21,210.71	43090	Other Prof. Services	6/3/24-\$2,882	\$39,357.00

3,035.00 TOTAL \$

SPECIFIC)	These funds are needed to cover an approved grant amendment related to the JDAI grant.

Ross J. Maxwell