DATE: June 26, 2019
 DEPARTMENT
 Commissioners
 1000/130

 NAME
 NUMBER

	AMOUNT REQUESTED	PROJ, NO.	ACCOUNT NAME	ACCT. NO.	FUND	NAME	FUND NO
1	285,000.00	192606	IT Equipment Lease	44600	General I	und	1000
2							
3							
4							in .
5	Maria Maria						
6							
7							
8							
TOTAL	285,000.00						
_	ORIGINAL AMOUNT Approp. Unspent Request	as of Date	If Prior Add'I Appropriation Was Approved This Year	Can Be	Transfers Effected	APPRO BY COUN	
			AMOUNT DAT	YES	NO	Amount	Date
				-			31

REASON FOR REQUEST	Funds for Information Technology to enter into a Tax-Exempt Lease/Purchase Agreement				
	between Key Government Finance, Inc. and Elkhart County.				
		3	20		
To be heard July 13, 2019					

DATE: June 26, 2019		DEPARTMENT	Commissio	1000/130		
					NUMBER	
AMOUNT PROJ. REQUESTED NO.		ACCOUNT/PROJECT NAME	ACCT. NO.	FUND NAME		FUND NO
120,000.00	192608	GAAP Financial Reporting	44600	General Fu	ınd	1000
120,000.00						
ORIGINAL AMOUNT Approp. Unsp as of Date		If Prior Add'l Appropriation Was Approved This Year	Can Transfers APPRO Be Effected BY		(
		AMOUNT DATE	YES	NO	Amount	Date
	Funds ne	eded for GAAP Financial F	Reporting			

DATE: 6/19/2019

DEPARTMENT

Highway

1112-980

NAME

			1 400011	NIT NIANE				
	AMOUNT	PROJ.	ACCOU	NT NAME	ACCT.	FUN	D NAME	FUND
	REQUESTED	NO.			NO,			NO
1	150,000	190024	CR 38 RO	W Clearing	44600	EDIT		1112
2	500,000	190023	CR 38 Rig	ht of Way	44600	EDIT		1112
3								
4								
5								
6								
7								
8	i i i							
TOTAL	650,000							
	ORIGINAL AMOUN	T		r Add'l priation	Can	Transfe	APPRO	WED
			8					
	Approp. Unspent	as of Date		pproved Year	Be	Effected	BY COUN	
-	rteqt	Date	AMOUNT		YES	NO	Amount	Date
			AWOUNT	DATE	TES	NO	Amount	Date
					-			

REASON FOR REQUEST	1.Funds for clearing of right of way, preliminary work for utility relocation, and associated					
costs for the CR 38 - CR 31 to SR 13 project.						
2. Funds for right of way purchases	s including but not limited to appraisals, buying, legal, title work, etc. for the					
CR 38 - CR 31 to SR 13 project.						

DATE: 06-25-19

DEPARTMENT EDIT

1112-980 2

NAME

	AMOUNT	PROJ.	ACCOUNT	ACCT.	FUND NAME		FUND
	REQUESTED	NO.	NAME	NO.			NO
1	500,000	190029	Paving & Road Ma	44600	EDIT		1112
2							
3							
4							
5							
6							
7							
8							
TOTAL	500,000						
	ORIGINAL AMOUN Approp Unspent Request	IT as of Date	If Prior Add'I Appropriation Was Approved This Year	Can Be	Transfers Effected	APPRO BY COUN	
			AMOUNT DATE	YES	NO	Amount	Date
							*

REASON FOR REQUEST	1. Funds to be utilized for road paving and chip sear activities.		
			3.81
		20.00	Menne

DATE: June 26, 2019

DEPARTMENT Commissioners

1138/980

NAME

10.00	AMOUNT	PROJ.	ACCOUNT	ACCT,	FUND	NAME	FUND
A 1780	REQUESTED	NO.	NAME	NO.			NO
1	100,000.00	192607	Build & Grounds V	44600	Cumulative	Capital	1138
2							
3							
4							
5							
6							
7						_	
8							
TOTAL	100,000.00						
TOTAL	100,000.00						
		_	If Prior Add'I				
al.	ORIGINAL AMOU	NT	Appropriation	Can	Transfers	APPROVED BY COUNCIL	
	Approp. Unspent	as of	Was Approved	Ве	Effected		
	Req	Date	This Year				
			AMOUNT DATE	YES	NO	Amount	Date
		- 4					
* 6 g 4	= -						
-						*	
it •							
V. 74	4						
	7/						
-							

REASON FOR REQUEST	Funds for Building & Grounds vehicles that need to be replaced.				
¥1.1					
To be heard July 13, 2019					

DATE	6/11/2019	DEPARTMENT	Surveyor / Cumulative Drainage	1141 (980)	
			NAME	NUMBER	

ID NAME	FUND NO 1141
in	1141
in	
	1141
in	1141
B	Y
Amount	Date
3	s APPRO

REASON FOR REQUEST	Maintenance on County Regulated Drains	-
		•
		Ī

DATE	6/21/2019		DEPARTMENT	Surveyor / (Cumulative	Drainage	1141 (980)
					NAME		NUMBER
	AMOUNT	PROJ.	ACCOUNT	ACCT.	FUND	NAME	FUND
	REQUESTED	NO.	NAME	NO.			NO
1	6,000	191013	Bishop Ditch	44600	Cum Drain		1141
2							
3							
4							
5							
6							
7							
8							
TOTAL	6,000						
			If Prior Add'l				
	ORIGINAL AMOUN	Т	Appropriation	Can	Transfers	APPR	OVED
	Approp. Unspent	as of	Was Approved	Ве	Effected	B	
	Request	Date	This Year			COU	NCIL
			AMOUNT	YES	NO	Amount	Date
				*			
		,					
		2					
REASON	FOR REQUEST	Maintenand	e on County Reg	ulated Drain	S		
REASON	FOR REQUEST	Maintenand	e on County Reg	ulated Drain	S		
REASON	FOR REQUEST	Maintenand	e on County Reg	ulated Drain	S		

DATE:	6/4/2019		DEPARTMENT	Highway			1169-980
					NAME		NUMBER
	AMOUNT	PROJ.	ACCOUNT NAME	ACCT.	FUND	NAME	FUND
	REQUESTED	NO.		NO.	, 0,,,0		NO
1	70,000		Roadside Mowing		Local Road	and Street	1169
2	,		J				
3							
4							
5							
6							
7							
8							
TOTAL	70,000				-		
TOTAL	. 0,000						
			If Prior Add'l				
	ORIGINAL AMOUN	I T	Appropriation	Can	Transfers	APPRO	VED
-	Approp. Unspent	as of	Was Approved		Effected	BY	
-			This Year	l De	Ellected	COUN	CII
	Request	Date		VEO	NO		
			AMOUNT D	YES	NO	Amount	Date
_					_		
					-		
REASO	N FOR REQUEST	1. funds for	roadside mowing from c	ontractor service	ces throughout	the County	

DATE:	6/4/2019		DEPARTMENT	Highway			1176-980
					NAME		NUMBER
	AMOUNT	PROJ.	ACCOUNT	ACCT.	FUND	NAME	FUND
	REQUESTED	NO.	NAME	NO.			NO
1	15,000	190025	Buggy Plates	44600	Motor Vehi	cle Highway	1176
2							
3							
4							
5							
6							
7							
8	c c						
TOTAL	15,000						
			If Prior Add'I				
	ORIGINAL AM	IOUNT	Appropriation	Can	Transfers	APPRO	VED
	Approp. Uns	as of	Was Approved	Ве	Effected	BY	
	Requ	Date	This Year	L		COUN	ICIL
			AMOUNT DATE	YES	NO	Amount	Date
		in T					
							1
	0						A.,
REASO	N FOR REQUE	1. funds need	ed for buggy plates, s	tickers, supplie	es, and paying	Lake City for sale	s

DATE:	6/25/2019		DEPARTMENT Highway				1197-202
					NUMBER		
	ANACHNIT	DD C I	ACCOUNT NAME	T			
	AMOUNT REQUESTED	PROJ.	ACCOUNT NAME	110018	FUND	NAME	FUND
1		NO.	Ctroot Consoning	NO.	04		NO
2	30,000	190026	Street Sweeping	44600	Storm Water	er	1197
3							
4							
5							
6							
7							
8							
TOTAL	30,000						
	ORIGINAL AMO		If Prior Add'I Appropriation Was Approved This Year AMOUNT DATE		Transfers Effected NO	В	OVED Y NCIL Date
REASON		1. Funds to b	e used to preform street	sweeping a	ıs required (MS	4 good house	ekeeping

6/20/2019		DEPAI	RTMENT	CR 6&17	7 NE TIF		4511-980
					NAME		NUMBER
AMOUNT	PROJ.	1		ACCT.	FUND	NAME	FUND
REQUESTED	NO.	ACCOU	NT NAME	NO.			NO
1 \$ 70,000.00		const. & re	econstruction	44600	CR 6	&17 NE TIF	4511
2							
3							
4							
5							
6							
7							
8							
TOTAL \$ 70,0	00.00						
ORIGINAL AMO		Appro	or Add'l priation	Can	Transfers	APPROV	ÆD
Approp. Unsper Request			pproved Year	Ве	Effected	BY COUNC	IL
		AMOUNT	DATE	YES	NO	Amount	Date
1							
2							
3							
4							
5							
6							
7			7				
8							
TOTAL \$							
REASON FOR I	REQUEST	Water line	construction	in ROW fo	or homes in	PCR	

 DATE: June 25, 2019
 DEPARTMENT
 Commissioners
 4803/980

 NAME
 NUMBER

	AMOUNT	PROJ.		ACCT.	FUND	NAME	FUND
	REQUESTED	NO.	ACCOUNT NAME	NO.			NO ,
1	100,000.00		Other Grants & Awards	43920	Environmental Special Project		4803
2							
3							
4							
5							
6							
7							
8							
TOTAL	100,000.00						
	ORIGINAL AMOU Approp. Unspent Reque	as of	If Prior Add'I Appropriation Was Approved This Year		Transfers Effected	APPROV BY COUNC	
			AMOUNT DATE	YES	NO	Amount	Date
						F	
							, t

REASON FOR REQUEST To support Center for Community Justice continuing and important work on restorative					
justice programs within Elkhart County's Criminal Justice System.	,* V				
	175				
To be heard July 13, 2019					

DATE: June 25, 2019

DEPARTMENT

Commissioners

4803/9802

NAME

	AMOUNT	PROJ.	ACCOUNT	NAME	ACCT.	FUND	NAME	FUND
	REQUESTED	NO.			NO.			NO
1	90,000.00		Other Grants & A	wards	43920	Environmenta	Special Project	4803
2								
3								
4								
5								
6						v.		
7								
8								
TOTAL	90,000.00							
	ORIGINAL AN	MOUNT as of Date	If Prior Ad Appropria Was Appro This Ye	tion oved		Transfers Effected	APPRO\ BY COUNG	
			AMOUNT	DATE	YES	NO	Amount	Date
				57112	.20	110	7 unoune	Date

REASON FOR REQUES To support Council on Aging to provide 'gap funding' for the organization's work to provide
transportation and home care services in Elkhart County. Helping to bridge the gap between government reimbursement
for services and the local cost of providing services, for which Council on Aging is the primary sole provider in the
county.
To be heard July 13, 2019

DATE: 06-25-19

DEPARTMENT ROAD CONSTRUCTION & MAINTEN. 4901-980

NAME

_							
	AMOUNT	PROJ.	ACCOUNT	ACCT.	FUND NAME		FUND
	REQUESTED	NO.	NAME	NO.			NO
1	900,000	190028	Paving & Road	44600	Road Cons	truction & Main	4901
2							
3							
4							
5							
6							
7							
8							
TOTAL	900,000						
	ORIGINAL AMOUN Approp Unspent Request	T as of Date	If Prior Add'l Appropriation Was Approved This Year	Ве	Transfers Effected	APPRON BY COUNC	
			AMOUNT	YES	NO	Amount	Date
							34
							a
	ľ						- N.
-							3 . 2
						2	
							1.0

REASON FOR REQUEST	1. Funds to be utilized for road paving and chip seal activities.				

DATE:	######	# DEPARTMENT Juvenile Community Corrections				
				NAME		NUMBER
-	PROJ.	71	ACCT.	FUND	NAME	FUND
AMOUNT	NO.	ACCOUNT/PROJECT NAM	E NO.			NO
\$18,000		Protective Service Part Time	41210	Communit	y Corrections Juvenile	4924
\$326		Medicare	41305	Communit	y Corrections Juvenile	4924
\$1,230		Social Security	41300	Communit	y Corrections Juvenile	4924
\$1,200		Other Office Supplies	42090	Communit	y Corrections Juvenile	4924
\$35,750		Other Professional Services	43090	Communit	y Corrections Juvenile	4924
-						
-						
\$56,506						
		If Prior Add'l				
ORIGINAL	AMOUN [*]	Appropriation	Can	Transfers	APPROVE	D
Approp.	as of	Was Approved	Be	Effected	BY	
	Date	This Year			COUNCI	L
		AMOUNT DATE	YES	NO	Amount	Date
NA		NA		Х		
NA		NA		Х		
NA		NA		Х		
NA		NA		Х		
NA		NA		Х		
TOTAL	_					
REASON FOR	R REQUES	Appropriate funds for the 20	19 - 2020 G	rant		

ELKHART COUNTY ADDITIONAL APPROPRIATION REQUES Page 1 of 3

 DATE:
 6/5/19
 DEPARTMENT
 WIC
 8101-312

 NAME
 NUMBER

	AMOUNT	PROJ.		ACCT.	FUND	NAME	FUND
	REQUESTED	NO.	ACCOUNT NAME	NO.			NO
1	129,667		Supervisor	41115	WIC Grant		8101
2	344,926		Professional	41120	WIC Grant		8101
3	161,283		Paraprofessional	41135	WIC Grant		8101
4	66,741		PT Professional	41200	WIC Grant		8101
5	1,000		Excess Hours	41165	WIC Grant		8101
6	43,624		Social Security	41300	WIC Grant		8101
7	10,203		Medicare	41305	WIC Grant		8101
8	78,805		PERF	41400	WIC Grant		8101
9	284,609		Group Insurance	41310	WIC Grant		8101
10	24,750		Wellness	41330	WIC Grant		8101
11							
TOTAL	1,145,608						
	12						
			If Prior Add'l				
	ORIGINAL AMO	UNT	Appropriation	Can	Transfers	APPR	OVED
	Approp. Unspent	as of	Was Approved	Ве	Effected	В	Υ
		Date	This Year			COU	NCIL
			AMOUNT DATE	YES	NO	Amount	Date
)						

REASON FOR REQUES I	Set the budget for FY 2020 for the VVIC grant		
	Grand total of Grant \$1,233,138		
4			

Page 2 of 3

DATE:	<u>6/5/19</u>	DEPARTMENT	WIC	8101-312
			NAME	NUMBER

	AMOUNT	PROJ.		ACCT.	FUND	NAME	FUND
	REQUEST	NO.	ACCOUNT NAME	NO.			NO
1	1,000		Copy Machine Supplies	42030	WIC Grant		8101
2	1,000		Other Office Supplies	42090	WIC Grant		8101
3	12,571		Medical Supplies	42180	WIC Grant		8101
4	9,909		Other Operating Supplies	42195	WIC Grant		8101
5	1,750		Other Professional Svcs	43090	WIC Grant		8101
6	13,365		Sustanance	43110	WIC Grant		8101
7	2,000		Postage	43120	WIC Grant		8101
8	2,000		Mileage	43130	WIC Grant		8101
9	3,060		Telephone	43140	WIC Grant		8101
10	5,775		Printing 43200 WIC Grant			8101	
11	9,750	'	Electric	43400	WIC Grant		8101
12	4,600		Gas	43410	WIC Grant		8101
TOTAL	66,780						
			If Prior Add'I				
	ORIGINAL	AMOUNT	Appropriation	Can	Transfers	APPR	OVED
	Approp.	as of	Was Approved	Be Effected B		3Y	
		Date	This Year			COUNCIL	
			AMOUNT DATE	YES	NO	Amount	Date
						- 4	

REASON FOR REQUEST	Set the budget for FY 2020 for the WIC grant

Page 3 of 3

DATE: 6/5/19	DEPARTMENT	WIC	8101-312
		NAME	NUMBER

AMOUNT	PROJ.		ACCT.	FUND	NAME	FUND
REQUESTED	NO.	ACCOUNT NAME	NO.			NO
2,500		Water & Sewage	43420	WIC Grant		8101
1,167		Maintenance	43510	WIC Grant		8101
8,560		Laundry, Cleaning	43570	WIC Grant		8101
6,000		Rent-Real Estate	43600	WIC Grant		8101
783		Rent-Office Equipment	43630	WIC Grant		8101
1,740		Education & Conference	43830	WIC Grant		8101
20,750						
Approp.			Be	Effected		
	Date					,
=		AMOUNT DATE	YES	NO	Amount	Date
	2,500 1,167 8,560 6,000 783 1,740	2,500 1,167 8,560 6,000 783 1,740 20,750 ORIGINAL AMOUNT	REQUESTED NO. ACCOUNT NAME 2,500 Water & Sewage 1,167 Maintenance 8,560 Laundry, Cleaning 6,000 Rent-Real Estate 783 Rent-Office Equipment 1,740 Education & Conference 20,750 ORIGINAL AMOUNT Approp. as of Was Approved	NO. ACCOUNT NAME NO.	REQUESTED NO. ACCOUNT NAME NO.	REQUESTED NO. ACCOUNT NAME NO.

REASON FOR REQUEST	Set the budget for FY 2019 for the WIC grant			

DATE: 6/5/19 DEPARTMENT WIC- Breastfeeding Peer Counselor 8102-980

NAME NUMBER

	AMOUNT	PROJ.		ACCT.	ELIND	NAME	FUND
	REQUEST		ACCOUNT/PROJ		POND	INAIVIE	NO
1	75,652		Paraprofessional		Breastfeeding	Peer Counselor	8102
2	4,690		Social Security			Peer Counselor	8102
3	1,097		Medicare			Peer Counselor	8102
4	8,473		PERF			Peer Counselor	8102
5	24,257		Group Insurance			Peer Counselor	8102
6	2,625		Wellness	41330	Breastfeeding	Peer Counselor	8102
7	439		Mileage	43130	Breastfeeding	Peer Counselor	8102
8	2,224		Sustenance	43110	Breastfeeding	Peer Counselor	8102
9	600		Telephone	43140	Breastfeeding Peer Counselor		8102
10	350		Printing	43200	Breastfeeding Peer Counselor		8102
11							
TOTAL	120,407						
							_
			If Prior Add'l				
	ORIGINAL	AMOUNT	Appropriation	Can	Transfers	APPRO\	/ED
	Approp.	as of	Was Approved	Ве	Effected	BY	
		Date	This Year			COUNC	IL
			AMOUNT DATE	YES	NO	Amount	Date

REASON FOR REQUEST	Set the budget for FY 2020 for the Breastfeeding Peer Counselor grant						
N.							

DATE: June 20, 2019

DEPARTMENT:

Indiana Tobacco Prevention and Cessati 9104-980

NAME

	AMOUNT	PROJ.		ACCT.	FUN	NAME	FUND
	REQUESTED	NO.	ACCOUNT/PROJECT	NO.			NO
1	76,508		Professional	41120			9104
2	4,743		FICA	41300			
3	1,109		Medicare	41305			
4	24,000		Insurance	41310			
5	2,350		Wellness	41330			
6	8,569		PERF	41400			
7	1,000		Office Supplies	42090			-
8	1,000		Operating supplies	42195			
9	2,100		Mileage	43130			
10	935		Sustenance	43110			
11	400		Rental-other	43660			
12	310		Dues	43800			
13	225		Subscriptions	43805			
	400		Training programs	43835			
14	351		Publication-other than legal	43220			
15	1,000		Data processing hardware	44535			
16							
TOTAL	125,000						
	ORIGINAL AMO Approp.Unspent Request	as of	If Prior Add'I Appropriation Was Approved This Year		Transfers Effected	APPR B' COU	Y
	rtequest	Date	AMOUNT DATE	YES	NO	Amount	Date
-			AWOUNT DATE.	TEO	NO	Amount	Date
	7						
	-						
-							

REASON FOR REQUES	T:Tobacco Preventiona	and Cessation budge	et for FY July 1, 2019 to June

	DATE:	6/7/19	DEPARTMENT	Dental Equ	ipment		9108-981
					NAME		NUMBER
	AMOUNT	PROJ.		ACCT.	FUND	NAME	FUND
	REQUESTED	NO.	ACCOUNT NAME	NO.			NO
1	7,000	9108	Delta Dental Fund		Other Equi		
2	7,010	9108	Delta Dental Fund	43090	Other Profe	essional Svcs	
3							
4							
.5							
6							
7							
8							
9							72
10							
11							
TOTAL	14,010						
			If Prior Add'l				
	ORIGINAL AMOUN		Appropriation	Can	Transfers	APPRO	
	Approp. Unspent		Was Approved	Be	Effected	BY	
	Request	Date	This Year			COUN	CIL
			AMOUNT DATE	YES	NO	Amount	Date
DEAGG	N FOR REQUEST		0-445-4-4-5-5-5-6	2040			
REASO	N FOR REQUEST		Set the budget for FY	2019 grant fo	or dental eq	uipment	

DATE:

6/14/2019

DEPARTMENT

Juvenile Community Corrections

9113-980

NAME

	AMOUNT	PROJ.	ACCOUNT NAME	ACCT.	FUNI	O NAME	FUND
	QUESTED	NO.		NO.			NO
	8,365		Professional	41210	Juvenile D	etention Alternative	9113
2 \$	790		Social Security	41300	Juvenile D	etention Alternative	9113
3 \$	368		Medicare	41305	Juvenile D	etention Alternative	9113
4 \$	1,600		Other Office Supplies	42090	Juvenile D	etention Alternative	9113
5 \$	2,000		Food	42310	Juvenile D	etention Alternative	9113
6 \$	2,500		Program Supplies	42350	Juvenile D	etention Alternative	9113
7 \$	1,220		Sustenance	43110	Juvenile D	etention Alternative	9113
8 \$	1,980	15.	Mileage	43130	Juvenile D	etention Alternative	9113
9 \$	800		Telephone	43140	Juvenile D	etention Alternative	9113
10 \$	1,700	76	License, Permit, Fees, Titles	43330	Juvenile D	etention Alternative	9113
11 \$ 3	32,000		Other Prof. Srvs	43090	Juvenile D	etention Alternative	9113
12 \$	1,200		Data Pros.Hardware	44535	Juvenile D	etention Alternative	9113
TOTA	AL \$ 54,523						
			If Prior Add'l				
ORIG	INAL AMOUN	İT	Appropriation	Can	Transfers	APPROV	'ED
Appro	p. Unspent	as of	Was Approved	Ве	Effected	BY	
	Request	Date	This Year			COUNC	IL
			AMOUNT DATE	YES	NO	Amount	Date
1		\$0	NA		Х		
2		\$0	NA		Х		
3		\$0	NA		Х		
4		\$0	NA		Х		
5		\$0	NA		Х		
6		\$0	NA		Х		
7		\$0	NA		Х		
8		\$0	NA		Х		
9		\$0	NA		Х		
10		\$0	NA		Х		
11		\$0	NA		Х		
12		\$0	NA		Х		" -× - i - i
TOTA	L \$						

REASON FOR REQUEST	Set up accounts for FT 19/20 grant (July 1, 2019 - June 30, 2020)	- 2

DATE:	6/18/2019	DEPARTM	IENT	Juvenile (Community	Corrections	9120-980
					NAME		NUMBER

AMOUNT	PROJ.	ACCOUNT	NAME	ACCT.	FUND	NAME	FUND
REQUESTED	NO.			NO.			NO
1 \$ 250	11	Office Supplie		42090		ile CC Grant	9120
2 \$ 14,200		Other Profess	ional Ser	43090	Juven	ile CC Grant	9120
3 \$							
4 \$							
5 \$							
6 \$							
7 \$							
8							
TOTAL \$	14,450						
	17						
	The state of	If Prior A	l'bb				
ORIGINAL AMOUN	NT	Appropria	tion	Can	Transfers	APPROV	ED a
Approp.	as of	Was Appr	oved	Ве	Effected	BY	
	Date	This Ye	ar			COUNC	aL .
		AMOUNT D	ATE	YES	NO	Amount	Date
1 \$	\$0	NA			Х		
2 \$	\$0	NA			Х		
3 \$							
4 \$							
5 \$							
6 \$	V						
7 \$							
8							
TOTAL \$							
REASON FOR REQUES	ST	Additional funds a	pproved for	r FY 18 - 19	Grant to start	mentoring program.	

DATE: 6/14/19 DEPARTMENT Court Services

9126-980

NAME

	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND NAME		FUND NO
1	\$ 54,236.00		Professional	41120	State Gran	t Probation HEA	9126-980
2	\$ 3,364.00		FICA	41300	State Gran	t Probation HEA	9126-980
3	\$ 786.00		Medicare	41305	State Gran	t Probation HEA	9126-980
4	\$ 4,114.00		PERF	41400	State Gran	t Probation HEA	9126-980
5							
6							
7							
8							
9							
TOTAL	\$ 62,500.00						
	ORIGINAL AMOUNT Approp. as of Date		If Prior Add'I Appropriation Was Approved This Year	Can Transfers Be Effected		APPROV BY COUNC	
			AMOUNT E	YES	NO	Amount	Date
1	\$ 94,516	\$0	\$0		Х		
2	\$ 5,810	\$0	\$0		Х		
3	\$ 4,175	\$0	\$0		Х		
4	\$ 10,500	\$0	\$0		Х		
5							
6							

REASON FOR REQUEST	Appropriate funds for grant extension through December 31, 2019.
N.	

DATE:

6/14/2019

DEPARTMENT

Court Services

9130-980

NAME

AMOUNT	PROJ.	ACCOUNT/PI	ROJECT	ACCT.	FUND	NAME	FUND
REQUESTE		NAME		NO.			NO
1 \$ 14,97	4	Supervisors		41115	Court Red	idivism Reduction	9130
2 \$ 124	0	Social Securit	у	41300	Court Red	idivism Reduction	9130
3. \$290)	Medicare		41305	Court Red	idivism Reduction	9130
4 \$224	0	Retirement-Pe	erf	41400	Court Red	idivism Reduction	9130
5 \$1071	6	Group Insurar	ice	41310	Court Red	idivism Reduction	9130
	36						
Total	\$29,460						-
Total	Ψ29,400		_				
		If Prior A	dd'l				
ORIGINAL AM	IOUNT	Appropria		Can	Transfers	APPROVE	D
Approp.	as of	Was Approved		Be Effected BY			
/дргор.	Date	This Ye			Liiottou	IL	
		AMOUNT	DATE	YES	NO	Amount	Date
1 \$ 35,000	\$0	NA			X		
2 \$ 0	\$0	NA			Х	-	
3 \$ 818	\$0	NA			Х		
4 \$ 0	\$0	NA			Х		
\$21,502	\$0	NA		H	Х		
6							
7							
8							
9							
10							
11							
12	000 40						
TOTAL \$ 125,	,000 \$0						

REASON FOR REQUEST	Appropriate funds for grant extension through December 31, 2019.						
- A							

DATE: 6/19/2019 DEPARTMENT

Court Services

9135-980

NAME

	Inno I	ACCOUNT	NIANAT					
PROJ.		ACCOUNT NAME		ACCT. FUND NAME			FUND	
AMOUNT REQ				NO.			NO	
\$ 1,590		Program Supp		42350	Problem-S	olving Court Grant	9135	
2 \$ 7,670		Other Profess	ional Servi	43090	Problem-S	olving Court Grant	9135	
TOTAL \$ 9,2	260							
		If Prior A	dd'I					
ORIGINAL AMO	DUNT	Appropria		Can	Transfers	APPROV	FD	
Арргор.	as of	Was Approved		Be Effected BY				
	Date	This Ye		De	Lifected	COUNC		
	Date	AMOUNT	DATE	YES	NO			
1 \$0	60		DATE	YES	NO	Amount	Date	
	\$0	NA			X			
	\$0	NA			Х			
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
TOTAL \$								
	-61							

REASON FOR REQUEST	Set up accounts for FY 19/20 grant (July 1, 2019 - June 30, 2020)						

ELKHART COUNTY ADDITIONAL REDUCTION REQUEST

DATE:	6/19/2019	DEPARTMENT	Highway	1112-980
			NAME	NUMBER

	AMOUNT	PROJ.			ACCT.	FUND	NAME	FUND
		NO.	A C C C L IN	IT NIABAE	NO.	1011	TV/ UVILL	NO
	REQUESTED			IT NAME		EDIT		1112
1	290,862			her Bridge Con				1112
2	671,338	160033	CR 38 & Kerch	ner Bridge	44600	EDIT		1112
3								
4								
5								
6								
7					*			
8						200		
TOTAL	962,200							
	ORIGINAL AMOUNT		If Prior Add'I Appropriation		Can	Transfers	APPROVED BY	
	Approp. Unspen Request		Was Approved This Year		Ве	Effected	COUNCIL	
			AMOUNT	DATE	YES	NO	Amount	Date
								0.00

REASON FOR REQUEST	1. Project completed,				
	2. Project completed.				

ELKHART COUNTY ADDITIONAL REDUCTION REQUEST

DATE: June 19, 2019

DEPARTMENT

Highway

1171-980

NAME

	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND	NAME	FUND NO
1	16,705	1325	Kercher Bridge Engineering	44600	Major Bridg	je	1171
2							
3							
4							
5							
6							
7							
8							
TOTAL	16,705						
	ORIGINAL AMOUN	İT	If Prior Add'l Appropriation	Can	Transfers	APPRO	VED
	Approp.Unspent	as of	Was Approved	Ве	Effected	BY	
	Request	Date	This Year			COUN	CIL
			AMOUNT DATE	YES	NO	Amount	Date

REASON FOR REQUEST 1. Project is completed.	

ELKHART COUNTY ADDITIONAL REDUCTION REQUEST

DATE: 06-15-19

DEPARTMENT

Highway

1197-202 ∂ NUMBER

NAME

	AMOUNT REQUESTED	PROJ.	ACCOUNT NAME	ACCT.	FUND	NAME	FUND NO
1	44,665		Cons/Recons	111	Storm Wat	er	1197
2							
3							
4							
5							
6		u u					
7							
8							
TOTAL	44,665						
	ORIGINAL AMOUNT Approp. Unspent as of Request Date		If Prior Add'l Appropriation Was Approved This Year	Can Be	Transfers Effected	APPROV BY COUNC	
			AMOUNT DA	YES	NO	Amount	Date

REASON FOR REQUEST	Original appropriation were for funds dedicated to Pheasant Ridge, Green Valley, and					
Ox Bow. Projects are complete.		V. ".				
		1 1				

ELKHART COUNTY APPROPRIATION REDUCTION REQUEST

6/20/2019 DEPARTMENT CR 6&17 NE TIF 4511-980 ∂
Name Number

AMOUNT OF REDUCTION	PROJ. NO.	ACCOUNT/PROJECT NAME	ACCT. NO.	FUND NAME	FUND NO
1 \$32,318.75	182501	construction & reconstruction	44600	CR 6&17 NE TIF	4511
2					1011
3					
4					
5					
3					
7					
3					
TOTAL \$32,318.75					
ORIGINAL AMOUNT OF APPROPRIATION	Tea.	DATE OF APPROP.		APPROVED COUNCIL	BY
1 \$	7			Amount	Date
2					
3					
1					
5					
6					
7					
3					
TOTAL \$					
REASON FOR REDU	CTION	Project closeout for PCR with the completion			assist
	1	IIV IIV			

FUNDS

REQUEST FOR TRANSFER OF APPROPRIATED BETWEEN MAJOR CLASSIFICATION

DATE	D	1000-101 2											
			IT C	FUND/DEPT NO									
TRANSFER FROM													
(1#)	(#2)				(#6)								
	AMOUNT TO BE				PREVIOUS ACTION	REVISED BUDGET							
BUDGET	TRANSFERRED	AMOUNT \$	ACCT.	ACCOUNT		(Col #1 Less #2,							
		TO DATE	NO.	NAME	& DATE	(+ or -) #6)							
1	100.00		42090	Other office	e Supplies								
2													
3													
4		NI -											
5													
6													
7													
8													
TOTAL \$	100.00					Property and the second							
			TRANSFE	R TO									
(1#)	(#2)		2.00		TRANSFER TO (#0)								
ORIGINAL	AMOUNT TO BE				(#6)								
BUDGET	MINIOCITI TO BE				(#6) PREVIOUS ACTION	REVISED BUDGET							
	TRANSFERRED	AMOUNT \$	ACCT.	ACCOUNT	PREVIOUS ACTION								
		AMOUNT S	ACCT.	ACCOUNT NAME	PREVIOUS ACTION	REVISED BUDGET (Col #1Plus #2, (+ or -) #6)							
1		TO DATE	NO.	NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,							
	TRANSFERRED	TO DATE	NO.	NAME	PREVIOUS ACTION *T/A	(Col #1Plus #2,							
2	TRANSFERRED	TO DATE	NO.	NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,							
2	TRANSFERRED	TO DATE	NO.	NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,							
2 3 4	TRANSFERRED	TO DATE	NO.	NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,							
2 3 4 5	TRANSFERRED	TO DATE	NO.	NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,							
2 3 4 5	TRANSFERRED	TO DATE	NO.	NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,							
2 3 4 5 6 7	TRANSFERRED	TO DATE	NO.	NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,							
2 3 4 5 6 7 8	TRANSFERRED	TO DATE	NO.	NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,							
2 3 4 5 6 7	TRANSFERRED	TO DATE	NO.	NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,							
2 3 4 5 6 7 8 TOTAL \$	100.00	TO DATE	NO. 43550	NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,							
2 3 4 5 6 7 8 TOTAL \$	TRANSFERRED	TO DATE	NO. 43550	NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,							

REQUEST FOR TRANSFER OF APPROPRIATED FUNDS BETWEEN MAJOR CLASSIFICATION

DATE		DEPARTMENT	Clerk	d's Record	Perp.	1119-980	
				NAME		FUND/DEPT NO.	
			TRANSF	ER FROM			
(1#)	(#2)				(#6)		
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)	
1	23,733.00		44545	Other Office	& Equip		
2							
3					Transaction of the		
4							
5							
6							
7							
8					The second		
TOTAL \$	23,733.00						
			TRANSF	ER TO			
TRANSFER TO							
(1#)	(#2)				(#6)		
(1#) ORIGINAL	(#2) AMOUNT TO BE	-7-			(#6) PREVIOUS ACTION	REVISED BUDGET	
		AMOUNT SPENT	ACCT.	ACCOUNT		REVISED BUDGET (Col #1Plus #2,	
ORIGINAL	AMOUNT TO BE	AMOUNT SPENT TO DATE	ACCT.		PREVIOUS ACTION		
ORIGINAL	AMOUNT TO BE	TO DATE	NO.	ACCOUNT	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,	
ORIGINAL BUDGET	AMOUNT TO BE TRANSFERRED	TO DATE	NO.	ACCOUNT NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,	
ORIGINAL BUDGET	AMOUNT TO BE TRANSFERRED	TO DATE	NO.	ACCOUNT NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,	
ORIGINAL BUDGET 1 2	AMOUNT TO BE TRANSFERRED	TO DATE	NO.	ACCOUNT NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,	
ORIGINAL BUDGET 1 2 3	AMOUNT TO BE TRANSFERRED	TO DATE	NO.	ACCOUNT NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,	
ORIGINAL BUDGET 1 2 3	AMOUNT TO BE TRANSFERRED	TO DATE	NO.	ACCOUNT NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,	
ORIGINAL BUDGET 1 2 3 4 5 6 7	AMOUNT TO BE TRANSFERRED	TO DATE	NO.	ACCOUNT NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,	
ORIGINAL BUDGET 1 2 3 4 5 6 7	AMOUNT TO BE TRANSFERRED	TO DATE	NO.	ACCOUNT NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,	
ORIGINAL BUDGET 1 2 3 4 5 6 7	AMOUNT TO BE TRANSFERRED 23,733.00	TO DATE	NO.	ACCOUNT NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,	
ORIGINAL BUDGET 1 2 3 4 5 6 7	AMOUNT TO BE TRANSFERRED 23,733.00	TO DATE	NO.	ACCOUNT NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,	
ORIGINAL BUDGET 1 2 3 4 5 6 7 8 TOTAL \$	AMOUNT TO BE TRANSFERRED 23,733.00 23,733.00	TO DATE	NO. 43090	ACCOUNT NAME Other Prof. S	PREVIOUS ACTION *T/A & DATE Service	(Col #1Plus #2, (+ or -) #6)	
ORIGINAL BUDGET 1 2 3 4 5 6 7 8 TOTAL \$	AMOUNT TO BE TRANSFERRED 23,733.00 23,733.00	TO DATE	NO. 43090	ACCOUNT NAME Other Prof. S	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2, (+ or -) #6)	
ORIGINAL BUDGET 1 2 3 4 5 6 7 8 TOTAL \$	AMOUNT TO BE TRANSFERRED 23,733.00 23,733.00	TO DATE	NO. 43090	ACCOUNT NAME Other Prof. S	PREVIOUS ACTION *T/A & DATE Service	(Col #1Plus #2, (+ or -) #6)	
ORIGINAL BUDGET 1 2 3 4 5 6 7 8 TOTAL \$	AMOUNT TO BE TRANSFERRED 23,733.00 23,733.00	TO DATE	NO. 43090	ACCOUNT NAME Other Prof. S	PREVIOUS ACTION *T/A & DATE Service	(Col #1Plus #2, (+ or -) #6)	
ORIGINAL BUDGET 1 2 3 4 5 6 7 8 TOTAL \$	AMOUNT TO BE TRANSFERRED 23,733.00 23,733.00	TO DATE	NO. 43090	ACCOUNT NAME Other Prof. S	PREVIOUS ACTION *T/A & DATE Service	(Col #1Plus #2, (+ or -) #6)	

REQUEST FOR TRANSFER OF APPROPRIATED

FUNDS BETWEEN MAJOR CLASSIFICATION

DEPARTMENT Health Department - CHN 1159-340 DATE 6/11/2019 NAME FUND/DEPT NO. TRANSFER FROM (#6)(1#)(#2)ORIGINAL AMOUNT TO BE PREVIOUS ACTION REVISED BUDGET *T/A (Col #1 Less #2, BUDGET TRANSFERRED AMOUNT SPENT ACCT. ACCOUNT & DATE NAME (+ or -) #6) NO. TO DATE Medical 42180 Supplies 35,842.00 308.00 2,235.88 36,150 TOTAL \$ 308.00 **TRANSFER TO** (#6)(1#)(#2)ORIGINAL AMOUNT TO BE PREVIOUS ACTION REVISED BUDGET (Col #1Plus #2, ACCT. ACCOUNT *T/A TRANSFERRED AMOUNT SPENT BUDGET NO. NAME & DATE (+ or -) #6) TO DATE \$308.00 44510 Other Equipment 308.00 0 0.00 TOTAL \$ 308.00 Purchase of LED light for exams. **REASON FOR TRANSFER**

ELKHART COUNTY REQUEST FOR TRANSFER OF APPROPRIATED BETWEEN MAJOR CLASSIFICATION

 DATE
 6/12/19
 DEPARTMENT
 Highway
 1173-980

 NAME
 FUND/DEPT NO.

FUNDS

TRANSFER FROM

(1#)	(#2)				(#6)	
ORIGINAL	AMOUNT TO BE	AMOUNT			PREVIOUS ACTION	REVISED BUDGET
BUDGET	TRANSFERRED	SPENT	ACCT.	ACCOUNT	*T/A	(Col #1 Less #2,
			NO.	NAME	& DATE	(+ or -) #6)
1 360,000	180,000.00	0	190021	Loader Pur	chase	180,000.00
2				100		
3						
4						
5						
6						1
7						
8						
TOTAL \$	180,000.00					

			TRANSF	ER TO	1176-980	
(1#)	(#2)				(#6)	
ORIGINAL BUDGET	AMOUNT TO BE TRANSFERRED	AMOUNT SPENT	ACCT, NO.	ACCOUNT NAME	PREVIOUS ACTION *T/A & DATE	REVISED BUDGET (Col #1Plus #2, (+ or -) #6)
1						
2						
3						
4						
5	153					
6						
7						
8						
TOTAL \$	0.00		TYP 5			

REASON FOR TRANSFER	1. Transfer half the purchase for loaders back to 1176.				

REQUEST FOR TRANSFER OF APPROPRIATED

FUNDS

BETWEEN

MAJOR CLASSIFICATION

ח	Δ.	т	F	0

6/28/2019

EPARTMENT

HIGHWAY

1176-204

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,
					& DATE	(+ or -) #6)
1 \$3,000	\$2,000.00	\$730.00	42250	Hardware &	Tools	\$1,000.00
2						
3		B				
4						
5			7.7			
6						
7						
8						
TOTAL \$	\$2,000.00		1 2 1			

TRANSFER TO

(1#)	(#2)				(#6)	
ORIGINAL	AMOUNT TO BE	AMOUNT			PREVIOUS ACTION	REVISED BUDGET
BUDGET	TRANSFERRED	SPENT	NO.	NAME	*T/A	(Col #1Plus #2,
	الحاجبات والمتعاطيا				& DATE	(+ or -) #6)
1 \$7,000	\$2,000.00	\$5,129.00	44540	Data Proc S	oftware	\$9,000.00
2						
3						
4						
5						
6						
7						
8						
TOTAL \$	\$2,000.00	J - n-1	7 7 7			

REASON FOR TRANSFER	Funds to renew JPRO diagnostic software with Alison Transmission module							

REQUEST FOR TRANSFER OF APPROPRIATED FUNDS BETWEEN MAJOR CLASSIFICATION

DATE	21-Jun-19	DEPARTMENT		Redevelopment		4911 / 980
				NAME		FUND/DEPT NO
	(#0)		TRANSFE	RFROM	(110)	
(1#)	(#2)	AMOUNT	TAGOT NO	ACCOUNT	(#6)	
	AMOUNT TO BE	AMOUNT SPENT	ACCT. NO	ACCOUNT NAME		REVISED BUDGET
BUDGET	TRANSFERRED	OI LIVI		INAIVIL	*T/A	(Col #1 Less #2,
					& DATE	(+ or -) #6)
1 250.0	\$ 250.00	\$ -	44540	Data Proc. Sof	n/a	\$ -
2	31					
3						
4		125.2				
5						
6						
7						Personal Line
8						
TOTAL	\$ 250.00	- 17 Aug 1972				
			TRANSFER	R TO		
(1#)	(#2)				(#6)	
	AMOUNT TO BE	AMOUNT	ACCT. NO	ACCOUNT		REVISED BUDGET
BUDGET	TRANSFERRED	SPENT		NAME	*T/A	(Col #1Plus #2,
					& DATE	(+ or -) #6)
1 0.00	\$ 250.00	\$ -	43140	Telephone	n/a	\$ 250.00
2	Ţ 200.00		10110	Тоюрноно	TI/C	Ψ 200.00
3						
4						
5			-			
6						
7						
8						
TOTAL \$	250.00					
REASON	OR TRANSFER		To cover ex	penditures for th	ne remainder of t	he vear
						your
-	All I					
-						

ELKHART COUNTY REQUEST FOR TRANSFER OF APPROPRIATED BETWEEN MAJOR CLASSIFICATION

FUNDS

DATE	6/3/2019	DEPARTMENT		WIC		8101-612
				NAME		FUND/DEPT NO.
			TRANSFEI	R FROM		
(1#)	(#2)		TRAITOLE	T TOM	(#6)	
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)
166,227	11,500.00	87,013.46	41115	Supervisors	0	154,727.00
249,303	11,500			Group Insurar		237,803.00
TOTAL \$	23,000.00					
(1#)	(#2)		TRANSFE	R TO	(#6)	
ORIGINAL					PREVIOUS ACTION	REVISED BUDGET
BUDGET	TRANSFERRED	AMOUNT SPENT	ACCT.	ACCOUNT	*T/A	(Col #1Plus #2,
	14	TO DATE	NO.	NAME	& DATE	(+ or -) #6)
5,000	23,000.00	9,636.45	43090	Other Profess	5,000	\$50,000.00
						¥
TOTAL \$	23,000.00					
	100					
REASON						
	FOR TRANSFER					
	FOR TRANSFER		11 5			
	Transfer is to cover pure	chasing materials to hav				
	Transfer is to cover pure	areas at Healthy Beginn		Oue to attrition,	by state WIC already.	

REQUEST FOR TRANSFER OF APPROPRIATED
FUNDS BETWEEN MAJOR CLASSIFICATION

DATE	27-Jun-19	DEPARTMENT		Statewide 91	1	1222/980
			NAME		FUND/DEPT NO.	
			TRANSFE	R FROM		
(1#)	(#2)				(#6)	
ORIGINAL	AMOUNT TO BE	AMOUNT	ACCT.	ACCOUNT	PREVIOUS ACT	REVISED BUDGET
BUDGET	TRANSFERRED	SPENT	NO.	NAME	*T/A	(Col #1 Less #2,
		and the second			& DATE	(+ or -) #6)
1	43,919.35	0	36500	Other		
2						
3						
4						
5						
6						
7						
8						
TOTAL \$	43,919.35					
						* *
			TRANSFE	R TO		1
(1#)	(#2)				(#6)	
					(#10)	
ORIGINAL	AMOUNT TO BE	AMOUNT	ACCT.	ACCOUNT		REVISED BUDGET
ORIGINAL BUDGET	AMOUNT TO BE TRANSFERRED	AMOUNT SPENT	ACCT. NO.	ACCOUNT NAME		REVISED BUDGET (Col #1Plus #2,
			101		PREVIOUS ACTI	REVISED BUDGET (Col #1Plus #2, (+ or -) #6)
			NO.		PREVIOUS ACTI *T/A & DATE	(Col #1Plus #2,
BUDGET	TRANSFERRED		NO.	NAME	PREVIOUS ACTI *T/A & DATE	(Col #1Plus #2,
BUDGET 1	TRANSFERRED		NO.	NAME	PREVIOUS ACTI *T/A & DATE	(Col #1Plus #2,
BUDGET 1 2 3 4	TRANSFERRED		NO.	NAME	PREVIOUS ACTI *T/A & DATE	(Col #1Plus #2,
1 2 3 4 5	TRANSFERRED		NO.	NAME	PREVIOUS ACTI *T/A & DATE	(Col #1Plus #2,
BUDGET 1 2 3 4 5 6	TRANSFERRED		NO.	NAME	PREVIOUS ACTI *T/A & DATE	(Col #1Plus #2,
1 2 3 4 5	TRANSFERRED		NO.	NAME	PREVIOUS ACTI *T/A & DATE	(Col #1Plus #2,
BUDGET 1 2 3 4 5 6	TRANSFERRED		NO.	NAME	PREVIOUS ACTI *T/A & DATE	(Col #1Plus #2,
1 2 3 4 5 6	TRANSFERRED		NO.	NAME	PREVIOUS ACTI *T/A & DATE	(Col #1Plus #2,
BUDGET 1 2 3 4 5 6 7 8	43,919.35		NO.	NAME	PREVIOUS ACTI *T/A & DATE	(Col #1Plus #2,
BUDGET 1 2 3 4 5 6 7 8 TOTAL \$	43,919.35 43,919.35		NO. 43510	NAME	PREVIOUS ACTI *T/A & DATE	(Col #1Plus #2,
BUDGET 1 2 3 4 5 6 7 8 TOTAL \$	43,919.35 43,919.35	SPENT	NO. 43510	NAME	PREVIOUS ACTI *T/A & DATE	(Col #1Plus #2,
BUDGET 1 2 3 4 5 6 7 8 TOTAL \$	43,919.35 43,919.35	SPENT	NO. 43510	NAME	PREVIOUS ACTI *T/A & DATE	(Col #1Plus #2,
BUDGET 1 2 3 4 5 6 7 8 TOTAL \$	43,919.35 43,919.35	SPENT	NO. 43510	NAME	PREVIOUS ACTI *T/A & DATE	(Col #1Plus #2,
BUDGET 1 2 3 4 5 6 7 8 TOTAL \$	43,919.35 43,919.35	SPENT	NO. 43510	NAME	PREVIOUS ACTI *T/A & DATE	(Col #1Plus #2,