DATE: 08-23-19
 DEPARTMENT
 Highway
 1112-980

 NAME
 NUMBER

			A O O O UNIT NUMBER					
	AMOUNT	PROJ.	ACCOUNT NAME	4	FUNI	D NAME	FUND	
	REQUESTED	NO.		NO.			NO	
1	35,000	190035	CR 40 / Waterford I	44600	EDIT		1112	
2			Study					
3								
4								
5								
6								
7								
8								
TOTAL	35,000							
	ORIGINAL AMOU	JNT	If Prior Add'I Appropriation	Can	Transfer	APPROV	ED	
	Approp. Unspent	as of	Was Approved	Ве	Effected BY		1	
	Request	Date	This Year			COUNCIL		
			AMOUNT DATE	YES	NO	Amount	Date	
							10	
	i i							
_								

REASON FOR REQUEST	1. Funds for consultant services to perform a traffic study for the CR 40 / Watermills connector							
road project.	20 E							
1. 1.								

DATE:	8/25/2019	DEPARTMENT	Highway	1112-980
			NAME	NUMBER

	AMOUNT	PROJ.	ACCOUNT NAME	ACCT.	FUND	NAME	FUND
	REQUESTED	NO.		NO,			NO
1	100,000	190036	BR 269, BR 361, and BR 410	44600	EDIT		1112
2			Design services				
3							
4	in the second						
5							
6							
7							
8							
TOTAL	100,000						
	ORIGINAL AMOU Approp. Unspent Request	JNT as of Date	If Prior Add'l Appropriation Was Approved This Year	Can Be	Can Transfers Be Effected		VED (
			AMOUNT DATE	YES	NO	Amount	Date
				N			
		- 0					

	1. Funds to pay for consultant design services for the following bridge projects: BR 269 - CR 1 over Fisher-Gordon Ditch (Northwest of Nappanee, West of SR 19)				
	BR 361 - North Main Street over Christiana Creek (In the City of Elkhart)				
	BR 410 - College Avenue over Horn Ditch (East of US 33 in the City of Goshen)				

DATE:	8/13/2019		DEPARTMENT	Highway			1112-9801
					NAME		NUMBER
	AMOUNT	PROJ.		ACCT.	FUN	NAME	FUND
	REQUESTED	NO.	ACCOUNT NAME	NO.			NO
1	500,000	190032	CR 38 ROW Clearing	44600	EDIT		1112
2							
3							
4							
5							
6							
7							
8							
TOTAL	500,000						
			If Prior Add'l				
	ORIGINAL AMO	UNT	Appropriation	Can	Transfer	APPRO\	/ED
	Approp. Unspent	as of	Was Approved	Ве	Effected	BY	
	Request	Date	This Year			COUNC	CIL
			AMOUNT DATE	YES	NO	Amount	Date
					1		
REASON	FOR REQUEST	1. Funds to co	ntinue right of way purchas	es including but	not limited	to appraisals, buvin	g. legal.
			CR 38 - CR 31 to SR 13 pro			- Spp Color bayin	g, 10gm.,
	1						
				-			

 DATE: 08-23-19
 DEPARTMENT
 Highway
 1112-980

 NAME
 NUMBER

-								
	AMOUNT	PROJ.	ACCOUNT	NAME	ACCT.	FUN	D NAME	FUND
	REQUESTED	NO.			NO.			NO
1	1,000,000	190034	Paving & Road M	laintenance	44600	EDIT		1112
2								
3								
4								
5								
6								
7								
8	1							
TOTAL	1,000,000							
	ORIGINAL AMOU Approp. Unspent Request	JNT as of Date	If Prior Add'I Appropriation Was Approved This Year		Can Transfe Be Effected		APPROVED BY COUNCIL	
			AMOUNT	DATE	YES	NO	Amount	Date
	j j							
	1							

REASON FOR REQUEST	1. Funds to be utilized for road paving, chip seal, and crack seal activies and associated costs.

	DATE:	8.27.19	DEPARTMENT		1114-105			
				-	NAM		NUMBER	
	ANGUNIT	DD0 1		100=				
	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT	ACCT. NO.	FUND	NAME	FUND	
1		NO.	NAME UNIFORMS	42150	LIT SDE	CIAL PURPOSE	NO 1114	
2	25,000		UNIFORIVIS	42130	LII - OPE	CIAL PURPOSE	1114	
3								
4								
5								
6								
7								
8								
TOTAL	25,000							
			If Prior Add'l					
	ORIGINAL AMOUNT		Appropriation	Can	Can Transfers APPRO		OVED	
	Approp Unspent	as of	Was Approved	Ве	Be Effected BY			
	Request	Date	This Year			COUNCI		
			AMOUNT DATE	YES	NO	Amount	Date	
		_						
	= 47							
REASC	ON FOR REQUEST	To purcha	se black uniforms f	or Correction	officers			
TO 5 5		D 11 05 1						
10 BE	HEARD SEPTEMBE	K 14, 201	9					

DATE:	8/28/2019		DEPARTMENT	Commun	ity Correc NAME	tions	1130-614 NUMBER
	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT.	FUN	D NAME	FUND NO
1	100,000		Other Equipment	44510	Project Ir	ncome	1130
2							
3							
4							
5							
7							
8	10						
TOTAL	100,000						
	ORIGINAL AMOUNT Approp. Unspent Request	as of Date	If Prior Add'I Appropriation Was Approved This Year		Transfers Effected	APPRO\ BY COUNC	
			AMOUNT DATE	YES	NO	Amount	Date

REASON FOR REQUEST	1. Funds to replace/repair body scanner.					

DATE:	8/28/2019		DEPARTMENT	Community	/ Correction	S	1138-980
					NAME		NUMBER
	AMOUNT	lano i					
	AMOUNT	PROJ.		ACCT.	FUND	NAME	FUND
	REQUESTED	NO.	ACCOUNT NAME				NO
1	100,000		Other Equipment	44510	Cumulative	Capital Imp.	1138
2							
3							
4							
5							
7					-		
8							
	100,000						
TOTAL	100,000						
			If Deign Addul				
	ORIGINAL AMOUN	l T	If Prior Add'l	Con	Transfers	ABBBO	/ED
			Appropriation	Can	Transfers	APPRO'	VED
	Approp. Unspent	as of	Was Approved	Ве	Effected	BY	
	Request	Date	This Year			COUN	
			AMOUNT DA	YES	NO	Amount	Date
	::*						
DEASON	N FOR REQUEST	1 Eundo	to roplose/ropeis ha	d			
REASON	V FOR REQUEST	i. Funds	to replace/repair bo	ay scanner.			

DATE	8/13/2019	 DEPARTMENT	Surveyor / Cumulative Drainage	1141 (980)
			NAME	NUMBER

ANACHAIT	DDO I		400=				
			***	FUND	NAME	FUND	
			NO.			NO	
5,000			44600	Cum Drain		1141	
45,000	191015	Nunemaker	44600	Cum Drain		1141	
	8						
50,000							
					-		
*		If Prior Add'l					
ORIGINAL AMOUN	Г	Appropriation	Can	Transfers	APPRO	VED	
Approp. Unspent	as of	Was Approved	Be			Y	
Request	Date	This Year					
		AMOUNT DATE	YES	NO	Amount	Date	
3			-				
1							
	50,000 ORIGINAL AMOUNTApprop. Unspent	## REQUESTED NO. 5,000 191014	REQUESTED NO. NAME 5,000 191014 York Middlebury 45,000 191015 Nunemaker 50,000 If Prior Add'I Appropriation Approp. Unspent as of Request Date This Year	REQUESTED NO. NAME NO.	REQUESTED NO. 191014 York Middlebury 44600 Cum Drain 45,000 191015 Nunemaker 44600 Cum Drain 50,000 ORIGINAL AMOUNT Approp. Unspent as of Request Date NO. 191014 York Middlebury 44600 Cum Drain 44600 Cum	NO. NAME NO. Signal Signal No. Signal Signal Signal Signal No. Signal Sig	

REASON FOR REQUEST	Maintenance on County Regulated Drains						
		The second secon					

8/13/2019 DEPARTMENT			Planning &	1150-980			
				NAME		NUMBER	
AMOUNT	PROJ.		ACCT.	FUND	NAME	FUND	
AMOUNT REQUESTED	NO.	ACCOUNT NAME	NO.	FOND	IVAIVIE	NO	
1 \$ 3,225		Other Professional Services	43090	Electronic	Map Generation	1150	
3							
4							
5							
6							
7							
8		*		5			
TOTAL \$ 3,22	5						
		If Prior Add'l				-	
ORIGINAL AMO	UNT	Appropriation	Can	Transfers	APPROV	ED .	
Approp. Unspent	as of	Was Approved	Ве	Effected	BY	BY	
Request	Date	This Year			COUNC	IL	
		AMOUNT DATE	YES	NO	Amount	Date	
1							
2	- 4						
3		· ·					
4							
5							
6							
7							
8							
TOTAL \$							
REASON FOR F	REQUEST	payment for pictometry	service				
						25	

 DATE:
 08.26.19
 DEPARTMENT
 SHERIFF
 1155/980

 NAME
 NUMBER

_	ALIGUNIT		T ACCOUNT A	LABAT					
	AMOUNT	PROJ.	ACCOUNT N	NAIVIE	ACCT.	FUND	NAME	FUND	
	REQUESTED	NO.			NO.			NO	
1	15,000		PRISONER TRAN	ISPORT	43820	EXTR	ADITIONS	1155	
2									
3									
4									
5									
6			- 14						
7									
8									
TOTAL	15,000								
	(9)								
			If Prior Ad	d'l					
	ORIGINAL AMOU	NT	Appropriat	ion	Can	Transfers	APPRO\	OVED	
	Approp. Unspent	as of	Was Appro	ved	Ве	Effected	BY	3Y	
	Request	Date	This Yea	ar			COUNC	JNCIL	
			AMOUNT	DATE	YES	NO	Amount	Date	
	1								
	7.1								

REASON FOR REQUEST To make monies available to transport	felons back to Elkhart County to face charges.
TO BE HEARD SEPTEMBER 14, 2019	

DATE: 8/13/2019

DEPARTMENT: Local Health Maintenance fund

1168-980

NAME

AMOUNT	PROJ.			ACCT.	FUN	D NAME	FUND
REQUESTED	NO.	ACCOU	NT NAME	NO.			NO
12,000		Other Profess	ional Services	43090			1168
12,000							
12,000							
	-	If Drio	r Add'l				
ORIGINAL AMO	I MINT			Can	Transfer	APPRO'	VED
		Appropriation					VED
Approp. Unspent	as of	Was Approved This Year		Be Effected		BY	
Request	Date					COUN	CIL
		AMOUNT	DATE	YES	NO	Amount	Date

REASON FOR REQUEST	Funding for enFocus to conduct a Community Health needs Assessment specific
to Elkhart County Health Dep	artment and review , improve and implement website and social marketing.

DATE:	8/23/2019		DEPAR	IMENT	Highway			1169-980
						NAME		NUMBER
	AMOUNT	PROJ.	ACCOUN	TNAME	ACCT.	ELIND	NAME	FUND
	REQUESTED		7,00001	1 TO GOLL	NO.	POND	INAIVIE	NO
1	45,000		Snow Plow Cu	tting Edges	-	Local Road ar	nd Street	1169
2			and Plow Whe	els				
3								
4								
5								
6								
7 8								
TOTAL	45,000							
TOTAL	40,000							
			If Prior	Add'I				
	ORIGINAL AM	OUNT	Appropi	riation	Can	Transfers	APPRO	OVED
	Approp. Unspent	as of	Was Ap		Be	Effected	BY	•
	Request	Date	This \	/ear			COUN	ICIL
			AMOUNT	DATE	YES	NO	Amount	Date
	N FOR REQUE							
1. Fund	ds needed for a	nnual rep	lacement of	snow plov	v cutting edg	es and plov	v wheels.	
-								

SHERIFF

1170-980

8.27.19 DEPARTMENT

DATE:

					NAME		NUMBER
	AMOUNT	PROJ.	ACCOUNT NAME	ACCT.	FUND	NAME	FUND
	REQUESTED	NO.		NO.			NO
1	95,000		OTHER PROF. SERV.	43090	LIT PUBLIC	CSAFETY	1170
2	15,000		OTHER EQUIPMENT	44510	LIT PUBLIC	SAFETY	1170
3							
4							
5							
6							
7							
8							
TOTAL	110,000						
			If Prior Add'l				
	ORIGINAL AMO		Appropriation		Transfers	APPR	
	Approp. Unspent	as of	Was Approved	Be	Effected	B	
	Request	Date	This Year			COU	
			AMOUNT DATE	YES	NO	Amount	Date
		_					
			-				
REASOI	N FOR REQUEST		st is for security and d				
REASO	N FOR REQUEST		st is for security and dest is for security car				
REASO	N FOR REQUEST						
REASO	N FOR REQUEST						

DATE: 7/25/2019

DEPARTMENT

Highway

1176-201

NAME

NUMBER

	AMOUNT REQUESTED	PROJ. NO.	ACCOUN	T NAME	ACCT. NO.	FUND	NAME	FUND NO
1	5,000		Education and	Conference C	43830	Motor Vehicle	Highway	1176
2								
3								
4								
5								
6								
7								
8								
TOTAL	5,000							
	ORIGINAL AMO		If Prior Approp Was Ap This	riation proved	Can Be	Transfers Effected	APPRO' BY COUN	
			AMOUNT	DATE	YES	NO	Amount	Date

REASON FOR REQUEST

1. Funds needed for various certification, recertification, continuing ed, safety training, etc. P.E. continuing ed,
SR/WA recertification, Real Estate license training/recert., Indiana State Chemist Licensing for spraying Right of way,
LTAP Road Builder certification, Appraisal training, SQL Database training, and many more educational seminars and
classes.

8/5/2019		DEPARTMENT	Assessor	Cum Reassesment	Fund	1188/980
				NAME	N	IUMBER
AMOUNT	PROJ.	ACCOUNT	ACCT.		FUN	
REQUESTED	NO.	NAME	NO.	FUND NAME	NC).
26,936.00		Prof. Services	43090			
TAL \$ 26,936						
e		If Prior Add'l				
ORIGINAL AMO	DUNT	Appropriation	Can	Transfers	APPRO	VED
Approp. Unspent	as of	Was Approved	Ве	Effected	BY	
Request	Date	This Year			COUNCIL	
		AMOUNT DATE	YES	NO	Amount	Date
1.00						
2.00						
3.00						
4.00						
5.00						
6.00						
7.00						
8.00						
TOTAL \$						
REASON FOR	REQUEST	This is the yearly p	payment to N	MAACOG for Elkhart (County share o	of the aeri
					54	
				Cathy Searcy		
				Signature of Departm	ent Head	

DEPARTMENT DATE: August 26, 2019

Solid Waste - Landfill

1194/980

NAME

		,				
AMOUNT	PROJ.		ACCT.	FUND	NAME	FUND
REQUESTED	NO.	ACCOUNT NAME	NO.			NO
\$175,000.00	192007	Building Repair and Improvements	44600	Solid Waste User Fees		1194
\$20,000.00		Engineering	43030	Solid Wa	ste User Fees	1194
\$10,000.00		Builing Repairs	43500	Solid Wa	ste User Fees	1194
\$30,000.00		Elk Co Solid Waste	43865	Solid Wa	ste User Fees	1194
\$235,000.00	Total					
ORIGINAL AMOUNT		If Prior Add'l Appropriation	Can	Transfers	APPRO\	/ED
Approp. Unspent	as of	Was Approved	Ве	Effected	BY	
Request	Date	This Year			COUNCIL	
		AMOUNT DATE	YES	NO	Amount	Date
		N/A		Х		
TOTAL \$- (orig + add'i)						

REASON FOR REQUEST Additional Money for wood boiler for shop and remodeling / repairs for new county office							
buildings next to the landfill. Added Funds in accounts do to increased trash volume and HVAC repairs							
	Signature of Department Head						

DATE: 8/13/2019

DEPARTMENT: Local Health Trust Fund

1206/981

NAME

	AMOUNT REQUESTED	PROJ. NO.	ACCOUNT NAME	ACCT. NO.	FUND	NAME	FUND NO
1	1,500		Professional	41120		***	1206
2	95		FICA	41300			
3	25		Medicare	41305			
4	180		PERF	41400			
5	7,515		Other Equipment	44510			
6							
7							
8							
9							
10							
TOTAL	9,315						
	ORIGINAL AMOUNT		If Prior Add'l Appropriation	Can	Can Transfers		OVED
	Approp. Unspent	as of	Was Approved	Be	Effected	B	
	Request	Date	This Year			COUNCIL	
			AMOUNT D	YES	NO	Amount	Date

REASON FOR REQUES 1:	Additional nours for Erika Contreras Padilla salary and fringe.							
To purchase a new dental chair for the Dental Clinic.								

8/20/2019		DEPARTMENT	Park & Recreation 1219-320				
				NAME			
	r						
AMOUNT	PROJ.		ACCT.	FUND	NAME	FUND	
REQUESTED	NO.	ACCOUNT NAME				NO	
\$2,500.00		Office / Clerical	41220	General Fur	nd	1219	
\$2,500.00		1					
		If Prior Add'l					
ORIGINAL AM	OUNT	Appropriation	Can	Transfers	APPRO\	/ED	
Approp.	as of	Was Approved	Ве	Effected	ВҮ		
	Date	This Year			COUN	CIL	
\$2,500		AMOUNT D	YES	NO	Amount	Date	
REASON FOR REQUEST: This money is to cover staff wages in the part time account to assist							
		khart County Histo				<u></u>	
		in the account #36		Carri Tile yz	-,		
		in a documento					

DATE: 8/20/19		DEPARTMENT	Park & Red	1219-320 2			
				NAME			
AMOUNT	PROJ.		ACCT.	FUND	NAME	FUND	
REQUESTED	NO.	ACCOUNT NAME	NO.			NO	
\$5,100.00		Service Maintenance	41230	General Fu	ınd	1219	
-							
\$5,100.00							
		If Prior Add'l					
ORIGINAL AMO	I UNT	Appropriation	Can	Transfers APPROV		/ED	
Approp. Unspent	as of	Was Approved	Be	Be Effected E		Υ	
Request	Date	This Year			COUNC		
		AMOUNT DATE	YES	NO	Amount	Date	
REASON FOR RE		y is to cover staff wages	s in the part ti	me account			
-							
-	= -				1		

8/27/2019		DEPARTMENT	Millersburg	H		4503-980	
				NAME		NUMBER	
				,			
AMOUNT	PROJ.		ACCT.	FUND	NAME	FUND	
REQUESTED	NO.	ACCOUNT NAME	NO.			NO	
1 \$ 97,550		Refunds and Other	43850	Mill	ersburg II	4503	
2							
3							
4							
5							
6							
7							
8			*				
TOTAL \$ 97,550							
	-	If Prior Add'l					
ORIGINAL AMOUN	NT	Appropriation	Can Transfers APPF		APPROV	OVED	
Approp. Unspent	as of	Was Approved	Be Effected B		BY	,	
Request	Date	This Year			COUNC	IL	
		AMOUNT DATE	YES	NO	Amount	Date	
1							
2							
3							
4							
5							
6							
7							
8							
TOTAL \$							
REASON FOR REC	QUEST	Payment to the Tov	vn of Millers	burg for Wa	stewater plant		

8/13/2019	DEPARTMENT	South Benton	4505-980
		NAME	NUMBE

AMOUNT	PROJ.		ACCT.	FUND	NAME	FUND	
REQUESTED	NO.	ACCOUNT NAME	NO.			NO	
\$32,700		Refunds and Other	43850	South	Benton	4505	
2							
3							
4							
5			F				
6							
7							
8							
TOTAL \$ 32,7	700						
		If Prior Add'l					
ORIGINAL AMO) DUNT	Appropriation	Can	Transfers	APPR	OVED	
	as of	Was Approved					
Approp. Unspent Request	Date	This Year	Бе	Ellected		BY INCU	
Request	Date		VEC	NO	COUNCIL		
		AMOUNT DATE	YES	NO	Amount	Date	
1							
2							
3							
5							
6							
7							
8							
TOTAL \$							

REASON FOR REQUEST	Payment to Syracuse for water and sewer expansion			
-				

 8/13/2019
 DEPARTMENT
 Western Gateway
 4506-980

 NAME
 NUMBER

	T						
AMOUNT	PROJ.		ACCT.	FUND	NAME	FUND	
REQUESTED	NO.	ACCOUNT NAME	NO.			NO	
1 \$ 33,043		Refunds and Other	43850	Western	Gateway	4506	
2							
3							
4							
5							
6							
7							
8							
TOTAL \$ 33,043	1						
-							
		If Prior Add'l					
ORIGINAL AMOUN	Ť	Appropriation	Can Transfers APPR		ROVED		
Approp. Unspent	as of	Was Approved	Ве	Effected	B,	BY	
Request	Date	This Year			COU	COUNCIL	
		AMOUNT DATE	YES	NO	Amount	Date	
1							
2							
3							
4							
5							
6							
7							
8							
TOTAL \$							

REASON FOR REQUEST	Payment to Environmental Special Projects for water and sewer expansion				

8/13/2019		DEPARTIMENT Wild diebury Ag					4508-980
					NAME		NUMBER
AMOUNT	PROJ.			ACCT.	FUND	NAME	FUND
AMOUNT REQUESTED	NO.	ACCOUN	T NAME	NO.	1 0140	FUND NAME	
1 \$ 39,604		Refunds a		43850	Mido	debury Ag	NO 4508
2						, , , , , , , , , , , , , , , , , , ,	
3							
4							
5							
6							
7							
8							
TOTAL \$ 39,6	304						
ORIGINAL AMO	DUNT	If Prior Approp		Can	Transfers	APPROV	/ED
Approp Unspent	as of	Was Ap		Be Effected		BY	
Request	Date	This '	•			COUNC	CIL
		AMOUNT	DATE	YES	NO	Amount	Date
1							
2							
3							
4							
5							
6							
7							
8							
TOTAL \$							
REASON FOR	REQUEST	Refund pay	ments for t	he Conserv	ation Easem	nent to 2 landowr	ners
	39						

8/13/2019	3/13/2019 DEPARTMENT Middlebury East						
	N/					NUMBER	
AMOUNT	PROJ.	10000111	ACCT.	FUND	NAME	FUND	
AMOUNT REQUESTED	NO.	ACCOUNT NAME	NO.	TOND	INVIAIT	NO	
1. \$ 494,368		Refunds and Other	43850	Middlel	bury East	4510	
2							
3							
4							
5							
6							
7							
8							
TOTAL \$ 494,368	3						
ORIGINAL AMOUNT Approp. Unspent as of		If Prior Add'I Appropriation Was Approved This Year	Can Be	Transfers Effected	APPROVED BY COUNCIL		
Request	Date	AMOUNT DATE	YES	NO	Amount	Date	
1		AWOUNT DATE	120	140	Amount	Date	
2							
3						2	
4							
5							
6							
7							
8							
TOTAL \$							
REASON FOR REG	QUEST	Payment to Middl	ebury for wa	astewater tre	eatment plant	expansion	

8/13/2019

DEPARTMENT CR 6&17 NE TIF

4511-980

NAME

	I						
AMOUNT	PROJ.		ACCT. FUND		NAME	FUND	
REQUESTED	NO.	ACCOUNT NAME	NO.			NO	
1 \$ 1,477,050	192502	nstruction and Reconstru	44600	CR 6&	17 NE TIF	4511	
2							
3							
4							
5							
6					1.1		
7							
8							
TOTAL \$ 1,477,05	0						
		If Prior Add'l					
ORIGINAL AMOUNT		Appropriation	Can Transfers APF			ROVED	
Approp Unspent	as of	Was Approved	Ве	Effected	BY		
Request	Date	This Year			COUNCIL		
		AMOUNT DATE	YES	NO	Amount	Date	
1							
2							
3							
4							
5							
6							
7							
8							
TOTAL \$							
	5						

REASON FOR REQUEST	ivy Tech advanced manufacturing building addition				

DEPARTMENT North Baugo 8/13/2019 4512-980 NUMBER NAME PROJ. ACCT. **FUND NAME** FUND AMOUNT NO. NO. NO REQUESTED ACCOUNT NAME \$ 20,244 Refunds and Other 43850 North Baugo 4512 4 5 TOTAL \$ 20,244 If Prior Add'l Transfers **ORIGINAL AMOUNT** Appropriation Can **APPROVED** Was Approved Be Effected BY Approp. Unspent as of Date This Year COUNCIL Request YES NO AMOUNT DATE Amount Date 3 6 TOTAL \$ **REASON FOR REQUEST** Payment to Environmental Special Projects for water expansion

DATE: August 27, 2019 DEPARTMENT Commissioners 4803/980 NAME NUMBER AMOUNT PROJ. ACCT. **FUND NAME FUND** REQUESTED NO. NO. NO **ACCOUNT NAME** 50,000.00 43920 Environmental Special Project Other Grants & Awards 4803 2 3 4 5 6 7 8 **TOTAL** 50,000.00 If Prior Add'l **ORIGINAL AMOUNT** Appropriation **Transfers** Can **APPROVED** as of Was Approved Be Effected BY Approp. Unspent This Year COUNCIL Request Date AMOUNT DATE YES NO **Amount** Date

REASON FOR REQUEST	To support Elknart County Drug-Free Partnership.					
	16.					
To be heard September	r 14, 2019					

8/20/2019		DEPARTMENT	Park & Re	4909-980				
			NAME					
AMOUNT REQUESTED	PROJ.	ACCOUNT NAME	ACCT.	FUND	NAME	FUND		
\$150,000.00		Donation Monies	24400	Park & Rec	Donations	4909		
Ψ100,000.00		Bonation Works	24400	T alk & INEC	Donations	4303		
\$150,000.00				<u> </u>				
		If Duis a Ashalli						
ORIGINAL AMO	LINT	If Prior Add'l Appropriation	Can	Transfers	APPROV	'FD		
Approp. Unspent	as of	Was Approved	Be Effected			SY		
Request	Date	This Year		Lilected	COUNC	CIL		
		AMOUNT DATE	YES	NO	Amount	Date		
ž.					*			
			+	-				
				 				
				+				
	-					-		
REASON FOR RE	QUEST:							
	14	requesting \$150,000 to	be appropr	iated for				
designated park	projects	5.						

DATE:

8/23/19

DEPARTMENT

Fetal and Infant Mortality Review

8127-311

NAME

	AMOUNT	PROJ.		ACCT.	FUND	NAME	FUND
	REQUESTED	NO.	ACCOUNT NAME	NO.			NO
1	15,500		Professional	41215	Fetal and Infa	nt Mortality Review	8127
2	961		Social Security	41300	Fetal and Infa	nt Mortality Review	8127
3	225		Medicare	41305	Fetal and Infa	nt Mortality Review	8127
4	1,245		Other Office Supplies	42090	Fetal and Infa	nt Mortality Review	8127
5	1,125		Other Operating Supplies	42195	Fetal and Infa	nt Mortality Review	8127
6	295		Mileage	43130	Fetal and Infa	nt Mortality Review	8127
7							
8							
9							
10							
11							
TOTAL	19,351						
			If Prior Add'l				
	ORIGINAL AMOU	JNT	Appropriation	Can	Transfers	APPROV	ED
	Approp. Unspent	as of	Was Approved	Ве	Effected	BY	
	Request	Date	This Year			COUNC	IL
	1		AMOUNT DATE	YES	NO	Amount	Date
	1						

REASON FOR REQUES I	Set the budget for FT 2020 for the Fetal and infant wortainty Neview					

DATE:

8/23/19 DEPARTMENT Baby and Me Tobacco Free

8127-315

NAME

	AMOUNT	PROJ.	ACCOUNT NAME	ACCT	FUND	NAME	FUND	
	REQUESTED	NO.		NO.	TONE	TO MILE	NO	
1	22,354		Professional		Baby and M	le Tobacco Free	8127	
2	1,386		Social Security			le Tobacco Free	8127	
3	2,504		PERF			le Tobacco Free	8127	
4	375		Wellness	41330	Baby and M	le Tobacco Free	8127	
5	324		Medicare	41305	Baby and M	le Tobacco Free	8127	
6	500		Other Office Supplie	42090	Baby and M	le Tobacco Free	8127	
7	7,500		Other Operating Su	42195	Baby and M	le Tobacco Free	8127	
8	200		Sustanence	43110	Baby and N	le Tobacco Free	8127	
9	1,000		Mileage	43130	Baby and M	le Tobacco Free	8127	
10	250		Postage	43120	Baby and Me Tobacco Free		8127	
11	2,000		Other Professional	43090	Baby and Me Tobacco Free		8127	
TOTAL	38,393							
	14							
			If Prior Add'l					
	ORIGINAL AMOU	NT	Appropriation	Can	Transfers	APPROVI	APPROVED	
	Approp. Unspent	as of	Was Approved	Be Effected		BY		
	Request	Date	This Year			COUNCI	L	
			AMOUNT DATE	YES	NO	Amount	Date	
	1							
	, ,							
	44							

REASON FOR REQUEST	Set the budget for FY 2020 for the Baby and Me Tobacco Free Grant				
- A					
·					
¥					

ELKHART COUNTY ADDITIONAL REDUCTION REQUEST

DATE: 8/7/19

DEPARTMENT Highway

1112-980

NAME

	AMOUNT	PROJ.	ACCOUNT	ACCT.	FUND	NAME	FUND
	REQUESTED	NO.	NAME	NO.	TV T		NO
1	1,687	180039	Signal Upgrades	160027	EDIT		1112
2							
3							
4							
5							
6							
7							
8							
TOTAL	1,687						
	ORIGINAL AMOUNT Approp. Unspent as of Request Date		If Prior Add'l Appropriation Was Approved This Year	Can Transfers Be Effected		APPROVED BY COUNCIL	
			AMOUNT DATE	YES	NO	Amount	Date
			W 1				
	Jan 1						

REASON FOR REQUEST	1. Signal Performance Measures Project is completed.					

DATE	DEPARTMENT Voting Registration					1143-191
8/22/2019				NAME		FUND/DEPT NO.
			TRANSF	ER 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	909.00		42090	Other Office	Supplies	
2						
3						
4						
5						
6						
7						
8						
TOTAL \$	909.00					
	2					
			TRANSI	ER TO		
(1#)	(#2)				(#6)	
(1#) ORIGINAL	(#2) AMOUNT TO BE	AMOUNT	ACCT.	ACCOUNT	(#6) PREVIOUS ACTION	REVISED BUDGET
		AMOUNT SPENT	ACCT. NO.	ACCOUNT NAME		REVISED BUDGET (Col #1Plus #2,
ORIGINAL	AMOUNT TO BE				PREVIOUS ACTION	
ORIGINAL	AMOUNT TO BE		NO.		PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,
ORIGINAL BUDGET	AMOUNT TO BE TRANSFERRED		NO.	NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,
ORIGINAL BUDGET 1 2	AMOUNT TO BE TRANSFERRED		NO.	NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,
ORIGINAL BUDGET 1 2 3	AMOUNT TO BE TRANSFERRED		NO.	NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,
ORIGINAL BUDGET 1 2	AMOUNT TO BE TRANSFERRED		NO.	NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,
ORIGINAL BUDGET 1 2 3 4	AMOUNT TO BE TRANSFERRED		NO.	NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,
ORIGINAL BUDGET 1 2 3 4 5	AMOUNT TO BE TRANSFERRED		NO.	NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,
ORIGINAL BUDGET 1 2 3 4 5 6 7	AMOUNT TO BE TRANSFERRED		NO.	NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,
ORIGINAL BUDGET 1 2 3 4 5 6 7 8	AMOUNT TO BE TRANSFERRED 909.00	SPENT	NO.	NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,
ORIGINAL BUDGET 1 2 3 4 5 6 7	AMOUNT TO BE TRANSFERRED 909.00	SPENT	NO.	NAME	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2,
ORIGINAL BUDGET 1 2 3 4 5 6 7 8 TOTAL \$	AMOUNT TO BE TRANSFERRED 909.00	SPENT	NO. 43510	NAME	PREVIOUS ACTION *T/A & DATE ntracts	(Col #1Plus #2,
ORIGINAL BUDGET 1 2 3 4 5 6 7 8 TOTAL \$	AMOUNT TO BE TRANSFERRED 909.00 909.00	SPENT	NO. 43510	Maint/Serv Co	PREVIOUS ACTION *T/A & DATE ntracts	(Col #1Plus #2,
ORIGINAL BUDGET 1 2 3 4 5 6 7 8 TOTAL \$	AMOUNT TO BE TRANSFERRED 909.00 909.00	SPENT	NO. 43510	Maint/Serv Co	PREVIOUS ACTION *T/A & DATE ntracts	(Col #1Plus #2,
ORIGINAL BUDGET 1 2 3 4 5 6 7 8 TOTAL \$	AMOUNT TO BE TRANSFERRED 909.00 909.00	SPENT	NO. 43510	Maint/Serv Co	PREVIOUS ACTION *T/A & DATE ntracts	(Col #1Plus #2,
ORIGINAL BUDGET 1 2 3 4 5 6 7 8 TOTAL \$	AMOUNT TO BE TRANSFERRED 909.00 909.00	SPENT	NO. 43510	Maint/Serv Co	PREVIOUS ACTION *T/A & DATE ntracts	(Col #1Plus #2,

ELKHART COUNTY

REQUEST FOR TRANSFER OF APPROPRIATED BETWEEN MAJOR CLASSIFICATION

	FUNDS	BETWEEN	MAJOR CLASSIFICATION			
BATE						
DATE		DEPARTMENT	-	Highway		1169-222
				NAME		FUND/DEPT NO
			TRANSFER	RFROM		
(1#)	(#2)				(#6)	
ORIGINAL	AMOUNT TO BE	AMOUNT	ACCT.NO.	ACCOUNT	PREVIOUS ACTION	REVISED BUDGET
BUDGET	TRANSFERRED	SPENT		NAME	*T/A	(Col #1 Less #2,
					& DATE	(+ or -) #6)
1 500,000	101,000.00	0	44500	Motor Vehicles		399,000
2						
3						
4						
5						
6						
7						
8						
TOTAL \$	101,000.00					
	7/					
			TRANSFER	R TO		
(1#)	(#2)				(#6)	
ORIGINAL	AMOUNT TO BE	AMOUNT	ACCT. NO.	ACCOUNT	PREVIOUS ACTION	REVISED BUDGET
BUDGET	TRANSFERRED	SPENT		NAME	*T/A	(Col #1Plus #2,
- 4					& DATE	(+ or -) #6)
1 70,000	25,000.00	61,124.00	43590	Equipment Rep	airs-Labor	95,000
2 25,000	6,000.00	20,481.00	43440	Bridge/Traffic L	ights	31,000
3 300,000	70,000.00	274,120.00	43540	Vehicle Repairs	s-Labor	370,000
4						
5						
6						
7						
8						
TOTAL \$	101,000.00					
REASON	FOR TRANSFER	1. to pay for labor for	r equipment re	pairs, 2. utility inve	pices for bridge and traffic	lights
	abor for vehicle repairs					

DATE 9/4	/19	DEPARTMENT	Solid Wa		1-1-1-1	1194/338
				NAME		FUND/DEPT NO
			TDANCE	ER FROM		
(1#)	(#2)		IKANSF	EK PKOWI	(#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)
1 340,000.	20,000	\$31,595.85	42110	Gas, Diesel	\$13,000.00	\$307,000
2						
3			14			100
4						
5			.51			
6						511
7						
8						
TOTAL \$	20,000.00					
			TRANSF	ER TO		
(1#)	(#2)				(#6)	
ORIGINAL						
ORIGINAL	AMOUNT TO BE		100		PREVIOUS ACTION	REVISED BUDGET
BUDGET	AMOUNT TO BE TRANSFERRED	AMOUNT SPENT	ACCT.	ACCOUNT	PREVIOUS ACTION *T/A	REVISED BUDGET (Col #1Plus #2,
			ACCT.	ACCOUNT NAME		
BUDGET		AMOUNT SPENT			*T/A & DATE	(Col #1Plus #2,
BUDGET 1 6,000	TRANSFERRED	AMOUNT SPENT TO DATE	NO.	NAME	*T/A & DATE	(Col #1Plus #2, (+ or -) #6)
BUDGET 1 6,000 2	TRANSFERRED	AMOUNT SPENT TO DATE	NO.	NAME	*T/A & DATE	(Col #1Plus #2, (+ or -) #6)
1 6,000 2 3	TRANSFERRED	AMOUNT SPENT TO DATE	NO.	NAME	*T/A & DATE	(Col #1Plus #2, (+ or -) #6)
1 6,000 2 3 4	TRANSFERRED	AMOUNT SPENT TO DATE	NO.	NAME	*T/A & DATE	(Col #1Plus #2, (+ or -) #6)
BUDGET 1 6,000 2 3	TRANSFERRED	AMOUNT SPENT TO DATE	NO.	NAME	*T/A & DATE	(Col #1Plus #2, (+ or -) #6)
BUDGET 1 6,000 2 3 4 5 6	TRANSFERRED	AMOUNT SPENT TO DATE	NO.	NAME	*T/A & DATE	(Col #1Plus #2, (+ or -) #6)
BUDGET 1 6,000 2 3 4 5 6 7	TRANSFERRED	AMOUNT SPENT TO DATE	NO.	NAME	*T/A & DATE	(Col #1Plus #2, (+ or -) #6)
BUDGET 1 6,000 2 3 4 5 6 7	20,000.00	AMOUNT SPENT TO DATE 399.38	NO.	NAME	*T/A & DATE	(Col #1Plus #2, (+ or -) #6)
BUDGET 1 6,000 2 3 4 5 6 7	20,000.00	AMOUNT SPENT TO DATE 399.38	NO.	NAME	*T/A & DATE	(Col #1Plus #2, (+ or -) #6)
BUDGET 1 6,000 2 3 4 5 6 7 8 TOTAL \$	20,000.00 20,000.00	AMOUNT SPENT TO DATE 399.38	NO. 43610	NAME	*T/A & DATE	(Col #1Plus #2, (+ or -) #6)
BUDGET 1 6,000 2 3 4 5 6 7 8 TOTAL \$	20,000.00 20,000.00	AMOUNT SPENT TO DATE 399.38	NO. 43610	NAME	*T/A & DATE	(Col #1Plus #2, (+ or -) #6)
BUDGET 1 6,000 2 3 4 5 6 7 8 TOTAL \$	20,000.00 20,000.00	AMOUNT SPENT TO DATE 399.38	NO. 43610	NAME	*T/A & DATE	(Col #1Plus #2, (+ or -) #6)
BUDGET 1 6,000 2 3 4 5 6 7 8 TOTAL \$	20,000.00 20,000.00	AMOUNT SPENT TO DATE 399.38	NO. 43610	NAME	*T/A & DATE	(Col #1Plus #2, (+ or -) #6)
BUDGET 1 6,000 2 3 4 5 6 7 8 TOTAL \$	20,000.00 20,000.00	AMOUNT SPENT TO DATE 399.38	NO. 43610	NAME	*T/A & DATE	(Col #1Plus #2, (+ or -) #6)

DATE	<u>8/15/2019</u>	DEPARTMENTFetal and Infant Mortality Review 8				8127-611
				NAME		FUND/DEPT NO.
			TRANSFE	R FROM		
(1#)	(#2)				(#6)	
ORIGINAL	AMOUNT TO B	AMOUNT	ACCT.	ACCOUNT	PREVIOUS ACTION	REVISED BUDGET
BUDGET	TRANSFERRE	SPENT	NO.	NAME	*T/A	(Col #1 Less #2,
				7.6	& DATE	(+ or -) #6)
				Operating		
1,125	318.00	0.00	42195	Supplies	0	807.00
TOTAL \$	249.00					
TOTAL \$	318.00					
			TDANCE	D TO		
(1#)	(#2)		TRANSFE	R TO	(#6)	
(1#)	(#2)	AMOUNT			(#6)	DEVISED BUIDGET
ORIGINAL	AMOUNT TO		ACCT.	ACCOUNT	PREVIOUS ACTION	REVISED BUDGET
		AMOUNT SPENT			PREVIOUS ACTION	(Col #1Plus #2,
ORIGINAL	AMOUNT TO		ACCT.	ACCOUNT NAME	PREVIOUS ACTION	
ORIGINAL BUDGET	AMOUNT TO TRANSFERI	SPENT	ACCT. NO.	ACCOUNT NAME Data Processing	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2, (+ or -) #6)
ORIGINAL	AMOUNT TO		ACCT. NO.	ACCOUNT NAME	PREVIOUS ACTION	(Col #1Plus #2,
ORIGINAL BUDGET	AMOUNT TO TRANSFERI	SPENT	ACCT. NO.	ACCOUNT NAME Data Processing	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2, (+ or -) #6)
ORIGINAL BUDGET	AMOUNT TO TRANSFERI	SPENT	ACCT. NO.	ACCOUNT NAME Data Processing	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2, (+ or -) #6)
ORIGINAL BUDGET	AMOUNT TO TRANSFERI	SPENT	ACCT. NO.	ACCOUNT NAME Data Processing	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2, (+ or -) #6)
ORIGINAL BUDGET	AMOUNT TO TRANSFERI	SPENT	ACCT. NO.	ACCOUNT NAME Data Processing	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2, (+ or -) #6)
ORIGINAL BUDGET	AMOUNT TO TRANSFERI	SPENT	ACCT. NO.	ACCOUNT NAME Data Processing	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2, (+ or -) #6)
ORIGINAL BUDGET	AMOUNT TO TRANSFERI	SPENT	ACCT. NO.	ACCOUNT NAME Data Processing	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2, (+ or -) #6)
ORIGINAL BUDGET	AMOUNT TO TRANSFERI	SPENT	ACCT. NO.	ACCOUNT NAME Data Processing	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2, (+ or -) #6)
ORIGINAL BUDGET	AMOUNT TO TRANSFERI	SPENT	ACCT. NO.	ACCOUNT NAME Data Processing	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2, (+ or -) #6)
ORIGINAL BUDGET 0 TOTAL \$	318.00	SPENT	ACCT. NO.	ACCOUNT NAME Data Processing	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2, (+ or -) #6)
ORIGINAL BUDGET 0 TOTAL \$	AMOUNT TO TRANSFERI	SPENT	ACCT. NO.	ACCOUNT NAME Data Processing	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2, (+ or -) #6)
ORIGINAL BUDGET 0 TOTAL \$	318.00	SPENT	ACCT. NO.	ACCOUNT NAME Data Processing	PREVIOUS ACTION *T/A & DATE	(Col #1Plus #2, (+ or -) #6)

DATE	8/15/2019	EPARTMEN	IT	WIC		8101-612
			11,14	NAME		FUND/DEPT NO.
			TRANSI	FER FROM		
(1#)	(#2)		IIVAIIO	LKTKOW	(#6)	
ORIGINAL	AMOUNT TO BE		ACCT.	ACCOUNT NAME	PREVIOUS ACTION	REVISED BUDGET
BUDGET	TRANSFERRED	SPENT	NO.		*T/A	(Col #1 Less #2,
					& DATE	(+ or -) #6)
10,000	318.00	6,927.04	43570	Laundry, Cleaning	-717	17,549.00
				Language Control		
	4			•		
TOTAL \$	318.00	10.00	77			
	The state of the s					
			<u>L</u>			
(1#)	(#2)		TRANS	FER TO	(#6)	
	AMOUNT TO BE	AMOUNT	ACCT.	ACCOUNT NAME		REVISED BUDGET
BUDGET	TRANSFERRED		NO		*T/A	(Col #1Plus #2,
	1000				& DATE	(+ or -) #6)
0	318.00	0.00	44535	Data Processing-Hardware	0	\$318.00
0	310.00	0.00	44000	Data Processing-rialdware	0	ψ310.00
				تستنسنا		
		-				
TOTAL \$	318.00					1/4 2 10 11
REASON	FOR TRANSFER					
		Transfer is to o	cover purch	nasing a new computer and re	enting High Dive Pavilio	n e
	79	for a staff retre				

ELKHART COUNTY

REQUEST FOR TRANSFER OF APPROPRIATED

FUNDS

BETWEEN

MAJOR CLASSIFICATION

DATE	8/22/2019	PEPARTMENTBaby and Me Tobacco Free				8127-615		
		NAME				FUND/DEPT NO.		
TRANSFER FROM								
(1#)	(#2)				(#6)			
ORIGINAL	AMOUNT TO BE	AMOUNT	ACCT.		PREVIOUS ACTION	REVISED BUDGET		
BUDGET	TRANSFERRED	SPENT	NO.	ACCOUNT	*T/A	(Col #1 Less #2,		
				NAME	& DATE	(+ or -) #6)		
19,107	486.00	958.09	42105	Operating Supplies	-2007	10.014.00		
19,107	480.00	936.09	42195	Оприсо	-2007	16,614.00		
TOTAL \$	486.00							
(4.10)	(110)		TRANS	FER TO	(40)			
(1#)	(#2)				(#6)			
ORIGINAL BUDGET	AMOUNT TO BE TRANSFERRED	AMOUNT SPE	ACCT	ACCOUNT	PREVIOUS ACTION *T/A	REVISED BUDGET		
BUDGET	IRANSFERRED	TO DATE	NO.	NAME	& DATE	(Col #1Plus #2,		
		TODATE	NO.	INAIVIE	& DATE	(+ or -) #6)		
0	486.00	1,000.00	44535	Data Proce	1,000	\$1,486.00		
-	400.00	1,000.00	44000	Data 1 1000	1,000	Ψ1,400.00		
	8							
TOTAL \$								
TOTAL W	486.00							
	486.00							
			cover p	urchasing a	new computer			
			cover p	urchasing a	new computer			