

ADDITIONAL APPROPRIATION ORDINANCE No. 2018 - 09

Whereas, it has been determined that it is now necessary to appropriate more money than was appropriated in the annual budget; now, therefore:

Section 1. Be it resolved by the Council of Whitestown Civil Town, Boone County, that for the expenses of the taxing unit the following additional sums of money are hereby appropriated out of the funds named and for the purposes specified, subject to the laws governing the same:

Fund Name: <u>Human Relations Grants</u>	Amount Requested	Amount Appropriated
Personal Services	\$ -	\$ -
Supplies	\$ -	\$ -
Other Services and Charges		
273.000100.000 Human Relations Oper. Exp.	\$ 580	\$ 580
Capital Outlays	\$ -	\$ -
TOTAL for <u>Human Relations Grants</u> Fund:	<u>\$ 580</u>	<u>\$ 580</u>

Adopted this 14th day of March, 2018.

NAY

AYE

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

  
 \_\_\_\_\_  
  
 \_\_\_\_\_  
  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ATTEST:

  
 \_\_\_\_\_  
 Secretary of Governing Body



**CERTIFIED COPY OF ADDITIONAL APPROPRIATION**  
 State Form 55819 (R3 / 11-17)  
 PRESCRIBED BY THE DEPARTMENT OF LOCAL GOVERNMENT FINANCE

**ORIGINAL**

**Section I**

When reporting the appropriation of bond proceeds, complete Section I; lines A, B, C and 5 of Section II; Section III; and Section IV.

UNIT NAME: Whitestown Civil Town  
 COUNTY NAME: Boone  
 Date of Publication (month, day, year): 3/3/2018 Newspaper Name: The Lebanon Reporter  
 Date of Publication (month, day, year): N/A Newspaper Name: N/A  
 Date of Public Hearing (month, day, year): 3/14/2018  
 Date Resolution Passed (month, day, year): 3/14/2018

Unit Number: 0540  
 County Number: 06

DLGF USE ONLY	
Date Received (month, day, year):	_____
Order Number:	_____

**Section II**

Complete a column for each fund for which the additional appropriations are being made. Values omitted from the sheet may impact the Department's review and approval of the request. Rows A and B should be completed using the fund number and fund name as listed on the Fund Report of the Final 1782 Notice issued by the Department. A listing of these values may be found at: <http://www.in.gov/dlgr/files/pdf/170630%20-%20Jones%20Memo%20-%20Additional%20Appropriations%20-%20Supplemental%20Information.pdf>

A. DLGF Fund Number	0273					
B. Fund Name	Human Relations Grants					
C. Appropriation Amount Requested	\$580.00					
D. Amount by Reduction (Enter as a positive number.)						
E. Net Amount of Increase (C minus D)	\$580.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1. Property Tax Levy (Line 16)	\$0.00					
2. Levy Excess (Line 15)	\$0.00					
3. PTRC from Local Income Tax (LIT) (Line 13A)	\$0.00					
4. LIT Levy Freeze Amount (Line 13B)	\$0.00					
5. Misc. Revenue (Line 8B) (See Note #1.)	\$0.00					
6. January 1 Cash Balance (Include investments)	\$580.30					
7. Subtotal of Funds (Add 1 thru 6)	\$580.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8. Less Circuit Breaker (Amount From Circuit Breaker Report)	\$0.00					
9. Total Funds (7 minus 8.)	\$580.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10. DLGF Approved Budget (Line 1C)	\$0.00					
11. Encumbered Appropriations Carried Forward From Previous Year	\$0.00					
12. Temporary Loans Outstanding as of January 1	\$0.00					
13. Beginning Obligations (Add 10 thru 12.)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14. Surplus Funds (9 minus 13.)	\$580.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15. Previous additional appropriation(s) approved since January 1, less any reductions in appropriations.	\$0.00					
16. Amount transferred to the Rainy Day Fund (See Note #2.)	\$0.00					
17. Surplus Funds Remaining (14 minus 15 minus 16.)	\$580.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Note #1: If amount report on Row 5 is higher than 8B amount, then a revised Budget Form 2 must be attached with the Additional Appropriation Request.  
 Note #2: Row 16 cannot be used for additional appropriations for the rainy day fund. Transfers to the rainy day fund are entered as miscellaneous revenues on Line 5.

**Section III**

Please check the requested method for the Department to inform your unit of the status of the Additional Appropriation Request.

Check One:

Follow Up Via E-mail msummer@whitestown.in.gov ggerth@reedyfinancialgroup.com  
 E-mail Address(es)  
 Follow Up Via Mail \_\_\_\_\_  
 Mailing Address (Number, Street, City, State, ZIP Code)

**Section IV**

I, Matthew Sumner (Please Print) fiscal officer of Whitestown (Please Print), do hereby certify that the above information is true and correct.

Matthew Sumner Signature Title Clerk-Treasurer Telephone Number 317-732-4532 Date (month, day, year) 03/28/18



ORIGINAL

Amt. Of Additional Appropriation Requested	Amt. Of Reduction of Appropriation		
--	---------------------------------------	--	--

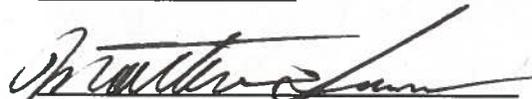
Fund: Human Relations Grants

Department: \_\_\_\_\_

Personal Services				
Supplies				
Other Services and Charges	580		580	
Township Assistance				
Debt Service				
Capital Outlays				
TOTAL	580		580	

I, Matt Sumner, fiscal officer of Whitestown Civil Town,

do hereby certify that amounts appropriated on March 14th, 2018 are to be appropriated to the above stated major classes.

  
Clerk-Treasurer

Attach additional copies as needed.