


REQUISITION FOR ADDITIONAL APPROPRIATION

TO: Danny Yost, Auditor
CLARK COUNTY, INDIANA

WHEREAS, due to an extraordinary emergency it is necessary that the following additional appropriation be made for the fiscal year ending 2025.

I, therefore do hereby request you to give notice to the Clark County Council, and public in manner required by law that additional appropriations for the fiscal year ending December 31, 2025 be made for the purpose and department following:

Budget #	Line Item Description	Amount
#1128-30015-302	Supplies	\$ 4,000.00



**Signature of Dept. Head
Clark Co. Addiction
Treatment & Support**

WITNESS: My hand and seal this ___ day of _____, _____.

Auditor of Clark County, Indiana

Amendment No. 1
To the Supplemental Information Form
For Additional Appropriation Request
From the Clark County General Fund and all other Funds

Are there sufficient funds in the account you are requesting the appropriations from to sustain your request? Yes, no money will be spent unless there is a sufficient amount of money in the fund to support payment of the bills.

Why is this appropriation deemed to be an emergency at this time? The funds are needed to pay for laboratory drug testing for the Clark County Addiction Treatment and Support Program.

Please include an itemized list of purchases, leases, and/or services that this appropriation will be used for.

Appropriations will be used to pay bills for laboratory fees in the Clark County Addiction Treatment and Support Program.

Will the denial of this request prevent your office or department from executing its daily duties? Yes, without this funding, the Clark County Addiction Treatment and Support Program may not be able to pay laboratory testing fees.

If the Additional Appropriation request includes a Salary Ordinance, please list the exact amount of the salary increase, the current salary, and from what fund the salary is being paid from.

NOTE:

- A. The elected officeholder or department head must appear before the County Council to Explain his/her request.
- B. The Supplement request forms (with amendments) must be signed by the Elected Office holder making the request.
- C. If any part of the supplemental forms (with Amendments) is not in compliance, the Noncompliance will constitute an automatic denial of the request.

Date completed and submitted:

1/31/2025


Signature

March 10, 2025
Council
meeting

REQUISITION FOR ADDITIONAL APPROPRIATION

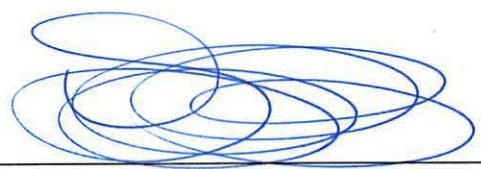
TO: Danny Yost, Auditor
CLARK COUNTY, INDIANA

WHEREAS, due to an extraordinary emergency it is necessary that the following additional appropriation be made for the fiscal year ending December 31, 2025.

I, therefore do hereby request you give notice to the Clark County Council, and public in manner required by law that additional appropriations for the fiscal year ending December 31, 2025 be made for the purpose and department following:

FUND NAME: Family Treatment Court - 9215

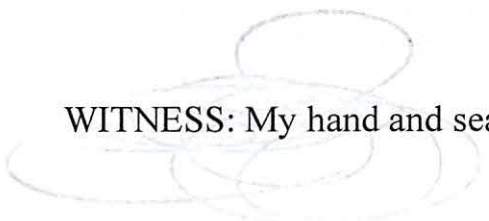
Budget #	Line Item Description	Amount
9215-20060-302	Supplies	\$4,151.20



Signature of Department Head

CIRCUIT COURTS

Department



WITNESS: My hand and seal this _____ day of _____, _____.

Auditor of Clark County, Indiana

To the Supplemental Information Form
For Additional Request
From the Clark County General Fund and all other Funds

Are there sufficient funds in the account you are requesting the appropriation from to sustain your request?

Yes, we received more grant funding in supplies than anticipated when the budget was submitted.

Why is this appropriation deemed to be an emergency at this time? (Detail your Answer)

To match the appropriations to the grant funds awarded.

Please include an itemized list of purchases, leases, and/or services that this appropriation will be used for. (Detail your answer)

Incentives, participant needs and graduation supplies.

Will the denial of this request prevent your office or department from executing its daily duties?

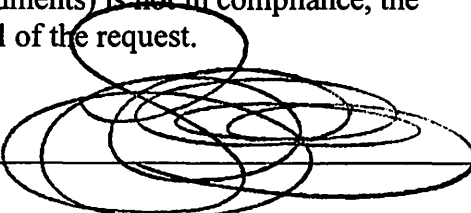
Yes

If the Additional Appropriation request includes a Salary Ordinance, please list the exact amount of the salary increase, the current salary, and from what fund the salary is being paid from.

NOTE:

- A. The elected officeholder or department head must appear before the County Council to Explain his/her request.
- B. The Supplement request forms (with amendments) must be signed by the Elected Office holder making the request.
- C. If any part of the supplemental forms (with Amendments) is not in compliance, the Noncompliance will constitute an automatic denial of the request.

Date completed and submitted:

A handwritten signature consisting of several overlapping loops, written over a horizontal line.

Signature of Elected Officeholder

Indiana Supreme Court
IOCS Problem-Solving Court Grant
Financial Report



Program Name:

Clark Family Recovery Court

2025 CY

	Approved Budget	Jan 1-Mar 31, 2025	Apr 1-Jun 30, 2025	Jul 1-Sep 30, 2025	Oct 1-Dec 31, 2025	Balance
100 Series: Employee personnel: Please list each position separately and indicate if they are F/T of P/T						
<i>Position:</i>						
Salary						\$ -
Benefits						\$ -
<i>Position</i>						
Salary						\$ -
Benefits						\$ -
Total 100 Series	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
200 Series: Supplies: List each separately						
Incentives	\$ 3,500.00					\$ 3,500.00
Participant needs	\$ 5,000.00					\$ 5,000.00
Graduation supplies	\$ 1,900.00					\$ 1,900.00
						\$ -
Total 200 Series	\$ 10,400.00	\$ -	\$ -	\$ -	\$ -	\$ 10,400.00
300 Series: Contracts and Services: List each separately						
Staff training	\$ 5,000.00					\$ 5,000.00
Family Ark	\$ 7,000.00					\$ 7,000.00
						\$ -
						\$ -
						\$ -
Total 300 Series	\$ 12,000.00	\$ -	\$ -	\$ -	\$ -	\$ 12,000.00
Total	\$ 22,400.00	\$ -	\$ -	\$ -	\$ -	\$ 22,400.00

March 10, 2025
Council meeting

REQUISITION FOR ADDITIONAL APPROPRIATION

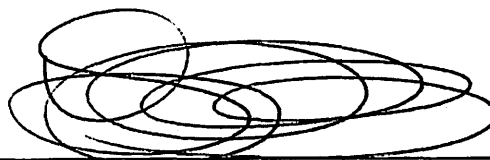
TO: Danny Yost, Auditor
CLARK COUNTY, INDIANA

WHEREAS, due to an extraordinary emergency it is necessary that the following additional appropriation be made for the fiscal year ending December 31, 2025.

I, therefore do hereby request you give notice to the Clark County Council, and public in manner required by law that additional appropriations for the fiscal year ending December 31, 2025 be made for the purpose and department following:

FUND NAME: Adult Guardianship - 9138

Budget #	Line Item Description	Amount
9138-30096-302	Legal Fees	\$8,150.00



Signature of Department Head

CIRCUIT COURTS

Department

WITNESS: My hand and seal this _____ day of _____, ____.

Auditor of Clark County, Indiana

**To the Supplemental Information Form
For Additional Request
From the Clark County General Fund and all other Funds**

Are there sufficient funds in the account you are requesting the appropriation from to sustain your request?

Yes

Why is this appropriation deemed to be an emergency at this time? (Detail your Answer)

To match the appropriations to the grant funds awarded. There was an invoice from December of 2024 that was not paid until January 2025 making our current year's appropriations short.

Please include an itemized list of purchases, leases, and/or services that this appropriation will be used for. (Detail your answer)

Legal Fees

Will the denial of this request prevent your office or department from executing its daily duties?

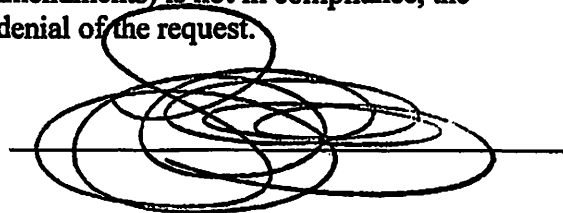
Yes

If the Additional Appropriation request includes a Salary Ordinance, please list the exact amount of the salary increase, the current salary, and from what fund the salary is being paid from.

NOTE:

- A. The elected officeholder or department head must appear before the County Council to Explain his/her request.
- B. The Supplement request forms (with amendments) must be signed by the Elected Office holder making the request.
- C. If any part of the supplemental forms (with Amendments) is not in compliance, the Noncompliance will constitute an automatic denial of the request.

Date completed and submitted:

A handwritten signature consisting of several overlapping loops and lines, written in black ink over a horizontal line.

Signature of Elected Officeholder

REQUISITION FOR ADDITIONAL APPROPRIATION

TO: DANNY YOST
CLARK COUNTY AUDITOR

WHEREAS, due to an extraordinary emergency it is necessary that the following additional appropriation be made for the fiscal year ending December 31, 2025.

I, therefore do hereby request you to give notice to the Clark County Council, and public in the manner required by law that additional appropriations for the fiscal year ending December 31, 2025 be made for the purpose and department following:

FUND NAME:

Budget #	Line-Item Description	Amount
1000-11107-002	Personal Services	\$11,236.50
1000-11171-002	FICA	\$859.60
1000-11176-002	PERF	\$1,427.04

Danny F. Yost

SIGNATURE OF DEPARTMENT HEAD

Auditor

DEPARTMENT

WITNESS: My hand and seal this _____ day of _____

Auditor of Clark County, Indiana

Amendment No. 1
To the Supplemental Information Form
For Additional Appropriation Request
From the Clark County General Fund and all other Funds

Are there sufficient funds in the account you are requesting the appropriations from to sustain your request?

Yes

Why is this appropriation deemed to be an emergency at this time? (Detail your Answer)

Employee requested payout of PTO hours per Employee Handbook Page 25, paragraph 4: An employee may request monetary PTO compensation (Flexible PTO Compensation Plan) for the unused accrued time but must do so in writing to their Elected Official / Department Head and Director of Human Resources 30 days before the PTO forfeit date (next anniversary date). PTO payout requests may not exceed the maximum hours rolled over for the period.

Please include an itemized list of purchases, leases, and/or services that this appropriation will be used for. (Detail your answer)

Payout of Employee PTO

Will the denial of this request prevent your office or department from executing its daily duties?

Yes

If the Additional Appropriation request includes a Salary Ordinance, please list the exact amount of the salary increases, the current salary, and from what fund the salary is being paid from.

NOTE:

- A. The elected officeholder or department head must appear before the County Council to Explain his/her request.
- B. The Supplement request forms (with amendments) must be signed by the Elected Office holder making the request.
- C. If any part of the supplemental forms (with Amendments) is not in compliance, the Noncompliance will constitute an automatic denial of the request.

Date completed and submitted:



Signature of Elected Officeholder

REQUISITION FOR ADDITIONAL APPROPRIATION

TO: DANNY YOST
CLARK COUNTY AUDITOR

WHEREAS, due to an extraordinary emergency it is necessary that the following additional appropriation be made for the fiscal year ending December 31, 2025.

I, therefore do hereby request you to give notice to the Clark County Council, and public in the manner required by law that additional appropriations for the fiscal year ending December 31, 2025 be made for the purpose and department following:

FUND NAME:

Budget #	Line-Item Description	Amount
1216-11107-002	Personal Services	\$753.00
1216-11171-002	FICA	\$57.00
1216-11176-002	PERF	\$96.00

Danny F. Yost

SIGNATURE OF DEPARTMENT HEAD

Auditor

DEPARTMENT

WITNESS: My hand and seal this _____ day of _____

Auditor of Clark County, Indiana

Amendment No. 1
To the Supplemental Information Form
For Additional Appropriation Request
From the Clark County General Fund and all other Funds

Are there sufficient funds in the account you are requesting the appropriations from to sustain your request?

Yes

Why is this appropriation deemed to be an emergency at this time? (Detail your Answer)

Employee requested payout of PTO hours per Employee Handbook Page 25, paragraph 4: An employee may request monetary PTO compensation (Flexible PTO Compensation Plan) for the unused accrued time but must do so in writing to their Elected Official / Department Head and Director of Human Resources 30 days before the PTO forfeit date (next anniversary date). PTO payout requests may not exceed the maximum hours rolled over for the period.

Please include an itemized list of purchases, leases, and/or services that this appropriation will be used for. (Detail your answer)

Payout of Employee PTO

Will the denial of this request prevent your office or department from executing its daily duties?

Yes

If the Additional Appropriation request includes a Salary Ordinance, please list the exact amount of the salary increases, the current salary, and from what fund the salary is being paid from.

NOTE:

- A. The elected officeholder or department head must appear before the County Council to Explain his/her request.
- B. The Supplement request forms (with amendments) must be signed by the Elected Office holder making the request.
- C. If any part of the supplemental forms (with Amendments) is not in compliance, the Noncompliance will constitute an automatic denial of the request.

Date completed and submitted:

Signature of Elected Officeholder

REQUISITION FOR ADDITIONAL APPROPRIATION

TO: DANNY YOST
CLARK COUNTY AUDITOR

WHEREAS, due to an extraordinary emergency it is necessary that the following additional appropriation be made for the fiscal year ending December 31, 2025.

I, therefore do hereby request you to give notice to the Clark County Council, and public in the manner required by law that additional appropriations for the fiscal year ending December 31, 2025 be made for the purpose and department following:

FUND NAME:

Budget #	Line-Item Description	Amount
4964-30051-0030	Contract Services	\$2,100.00

Danny F. Yost

SIGNATURE OF DEPARTMENT HEAD

Auditor

DEPARTMENT

WITNESS: My hand and seal this _____ day of _____

Auditor of Clark County, Indiana

Amendment No. 1
To the Supplemental Information Form
For Additional Appropriation Request
From the Clark County General Fund and all other Funds

Are there sufficient funds in the account you are requesting the appropriations from to sustain your request?

Yes

Why is this appropriation deemed to be an emergency at this time? (Detail your Answer)

This is an annual license fee with ESRI that allows the Auditor's Office, Planning and Zoning, and the Highway Department to use GIS Software. It was not included in the 2025 budget.

Please include an itemized list of purchases, leases, and/or services that this appropriation will be used for. (Detail your answer)

3 ESRI Licenses

Will the denial of this request prevent your office or department from executing its daily duties?

Yes

If the Additional Appropriation request includes a Salary Ordinance, please list the exact amount of the salary increases, the current salary, and from what fund the salary is being paid from.

NOTE:

- A. The elected officeholder or department head must appear before the County Council to Explain his/her request.
- B. The Supplement request forms (with amendments) must be signed by the Elected Office holder making the request.
- C. If any part of the supplemental forms (with Amendments) is not in compliance, the Noncompliance will constitute an automatic denial of the request.

Date completed and submitted:

Signature of Elected Officeholder

REQUISITION FOR ADDITIONAL APPROPRIATION

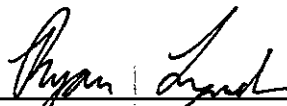
TO: Danny Yost, Auditor
CLARK COUNTY, INDIANA

Whereas, due to an extraordinary emergency it is necessary that the following Additional appropriation be made for the fiscal year ending December 31, 2025.

I, therefore do hereby request you to give notice to the Clark County Council, and public in manner required by law that additional appropriations for the fiscal Year ending December 31, 2025 be made for the purpose and department following:

FUND NAME: Election Board

<u>Budget #</u>	<u>Line Item Description</u>	<u>Amount</u>
1000.11107.00000.0025	Personal Services	\$4,301.20
1000.11171.00000.0025	FICA/MEDICARE	\$329.04
1000.11176.00000.0025	PERF	\$546.25



Signature of Department Head
Clerk / Voter Registration

Department

WITNESS: My hand and seal this day of , 2025.

Auditor of Clark County, Indiana

Fund# 1000
Location# 025
STATEMENT OF SALARIES AND WAGES
PROPOSED TO BE PAID OFFIERS AND EMPLOYEES
CALENDAR YEAR 2025

County General 1000-025 Election Board

The following statement shows the salaries and wages proposed to be paid to officers and employees of the above-named office, department, board or agency during the calendar year 2025.

FULL TIME SALARIED OFFICER AND EMPLOYEES

Title of Position or Employee Classification	Effective date:	Total annual salary
Election Administrator Angela Cornett	3/10/2025	\$47,313.20

Title of Position or Employee Classification	Effective date:	Total annual salary
--	-----------------	---------------------

PART TIME AND HOURLY RATED EMPLOYEES

Title of Position or Employee Classification	Effective Date	Rate of Pay Per Hour
--	----------------	----------------------

Date: 02/21/2025

Submitted By: Ryan Lynch
 Title: County Clerk

NOTES:

- (1) This statement must be filed in DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuring year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore,; thus the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

FOR ADDITIONAL APPROPRIATION

TO: DANNY YOST
CLARK COUNTY AUDITOR

WHEREAS, due to an extraordinary emergency it is necessary that the following additional appropriation be made for the fiscal year ending December 31, 2025.

I, therefore do hereby request you to give notice to the Clark County Council, and public in the manner required by law that additional appropriations for the fiscal year ending December 31, 2025 be made for the purpose and department following:

8950-40158-030	ARPA Fund – Rural Water Membership Corp.	\$1,500,0000
----------------	--	--------------

TOTAL: \$1,500,000


Board of Commissioners

Amendment No. 1
To the Supplemental Information Form
For Additional Appropriation Request
From the Clark County General Fund and all other Funds

Are there sufficient funds in the account you are requesting the appropriations from to sustain your request? **Yes.**

Why is this appropriation deemed to be an emergency at this time? (Detail your Answer.)

Please include an itemized list of purchases, leases, and/or services for this appropriation.
Approved Project Costs.

Will the denial of this request prevent your office or department from executing its daily Duties ?

If the Additional Appropriation request includes a Salary Ordinance, please list the exact amount of the salary increase, the current salary, and from what fund the salary is being paid from.

NOTE:

- A. The elected officeholder or department head must appear before the County Council to Explain his/her request.
- B. The Supplement request forms (with amendments) must be signed by the Elected Office holder making the request.
- C. If any part of the supplemental forms (with Amendments) is not in compliance, the Noncompliance will constitute an automatic denial of the request.

Date completed and submitted:



Board of Commissioners

REQUISITION FOR TRANSFER OF FUNDS

Danny Yost; Auditor
Clark County, Indiana

WHEREAS, due to an extraordinary emergency it is necessary that the following transfer of Funds be made for the fiscal year ending December 31, 2025.

I, therefore do hereby request you to give to the Clark County Council in the manner required by law that Transfer of Funds for the fiscal year ending December 31, 2025 for the purpose and department following:

From: 8207-30019-071	Rent	100.00
To: 8207-20060-071	Supplies	100.00



SIGNATURE OF DEPARTMENT HEAD

Health Department

DEPARTMENT

WITNESS: My hand and seal this 4 day of March 2025 _____.

Auditor of Clark County, Indiana

REQUISITION FOR ADDITIONAL APPROPRIATION

TO: Danny Yost, Auditor
CLARK COUNTY, INDIANA

WHEREAS, due to an extraordinary emergency it is necessary that the following additional appropriation be made for the fiscal year ending 2025.

I, therefore do hereby request you to give notice to the Clark County Council, and public in manner required by law that additional appropriations for the fiscal year ending December 31, 2025 be made for the purpose and department following:

FUND NAME: 93.977 STD Prevent & Control

Budget #	Line Item Description	Amount
8212-30051-0071	Contract Services	\$2737.00



Signature of Dept. Head

Clark County Health Dept.

WITNESS: My hand and seal this 20 day of February 2025.

Auditor of Clark County, Indiana

REQUISITION FOR ADDITIONAL APPROPRIATION

TO: Danny Yost, Auditor
CLARK COUNTY, INDIANA

WHEREAS, due to an extraordinary emergency it is necessary that the following additional appropriation be made for the fiscal year ending 2025.

I, therefore do hereby request you to give notice to the Clark County Council, and public in manner required by law that additional appropriations for the fiscal year ending December 31, 2025 be made for the purpose and department following:

FUND NAME: Ryan White Part B

Budget #	Line Item Description	Amount
8216-20060-071	Supplies	5461.73



Signature of Dept. Head

Clark County Health Dept.

WITNESS: My hand and seal this 14 day of February 2025.

Auditor of Clark County, Indiana

Amendment No. 1
To the Supplemental Information Form
For Additional Appropriation Request
From the Clark County General Fund and all other Funds

Are there sufficient funds in the account you are requesting the appropriations from to sustain your request?

Yes, this fund is not a reimbursable account, the funds are distributed into the account in quarterly installments.

Why is this appropriation deemed to be an emergency at this time? (Detail your Answer)

A budget was not submitted for fund 8216 during the 2024 budget session, the fund has an available balance to provide necessary operating supplies.

Please include an itemized list of purchases, leases, and/or services that this appropriation will be used for. (Detail your answer)

This fund will be utilized to purchase operating supplies such as paper products, office supplies, cleaning supplies, etc.

Will the denial of this request prevent your office or department from executing its daily duties?

These are operational costs that allow daily functioning of the department.

If the Additional Appropriation request includes a Salary Ordinance, please list the exact amount of the salary increases, the current salary, and from what fund the salary is being paid from.

N/A

NOTE:

- A. The elected officeholder or department head must appear before the County Council to Explain his/her request.
- B. The Supplement request forms (with amendments) must be signed by the Elected Office holder making the request.

- C. If any part of the supplemental forms (with Amendments) is not in compliance, the Noncompliance will constitute an automatic denial of the request.

Date completed and submitted:

02/14/2025

Eric York mo

Signature of Elected Officeholder

REQUISITION FOR ADDITIONAL APPROPRIATION

TO: Danny Yost, Auditor
CLARK COUNTY, INDIANA

WHEREAS, due to an extraordinary emergency it is necessary that the following additional appropriation be made for the fiscal year ending 2025.

I, therefore do hereby request you to give notice to the Clark County Council, and public in manner required by law that additional appropriations for the fiscal year ending December 31, 2025 be made for the purpose and department following:

FUND NAME: 93.977 STD Prevent & Control

Budget #	Line Item Description	Amount
8236-11107-071	Personal Service	\$92544.00
8236-11171-071	FICA	\$7080.00
8236-11173-071	Group Insurance	\$16418.00
8236-11176-071	PERF	\$11753.00
8236-20060-071	Supplies	\$131.00
8236-30013-071	Travel	\$1824.00
8236-30014-071	Telephone	\$1321.00
8236-30017-071	Training	\$405.00
8236-30019-071	Rent	\$12252.00
8236-30046-071	Utilities	\$3191.00
8236-30051-071	Contract Service	\$4680.00



Signature of Dept. Head

Clark County Health Dept.

WITNESS: My hand and seal this 14 day of February 2025.

Auditor of Clark County, Indiana

Amendment No. 1
To the Supplemental Information Form
For Additional Appropriation Request
From the Clark County General Fund and all other Funds

Are there sufficient funds in the account you are requesting the appropriations from to sustain your request?

Yes, the Indiana Department of Health has decided to combine funds 8207 and 8218. These are funds that have been available to CCHD for several years and have been included in the 2025 Budget approved individually by the 2024 council. CCHD is requesting that the budgets for 8207 and 8218 are combined to create the budget for the new fund number 8236.

Why is this appropriation deemed to be an emergency at this time? (Detail your Answer)

Funds 8207 and 8218 both expire on March 31, 2025, without these additional appropriations routine services for Clark County will be interrupted in the absence of the requested appropriation.

Please include an itemized list of purchases, leases, and/or services that this appropriation will be used for. (Detail your answer)

"Disease Intervention Specialists (DIS) are highly trained public health professionals at the forefront of infectious disease prevention and control. Disease Intervention Specialist use contact tracing and case investigation to prevent and control infectious diseases, including HIV/AIDS, syphilis, congenital syphilis, chlamydia, gonorrhea, and MPOXX. DIS use partner services to assist in identifying individuals at risk for STI's, increasing STI awareness, and providing timely testing and treatment. While DIS commonly work with STI and HIV prevention and control, they also assist during urgent outbreak situations, most recently COVID-19 pandemic and MPOXX response. DIS are skillful in phlebotomy, problem solving, negotiation, and communication, and specialize in public health investigations, case management and analysis, provider and community engagement, and outbreak detection and response. DIS regularly conduct prevention counseling, HIV/STI testing and treatment, Hepatitis C screenings and referrals, and linkage to community health and social services.

HIV Lost to Care (LTC) specialists locate people living with HIV/AIDS (PLWH) who are not in HIV medical care, and re-engage them into HIV medical care and necessary social services. HIV LTC specialists support PLWH to move through the steps of the HIV care continuum to achieve and maintain viral suppression, which is critically important to HIV prevention. Research shows that PLWH who are virally suppressed with an undetectable viral load can live long and healthy lives, and are not able to transmit the virus to their partners. Re-engagement into HIV medical and social services

reduces the community's burden of HIV/AIDS by keeping PLWH healthy, able to work and contribute to society, while preventing new infections. "

Will the denial of this request prevent your office or department from executing its daily duties?

Funds 8207 and 8218 both expire on March 31, 2025, without these additional appropriations routine services for Clark County will be interrupted in the absence of the requested appropriation.

If the Additional Appropriation request includes a Salary Ordinance, please list the exact amount of the salary increases, the current salary, and from what fund the salary is being paid from.

Current Salary = Disease Intervention Specialist \$43,680.00 = Fund 8236 (Note: Balance of Salary is Paid from Fund 1161)

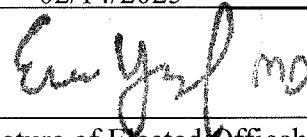
Current Salary = DIS/Linkage To Care \$48,864.00 = Fund 8236 (Note: Balance of Salary is paid from Fund 1161)

NOTE:

- A. The elected officeholder or department head must appear before the County Council to Explain his/her request.
- B. The Supplement request forms (with amendments) must be signed by the Elected Office holder making the request.
- C. If any part of the supplemental forms (with Amendments) is not in compliance, the Noncompliance will constitute an automatic denial of the request.

Date completed and submitted:

02/14/2025



Signature of Elected Officeholder

Fund# 8236
Location# 0071

**STATEMENT OF SALARIES AND WAGES
PROPOSED TO BE PAID OFFICERS AND EMPLOYEES
CALENDAR YEAR 2025**

Clark County Health Dept. Clark County, Indiana
(Name of Office, Department, Board or Agency)

The following statement shows the salaries and wages proposed to be paid to officers and employees of the above named office, department, board or agency during the calendar year 2025.

FULL TIME SALARIED OFFICER AND EMPLOYEES

Title of Position or Employee Classification	Effective Date	Total annual salaries
93.977 STD Prevent & Control		
Mary Willims	3/10/2025	43680.00
Jessica Sheilds	3/10/2025	48864.00

PART TIME AND HOURLY RATED EMPLOYEE

Title of Position or Employee Classification	Effective Date	Rate of Pay Per Hour
--	----------------	----------------------



Submitted By: Patti Smith
Date: 2/14/2025 Title: Bookkeeper

Health Officer

NOTES:

- (1) This statement must be filed in DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuring year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore,; thus the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

REQUIRES COUNCIL APPROVAL

REQUISITION FOR TRANSFER OF FUNDS

Danny Yost; Auditor
Clark County, Indiana

WHEREAS, due to an extraordinary emergency it is necessary that the following transfer of Funds be made for the fiscal year ending December 31, 2025..

I, therefore do hereby request you to give to the Clark County Council in the manner required by law that Transfer of Funds for the fiscal year ending December 31, 2025 for the purpose and department following:

FROM:	4915 30051 041	CONTRACT SERVICES	\$1020.00
TO:	4915 40011 041	FURNITURE	\$1020.00

FROM:
TO:



JENNIFER SNAWDER
SIGNATURE OF DEPARTMENT HEAD

____ Clark County Juvenile Detention ____

DEPARTMENT

WITNESS: My hand and seal this 27TH OF FEBRUARY, 2025

Auditor of Clark County, Indiana

REQUISITION FOR ADDITIONAL APPROPRIATION

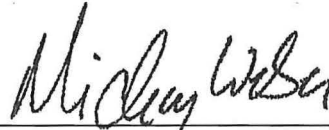
TO: Danny Yost; Auditor
CLARK COUNTY, INDIANA

WHEREAS, due to an extraordinary emergency it is necessary that the following additional appropriation be made for the fiscal year ending December 31, 2025.

I, therefore, do hereby request you to give notice to the Clark County Council, and public in manner required by law that additional appropriations for the fiscal year ending December 31, 2025 be made for the purpose and department following:

FUND NAME Public Defender Supplemental

<u>Budget #</u>	<u>Line-Item Description</u>	<u>Amount</u>
4906-40014-040	Equipment	\$3,000.00



Signature of Department Head
Public Defender Department

WITNESS: My hand and seal this _____ day of _____,

Auditor of Clark County, Indiana

Amendment No. 1
To the Supplemental Information Form
For Additional Appropriation Request
From the Clark County General Fund and all other Funds

Are there sufficient funds in the account you are requesting the appropriations from to sustain your request?

Yes

Why is this appropriation deemed to be an emergency at this time? (Detail your Answer)

This appropriation is deemed to be an emergency at this time due to the need for full access to client cases while present in court.

Please include an itemized list of purchases, leases, and/or services that this appropriation will be used for. (Detail your answer)

Surface Pro Setup for New Attorney, Paul Steven Harris

- Microsoft Surface Pro for Business
- Microsoft Surface Pro Typecover
- Urban Armor Gear Case
- ViewSonic Monitor
- Pluggable USB Docking Station
- Logitech Wireless Keyboard and Mouse
- HP LaserJet Wireless Printer

Will the denial of this request prevent your office or department from executing its daily duties?

Yes

If the Additional Appropriation request includes a Salary Ordinance, please list the exact amount of the salary increase, the current salary, and from what fund the salary is being paid from.

NOTE:

- A. The elected officeholder or department head must appear before the County Council to Explain his/her request.
- B. The Supplement request forms (with amendments) must be signed by the Elected Office holder making the request.
- C. If any part of the supplemental forms (with Amendments) is not in compliance, the Noncompliance will constitute an automatic denial of the request.

Date completed and submitted:

2 / 11 / 25

Mickey Weber

Signature of Elected Officeholder

REQUISITION FOR ADDITIONAL APPROPRIATION

TO: Danny Yost; Auditor
CLARK COUNTY, INDIANA

WHEREAS, due to an extraordinary emergency it is necessary that the following additional appropriation be made for the fiscal year ending December 31, 2025.

I, therefore, do hereby request you to give notice to the Clark County Council, and public in manner required by law that additional appropriations for the fiscal year ending December 31, 2025 be made for the purpose and department following:

FUND NAME Public Defender County General

<u>Budget #</u>	<u>Line-Item Description</u>	<u>Amount</u>
9152-11107-040	Personal Services	\$42,350.00
9152-11171-040	FICA/Medicare	\$3,239.78
9152-11176-040	PERF	\$5,378.45



Signature of Department Head
Public Defender Department

WITNESS: My hand and seal this _____ day of _____,

Auditor of Clark County, Indiana

Amendment No. 1
To the Supplemental Information Form
For Additional Appropriation Request
From the Clark County General Fund and all other Funds

Are there sufficient funds in the account you are requesting the appropriations from to sustain your request?

Yes

Why is this appropriation deemed to be an emergency at this time? (Detail your Answer)

This appropriation is deemed to be an emergency at this time due to the necessity of completing the Misdemeanor Data Collection in an efficient manner.

Please include an itemized list of purchases, leases, and/or services that this appropriation will be used for. (Detail your answer)

- Payroll for the assistant conducting the Misdemeanor Data Collection Project
- FICA, Medicare, and PERF benefits

Will the denial of this request prevent your office or department from executing its daily duties?

Yes

If the Additional Appropriation request includes a Salary Ordinance, please list the exact amount of the salary increases, the current salary, and from what fund the salary is being paid from.

NOTE:

- A. The elected officeholder or department head must appear before the County Council to Explain his/her request.
- B. The Supplement request forms (with amendments) must be signed by the Elected Office holder making the request.
- C. If any part of the supplemental forms (with Amendments) is not in compliance, the Noncompliance will constitute an automatic denial of the request.

Date completed and submitted:

2 / 13 / 25

Michay Weber

Signature of Elected Officeholder

Fund#9152
Location#40

**STATEMENT OF SALARIES AND WAGES
PROPOSED TO BE PAID OFFICERS AND
EMPLOYEES CALENDAR YEAR 2025**

Clark County, Indiana (Name of Office, Department, Board or Agency)

The following statement shows the salaries and wages proposed to be paid to officers and employees of the above-named office, department, board, or agency during the calendar year 2025.

FULL TIME SALARIED OFFICER AND EMPLOYEES


Title of Position or Employee Classification & Name	Effective Date	Total Annual Salaries
Misdemeanor Data Collection Project	March 3, 2025	\$42,350.00

PART TIME AND HOURLY RATED EMPLOYEES

Title of Position or Employee Classification	Effective Date	Rate of Pay Per Hour
--	----------------	----------------------

Submit

Date: March 3, 2025

Chief Public Defender


NOTES:

- (1) This statement must be filed in DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuring year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

REQUISITION FOR ADDITIONAL APPROPRIATION

TO: Danny Yost, Auditor
CLARK COUNTY, INDIANA

Whereas, due to an extraordinary emergency it is necessary that the following Additional appropriation be made for the fiscal year ending December 31, 2025.

I, therefore do hereby request you to give notice to the Clark County Council, and public in manner required by law that additional appropriations for the fiscal Year ending December 31, 2025 be made for the purpose and department following:

FUND NAME: Registration

<u>Budget #</u>	<u>Line Item Description</u>	<u>Amount</u>
1000.11107.00000.0022	Part Time Employee	\$22,000.00
1000.11171.00000.0022	Medicare/FICA	\$1,683.00



Signature of Department Head

Clerk

Department

WITNESS: My hand and seal this ____ day of _____, 2025.

Auditor of Clark County, Indiana