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, 2024.

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, 2024 be made for the purpose and department following:

Budget # Line-Item Description Amount

4930-40014-501 Equipment \$5,000.00

SIGNATURE OF DEPARTMENT HEAD

DEPARTMENT

WITNESS: My hand and seal this 15 day of May

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)

Courts 5 & 6 need ADA Compliant Hearing Assistance Devices.

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

See Attached

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) musts 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 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, 2024.

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, 2024 be made for the purpose and department following:

	Fund – Account - Location	Account Name	Amount
From:	1000-20060-028	Supplies	457.05
To:	1000-30024-028	Vehicle Maintenance	1.57.05

	Fund - Account - Location	Account Name	Amount
From:			
To:			Į.

	Fund – Account - Location	Account Name	Amount
From:			
To:			

Signature of Department Head

Weights & Measures

WITNESS: My hand and seal this the	day of	2024.
	Auditor of Cl	ark County, Indiana

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, 2022.

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, 2024 be made for the purpose and department following:

FUND NAME:

Budget #	Line Item Desci	ription	A	mount	a1)
30051-052	Contract?	Senices	8	5,2W.	CLI
		SIGN	TURE O	DEPART	 MENT HEAD
		Hu	Man Di	POSO EPARTMEN	NCE NT
WITNESS: My hand	d and seal this	day of			
			Auditor	of Clark Co	unty, 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? Not until appropriation is Made

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

Answer)	of see attached correspondence— to Sustain contract services that this appropriation					
Please include an itemized list of purchases, leases, and/or services that this appropriation will be used for. (Detail your answer) See attached - to sustain contract Services Will the denial of this request prevent your office or department from executing its daily						
Will the duties?	denial of this request prevent your office or department from executing its daily					
	dditional Appropriation request includes a Salary Ordinance, please list the exact of the salary increases, the current salary, and from what fund the salary is being om.					
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) musts 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

Jessica Huffman

From:

LeeAnne Howe

Sent:

Wednesday, April 10, 2024 2:55 PM

To: Cc: Jessica Huffman LeeAnne Howe

Subject:

RE: HR Budget Confusion

Got it. Do I need to request an appropriation, or can it just be fixed? Thank you!

Thank You,

R. LeeAnne Howe, MBA, MPA, SHRM-CP Director of Human Resources Clark County Government 300 Corporate Drive, Room 202 Jeffersonville, IN 47130 812-207-2992 I 812-528-1650 lhowe@clarkcounty.in.gov



From: Jessica Huffman < jhuffman@clarkcounty.in.gov>

Sent: Wednesday, April 10, 2024 2:53 PM

To: LeeAnne Howe < lhowe@clarkcounty.in.gov>

Subject: RE: HR Budget Confusion

JUNG Add HONDI

APP

1000-30051-052 \$5,200

Human Resources 52

Personal Services	11107	\$ 79,500.00	\$ 77,250.00
FICA/Medicare	11171	\$ 6,082.00	\$ 5,910.00
PERF	11176	\$ 10,097.00	\$ 9,811.00

Materials	20045	\$ 800.00	\$ 200.00	
Supplies	20060	\$ 2,000.00	\$ 1,200.00	
Subscriptions & Publications	20067	\$ 750.00	\$ 250.00	
Travel	30013	\$ 500.00	\$ 500.00	
Schools and Conferences	30031	\$ 1,500.00	\$ 500.00	
Printing	30041	\$ 500.00	\$ 200.00	
Dues	30067	\$ 6,000.00	\$ 800.00 -500	_
Contract Services	30051	\$ 1,000.00	\$ 1,000.00 — 6,000)
Computer Software/Hardware	40010	\$ 2,500.00	\$ 500.00	
Equipment	40014	\$ 500.00	\$ 500.00	
Totals		\$ 111,729.00	\$ 98,621.00	

Jessica L Huffman | Chief Deputy

Jhuffman@clarkcounty.in.gov

PH: (812) 285-6214

Clark County Auditor's Office 300 Corporate Dr RM 106 Jeffersonville, IN 47130

From: LeeAnne Howe < lhowe@clarkcounty.in.gov>

Sent: Wednesday, April 10, 2024 2:50 PM

To: Jessica Huffman < <u>ihuffman@clarkcounty.in.gov</u>> **Cc:** LeeAnne Howe < <u>lhowe@clarkcounty.in.gov</u>>

Subject: FW: HR Budget Confusion

Hey, do I need to do an appropriation for this in my contract services for next month? It's getting time for me to the funds. And then, do you by chance have my approved budget? (yes I should have it, but no I don't) SORRY!

I don't know how to access it in Low, maybe I can? I guess I need a crash course one day.

Thank You,

R. LeeAnne Howe, MBA, MPA, SHRM-CP Director of Human Resources Clark County Government 300 Corporate Drive, Room 202 Jeffersonville, IN 47130 812-207-2992 I 812-528-1650 lhowe@clarkcounty.in.gov



From: Jessica Huffman < jhuffman@clarkcounty.in.gov>

Sent: Friday, October 20, 2023 12:03 PM

To: LeeAnne Howe < !howe@clarkcounty.in.gov>

Subject: RE: HR Budget Confusion

No, not at this time.

Jessica L Huffman | Chief Deputy

<u>Jhuffman@clarkcounty.in.gov</u> PH: (812) 285-6214

Clark County Auditor's Office

300 Corporate Dr RM 106 Jeffersonville, IN 47130

From: LeeAnne Howe < lhowe@clarkcounty.in.gov>

Sent: Friday, October 20, 2023 11:24 AM

To: Jessica Huffman < <u>ihuffman@clarkcounty.in.gov</u>> **Cc:** LeeAnne Howe < <u>Ihowe@clarkcounty.in.gov</u>>

Subject: RE: HR Budget Confusion

Thanks, is there anything I need to do on my end?

Thank You,

R. LeeAnne Howe, MBA, MPA, SHRM-CP Director of Human Resources Clark County Government 300 Corporate Drive, Room 202 Jeffersonville, IN 47130 812-207-2992 I 812-528-1650 lhowe@clarkcounty.in.gov



From: Jessica Huffman < ihuffman@clarkcounty.in.gov>

Sent: Friday, October 20, 2023 10:17 AM

To: LeeAnne Howe < lhowe@clarkcounty.in.gov>

Subject: RE: HR Budget Confusion

It appears to be a typo on my part. After the first of the year, we can do transfers to correct it.

Jessica L Huffman | Chief Deputy

<u>Jhuffman@clarkcounty.in.gov</u> PH: (812) 285-6214

Clark County Auditor's Office 300 Corporate Dr RM 106 Jeffersonville, IN 47130

From: LeeAnne Howe < lhowe@clarkcounty.in.gov>

Sent: Friday, October 20, 2023 9:15 AM

To: Jessica Huffman < <u>jhuffman@clarkcounty.in.gov</u>> **Cc:** LeeAnne Howe < <u>lhowe@clarkcounty.in.gov</u>>

Subject: HR Budget Confusion

Hey Jessica,

Happy Friday. I know you are super busy-just had a quick question about my 2024 budget. I think some numbers from Tuesday night's copy I picked up maybe transposed?

Long story short, I needed the \$6000.00 in contract services, but the sheet only has \$1000.00 requested and \$1000.00 approved (30051). Karen had requested the \$6000.00 when she submitted the budget.

Is this correct? Let me know your thoughts?

Thank You,

R. LeeAnne Howe, MBA, MPA, SHRM-CP Director of Human Resources Clark County Government 300 Corporate Drive, Room 202 Jeffersonville, IN 47130 812-207-2992 I 812-528-1650 lhowe@clarkcounty.in.gov

REQUISITION FOR TRANSFER OF FUNDS

Danny Yost; Auditor Clark County, Indiana

WEREAS, due to an extraordinary emergency it is necessary that the following transfer of Funds be made for the fiscal year ending December 31, 2024.

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, 2024 for the purpose and department following:

FUND: 1000 LOCATION: 025

FROM: 20060 \$600.00 TO: 30042 \$600.00

hyan dynel SIGNATURE OF DEPARTMENT HEAD

		Elections DEPARTMENT
WITNESS: My hand and seal this	day of _	
		Auditor of Clark County, Indiana

SUBJECT TO FINAL APPROVAL

MAY 2 0 2014

Ourse F. Surat

Auditor, Clark County

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 2024.

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, 2024 be made for the purpose and department following:

FUND NAME: Immunization

Budget #

Line Item Description

Amount

8205-30051-071

Contract Services

95,056.00

Emyzl no

Signature of Dept. Head

Clark County Health Dept.

WITNESS: My hand and seal this 8 day of May 2024 .

Auditor of Clark County, Indiana

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 2024.

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, 2024 be made for the purpose and department following:

FUND NAME: Immunization

Budget #	Line Item Description	Amount	
8237-20060-071	Supplies	\$605.36	

Emyzl no

Signature of Dept. Head

Clark County Health Dept.

WITNESS: My hand and seal this 9_day of May _2024____.

Auditor of Clark County, Indiana

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, 2024.

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, 2024 for the purpose and department following:

FROM: 8207-30019-071

Rent

700.00

TO:

8207-20060-071

Supplies

700.00

SIGNATURE OF DEPARTMENT HEAD

Emyzl no

Health Department

DEPARTMENT

WITNESS: My hand and seal this 3_day of ___June___2024____.

Auditor of Clark County, Indiana

TI II II III

June 10,2024 Council Helting

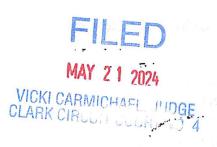
TO: Danny Yost, Auditor CLARK COUNTY, INDIANA

WHEREAS, due to an extraordinary emergency it is necessary that the following <u>additional</u> appropriation be made for the fiscal year ending December 31, <u>2024</u>.

I, therefore do hereby request you give notice to the Clark County Council, and public in manner required by law that <u>additional</u> appropriations for the fiscal year ending December 31, <u>2024</u> be made for the purpose and department following:

FUND NAME: County General - Courts

Budget #	Line Item Description	Amount
1000	11107-302 (Personal Services)	\$520,000
1000	11171-302 (Fica/Medicare)	\$66,040
1000	11176-302 (PERF)	\$39,780



Signature of Department Head

CIVUL G. 3. Sudge

Department

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

Auditor of Clark County, Indiana

Amendment No. 1 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)

Security for Judicial Center personnel

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

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:

Signature of Elected Officeholder

June 10,2024 Council Helting

TO: Danny Yost, Auditor CLARK COUNTY, INDIANA

WHEREAS, due to an extraordinary emergency it is necessary that the following <u>additional</u> appropriation be made for the fiscal year ending December 31, <u>2024</u>.

I, therefore do hereby request you give notice to the Clark County Council, and public in manner required by law that <u>additional</u> appropriations for the fiscal year ending December 31, <u>2024</u> be made for the purpose and department following:

FUND NAME: County General - Courts

Budget #	Line Item Description	Amount
1000	11107-302 (Personal Services)	\$520,000
1000	11171-302 (Fica/Medicare)	\$66,040
1000	11176-302 (PERF)	\$39,780



Signature of Department Head

Department CH. 3 Sudge

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

Auditor of Clark County, Indiana

Amendment No. 1 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)

Security for Judicial Center personnel

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

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:

Signature of Elected Officeholder

County Form No. 144(19	971)
------------------------	------

Fund#_	_1000
Location#_	_302



STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFIERS AND EMPLOYEES CALENDAR YEAR 2024

County General - Circuit and Superior Courts	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 2024.

FULL TIME SALARIED OFFICER AND EMPLOYEES

Title of Position or Employee Classification	Effective date	Total annual salaries
Bailiff – Circuit Court 1	June 11, 2023	\$52,000.00
Bailiff – Circuit Court 2		\$52,000.00
Bailiff – Circuit Court 3		\$52,000.00
Bailiff – Circuit Court 4	-	\$52,000.00
Bailiff - Superior Court 5		\$52,000.00
Bailiff - Superior Court 6		\$52,000.00
Bailiff - Magistrate Court A		\$52,000.00
Bailiff – Magistrate Court B		\$52,000.00
Bailiff – Magistrate Court C		\$52,000.00
Bailiff – Magistrate Court D		\$52,000.00

PART TIME AND HOURLY RATED EMPLOYEES

Title of Position or Employee Classification

Effective date

Rate of Pay Per Hour

MAY 2 1 2024

VICKI CARMICHAEL JUDGE CLARK CIRCUIT JUJURI 10.4

Date: May 21, 2024

Submitted By:

Title: Presiding Judg

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.





TO: Danny Yost, Auditor CLARK COUNTY, INDIANA

FUND NAME: County General – Courts

WHEREAS, due to an extraordinary emergency it is necessary that the following <u>additional</u> appropriation be made for the fiscal year ending December 31, 2024.

I, therefore do hereby request you give notice to the Clark County Council, and public in manner required by law that <u>additional</u> appropriations for the fiscal year ending December 31, <u>2024</u> be made for the purpose and department following:

Budget # 1000	Line Item Description 30129-00100-302 (Jury Me		mount 5,000
a*	_	ignature of Departm	ent Head
	<u></u> Departn	auf Const 3	Judge
WITNESS:	My hand and seal this	day of	·
	Auditor	of Clark County, In	diana

		,	

Amendment No. 1 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)

We are running out of appropriations and we have more trials coming up in the future.

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

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:

Signature of Elected Officeholde

Council

REQUISITION FOR ADDITIONAL APPROPRIATION

TO: Danny Yost, Auditor CLARK COUNTY, INDIANA

FUND NAME:

WHEREAS, due to an extraordinary emergency it is necessary that the following <u>additional</u> appropriation be made for the fiscal year ending December 31, <u>2024</u>.

I, therefore do hereby request you give notice to the Clark County Council, and public in manner required by law that <u>additional</u> appropriations for the fiscal year ending December 31, <u>2024</u> be made for the purpose and department following:

Budget # 2202	Line Item Description 30096-302 (Legal Fees &	Amount Charges) \$ 18,000
	Signature Chente	of Department Head
WITNESS: My hand	Department	
WITINESS. WIY Hand	a and scar uns day o.	·
	Auditor of Clark	County, Indiana

- ADR - Superior Court

	•	

Amendment No. 1 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)

We are almost out of appropriations.

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

Legal fees for ADR mediation and GAL 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:

Signature of Elected Utiliceholder

	e S		
x **			