

# REQUISITION FOR REDUCTION OF 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, 2024.

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

FUND NAME: PSC Grant Veterans Court

Budget #	Line Item Description	Amount
8235	30051-302 Contract Services	-\$1,896.80



\_\_\_\_\_  
SIGNATURE OF DEPARTMENT HEAD

\_\_\_\_\_  
Veterans Court of Southern Indiana  
DEPARTMENT

WITNESS: My hand and seal this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Auditor of Clark County, Indiana

May 13, 2024  
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, 2024.

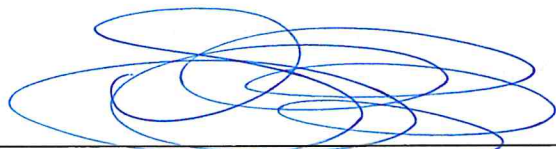
I, therefore do hereby request you give notice to the Clark County Council, and public in manner required by law that additional appropriations for the fiscal year ending December 31, 2024 be made for the purpose and department following:

**FUND NAME:** County General – Superior Court 5

---

Budget #	Line Item Description	Amount
1000	31019-375 (Interpreter)	\$ 10,000

**FILED**  
**APR 18 2024**  
 VICKI CARMICHAEL, JUDGE  
 CLARK CIRCUIT COURT NO. 4


  
 \_\_\_\_\_  
 Signature of Department Head  
 Circuit Court 3  
 \_\_\_\_\_  
 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)** Need additional appropriations to pay for Interpreters. We did not receive the grant funding that we had budgeted for this year and we have used almost the entire amount appropriated in just the first quarter.

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

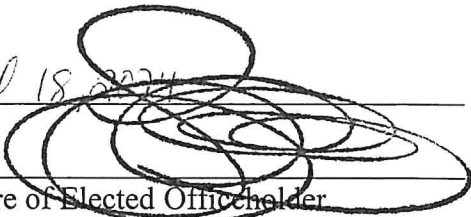
**Will the denial of this request prevent your office or department from executing its daily duties?** Yes

**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:

April 18, 2024  
  
Signature of Elected Officeholder

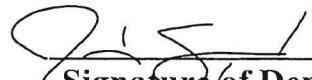
**REQUISITION FOR ADDITIONAL APPROPRIATION**

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 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:

<b>Budget #</b>	<b>Line Item Description</b>	<b>Amount</b>
#1128-30015-302	Drug Testing	\$ 5,000.00
#1128-20060-302	Supplies	\$ 5,000.00

  
\_\_\_\_\_  
**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?** Funds are anticipated to continue to accumulate through project income.

**Why is this appropriation deemed to be an emergency at this time?** In order to meet the best practice requirements set by the National Association of Drug Court Professionals (a Problem Solving Court requirement for certification) participants must be drug screened at minimum twice a week.

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

1128-30015-302 Appropriations of \$5,000.00 will be used to pay for drug testing.

1128-20060-302 Appropriations of \$5,000.00 will be used to pay for drug testing.

**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 risks state certification as a problem-solving court. Drug Testing is a mandated practice in Problem-solving Courts

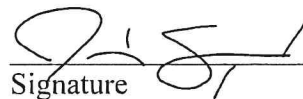
**If the Additional Appropriation request includes a Salary Ordinance, please list the exact amount of the salary increase, the current salary, and from what fund the salary is being paid from.**

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:

April 16, 2024

  
Signature

# 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, 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 Description	Amount
1181-30051-002	Contract Services	\$39,600.00

  
SIGNATURE OF DEPARTMENT HEAD

  
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 the Auditor's Office's normal contract services amount that was previously budgeted in County General prior to 2024. When considering raises for the Auditor's Office for 2024, this was intended to be moved to 1181 to compensate for raises. However, this was left off of the approved budget in error.

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

GIS Services Contract with Schneider Geospatial

**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, 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:

FUND NAME: Enhanced GIS Access Services

Budget #	Line-Item Description	Amount
4964-40010-030	Enhanced GIS Access Services	\$600.00

  
SIGNATURE OF DEPARTMENT HEAD

  
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 allows storage of the 5 discs which equates to 4 Terabytes of ariel pictography for the GIS system.** *each*

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

**Please see attached for external hard drives.**

**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:

*Connie Sellers*

3/3/2024  
Signature of Elected Officeholder



Roll over image to zoom in



# Toshiba Canvio Advance 4TB Portable External Hard Drive USB 3.0, Red - HDTCA40XR3CA

Visit the [Toshiba Store](#)  
4.6 **★★★★★** 36,451 ratings | Search this page  
**Amazon's Choice** in External Hard Drives by Toshiba

500+ bought in past month

-7% **\$99.99**

List Price: ~~\$107.99~~

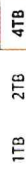
**FREE** Returns

Get \$10 off instantly. Pay ~~\$89.99~~ \$99.99 upon approval for the Amazon Store Card. No annual fee.

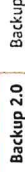
Color: **Red**



Capacity: **4TB**



Style: **Backup 2.0**



Pattern: **Hard Drive**



Enjoy fast, free delivery, exclusive deals, and award-winning movies & TV shows with Prime

Try Prime and start saving today with fast, free delivery

Delivery                      Pickup

**\$99.99**

**FREE** Returns

**FREE delivery Monday, April 8**

Or fastest delivery **Tomorrow, April 4.** Order within 11 hrs 45 mins



Delivering to Jeffersonville 47130

[- Update location](#)

**In Stock**

Quantity: 1



Ships from [Amazon.com](#)  
Sold by [Amazon.com](#)  
[Returns](#) [Eligible for Return.](#)

Council Meeting  
May 13, 2024

**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 2024.

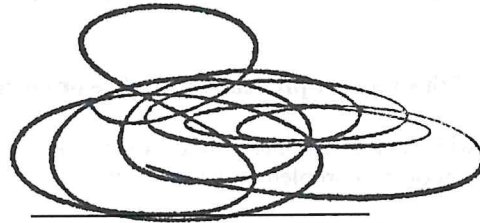
I, therefore do hereby request you to give notice to the Clark County Council, and public in manner required by law that additional appropriations for the fiscal year ending December 31, 2024 be made for the purpose and department following:

Budget #	Line Item Description	Amount
#8230-36001-302	Treatment Intervention	\$3,600.00

FILED

APR 22 2024

VICKI CARMICHAEL, JUDGE  
CLARK CIRCUIT COURT NO. 4



Signature of Dept. Head  
Clark Co. IMPACT Court

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?**

Funds are anticipated to continue to accumulate through project income. Funds will not be spent if the cash balance does not meet or exceed appropriated amount.

**Why is this appropriation deemed to be an emergency at this time?**

To meet best practice recommendations, set by the National Association of Drug Court Professionals and standards set by the Indiana Office of Court Services, Problem Solving Court personnel must meet continuing education required hours in order to remain state certified.

Treatment Intervention will be used to support evidenced based programing for current participants.

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

#8230-36001-302	Treatment Intervention	\$3,600.00
-----------------	------------------------	------------

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

Yes, without access to these funds, the Clark County IMPACT Court is at risk of losing its state certification as a problem-solving court.

**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.**

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:

\_\_\_\_\_

Signature

## 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, 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:

8950-40157-030	ARP – Henryville Membership Sanitation Corp.	\$1,000,000
----------------	--	-------------

TOTAL: \$1,000,000

  
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.)** Memphis Lift Station & Sanitary Sewer Interceptor Project

**Please include an itemized list of purchases, leases, and/or services for this appropriation.**  
Pay Request #1


**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

Contract No. \_\_\_\_\_

Clark County Commissioners Payment Application  
(Federal Reimbursements)

Entity: Henryville Membership Sanitation Corp.

Date Submitted: 4-1-24

Payment Request # ~~208,721.74~~ 1

Original Grant Amount: \$ 1,000,000

Amount This Invoice: \$ 208,721.74

Invoice Attached

Copy of Check

Amount Previously Requested: \$ 0

Balance left on Contract: \$ 791,278.26

Doug Dunlavy  
Signature

4-1-24  
Date

Doug Dunlavy  
Printed Name of Representative

County Use Only

Samuel Daniel  
Received By

4/24/2024  
Date

Paid On Check No.: \_\_\_\_\_

\_\_\_\_\_  
Date Paid

# HERITAGE ENGINEERING, LLC

---

February 1, 2024

Mr. Greg Bagshaw  
President  
Henryville Membership Sanitation Corporation  
104 E. Main St.  
Henryville, IN 47126

Re: Memphis Lift Station and Sanitary Sewer Interceptor Project  
Pay Request No. 1 (Lykins Contracting, LLC)

Dear Mr. Bagshaw:

Enclosed is Pay Request No. 1 for the above referenced project. We have reviewed this pay request and find it correct as submitted. We therefore recommend that payment of \$208,721.74 be made to the contractor, Lykins Contracting, LLC.

Please note that that the retainage amount (10%) being withheld from the contractor stands at \$23,191.31.

Please let us know if you have any questions about this pay request.

Sincerely,



Matthew D. Robinson, P.E.

cc: 20061 Job File  
Lykins Contracting, LLC





**Contractor's Application for Payment No. 1**

Application Period: 9/19/23 to 1/19/24 Application Date: 1/24/2024

To (Owner): Henryville Membership Sanitation Corporation  
 Project: Memphis Lift Station and Sanitary Sewer Project  
 Owner's Contract No.: 1-23080

From (Contractor): Lykins Contracting, LLC  
 Contract: Heritage Engineering, LLC  
 Via (Engineer):  
 PO#: \_\_\_\_\_  
 Engineer's Project No.: \_\_\_\_\_

**Application for Payment  
Change Order Summary**

Approved Change Orders Number	Additions	Deductions
TOTALS	\$0.00	\$0.00
NET CHANGE BY CHANGE ORDERS	\$0.00	\$0.00

1. ORIGINAL CONTRACT PRICE..... \$ 1,771,824.00
2. Net change by Change Orders..... \$ 0.00
3. Current Contract Price (Line 1 + 2)..... \$ 1,771,824.00
4. TOTAL COMPLETED AND STORED TO DATE  
(Column F on Progress Estimate)..... \$ 231,913.05
5. RETAINAGE:
  - a. 10% X \$231,913.05 Work Completed..... \$ 23,191.31
  - b. 5% X \$0.00 Stored Material..... \$ 0.00
  - c. Total Retainage (Line 5a + Line 5b)..... \$ 23,191.31
6. AMOUNT ELIGIBLE TO DATE (Line 4 - Line 5c)..... \$ 208,721.74
7. LESS PREVIOUS PAYMENTS (Line 6 from prior Application)..... \$ 0.00
8. AMOUNT DUE THIS APPLICATION..... \$ 208,721.74
9. BALANCE TO FINISH, PLUS RETAINAGE  
(Column G on Progress Estimate + Line 5 above)..... \$ 1,563,102.26

**Contractor's Certification**

The undersigned Contractor certifies that: (1) all previous progress payments received from Owner on account of Work done under the Contract have been applied on account to discharge Contractor's legitimate obligations incurred in connection with Work covered by prior Applications for Payment; (2) title of all Work, materials and equipment incorporated in said Work or otherwise listed in or covered by this Application for Payment will pass to Owner at time of payment free and clear of all Liens, security interests and encumbrances (except such as are covered by a Bond acceptable to Owner indemnifying Owner against any such Liens, security interest or encumbrances); and (3) all Work covered by this Application for Payment is in accordance with the Contract Documents and is not defective.

Payment of: \$ 208,721.74  
 (Line 8 or other - attach explanation of the other amount)

is recommended by: Matthew D. Roberson (Engineer) 2/1/24 (Date)

Payment of: \$ 208,721.74  
 (Line 8 or other - attach explanation of the other amount)

is approved by: \_\_\_\_\_ (Owner) \_\_\_\_\_ (Date)

Approved by: \_\_\_\_\_ (Funding Agency (if applicable)) \_\_\_\_\_ (Date)

By: Joseph E Cook Date: 1-24-24



## CONDITIONAL WAIVER AND RELEASE ON PROGRESS PAYMENT

Project: Memphis Lift Station & Sanitary  
104 East Main Street  
PO Box 62  
Henryville, IN 47126

On receipt by the undersigned of a check from Henryville Membership Sanitary in the sum of TWO HUNDRED EIGHT THOUSAND SEVEN HUNDRED TWENTY ONE DOLLARS AND 74 CENTS (208,721.74) payable to LYKINS CONTRACTING, LLC, and when the check has been properly endorsed and has been paid by the bank on which it is drawn, this document becomes effective to release any Mechanic's Lien, any state or federal statutory bond right, any private bond right, any claim for payment and any rights under any similar ordinance, rule or statute related to claim or payment rights for persons in the undersigned's position, the undersigned has on the above referenced project to the following extent.

This release covers a progress payment for all labor, services, equipment and materials furnished to the project site or to Henryville Membership Sanitary through 1/19/2024 only and does not cover any retention, pending modifications and changes or items furnished after said date. Before any recipient of this document relies on it, that person should verify evidence of payment to the undersigned.

The undersigned warrants that he either has already paid or will use the monies he receives from this progress payment to promptly pay in full all of his laborers, subcontractors, materialmen and suppliers for all work, materials, equipment or services provided for or to the above referenced project up to the date of this waiver.

1-24-24  
(Date)

Joseph E Cook  
(Signature)

VP of Operations  
(Title)

To(OWNER): Henryville Membership Sanitary  
 104 East Main Street  
 PO Box 62  
 Henryville, IN 47126  
 From: LYKINS CONTRACTING, LLC  
 12783 North SR 101  
 SUNMAN, IN 47041  
 (812) 623-2244

Project: Memphis Lift Station & Sanitary  
 104 East Main Street  
 PO Box 62  
 Henryville, IN 47126  
 Via(Architect/ Engineer): Heritage Engineering  
 603 North Shore Drive, #204  
 Jeffersonville, IN 47130

Application No: 1  
 Invoice No: 1244  
 Invoice Date: 1/24/2024  
 Period To: 1/19/2024  
 Project No: I-23080  
 Contract Date:

For: Memphis LS & Sanitary Interceptor

No.	Description	Total Quantity	Unit Cost	Total Cost	Completed Units	Stored Material	Completed & Stored	Prior Value	Due This Request
1	18" PVC SDR 35 Sewer Line (non-paved)	1,205	143.00	172,315.00	0	0.00	0.00	0.00	0.00
2	18" PVC SDR 35 Sewer Line (paved)	158	340.00	53,720.00	0	0.00	0.00	0.00	0.00
3	18" PVC SDR 35 Sewer Line (granular within 5' of road)	498	184.00	91,632.00	8	0.00	1,472.00	0.00	1,472.00
4	18" DI 350 psi Sewer Line w/Poly Wrap & FKM Gaskets	117	645.00	75,465.00	20	0.00	12,900.00	0.00	12,900.00
4A	6" PVC SDR 35 Sewer Laterals at MH	20	272.00	5,440.00	0	0.00	0.00	0.00	0.00
4B	Reconnect Exist. 4" Sewer Lateral (STA 14+60)	1	6,180.00	6,180.00	0	0.00	0.00	0.00	0.00
5	12" SDR 21 PVC Force Main (non-paved)	112	190.00	21,280.00	8	0.00	1,520.00	0.00	1,520.00
5A	12" SDR 21 PVC Force Main (paved under LS area)	51	152.00	7,752.00	0	0.00	0.00	0.00	0.00
6	12" PVC SDR 21 Water Line (non-paved)	2,693	72.00	193,896.00	0	0.00	0.00	0.00	0.00
6A	12" DI PC350 Water Main PE&FKM	117	184.00	21,528.00	0	0.00	0.00	0.00	0.00
7	12" PVC SDR 21 Water Line (paved)	30	299.00	8,970.00	0	0.00	0.00	0.00	0.00
8	6" DR 11 HDPE Water Line (non-paved)	245	81.00	19,845.00	158	0.00	12,798.00	0.00	12,798.00
9	6" DR 11 HDPE Water Line (paved)	20	123.00	2,460.00	0	0.00	0.00	0.00	0.00
10	1" PVC SDR 21 Water Line (Under LS Paved Area)	36	66.00	2,376.00	0	0.00	0.00	0.00	0.00
11	Sanitary Sewer Manhole (5' dia)	9	13,211.00	118,899.00	0	0.00	0.00	0.00	0.00
12	Sanitary Sewer Drop Manhole (5' dia)	3	14,922.00	44,766.00	0	0.00	0.00	0.00	0.00
12A	Conn. Prop 6" HDPE Water Line to Existing 4" on RR St.	1	5,881.00	5,881.00	0	0.00	0.00	0.00	0.00
13	6" Gate Valve and Valve Box (STA 0+14)	1	5,280.00	5,280.00	1	0.00	5,280.00	0.00	5,280.00
14	12" G.V. w/ Blind Flange & Valve (STA 3+10 & STA 21+49)	2	6,025.00	12,050.00	0	0.00	0.00	0.00	0.00
14A	12"x 6" Tee & 6" G.V. w Valve Box (STA 3+20)	1	5,327.00	5,327.00	0	0.00	0.00	0.00	0.00
14B	12" Tee, 12" G.V. w/ Valve Box & Blind Flange ( STA 13+90)	1	9,065.00	9,065.00	0	0.00	0.00	0.00	0.00
15	Creek Crossing (Sta 8+60) For 18" Sewer & 12" Water	1	1,365.00	1,365.00	0	0.00	0.00	0.00	0.00

To(OWNER): Henryville Membership Sanitary  
 104 East Main Street  
 PO Box 62  
 Henryville, IN 47126  
 From: LYKINS CONTRACTING, LLC  
 12783 North SR 101  
 SUNMAN, IN 47041  
 (812) 623-2244

Project: Memphis Lift Station & Sanitary  
 104 East Main Street  
 PO Box 62  
 Henryville, IN 47126  
 Via(Architect/ Engineer): Heritage Engineering  
 603 North Shore Drive, #204  
 Jeffersonville, IN 47130

Application No: 1  
 Invoice No: 1244  
 Invoice Date: 1/24/2024  
 Period To: 1/19/2024  
 Project No: I-23080  
 Contract Date:

For: Memphis LS & Sanitary Interceptor

No.	Description	Total Quantity	Unit Cost	Total Cost	Completed Units	Stored Material	Completed & Stored	Prior Value	Due This Request
16	Bore and Jack 36" Casing Under US Hwy 31- Including Carriers	60	Lineal Feet	72,900.00	0	0.00	0.00	0.00	0.00
17	Fire Hydrant	2	Each	18,390.00	0	0.00	0.00	0.00	0.00
18	Yard Hydrant	1	Lump Sum	2,683.00	0	0.00	0.00	0.00	0.00
19	Overwatch Type Lift Station	1	Lump Sum	451,046.00	0.3	0.00	135,313.80	0.00	135,313.80
21	Lift Station Electrical Work	1	Lump Sum	13,795.00	0	0.00	0.00	0.00	0.00
22	Lift Station Generator and ATS	1	Lump Sum	72,060.00	0	0.00	0.00	0.00	0.00
23	Bring Power to Lift Station	1	Lump Sum	8,425.00	0	0.00	0.00	0.00	0.00
24	Install Flow Meter at WWTP	1	Lump Sum	20,700.00	0	0.00	0.00	0.00	0.00
25	Lift Station Fencing	152	Lineal Feet	24,168.00	0	0.00	0.00	0.00	0.00
26	Lift Station Gate	1	Each	1,215.00	0	0.00	0.00	0.00	0.00
29	Asphalt Pavement	1	Lump Sum	41,065.00	0	0.00	0.00	0.00	0.00
30	Ground Restorations	1	Lump Sum	19,855.00	0	0.00	0.00	0.00	0.00
31	Traffic Control	1	Lump Sum	2,990.00	0.05	0.00	149.50	0.00	149.50
32	Seeding/Strawing	1	Lump Sum	21,030.00	0	0.00	0.00	0.00	0.00
33	Erosion Control Measures	1	Lump Sum	16,295.00	0.05	0.00	814.75	0.00	814.75
34	Mobilize/Demobilize	1	Lump Sum	76,100.00	0.5	0.00	38,050.00	0.00	38,050.00
35	Insurance	1	Lump Sum	1,000.00	1	0.00	1,000.00	0.00	1,000.00
36	Performance/Payment Bonds	1	Lump Sum	22,615.00	1	0.00	22,615.00	0.00	22,615.00
				<u>1,771,824.00</u>		<u>0.00</u>	<u>231,913.05</u>	<u>0.00</u>	<u>231,913.05</u>

Contract sum..... 1,771,824.00  
 Completed and Stored to date..... 231,913.05  
 Retainage..... 23,191.31  
 Total earned less retainage..... 208,721.74  
 Previous billings..... 0.00  
 Current payment due..... 208,721.74  
 Sales tax..... 0.00  
 Total due..... 208,721.74

## 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, 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:

8950-4____-030	Borden-Sellersburg Wastewater Project	\$327,565
----------------	---------------------------------------	-----------

TOTAL: \$327,565

  
\_\_\_\_\_  
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.)** Invoices are due.

**Please include an itemized list of purchases, leases, and/or services for this appropriation.**  
Engineering invoices from Jacobi, Toombs, and Lanz (JTL)

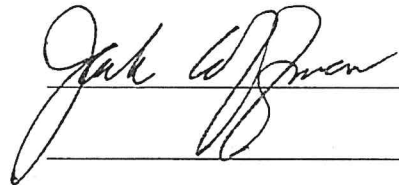
**Will the denial of this request prevent your office or department from executing its daily Duties ?**

**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

NEW GRANT BEGINS JULY 1, 2024  
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 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: 2024-2025 JDAI GRANT**

<u>Budget #</u>	<u>Line Item Description</u>	<u>Amount</u>	
9157 20043 041	FOOD	\$3,750.00	
9157 20060 041	SUPPLIES	\$600.00	4,350
9157 30013 041	TRAVEL	\$10,650.00	
9157 30117 041	COURT PROB PROGRAMMING	\$7,500.00	
9157 31017 041	PROMOTIONS/INCENTIVES	\$1,000.00	
9157 36000 041	EDUCATION/PREVENTION	\$27,000.00	
9157 36001 041	TREATMENT/INTERVENTION	\$12,000.00	58,150

  
\_\_\_\_\_  
DIRECTOR

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 grant runs July 1-June 30 so we are just appropriating the new grant.**

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

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

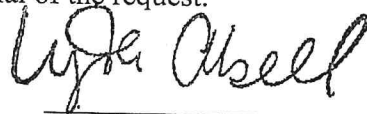
**If the Additional Appropriation request includes a Salary Ordinance, please list the exact amount of the salary increase, the current salary, and from what fund the salary is being paid from. See attached form.**

**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:

4/24/2024



\_\_\_\_\_  
Signature of DIRECTOR



**Fund# 4957**  
**Location# 024**

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

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 2023.

---

**FULL TIME SALARIED OFFICER AND EMPLOYEES**

Title of Position or Employee Classification & Name	Effective Date	Total Annual Salaries
Planning and Zoning Director	5/28/2024	\$29,196.91

**PART TIME AND HOURLY RATED EMPLOYEES**

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

Date: 5/13/2024

Submitted By:  
Title:

---

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.

	1000	4957	Total Base Salary
Current Base	\$48,803.09	\$8355.47	\$57,158.56
Proposed Base	\$48,803.09	\$26,196.91	\$75,000.00

**Fund# 1000**  
**Location# 002**

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

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 2023.

**FULL TIME SALARIED OFFICER AND EMPLOYEES**

Title of Position or Employee Classification & Name	Effective Date	Total Annual Salaries
Chief Deputy Auditor (Temporary duplicate position while paying out required PTO of predecessor)	5/6/2024	\$4217.16

**PART TIME AND HOURLY RATED EMPLOYEES**

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

Date: 5/13/2024

Submitted By:  
Title:

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.

**Fund# 1216**  
**Location# 002**

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

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 2023.

---

**FULL TIME SALARIED OFFICER AND EMPLOYEES**

Title of Position or Employee Classification & Name	Effective Date	Total Annual Salaries
Chief Deputy Auditor (Temporary duplicate position while paying out required PTO of predecessor)	5/6/2024	\$449.69

**PART TIME AND HOURLY RATED EMPLOYEES**

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

Date: 5/13/2024

Submitted By:  
Title:

---

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.

	Base	Longevity	Total	Per Pay	Per Day	Per Hour
1000	52884.74	750.00	53634.74	2062.87	206.29	29.47
1216	3525.30		5719.08	219.96	22.00	3.14
					228.29	32.61

1000			
	Days/Hours	Pay per	Amount
Admin Leave (Days)	3	206.29	618.87
PTO (Days)	15	206.29	3094.35
Comp (Hours)	17.1	29.47	503.94
			4217.16

1216			
	Days/Hours	Pay per	Amount
Admin Leave (Days)	3	22.00	66.00
PTO (Days)	15	22.00	330.00
Comp (Hours)	17.1	3.14	53.69
			449.69

**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: 8212-40014-071	Equipment	2000.00
TO: 8212-20060-071	Supplies	2000.00



\_\_\_\_\_  
SIGNATURE OF DEPARTMENT HEAD

Health Department

\_\_\_\_\_  
DEPARTMENT

WITNESS: My hand and seal this 10 day of May 2024 \_\_\_\_\_.

\_\_\_\_\_  
Auditor of Clark County, Indiana