

**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:*

**FROM:** 1000-30013-027 TRAVEL \$600.77

**TO:** 1000-40014-027 EQUIPMENT \$600.77

  
\_\_\_\_\_  
*Board of Commissioners*

**WITNESS:** My hand and seal this \_\_\_\_\_ day of September, 2024.

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

Company Address 13918 E Mississippi Ave #62971  
Aurora, Colorado 80012  
United States

Created Date 8/9/2024  
Expiration Date 8/31/2024  
Quote Number 00006381  
Opportunity Name Veterans Services Office

Prepared By Kayleigh Channing  
Email kayleigh@thereceptionist.com

Contact Name Ronnie Iglesias  
Phone 18122856345  
Email riglesias@clarkcounty.in.gov

Bill To Name Clark County Indiana, Veterans Services Office  
Bill To United States

Ship To Name Clark County Indiana, Veterans Services Office  
Ship To United States

Product	Product Description	List Price	Sales Price	Quantity	Total Price
Annual Basic	Basic Plan 1 to 24 Contacts Annual	\$600.00	\$600.00	1.00	\$600.00
	Receptionist in a Box Floor Stand, Black, Bundle Discount includes \$100 off (with Annual Plan purchase)				
	Includes:				
	*Black Enclosure				
RIAB Floor black with plan	*Black Floor stand	\$1,399.00	\$1,399.00	1.00	\$1,399.00
	*Brand new Black Apple iPad				
	*Charged and ready for you AppleID				
	*3 foot & 6 foot charging cables				
	*Download our app, log in, and start greeting visitors				
	*Free UPS Ground Shipping (US only)				

Subtotal \$1,999.00  
Discount 0.00%  
Total Price \$1,999.00  
Grand Total \$1,999.00

*Every location includes a personalized virtual setup experience via Zoom. A dedicated Customer Onboarding Specialist will be there to ensure your success during the setup and implementation process, and best of all this is at no cost to you!*

# 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:**

Budget #	Line-Item Description	Amount
1000-30054-028	Equipment Repair	\$800.00

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

*Weights & Measures*  
\_\_\_\_\_  
DEPARTMENT

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

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



# Quotation

Remit To:  
 Cross Technologies, Inc. dba Cross  
 PO BOX 746284  
 Atlanta, GA 30374-6284 (336)-292-0511

Date 08/22/2024  
 Quotation # LOU-3394

Expires 12/31/2024  
 Terms Credit Card  
 Ship Via  
 FOB  
 Created By  
 Contact Name  
 Shipping Code (2)

Murphy, Michael G  
 Laura Lott

Cross Precision Measurement  
 411 Industry Road Suite 300  
 Louisville KY 40208

**A/P Bill To**  
 Clark County Weights & Measures  
 501 E Court Ave  
 Jeffersonville IN 47130

**Ship To**  
 Clark County Weights & Measures  
 501 E Court Ave  
 Jeffersonville IN 47130

Item Code	Description	Qu...	Price	Ext. Price	Item Note	Department
Class 5 & Up	Calibration of Weight - Individual Weights Class 5 & up - up to 20kg - (4) 25 lb weights	4	80.00	320.00		Service
Class 5 & Up	Calibration of a Weight - Individual Weights Class 5 & up - over 20 kg - (11) 50 lb weights	11	80.00	880.00		Service
Class 1 thru	Calibration of Weight Kit Class F - (22) total weights	1	810.00	810.00		Service
Class 1 thru	Calibration of Weight Kit Class 4 - (21) total weights	1	530.00	530.00		Service
/FRT	Shipping charges not included - charges will prepay and add unless otherwise requested and preferred carrier/account information is provided. - Estimated freight charges are about \$650, but the actual charges will be invoiced	1	0.00	0.00		Service

**Total** \$2,540.00

Reviewed & Approved By: Murphy, Michael G. Contact at:

**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.**

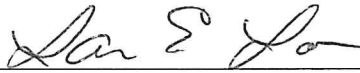
**I, therefore do hereby request you to give to the Clark County Council in the manner required by law that Transfer of Funds for the fiscal year ending December 31, 2024 be made for the purpose and department following:**

	<b>Fund – Account - Location</b>	<b>Account Name</b>	<b>Amount</b>
<b>From:</b>	<b>1000-11105-028</b>	<b>Part Time</b>	<b>\$2,500.00</b>
<b>To:</b>	<b>1000-30054-028</b>	<b>Equipment Repair</b>	

	<b>Fund – Account - Location</b>	<b>Account Name</b>	<b>Amount</b>
<b>From:</b>	<b>1000-11171-028</b>	<b>FICA</b>	<b>\$40.00</b>
<b>To:</b>	<b>1000-30054-028</b>	<b>Equipment Repair</b>	

	<b>Fund – Account - Location</b>	<b>Account Name</b>	<b>Amount</b>
<b>From:</b>	<b>1000-11171-028</b>	<b>FICA</b>	<b>\$151.40</b>
<b>To:</b>	<b>1000-30107-028</b>	<b>Freight</b>	

**F I L E D**  
**AUG 26 2024**  
*Danny F. Yost*  
Auditor, Clark County

  
\_\_\_\_\_  
Signature of Department Head

**Weights & Measures**

**WITNESS: My hand and seal this the 26 day of August 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 be made for the purpose and department following:**

	<b>Fund – Account - Location</b>	<b>Account Name</b>	<b>Amount</b>
<b>From:</b>	1000-20060-028	Supplies	98.60
<b>To:</b>	1000-30107-28	Freight	

	<b>Fund – Account - Location</b>	<b>Account Name</b>	<b>Amount</b>
<b>From:</b>			
<b>To:</b>			

	<b>Fund – Account - Location</b>	<b>Account Name</b>	<b>Amount</b>
<b>From:</b>			
<b>To:</b>			

**F I L E D**  
 AUG 26 2024  
 Danny F. Yost  
 Auditor Clark County

*[Handwritten Signature]*

Signature of Department Head

**Weights & Measures**

**WITNESS: My hand and seal this the 26 day of August 2024.**

**Auditor of Clark County, Indiana**

# 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: County General

Budget #	Line-Item Description	Amount
1000-31026-030	Competency Evaluations	\$30,000.00



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

\_\_\_\_\_  
DEPARTMENT

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

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

# 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: **County General**

Budget #	Line-Item Description	Amount
1000-11174-030	Unemployment	\$15,000.00

  
SIGNATURE OF DEPARTMENT HEAD

DEPARTMENT

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

Auditor of Clark County, Indiana



View Balances by Account  
 1000.11174.00000.0030 Transactions as of 12/31/2024  
 The Last Posted Date is 01/01/2024.

Clark County Government

Effective Date	Amount	Tran Type	Tran Source	Comment	Tran Date	Receipt	Bank	Check	Vendor Name	Invoice	Invoice Date	Notes	PO	PO Mode
07/23/2024	20,000.00	Approp	Additional Appropriation	ADD APP	07/23/2024							COUNCIL APPROVED ADDITIONAL APPROPRIATION AT THE 7/22/2024 COUNCIL MEETING		
07/23/2024	3,602.00	Claim	Electronic Pay Ded Dist		07/23/2024		084		00603 Indiana Unemployment Services	1999201	06/03/2024			
06/07/2024	2,774.00	Claim	Electronic Pay Ded Dist		06/07/2024		084		00603 Indiana Unemployment Services	545	06/03/2024			
05/15/2024	1,242.28	Claim	Electronic Pay Ded Dist		05/15/2024		084		00603 Indiana Unemployment Services	3948972	05/15/2024			
01/29/2024	3,696.86	Claim	Electronic Pay Ded Dist		01/29/2024		084		00603 Indiana Unemployment Services	995				
	<b>31,315.14</b>													



INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT  
 State Form 43283 (R / 7-18)  
 10 N. SENATE AVE, SE 202  
 INDIANAPOLIS, IN 46204-2277

CONFIDENTIAL RECORD PURSUANT TO IC 4-1-6, IC 22-4-19-6



043283011



08/01/2024

CLARK COUNTY AUDITOR  
 300 CORPORATE DR STE 106  
 JEFFERSONVILLE IN 47130

Account/Location Number	131204
Reporting Month	7/2024
Net Charges	\$4,602.00
Posting date	08/01/2024

**STATEMENT OF BENEFIT CHARGES**

CONFIDENTIAL RECORDS PURSUANT TO IC 22-4-19-6, IC 4-1-6

**THIS IS NOT A BILL OR A REQUEST FOR MONEY DUE TO THE DEPARTMENT**

This is a notice of benefit charges made against the employer's experience or reimbursing account during the reporting month shown above.

The receipt of this statement does not reopen the question of the claimant's eligibility for unemployment insurance where the separating or base period employer received notice and had the opportunity and the duty to report any information which could disqualify the claimant.

If you are a qualifying employer currently electing to be reimbursable, the current charges will be reflected on your invoice next month. Any credits included on this notice have been deducted from the employer's current reimbursable invoice.

If you disagree with the charges below, please fax this document with supporting protest information to (317) 232-0173 within fifteen (15) days from the mailing date of this notice.

If you have additional questions, please contact the Department of Workforce Development at (800) 891-6499

Social Security Number	Employee's Name	Benefit Year End Date	Claim Level	Transaction Date	Paid for Week Ending	Acq	Amount Charged
*** New charges for the reporting month 7/2024 ***							
	STEPHANIE D MOSS	03/29/2025	UI	07/02/2024	06/29/2024		\$320.00
	STEPHANIE D MOSS	03/29/2025	UI	07/09/2024	07/06/2024		\$320.00
	STEPHANIE D MOSS	03/29/2025	UI	07/15/2024	07/13/2024		\$320.00
	STEPHANIE D MOSS	03/29/2025	UI	07/22/2024	07/20/2024		\$320.00
	STEPHANIE D MOSS	03/29/2025	UI	07/29/2024	07/27/2024		\$320.00
	DONNA S SUMNER	06/28/2025	UI	07/29/2024	07/13/2024		\$136.00
	DONNA S SUMNER	06/28/2025	UI	07/29/2024	07/20/2024		\$136.00
	CATHY L DENISON	02/15/2025	UI	07/03/2024	06/29/2024		\$390.00
	CATHY L DENISON	02/15/2025	UI	07/10/2024	07/06/2024		\$390.00

\*\*CONTINUED ON NEXT PAGE\*\*



164487975

131204

35-6000132

(1)



043283012

Social Security Number	Employee's Name	Benefit Year End Date	Claim Level	Transaction Date	Paid for Week Ending	Acq	Amount Charged
	CATHY L DENISON	02/15/2025	UI	07/15/2024	07/13/2024		\$390.00
	CYNTHIA A GUENTHNER	05/31/2025	UI	07/07/2024	07/06/2024		\$390.00
	CYNTHIA A GUENTHNER	05/31/2025	UI	07/14/2024	07/13/2024		\$390.00
	CYNTHIA A GUENTHNER	05/31/2025	UI	07/21/2024	07/20/2024		\$390.00
	CYNTHIA A GUENTHNER	05/31/2025	UI	07/29/2024	07/27/2024		\$390.00
Total New Charges for Reporting Month 7/2024 :							\$4,602.00
Total Amount of Net Charges :							\$4,602.00

\*\* END OF BENEFIT CHARGE STATEMENT \*\*



164487975

131204

35-6000132

(2)

September

**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: LIT-Economic Development

Budget #	Line-Item Description	Amount
1112-11173-030	Group Insurance	\$500,000.00

  
SIGNATURE OF DEPARTMENT HEAD

DEPARTMENT

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

Auditor of Clark County, Indiana

## 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:

1138-40058-030	Biggs Rd. (@ Memphis Blue Lick Intersection)	\$50,000
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TOTAL: \$50,000



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.) Yes. Design options & Solutions for project are in progress.**

**Please include an itemized list of purchases, leases, and/or services for this appropriation.  
RQAW reviewing options and study**


**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 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, 2023.

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, 2023 be made for the purpose and department following:

FUND NAME: Cum Cap

Budget #	Line-Item Description	Amount
1138-40012-030	Motor Vehicles	\$100,000.00

  
SIGNATURE OF DEPARTMENT HEAD

DEPARTMENT

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

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

# 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: Co. Drug Free Community

Budget #	Line Item Description	Amount
1148-36000-192	CCYC Operating	\$6096.04
1148-36000-192	Prevention/Education	\$6096.04
1148-36001-192	Treatment/Intervention	\$6096.04
1148-36002-192	LawEnforcement/Education	\$6096.04

\_\_\_\_\_  
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) Our fiscal year falls outside of the standard appropriation.**

**Please include an itemized list of purchases, leases, and/or services that this appropriation will be used for. (Detail your answer) \$24,384.16 to be disbursed as \$6096.04 in each of the Governors mandated categories.**

**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. No**

**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 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**

<b>Budget #</b>	<b>Line Item Description</b>	<b>Amount</b>
1159-30096-071	LEGAL FEES	\$12,000.00



\_\_\_\_\_  
**Signature of Dept. Head**

**Clark County Health Dept.**

**WITNESS: My hand and seal this 21\_\_day of \_\_August\_2024\_\_\_\_\_.**

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

## 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:

1173-20080-062	MVH Restricted Sub Fund – Bituminous	\$650,000
----------------	--------------------------------------	-----------

TOTAL: \$650,000

  
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.) Yes. We are currently paving.**

**Please include an itemized list of purchases, leases, and/or services for this appropriation.**  
Bituminous invoices related to our internal paving

**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 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:

Budget #	Line-Item Description	Amount
1191-40012-005	Motor Vehicles	\$100,000.00

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

\_\_\_\_\_  
DEPARTMENT

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

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

# 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:

Budget #	Line-Item Description	Amount
1216-30051-002	Contract Services	\$6,000.00

*Danny F. Yost*

SIGNATURE OF DEPARTMENT HEAD

DEPARTMENT

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

Auditor of Clark County, Indiana



Pictometry International Corp.  
25 Methodist Hill Drive  
Rochester, NY 14623

# INVOICE

Date	Invoice #
04-15-24	US441319-2

Bill To
Auditor
Danny Yost
316 East Utica Street
Sellersburg, Indiana 47172

Customer ID	PO Number	Payment Terms	Sales Rep	Shipping Method
A117108	2024 Flight Year 1	Net 30	Idavis	Pictometry

Name	Description	Amount
Licensed Products/Services	Due at Initial Shipment of Imagery	\$8,087.07

Subtotal	\$8,087.07
Tax	\$0.00
Freight	\$0.00
Miscellaneous	\$0.00
<b>Total Due this Invoice</b>	<b>\$8,087.07</b>

Thank you for choosing Pictometry as your service provider.

September  
Council  
Meeting

**REQUISITION FOR ADDITIONAL APPROPRIATION**

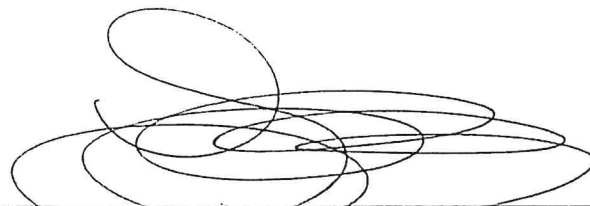
TO: Danny Yost, Auditor  
CLARK COUNTY, INDIANA

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

<b>Budget #</b>	<b>Line Item Description</b>	<b>Amount</b>
2202	11107-302 (Personal Services)	\$260.64
2202	11171-302 (FICA & Medicare)	\$19.50
2202	11176-302 (PERF)	\$32.87



\_\_\_\_\_  
Signature of Department Head

PRESIDING JUDGE, COURTS  
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)**

Not enough funds for the remainder of the year.

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

Payroll

**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:

8-20-24

\_\_\_\_\_  
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
4964-30051-030	Enhanced GIS Access Services	\$1496.00



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

\_\_\_\_\_  
DEPARTMENT

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

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

To contact us about this invoice:  
 Schneider Geospatial, LLC  
 Attn: Accounting Department  
 8901 Otis Avenue, Suite 300  
 Indianapolis, IN, 46216  
 317-826-7300  
 ar@schneiderGIS.com



# Invoice

**Date** 12/01/2023  
**Invoice #** I003108  
**Due Date** 02/29/2024  
**PO #**

**Bill To**  
 Auditor  
 Clark County, Indiana  
 501 East Court Avenue  
 Suite 118  
 Jeffersonville IN 47130  
 dyost@co.clark.in.us

**For Technical Support:**  
**Phone:** 1-866-362-6789  
**Email:** support@schneiderGIS.com

Page 1 of 1

**To pay by check:**  
 Schneider Geospatial, LLC  
 PO Box 7048, Group 13  
 Indianapolis, IN 46207-7048

**To pay by ACH (Preferred Payment Method):**  
 ABA/Routing#: 074900657 (First Merchants Bank)  
 Bank Account#: 9001324648  
 Remittance advice email: ar@schneiderGIS.com

<b>Products : SaaS : Beacon/qPublic.net : Contracted</b>	1/1/2024 - 12/31/2024	\$	43,476.00
Elevate : Hosting : Core Elevate : Hosting : Map Elevate : Hosting : Account Management Elevate : Hosting : Comparable Search Elevate : Hosting : EagleView ConnectView Elevate : Hosting : Multi-Year Orthos Elevate : Hosting : Document Access Elevate : Hosting : Subscription Billing Elevate : Hosting : Multiple PRC Printing Elevate : Hosting : Statistics Elevate : Hosting : Landuse Editing Elevate : Hosting : Section Corner Tie Card Elevate : Hosting : Address Editing Elevate : Hosting : Zoning Editing Elevate : Hosting : Client Discount			
<b>Services : Staff Augmentation</b>	1/1/2024 - 12/31/2024	\$	9,000.00
Professional Services : Staff Augmentation : On-site Support Professional Services : Staff Augmentation : Client Discount			

**Total** \$ 52,476.00  
**Total Payments** (39,600.00)  
**Total Amount Due** 12,876.00

Assessor: \$2,500  
 Planning & Zoning: \$3,380  
 Recorder: \$2,800  
 Surveyor: \$2,700  
 Commissioners: \$1,496  
 Auditor: \$39,600

Please note that remittances are now payable to Schneider Geospatial, LLC for agreements previously entered into with The Schneider Corporation's geospatial division, qPublic, or qPublic.net.

## 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:

8950-40151-030 ARP – Charlestown Water Main Ex (Watson Water) \$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.) Yes. The project is in progress.**

**Please include an itemized list of purchases, leases, and/or services for this appropriation.  
Water Main Expansion in Charlestown (Watson Water)**

**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 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><u>FUND NAME</u></b>	<b><u>IRACS GRANT</u></b>	<b><u>\$30,000.00</u></b>
<b>Budget#</b>	<b>Line Item Description</b>	<b>Amount</b>
9134-40014-005	Equipment	\$20,000.00
9134-20060-005	Supplies	\$10,000.00



\_\_\_\_\_  
**Signature of Dept. Head**

\_\_\_\_\_  
**Department**

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

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

COPY

Grant Fund Information Sheet

Fund#	9134	CFDA#	none
State Fund#	none	IC Code	none
Grant Fund Name	IRACS		
Award Name	SFY2024		
CFDA Title	none		
Grant#	SPFY2024		
Date of Award	7/11/2024		
Award Agency	Indiana Forensic Services Partnership		
Pass Through Agency			
Director/Department			
Begin Date	7/11/2024	End Date	7/11/2025

Grant Award Amount	Federal	State	Local	Total
		\$ 30,000.00	\$ -	\$ 30,000.00

Is this a reimbursable grant?	no
-------------------------------	----

Purpose of grant:

The goal of this Grant is to identify and engage incarcerated individuals in the Clark County Jail, to develop and strengthen reentry and treatment supports while in jail, and after their release.

Approval Clark County Commissioner's \_\_\_\_\_

Attach Application

Attach Award Letter



Indiana Forensic Services  
Mental Health America of Indiana  
1431 N. Delaware St. Indianapolis, IN 46202  
(317) 638-3501 Office

Integrated Reentry and Correctional Support Program (IRACS)  
Grant Award Announcement SFY2024

Mental Health America of Indiana, in collaboration with the Next Level Recovery, Indiana Division of Mental Health and Addiction and Indiana Recovery Works is proud to announce the SFY24 grant award of the Integrated Reentry and Correctional Support (IRACS) program to Clark County Sheriff's department. The IRACS program will be co-awarded to the Clark County Sheriff's department and Thrive RCO to provide sustainable peer-driven, Sequential Intercept Model (SIM) interventions and supports for incarcerated individuals whose justice involvement is being impacted by substance use disorder (SUD) and/or mental health.

The goal of the IRACS program is to identify and engage incarcerated individuals in Clark County to develop and strengthen reentry and treatment supports to individuals while incarcerated and upon release to:

- Increase successful reentry
- Reduce overdose risk for those in reentry
- Increase outpatient and inpatient treatment engagement upon release
- Increase SIM collaboration & development
- Increase harm reduction supports upon release
- Decrease barriers to recovery and treatment
- Identify, support and advocate for individuals who might possibly be better served with alternative treatment options
- Increase recovery community development within the jail
- Reduce recidivism in collaboration with community partners
- Decrease addiction/ mental health stigma

On behalf of our entire team here at Indiana Forensic Services-MHAI, we look forward to supporting the continued expansion of the IRACS program by this award and the positive impact this will continue to have on the needs of your most vulnerable populations in Clark County.

Jayme Whitaker  
Vice-President of Forensic Services  
Director of Integrated Reentry and Correctional Supports (IRACS)  
Mental Health America of Indiana- Forensic Services



**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: 9216-11107-730-071	Personal Services/Thrive	\$67,622.00
FROM: 9216-11171-730-071	FICA/Thrive	\$3,778.00
FROM: 9216-40010-730-071	Computer SW/HW/Thrive	\$7,246.00
FROM: 9216-40012-730-071	Motor Vehicles/Thrive	\$22,000.00
TO: 9216-30179-730-071	Subrecipient Agreement	\$100,646.00

*Danny Yost mo*

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

\_\_\_\_\_  
DEPARTMENT

WITNESS: My hand and seal this 3<sup>rd</sup> day of September 2024.

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

**ADDITIONAL APPROPRIATION ORDINANCE**

2024-\_\_\_\_\_

Whereas, the Charlestown Fire Protection District has determined that it is now necessary to appropriate more money than was appropriated in the annual budget, now, therefore

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

	AMOUNT REQUESTED	AMOUNT APPROPRIATED
FUND NAME : Cumulative Fire Special 1191		
10000 Personal Services	0.00	_____
20000 Supplies	0.00	_____
30000 Services and Charges	220,000.00	_____
40000 Capital Outlay	0.00	_____
	<u>0.00</u>	
Total for Cumulative Fire Special	\$220,000.00	_____
FUND NAME : Special Fire General 8603		
10000 Personal Services	400,000.00	_____
20000 Supplies	0.00	_____
30000 Services and Charges	0.00	_____
40000 Capital Outlay	0.00	_____
	<u>0.00</u>	
Total for Special Fire General	\$400,000.00	_____

\*\*\*\*\*  
 Adopted by the Clark County Council on 9/9/2024 by the following votes:

	AYE	NAY
President _____		_____
Member _____		_____
Member _____		_____
Member _____		_____
Member _____		_____
Member _____		_____
Member _____		_____

\_\_\_\_\_  
 Danny Yost, Auditor

**Fund# 1000**  
**Location# 52**

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

Clark County, Indiana Board of Commissioners

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 & Name	Effective Date	Total Annual Salaries
---	----------------	-----------------------

**PART TIME AND HOURLY RATED EMPLOYEES**

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

Director of Human Resources (interim/temp)	8-12-2024	\$44.00
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Submitted By: Clark County Commissioners  
 Title:

Date: 8-13-2024

**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 ensuing 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.

