

NOTICE TO TAXPAYERS OF ADDITIONAL APPROPRIATIONS

Notice is hereby given to the taxpayers of Adams County, Indiana that the proper legal officers of County Council at their regular meeting place at the Service Complex, 8:30 a.m. on the 12th day of May 2026, will consider the following additional appropriation in excess of the budget for the current year.

County General (1000)

Commissioners (0068)

1000.32801.000.0068 insurance Bldg_Structure \$85,000.00

Recorder (0004)

1000.31700.000.00047 Travel \$1,000.00

Total County General (1000) \$86,000.00

Cumulative Jail (1142)

1142.35701.000.0000 Maintenance Property \$159,175.00

Local Public Health Services (1161)

1161.42601.000.0000 Equipment \$5,215.00

American Resue Plan Act (8950)

8950.38300.000.0000 Consulting Fees \$120,240.00

8950.33605.000.0000 Repairs & Maintenance \$4,566.00

8950.31901.000.0000 Scanning_Microfilming \$284,224.00

8950.31100.000.0000 Legal Fees/Services \$16,682.00

8950.42601.000.0000 Equipment \$19,716.00

Total All Funds \$695,818.00

LEGAL NOTICE

Taxpayers appearing at the meeting shall have a right to be heard. The additional appropriations as finally made will be referred to the Department of Local Government Finance (DLGF). The DLGF will make a written determination as to the sufficiency of funds to support the appropriations made within fifteen (15) days of receipt of a Certified Copy of the action taken.

4/27/2026

Dated



Fiscal Officer



Additional Appropriation Request Form

Date of Request: 3/18/26

<u>Fund/Account</u>	<u>Account Name</u>	<u>Amount</u>
<u>1161.42601.000.0000</u>	<u>Equipment</u>	<u>5215.00</u>
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Cash Balance of Fund: \$1,096,081.21

Explanation for Request:

We need to purchase a infant hearing screener and were awarded through HFI Carryover to use 2024 funds on hand

I will be attending the Council meeting to answer any questions that the Council may have regarding this request.

Department Head Signature: *Maya R. Hester*

Completed in LOW:

Approved at Council:

Approved by DLGF:

Completed by:

Adams County

Total Carryover Breakdown (1)

Carryover Request Date	2/20/2026	-- Enter Data		
Total Carryover Amount Available	\$270,358.58			
2024 Preventive Carryover Starting Balance	\$270,358.58			
2024 Regulatory Carryover Maximum Balance	\$108,143.43	-- Local Health Departments may not go over the maximum regulatory amount.		
10% Capitol Minus Encumbered Amount	\$27,035.85			
Section Number and Name		Preventive Carryover Request Amount	Regulatory Carryover Amount	10% Capitol Carryover Amount
1. Personnel Services		\$0.00	\$0.00	
2. Supplies		\$0.00	\$0.00	
3. Other Services and Charges		\$0.00	\$0.00	
4. Capital Outlays Up to 10% of Total		\$5,215.00	\$0.00	\$0.00
*SUBTOTAL		\$5,215.00	\$0.00	
Total Carryover Amount Requested		\$5,215.00		\$0.00
Remaining Funds Available		\$265,143.58		\$27,035.85

Total Carryover Breakdown (2)

Carryover Request Date		-- Input Today's Date		
Total Carryover Amount Available	\$265,143.58			
2024 Preventive Carryover Starting Balance	\$265,143.58			
2024 Regulatory Carryover Maximum Balance	\$108,143.43	-- Local Health Departments may not go over the maximum regulatory amount.		
10% Capitol Minus Encumbered Amount	\$27,035.85			
Section Number and Name		Preventive Carryover Request Amount	Regulatory Carryover Amount	10% Capitol Carryover Amount
1. Personnel Services		\$0.00	\$0.00	
2. Supplies		\$0.00	\$0.00	
3. Other Services and Charges		\$0.00	\$0.00	
4. Capital Outlays Up to 10% of Total		\$0.00	\$0.00	\$0.00
*SUBTOTAL		\$0.00	\$0.00	
Total Carryover Amount Requested		\$0.00		
Remaining Funds Available		\$265,143.58		\$27,035.85

2024 Carryover Request

From Halderman, Nancy <NHalderman@health.in.gov>
Date Wed 2/25/2026 3:11 PM
To Megan Pfister <mpfister@adamscounty.in.gov>

Hello, Megan -

Thank you for your initial 2024 HFI Carryover Request submission. This letter is to notify you that Adams County Health Departments' initial 2024 Carryover Request for Health First Indiana has been reviewed and is compliant with Indiana Code.

Should you have questions moving forward, or need any assistance, please contact me.


Regards,

Nancy Halderman, MBA | *Regional Finance Analyst*
Northern Region - Local Health Services
mobile 463-209-9795
nhalderman@health.in.gov



Indiana
Department
of
Health



 [Book time to meet with me](#)



Additional Appropriation Request Form

Date of Request: 4/17/26

<u>Fund/Account</u>	<u>Account Name</u>	<u>Amount</u>
<u>8950.38300.000.0000</u>	<u>Consulting Fees</u>	<u>\$120,240.00</u>
<u>8950.33605.000.0000</u>	<u>Repairs & Maintenance</u>	<u>\$4,566.00</u>
<u>8950.31901.000.0000</u>	<u>Scanning_Microfilming</u>	<u>\$284,224.00</u>
<u>8950.31100.000.0000</u>	<u>Legal Fees/Services</u>	<u>\$16,682.00</u>

Cash Balance of Fund: \$445,428.19

Explanation for Request:

We need to appropriate the ARPA Balance into the accounts as was originally budgeted for requested work/purchases to be completed.

I will be attending the Council meeting to answer any questions that the Council may have regarding this request.

Department Head Signature: *Tomy Meltenkamp*

Completed in LOW: _____

Approved at Council: _____

Approved by DLGF: _____

Completed by: _____



Additional Appropriation Request Form

Date of Request: 4/13/26

<u>Fund/Account</u>	<u>Account Name</u>	<u>Amount</u>
<u>1000.31700.000.0004</u>	<u>Travel</u>	<u>1000.00</u>

Cash Balance of Fund: 150.00

Explanation for Request:

I Received a check back for the amount \$2855.38 spent out of my Perp fund, which it couldn't go back into. So Tony and I decided to put into county general and then I could ask for some of through travel so still use some of it.

I will be attending the Council meeting to answer any questions that the Council may have regarding this request.

Department Head Signature: Thomas R. Krueckeberg

Completed in LOW: _____

Approved at Council: _____

Approved by DLGF: _____

Completed by: _____



Additional Appropriation Request Form

Date of Request: 4/27/26

<u>Fund/Account</u>	<u>Account Name</u>	<u>Amount</u>
<u>1000.32801.0000.0068</u>	<u>Insurance Bldg.Structure</u>	<u>85,000.00</u>
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Cash Balance of Fund: \$9,045,717.80

Explanation for Request:

We currently have a negative balance for Insurance Bldg_Structure of \$54,446.38 . We have several insurances that will
bill yet this year that we have not received.

I will be attending the Council meeting to answer any questions that the Council may have regarding this request.

Department Head Signature: *Stuart R. Bailey*

Completed in LOW:

Approved at Council:

Approved by DLGF:

Completed by: