HENDRICKS COUNTY COUNCIL
REGULAR MEETING
Hendricks County Government Center
Commissioner/Council Meeting Room
Tuesday, October 21, 2025, at 9:00 A.M.
https://www.youtube.com/@HendricksCoGov

CALL TO ORDER AND PLEDGE OF ALLEGIANCE:

MINUTES:
- **Approval of September 16th, 2025, Joint Council & Commissioners Minutes**
- **Approval of September 16th, 2025, Council Meeting Minutes**

OLD BUSINESS:
- **PUBLIC HEARING: ADDITIONALS SET 1**

	DEPARTMENT	ACCOUNT	DESCRIPTION	AMOUNT	APPROVED
1.	Sheriff	1001.10582.000.0105	Personal Services	$638.00	
2.	Assessor	1001.11300.000.0109	Personal Services	$1,862.00	
3.	Recorder	1189.10405.000.0104	Personal Services	$487.00	

- **Adoption of Ordinance 2025-30 Amendment to Salary Ordinance 2025**

NEW BUSINESS:
- **Resolution 2025-32 Interlocal Cooperation Agreement w/ Town of Avon**
- **Adoption of Recycle Hendricks County 2026 Budget Ordinance 2025-33**
- **Adoption of Hendricks County 2026 Budget Ordinance 2025-34**
- **Resolution 2025-35 Updating Cash Management Policy**

- **PUBLIC HEARING: ADDITIONALS SET 2**

	DEPARTMENT	ACCOUNT	DESCRIPTION	AMOUNT	APPROVED
4.	Probation	1001.15126.000.0151	Personal Services	$8.00	
5.	Work Release	1233.30260.000.0154	Services & Charges	$52,860.00	
6.	Court Admin Drug Court	4021.30201.000.0162	Drug Court Opioid Settlement	$10,000.00	
7.	Court Admin Drug Court	4021.39400.000.0162	Drug Court Opioid Settlement	$20,000.00	
8.	Probation	4922.31900.000.0151	Services & Charges	$110,000.00	
9.	Prosecutor	8102.10802.000.0108	Personal Services	$57,831.00	
10.	Health Grant	8115.18619.XXX.0214	Personal Services	$20,000.00	
11.	Health Grant	8116.31900.XXX.0214	Services & Charges	$1,299.00	
12.	Health Grant	8116.33000.XXX.0214	Services & Charges	$1,000.00	
13.	Health Grant	8116.13594.XXX.0214	Personal Services	$760.00	
14.	Health Grant	8116.13593.XXX.0214	Personal Services	$100.00	
15.	Health Grant	8116.13591.XXX.0214	Personal Services	$7,160.00	
16.	Health Grant	8116.13590.XXX.0214	Personal Services	$3,858.00	
17.	Health Grant	8116.18619.XXX.0214	Personal Services	$30,419.00	

TRANSFERS:

	DEPARTMENT	FROM	TO	AMOUNT	Y/N
1.	Sheriff (Optional)	1001.10556.000.0105	1001.10582.000.0105	$638.00	
2.	Assessor (Optional)	1001.10904.000.0109	1001.11300.000.0109	$1,862.00	
3.	Recorder (Optional)	1189.10408.000.0104	1189.10405.000.0104	$487.00	
4.	Recorder	1189.10408.000.0104	1189.10404.000.0104	$5,500.00	
5.	Probation	2504.44101.000.0151	2504.31900.000.0151	$75,000.00	
6.	Probation	4922.44101.000.0151	4922.31900.000.0151	$200,000.00	

OTHER BUSINESS:

- Status of Funds

PUBLIC COMMENTS
COUNCIL COMMENTS

EMERGENCY APPROPRIATION RESOLUTION

Whereas, certain extraordinary emergencies have developed since the adoption of the existing budget, so that it is necessary to appropriate more money than was appropriated in the annual budget; therefore, to meet such extraordinary emergencies;

Be it resolved by the County Council of Hendricks County, Indiana, that for the expense of said County the following additional sums of money are hereby appropriated and ordered set apart out of the several funds as herein and for the purpose herein specified, subject to the laws governing the same.

	DEPARTMENT	ACCOUNT	DESCRIPTION	AMOUNT	APPROVED
1.	Sheriff	1001.10582.000.0105	Personal Services	$638.00	
2.	Assessor	1001.11300.000.0109	Personal Services	$1,862.00	
3.	Recorder	1189.10405.000.0104	Personal Services	$487.00	

Dated this 21st day of October, 2025

AYE

Nancy Marsh

David Cox

Larry R. Hesson

Larry R. Scott

Eric Wathen

Charles Parsons

David Wyeth

NAY

Nancy Marsh

David Cox

Larry R. Hesson

Larry R. Scott

Eric Wathen

Charles Parsons

David Wyeth

ATTEST: _____
Ann Stark, Auditor

REQUEST FOR EMERGENCY APPROPRIATION

Department: Sheriff Date: 09/16/25

Amount: 638.00

Fund Name: General
(Example – County General)

Account Name: Mechanic 1820 Hrs
(Example – Supplies)

Account Number: 1001 . 10582 . 000 . 0105

	Fund #	Account #	Object#	Location #
Example:	1000	20100	000	102

Explanation of Request:

Bryce has not received a PFP in 2025.

If approved, this will cover his PFP increase as of 7/11/25 until year end.

If not approved, we will still need $389 to cover shortage already spent.

x I will be attending the Council meeting.
____ I will not be attending the Council meeting.

Authorized Signature

Auditor's Note:

REQUEST FOR EMERGENCY APPROPRIATION

Department: Assessor Date: 09/16/25

Amount: 1,862

Fund Name: General
(Example – County General)

Account Name: Field Inspector Supervisor
(Example – Supplies)

Account Number: 1001 . 11300 . 000 . 0109

	Fund #	Account #	Object#	Location #
Example:	1000	20100	000	102

Explanation of Request:

If approved, this will cover her increase as of 8/22/25 until year end.

If not approved, we will still need $1,050 to cover shortage already spent.

x I will be attending the Council meeting.

____ I will not be attending the Council meeting.

Auditor's Note:

Authorized Signature

REQUEST FOR EMERGENCY APPROPRIATION

Department: Recorder Date: 09/16/25

Amount: 487.00

Fund Name: Recorder's Perpetuation
(Example – County General)

Account Name: Deputy Recorder
(Example – Supplies)

Account Number: 1189 . 10405 . 000 . 0104

	Fund #	Account #	Object#	Location #
Example:	1000	20100	000	102

Explanation of Request:

If approved, this will cover her increase as of 9/05/25 until year end.

If not approved, we will still need $214.00 to cover shortage already spent.

x I will be attending the Council meeting.

____ I will not be attending the Council meeting.

Authorized Signature

Auditor's Note:

Per Recorder Laura Herzog: This request is to cover a merit increase for taking additional responsibilities on while training two new hires. She continues to maintain high standards and is completing additional duties beyond the job desctiption. She is a high performer and I want to recognize her. -LH

EMERGENCY APPROPRIATION RESOLUTION

Whereas, certain extraordinary emergencies have developed since the adoption of the existing budget, so that it is necessary to appropriate more money than was appropriated in the annual budget; therefore, to meet such extraordinary emergencies;

Be it resolved by the County Council of Hendricks County, Indiana, that for the expense of said County the following additional sums of money are hereby appropriated and ordered set apart out of the several funds as herein and for the purpose herein specified, subject to the laws governing the same.

4.	Probation	1001.15126.000.0151	Personal Services	$8.00	
5.	Work Release	1233.30260.000.0154	Services & Charges	$52,860.00	
6.	Court Admin Drug Court	4021.30201.000.0162	Drug Court Opioid Settlement	$10,000.00	
7.	Court Admin Drug Court	4021.39400.000.0162	Drug Court Opioid Settlement	$20,000.00	
8.	Probation	4922.31900.000.0151	Services & Charges	$110,000.00	
9.	Prosecutor	8102.10802.000.0108	Personal Services	$57,831.00	
10.	Health Grant	8115.18619.XXX.0214	Personal Services	$20,000.00	
11.	Health Grant	8116.31900.XXX.0214	Services & Charges	$1,299.00	
12.	Health Grant	8116.33000.XXX.0214	Services & Charges	$1,000.00	
13.	Health Grant	8116.13594.XXX.0214	Personal Services	$760.00	
14.	Health Grant	8116.13593.XXX.0214	Personal Services	$100.00	
15.	Health Grant	8116.13591.XXX.0214	Personal Services	$7,160.00	
16.	Health Grant	8116.13590.XXX.0214	Personal Services	$3,858.00	
17.	Health Grant	8116.18619.XXX.0214	Personal Services	$30,419.00	

Dated this 21st day of October, 2025

AYE	NAY
Nancy Marsh	Nancy Marsh
David Cox	David Cox
Larry R. Hesson	Larry R. Hesson
Larry R. Scott	Larry R. Scott
Eric Wathen	Eric Wathen

Charles Parsons

Charles Parsons

David Wyeth

David Wyeth

ATTEST:_____
Ann Stark, Auditor

REQUEST FOR EMERGENCY APPROPRIATION

Department: PROBATION Date: 10/08/2025

Amount: $8.00

Fund Name: COUNTY GENERAL
(Example – County General)

Account Name: PERSONNEL
(Example – Supplies)

Account Number: 1001 . 15126 . 000 . 151

	Fund #	Account #	Object#	Location #
Example:	1000	20100	000	102

Explanation of Request:

GRANT SHORT $8. REQUESTING TO COVER SHORTAGE FROM COUNTY GENERAL.

____I will be attending the Council meeting.
__X__I will not be attending the Council meeting.

Authorized Signature

Auditor's Note:

REQUEST FOR EMERGENCY APPROPRIATION

Department: Work release **Date:** 09.04.2025

Amount: $52,860.00

Fund Name: Correctional Fund
(Example – County General)

Account Name: Technical Services
(Example – Supplies)

Account Number: 1233 . 30260 . 000 . 154

	Fund #	Account #	Object#	Location #
Example:	1000	20100	000	102

Explanation of Request:

Security System update. This is a yearly charge and last year it was approved to be paid from Correctional Facility LIT on the 09.17.2024 meeting Documentation attached from last years approval and this years invoice.

____I will be attending the Council meeting.
X I will not be attending the Council meeting.

Auditor's Note:

Authorized Signature

INVOICE

SECURITY AUTOMATION SYSTEMS INC
8739 CASTLE PARK DR
INDIANAPOLIS, IN 46256

rtomlinson@securityautomationsystems.com
+1 (317) 489-9621
www.securityautomationsystems.com

SECURITY AUTOMATION SYSTEMS
Safer Communities Through Innovation

Hendricks Co. Work Release:4559 - Hendricks Co Work Release - Security System Upgrade

Bill to
Hendricks Co. Work Release
200 E. Campus Blvd.
Danville, IN 46122

Ship to
Hendricks Co. Work Release
200 E. Campus Blvd.
Danville, IN 46122

Invoice details
Invoice no.: 6631
Terms: Net 30
Invoice date: 09/03/2025
Due date: 10/03/2025

P.O. Number: Signed quote
Project: 4559

Description	Qty	Rate	Amount
Upgrade the existing security control system for the Hendricks County Community Corrections Center. ▪ Provide and install (1) touchscreen control station in Control A116 to replace existing. Add control of the new Modular Addition area to the control station in Control A116. ▪ Provide (1) spare touchscreen control PC to be used as a backup for either touchscreen control station. ▪ Provide and install (1) new OMRON Ethernet module in the existing security control rack in Data Room A143. We will re-use the existing OMRON PLC processor as well as the new PLC processor for the Modular Addition. ▪ Provide and install (1) new Harding Instruments interface board in the existing security control rack in Data Room A143. The new headend will accommodate the existing 10 analog intercom stations and existing 11 paging zones. ▪ Re-use the existing ExacqVision video recording server in the existing security control rack in Data Room A143. ▪ Re-use the existing interfaces to the existing card access system (dry contacts), door control system (relays), and utility control system (smart breakers).	1	$52,860.00	$52,860.00

Total **$52,860.00**

SECURITY AUTOMATION SYSTEMS™

Security Automation Systems, Inc.
8739 Castle Park Drive
Indianapolis, IN 46256
Phone: 317-489-9621
Toll Free: 877-SAS-FORYOU
www.securityautomationsystems.com

Could use Correctional Facility LIT nlm

Work Release

Attention: Paul Weust
Garmong
Email: pweust@garmong.net

Date: 8/2/2024
PROPOSAL #: 24228.2

1233. 30260.000.054

Hendricks Co Community Corrections – Security System Upgrade

We have included pricing to upgrade the existing security control system for the Hendricks County Community Corrections Center. This quote is an addition to the modular addition security system quote, Proposal #24012.3, which was accepted. This quote includes the upgrade of the existing touchscreen control and intercom systems.

Consensus @ 8/20/24 Mtg

Scope of Work

- Provide and install (1) touchscreen control station in Control A116 to replace existing. Add control of the new Modular Addition area to the control station in Control A116.
- Provide (1) spare touchscreen control PC to be used as a backup for either touchscreen control station.
- Provide and install (1) new OMRON Ethernet module in the existing security control rack in Data Room A143. We will re-use the existing OMRON PLC processor as well as the new PLC processor for the Modular Addition.
- Provide and install (1) new Harding Instruments interface board in the existing security control rack in Data Room A143. The new headend will accommodate the existing 10 analog intercom stations and existing 11 paging zones.
- Re-use the existing ExacqVision video recording server in the existing security control rack in Data Room A143.
- Re-use the existing interfaces to the existing card access system (dry contacts), door control system (relays), and utility control system (smart breakers).

9/17/24 Appropriation approved. N

Detail of Work

I. PLC and Door Control System

We will re-use the existing door control system. This proposal includes a new non-proprietary Omron PLC Ethernet module. We will re-use the existing OMRON PLC processor, I/O modules, and power supply.

One (1) new touchscreen control station will be installed in Control A116 to replace the existing touchscreen control station. The new touchscreen control station in Control A116 will also control the new Modular Addition area. One (1) new spare touchscreen control PC will be provided for emergency use as a backup for both touchscreen control stations. (Control A116 and Modular Addition)

We will use the existing door relay panel in the existing security control rack in Data Room A143. (Includes door relays, terminals, door & power wiring, indicating fuses, power supplies, etc.)

II. Touchscreen Control System

We will provide (1) new touchscreen control station in Control A116. The new station will consist of a mini- PC, 24" LCD touch screen monitor, and speakers. The PC will be loaded with non-proprietary Aveva HMI software configured for your facility.

We will provide (1) new spare PC to be used as a backup for either control station in case of failure.

The new touchscreen control stations will include similar functionality to what the existing system currently provides. This includes door control, interlock control, and emergency evacuation. Additionally, the touch screen station will include the following features.

- Intercom system annunciation
- Ability to isolate doors
- Ability to log onto the touch screen control station with a username and password

- Voice feedback on operator actions and security system actions
- Ability to set preferences on the touch screen (types of sounds, etc.)
- Ability for Control A116 to takeover control of the touchscreen control station in the new Modular Addition

III. Intercom Control System

We provide and install new Harding Instruments interface cards in the existing security control rack in Data Room A143.

The existing obsolete Dukane audio headend equipment will be removed and the existing intercom stations and paging zones will be transferred to the new Harding Instruments intercom system. The existing field devices (intercom stations and paging speakers) will be re-used.

IV. CCTV System

We will re-use the existing ExacqVision video recording server, PoE switches, and video client stations. No additional work will be done with the video system.

V. Card Access System

We will re-use the existing dry-contact interface to the existing card access system. No additional work will be done with the card access system interface.

VI. Utility Control System

We will re-use the existing smart breaker interface to the existing utility control system. No additional work will be done with the utility control system interface.

Exclusions

Our proposal does not include any electrical contracting work (i.e. 120VAC power, cable, conduit, cable/conduit installation, electrical backboxes, etc.). We have not included work related to any consoles, millwork, or casework. State sales taxes and bonding have not been included.

Project Delivery and Owner Responsibilities

This project will have separate phases including design, procurement, software programming, equipment testing, installation, on-site testing, and owner training. The majority of the time spent on the project will be engineering and programming the control system, which will occur at our office. Project timing will be based on current schedules, workload, manpower, etc. and is TBD.

You will have some additional responsibilities during the course of the system turn-over. During system change-over, the use of keys and radios will be necessary. During the change-over of system, the door system may be non-functional until we completely finish retrofitting the system. Time must be made available for our testing at the end of the project.

Exclusions

1. New cable/conduit or cable/conduit installation
2. Shift work or overtime
3. Painting/patching
4. Allowances or contingencies

5. Integration of the new security system with systems not listed above
6. Control room millwork
7. Door lock hardware parts or labor required to install
8. Power circuits or wiring
9. Card access system
10. State sale taxes or bonding
11. Spare parts (other than backup PC)
12. Attendance at regularly scheduled jobsite meetings
13. Pollution Insurance

Warranty
Security Automation Systems (SAS) guarantees its engineering and hardware to be free from defects for a period of one year. Warranty coverage does not include the repair of damage caused by the following; 1) use of the system/equipment other than for which it was designed; 2) acts of God beyond the control of SAS; 3) vandalism, neglect or misuse of the equipment; 4) failure of Owner to provide continuous environmental conditions for which installed equipment is rated; 5) repair or alterations of the system/equipment by others than SAS. This warranty does not cover existing headend or field devices.

Payment Terms
Payment terms are Net 30 days. Material stored at SAS for this project and labor accrued will be progressively billed. Retainage will not be withheld. SAS works under the terms of a purchase order or an SAS Sales Agreement. No applicable taxes or bonding have been included in our price. Customer shall be required to provide sales tax exemption certificate upon receipt of order if claiming exempt status. Shipping and handling are included.

Our price for the above-described work is:	$52,860.00

SAS is pleased to provide this proposal. The price is valid for 30 days. Please feel free to contact us should you have any questions.

Sincerely,

BMitchell

Brian Mitchell
E-mail: bmitchell@securityautomationsystems.com

Nancy L. Marsh
Hendricks Co. Auditor
9/18/24

REQUEST FOR EMERGENCY APPROPRIATION

Department: Court Admin (Drug Court) Date: 9/24/25

Amount: $10,000

Fund Name: Drug Court Opioid Settlement
(Example – County General)

Account Name: Professional Services
(Example – Supplies)

Account Number: 4021 . 30201 . 000 . 0162

	Fund #	Account #	Object#	Location #
Example:	1000	20100	000	102

Explanation of Request:

We are respectfully requesting appropriation of these Opioid Settlement Funds from Drug Court's original grant award to pay for treatment services for some Drug Court participants.

X I will be attending the Council meeting.
____ I will not be attending the Council meeting.

Catherine Haines
Authorized Signature

Auditor's Note:

REQUEST FOR EMERGENCY APPROPRIATION

Department: Court Admin (Drug Court) Date: 9/24/25

Amount: $20,000

Fund Name: Drug Court Opioid Settlement
(Example – County General)

Account Name: Urinalysis Fees
(Example – Supplies)

Account Number: 4021 . 39400 . 000 . 0162

	Fund #	Account #	Object#	Location #
Example:	1000	20100	000	102

Explanation of Request:

We are respectfully requesting appropriation of these Opioid Settlement Funds from Drug Court's original grant award to pay urinalysis fees for Drug Court participants.

X I will be attending the Council meeting.
____ I will not be attending the Council meeting.

Catherine Haines Digitally signed by Catherine Haines DN: CN=Catherine Haines, E=chaines@co.hendricks.in.us, OU=IS Reason: I am the author of this document Location: Date: 2025.09.11 15:44:33-04'00' Foxit PDF Reader Version: 12.1.3

Authorized Signature

Auditor's Note:

REQUEST FOR EMERGENCY APPROPRIATION

Department: Probation Date: 9/8/2025

Amount: $110,000.00

Fund Name: Home Detention Fees
(Example – County General)

Account Name: Monitoring Equipment
(Example – Supplies)

Account Number: 4922 . ~~44101~~ 31900 . 000 . 151

	Fund #	Account #	Object#	Location #
Example:	1000	20100	000	102

Explanation of Request:

Increased need is due to rising numbers of clients and now leasing equipment.

Previous years, the equipment was purchased and repaired.

X I will be attending the Council meeting.
____ I will not be attending the Council meeting.

Authorized Signature

Auditor's Note:

REQUEST FOR EMERGENCY APPROPRIATION

Department: Prosecutor Date: 09/26/2025

Amount: $57,830.95

Fund Name: STOP - 8102
(Example – County General)

Account Name: Deputy Pros-Stop Grant - 10802
(Example – Supplies)

Account Number: 8102 . 10802 . 000 . 108

	Fund #	Account #	Object#	Location #
Example:	1000	20100	000	102

Explanation of Request:

Grant award Oct 2025-Sept 2026 appropriation

____I will be attending the Council meeting.
____I will not be attending the Council meeting.

Authorized Signature

Auditor's Note:

REQUEST FOR EMERGENCY APPROPRIATION

Department: Health Date: 09.26.2025

Amount: $20,000

Fund Name: BASE 93.069
(Example – County General)

Account Name: Public Health Prep Coord/31
(Example – Supplies)

Account Number: 8115 . 18619 . 72526 . 214

	Fund #	Account #	Object#	Location #
Example:	1000	20100	000	102

Explanation of Request:

Received grant award appropriating the amount for payroll

10/31/2025-06/30/2026

_X_ I will be attending the Council meeting.
____ I will not be attending the Council meeting.

Kristin Clarke
Authorized Signature

Auditor's Note:

REQUEST FOR EMERGENCY APPROPRIATION

Department: Health Date: 09/26/2025

Amount: $1,299

Fund Name: CRI 93.069
(Example – County General)

Account Name: Contract Services
(Example – Supplies)

Account Number: 8116 . 31900 . 72526 . 214

	Fund #	Account #	Object#	Location #
Example:	1000	20100	000	102

Explanation of Request:

Received grant award. Appropriating the amount for contract services, including maintenance of volunteer management system.

10/31/2025-06/30/2026

__X__ I will be attending the Council meeting.
____ I will not be attending the Council meeting.

Auditor's Note:

Authorized Signature

REQUEST FOR EMERGENCY APPROPRIATION

Department: Health Date: 09/26/2025

Amount: $1,000

Fund Name: CRI 93.069
(Example – County General)

Account Name: Mileage / Travel
(Example – Supplies)

Account Number: 8116 . 33000 . 72526 . 214

	Fund #	Account #	Object#	Location #
Example:	1000	20100	000	102

Explanation of Request:

Received grant award. Appropriating the amount for mileage/travel

10/31/2025-06/30/2026

X I will be attending the Council meeting.
____ I will not be attending the Council meeting.

Auditor's Note:

Authorized Signature

REQUEST FOR EMERGENCY APPROPRIATION

Department: Health Date: 09/26/2025

Amount: $760

Fund Name: CRI 93.069
(Example – County General)

Account Name: Workmen's Comp
(Example – Supplies)

Account Number: 8116 . 13594 . 72526 . 214

	Fund #	Account #	Object#	Location #
Example:	1000	20100	000	102

Explanation of Request:

Received grant award. Appropriating the amount for payroll workmen's comp. 10/31/2025-06/30/2026

__X__ I will be attending the Council meeting.
____ I will not be attending the Council meeting.

Kristin Clark
Authorized Signature

Auditor's Note:

REQUEST FOR EMERGENCY APPROPRIATION

Department: Health **Date:** 09/26/2025

Amount: $100

Fund Name: CRI 93.069
(Example – County General)

Account Name: Unemployment Insurance
(Example – Supplies)

Account Number: 8116 . 13593 . 72526 . 214

	Fund #	Account #	Object#	Location #
Example:	1000	20100	000	102

Explanation of Request:

Received grant award. Appropriating the amount for payroll unemployment insurance. 10/31/2025-06/30/2026

X I will be attending the Council meeting.
____ I will not be attending the Council meeting.

Kristin Clink
Authorized Signature

Auditor's Note:

REQUEST FOR EMERGENCY APPROPRIATION

Department: Health Date: 09.26.2025

Amount: $7,160

Fund Name: CRI 93.069
(Example – County General)

Account Name: Perf
(Example – Supplies)

Account Number: 8116 . 13591 . 72526 . 214

	Fund #	Account #	Object#	Location #
Example:	1000	20100	000	102

Explanation of Request:

Received grant award appropriating the amount for payroll Perf

10/31/2025-06/30/2026

__X__ I will be attending the Council meeting.
____ I will not be attending the Council meeting.

Kristie Clark
Authorized Signature

Auditor's Note:

REQUEST FOR EMERGENCY APPROPRIATION

Department: Health **Date:** 09.26.2025

Amount: $3,858

Fund Name: CRI 93.069
(Example – County General)

Account Name: FICA
(Example – Supplies)

Account Number: 8116 . 13590 . 72526 . 214

	Fund #	Account #	Object#	Location #
Example:	1000	20100	000	102

Explanation of Request:

Received grant award appropriating the amount for payroll FICA

10/31/2025-06/30/2026

X I will be attending the Council meeting.
____ I will not be attending the Council meeting.

Kristie Clark
Authorized Signature

Auditor's Note:

REQUEST FOR EMERGENCY APPROPRIATION

Department: Health Date: 09.26.2025

Amount: $30,419

Fund Name: CRI 93.069
(Example – County General)

Account Name: Public Health Prep Coord/31
(Example – Supplies)

Account Number: 8116 . 18619 . 72526 . 214

	Fund #	Account #	Object#	Location #
Example:	1000	20100	000	102

Explanation of Request:

Received grant award appropriating the amount for payroll Perf

10/31/2025-06/30/2026

X I will be attending the Council meeting.
____ I will not be attending the Council meeting.

Kristen Click
Authorized Signature

Auditor's Note: