

ORDINANCE OR RESOLUTION FOR APPROPRIATIONS AND TAX RATES

State Form 55865 (7-15)
 Approved by the State Board of Accounts, 2015
 Prescribed by the Department of Local Government Finance

Budget Form No. 4
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Ordinance / Resolution Number:

Be it ordained/resolved by the **Morgan County Council** that for the expenses of **MORGAN COUNTY** for the year ending December 31, **2024** the sums herein specified are hereby appropriated and ordered set apart out of the several funds herein named and for the purposes herein specified, subject to the laws governing the same. Such sums herein appropriated shall be held to include all expenditures authorized to be made during the year, unless otherwise expressly stipulated and provided for by law. In addition, for the purposes of raising revenue to meet the necessary expenses of **MORGAN COUNTY**, the property tax levies and property tax rates as herein specified are included herein. Budget Form 4-B for all funds must be completed and submitted in the manner prescribed by the Department of Local Government Finance.

This ordinance/resolution shall be in full force and effect from and after its passage and approval by the **Morgan County Council**.

Name of Adopting Entity / Fiscal Body	Type of Adopting Entity / Fiscal Body	Date of Adoption
Morgan County Council	County Council	10/02/2023

Funds				
Fund Code	Fund Name	Adopted Budget	Adopted Tax Levy	Adopted Tax Rate
0005	CASINO/RIVERBOAT	\$0	\$0	0.0000
0061	RAINY DAY	\$0	\$0	0.0000
0101	GENERAL	\$28,834,776	\$11,625,474	0.2850
0124	2015 REASSESSMENT	\$1,106,499	\$853,583	0.0209
0180	DEBT SERVICE	\$4,521,100	\$4,153,015	0.1018
0616	CONVENTION & VISITORS BUREAU	\$170,000	\$0	0.0000
0702	HIGHWAY	\$7,471,959	\$0	0.0000
0706	LOCAL ROAD & STREET	\$1,706,827	\$0	0.0000
0790	CUMULATIVE BRIDGE	\$0	\$0	0.0000
0801	HEALTH	\$765,001	\$362,703	0.0089
1092	CUMULATIVE BUILDING	\$0	\$0	0.0000
1116	COUNTY EMERGENCY MEDICAL SERVICES	\$5,387,170	\$3,338,898	0.1203
1157	PUBLIC SAFETY ACCESS POINT - OPERATING	\$0	\$0	0.0000
1158	PUBLIC SAFETY ACCESS POINT - PERSONNEL	\$0	\$0	0.0000
2391	CUMULATIVE CAPITAL DEVELOPMENT	\$2,151,424	\$2,100,000	0.0515
		\$52,114,756	\$22,433,673	0.5884

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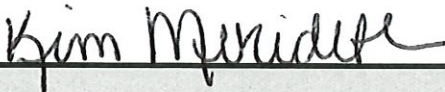

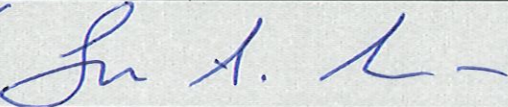
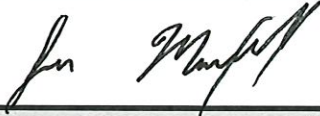
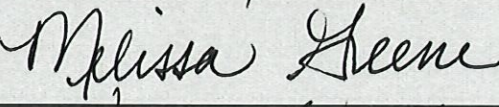
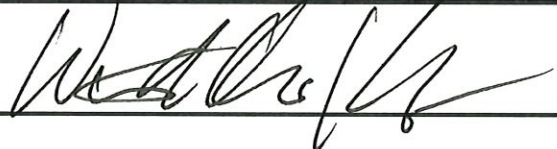
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Home-Ruled Funds (Not Reviewed by DLGF)		
Fund Code	Fund Name	Adopted Budget
9500	1202 Surveyors Corner Stone Perpetuation	\$252,000
9501	2150 Juvenile Probation Service	\$0
9502	2100 Adult Probation Service	\$253,171
9503	1200 Public Defender	\$156,880
9504	1152 EMERGENCY PLANNING RIGHT TO KNOW	\$33,824
9505	1175 Misdemeanant	\$40,950
9506	2501 Jury User Fee	\$35,000
9507	4906 Law Enforcement	\$30,000
9508	2502 ADAPT	\$0
9509	1161 Local Public Health Services	\$705,748
9510	1148 DRUG FREE COMMUNITY	\$0
9511	1112 LIT ECON DEVELOPMENT	\$3,680,367
9512	1170 LIT Public Safety	\$3,566,224
9513	4904 Morgan County Partnership Water Quality	\$33,000
9514	1192 Sex and Violent Offender	\$5,450
9515	2505 Pretrial Traffic	\$64,927
9516	1168 LOCAL HEALTH MAINTENANCE	\$0
9517	1222 Statewide 911	\$814,559
9518	1206 Local Health Dept Trust	\$0
9519	1119 CLERK'S RECORDS PERPETUATION	\$107,919
9520	1217 Co Elected Officials Training	\$15,000
9521	1158 GENERAL DRAIN IMPROVEMENT	\$338,369
9522	8950 ARPA Local Fiscal Recovery Fund	\$11,405,386
9523	9110 CCMG FUND	\$2,000,000
9524	2506 Pretrial Check	\$6,900
9525	1131 Sales Disclosure	\$0
9526	1235 LIT Dedicated to PSAP	\$1,844,377
9527	1237 Opioid Restricted Fund	\$87,000
9529	1216 Auditors Ineligible Deduction	\$4,000
9530	1181 Plat Book	\$13,000
9531	1233 LIT Correctional/Rehab Facilities Fund	\$0
		\$25,494,051

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Name		Signature
Kim Merideth	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
Vickie Kivett	Aye <input type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
Brian Culp	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
Troy Sprinkle	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
Jason Maxwell	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
Melissa Greene	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
Chip Keller	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	

ATTEST

Name	Title	Signature
Linda Pruitt	Morgan County Auditor	

In accordance with IC 6-1.1-17-16(k), we state our intent to issue debt after December 1 and before January 1 Yes No

In accordance with IC 6-1.1-17-16(k), we state our intent to file a shortfall appeal after December 1 and before December 31 Yes No