## Agenda

Morgan County Council May 4, 2022 6:30 p.m.

Opening:

Pledge of Allegiance and Prayer

Minutes:

April 18, 2022

#### **ADDITIONAL APPROPRIATIONS:**

#### GENERAL FUND (1000)

#### Commissioners (0068)

\$ 20,000

1000.40002.000.0068 Property Acquisition

## LOCAL INCOME TAX ECONOMIC DEVELOPMENT FUND (1112) Commissioners (0068)

\$ 20,000

1112.40002.000.0068 Property Acquisition

#### LOCAL HEALTH MAINTENANCE FUND (1168)

Health (0610)

\$ 6,000

1168.16540.000.0610 Group Health Insurance

#### **RIVERBOAT REVENUE SHARING FUND (1191)**

#### Commissioners (0068)

\$ 20,000

1191.40002.000.0068 Property Acquisition

#### **LOCAL HEALTH TRUST FUND (1206)**

### Health (0610)

| \$<br>20,000 | 1206.11610.000.0610 Part-time Environmental Health Specialist |
|--------------|---|
| 10,000       | 1206.12100.000.0610 Extra Help                                |
| 3,000        | 1206.1650.000.0610 FICA                                       |
| 33.000       | Local Health Trust Fund Total                                 |

#### ARPA LOCAL FISCAL RECOVERY FUND (8950)

#### Commissioners (0068)

| \$<br>50,000  | 8950.21201.000.0000 Supplies                   |
|---------------|--|
| 50,000        | 8950.36102.000.0000 Other Services and Charges |
| <u>50,000</u> | 8950.40000.000.0000 Equipment                  |
| 150,000       | ARPA Fund Total                                |

#### <u>APPROPRIATION TRANSFERS:</u>

#### None

- Veterans' Service Office
  - o Change Administrative Assistant position to Deputy Veteran Service Officer

- Other Business
- Adjournment

## Morgan County Board of Commissioners 180 S. Main Street; Suite 112 Martinsville, IN 46151

April 18, 2022

Morgan County Council 180 S. Main Street Martinsville, IN 46151

Dear Council Members:

The Morgan County Board of Commissioners requests an additional appropriation of \$20,000 from the Riverboat (1201), General (1000), or LIT Economic Development Fund (1112) for the appraised value of property acquired through the courts for Old Town Waverly Park.

Thank you for your attention to this request. Should you have any questions, please contact us anytime.

Sincerely,

Kenny Hale

Bryan Collier

Don Adams



# Morgan County Health Department 180 S. Main Street, Suite 252

Martinsville, Indiana 46151-1988
Phone: 765-342-6621 Fax: 765-342-1062

March 21, 2022

Dan Bastin, Morgan County Auditor Morgan County Council 180 S Main St, Suite 252 Martinsville IN 46151

Dear Mr Bastin and Council Members,

This office would like to attend your next regularly scheduled council meeting to ask that carryover funds from the Local Health Maintenance Fund (\$6,000) and the Indiana Local Health Department Trust Account (\$33,000) be appropriated. Attached is the approval letter from the Indiana State Department of Health.

It is becoming increasingly necessary to have extra help in both the vital records and the environmental divisions of the department. This is especially needed during employee vacations or through busy times of the year. Our request is that these funds be appropriated as follows:

Local Health Maintenance Fund 1168:

\$ 6,000 to 1168.16540.000.0000 (Group Health Insurance)

Trust Account Fund 1206:

\$20,000 to 1206.11610.000.0000 (Part-time Environmental Health Specialist) \$10,000 to 1206.12100.000.0000 (Extra Help) \$3,000 to 1206.16510.000.0000 (FICA)

Thank you,

Paul E Broderick, DO

Health Officer





Eric J. Holcomb Governor Kristina M. Box, MD, FACOG State Health Commissioner

March 18, 2022

Paul E Broderick, DO Morgan County Health Department

Dr. Broderick,

Thank you for submitting your request to spend \$33,000.00 of your Indiana Local Health Department Trust Account carryover fiscal year 2022.

Your requested budget is on page two. Your request falls under IC 4-12-7-7 and has been approved.

Thank you for also submitting your request to spend \$6,000.00 of your Local Health Maintenance Fund carryover fiscal year 2022.

Your requested budget is on page two. Your request falls under IC 16-46-10 and has been approved.

This approval will end December 31, 2022. If the requested funding is not spent by December 31, 2022, then the approval will end, and a new carryover request will have to be submitted to utilize the funds.

Sincerely.

Kathryn Nicely, M.A., Grant Manager

Kathry Vicely

Local Health Department Outreach Division

To promote, protect, and improve the health and safety of all Hoosiers.



## **Budget Revision/Carryover Request Form - 2022**

Revision/Request is for the following grant (you can check all of them if you are doing them all):

| 20  | w with a second of the second country of the |
|---|--|
| Local Health Maintenance Fund (LHMF) ☐ Budget Revision Request ☐ Carryover Request  | 2022   |
| Indiana Local Health Department Trust A Budget Revision Request Carryover Request   | account (ILHDTA) 2022  |
| Emergency Request. (If you need information in the | on on how to complete an Emergency Request please e-mail .ttach Approval Letter)   |
| LOCAL HEALTH DEPARTMENT IN Local Health Department Name: Morgan County  | NFORMATION   |
| Administrator Name: Jeanne LaFary   |  |
| Administrator Phone Number: (765)342-6621   | •  |
| Administrator E-mail: morgancohd@morganc  | ountyhealth.com  |
| Health Officer Name: Paul E Broderick   |  |
| County Auditor or Official Custodian of Funds N   | ame: Dan Bastin  |
|   |  |
| Paul E Broderick  | Digitally signed by Paul E Broderick<br>Date: 2022.02.24 12:54:04 -05'00'  |
| Date & Signature of Health Officer  |  |

# Local Health Maintenance Fund 2022 LHMF BUDGET REVISION - JUSTIFICATION FOR REVISION

## LHMF CARRYOVER REQUEST - JUSTIFICATION FOR REQUEST

\$6,000 is requested to complete paying Health Insurance benefit for full-time Registrar being paid out of LHMF funds.

## **Indiana Local Health Department Trust Account 2022**

## **ILHDTA BUDGET REVISION - JUSTIFICATION FOR REVISION**

## **ILHDTA CARRYOVER REQUEST - JUSTIFICATION FOR REQUEST**

\$10,000 is requested to employ a part-time clerical staff two days per week. \$1,000 requested for FICA benefit for this position. Clerical employee will assist in Clinic and Vital Record departments as needed.

\$20,000 is requested to employ a part-time Environmental Specialist. \$2,000 requested for FICA benefit for this position. Environmentalist will work with current staff in septic review and permit issuance as needed.

| \$0.00  |                                 | \$0.00                    | \$0.00   | 0.00   |  |  |  |  |
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| \$0.00  |                                 | \$1,800.00                | \$150.00   | 0.10   |  |  | STATE  | CPR Instructor   |
| LHMF Request LHMF Carryover   | ILHDTA Carryover                | ILHDTA Request            | 20   | FTE  |  |  | THE PROPERTY OF STREET   | 4. Contract Staff: Position/Title                                  |
| ,895.00   | \$3,000.00                      | \$1,300.00                | 3. Employee Benefits Subtotal:   |  |  |  |  |  |
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| \$0.00  | \$3,000.00                      | \$0.00                    |  |  |  |  | FICA   | Environmental Specialist (part-time), Clerk (part-time)            |
| \$0,00 \$6,000,00   |                                 | \$0.00                    |  |  |  |  | Group Hith Ins   | Registrar  |
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| \$0.00  |                                 | \$1,300.00                |  |  |  | Group Hith Ins   | FICA, PERF, Group Hith Ins   | RN (part-time), Clerk (part-time)                                  |
|   |                                 | \$0.00                    |  |  |  | Group Hith Ins   | FICA, PERF, C  |  |
| LHMF Request LHMF Carryover   | ILHDTA Carryover                | ILHDTA Request            |  | I TO THE REAL PROPERTY OF THE PERSON OF THE  | Fringe Benefits Covere   |  |  | 3. Employee Benefits: Position/Title                               |
|   | \$30,000.00                     | \$16,000,00               | 2. Personnel Servi   |  |  |  |  |  |
| \$0.00  |                                 | \$0.00                    |  | 0.00   |  |  |  |  |
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| \$0.00  |                                 | \$0.00                    |  | 0.00   |  |  |  |  |
| \$0.00  | \$20,000.00                     | \$0.00                    |  | 0.40   |  |  |  | Environmental Specialist (part-time)                               |
| \$0.00  | \$10,000.00                     | \$0.00                    |  | 0.40   |  |  |  | Clerk (part-time)  |
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| \$0,00  |                                 | \$4,000.00                |  | 0.25   |  |  |  | Clerk (part-time)  |
| \$0.00  |                                 | \$12,000.00               |  | 0.40   |  |  |  | RN (part-time)   |
| - 1   |                                 | \$0.00                    |  | 1.00   |  | THE RESIDENCE OF THE PARTY OF T |  | Registrar  |
| LHMF Request LHMF Carryover   | ILHDTA Carryover                | ILHDTA Request            | Salary or Hourly Rate  | FTE  |  |  |  | 2. Personnel Services: Position/Title                              |
| \$0.00  | \$0.00                          | \$2,303,06                | Reimbursable Subtotal:   |  |  |  |  |  |
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| \$0.00  |                                 | \$0.00                    | January-00   |  |  |  |  |  |
| \$0.00  |                                 | \$2,303.06                | December-21  |  |  |  | ass participation cards  | TB testing solution, Lice shampoo, knit combs, CPR cla             |
| LHMF Request LHMF Carryover   | ILHDTA Carryover                | ILHDTA Request            | Reimbursement Date (M/Y)   |  |  |  | ling/Vaccines  | 1. Reimbursable: ltcm(s)/Personnel/Contract Staff/Billing/Vaccines |
|   |                                 |                           |  |  |  |  |  | Sub-Section  |
|   |                                 |                           | \$6,000.00   | \$48,859.00  | \$33,000.00  | TOTAL \$32,003.06  |  |  |
|   |                                 |                           |  | \$0.00   |  | \$0.00   | Centers  | 12. Contracted Programs/Contracted Community Health Centers        |
|   |                                 |                           |  | \$0.00   |  | \$0.00   |  | 10. Vehicle Purchase/Vehicle Lease                                 |
|   |                                 |                           |  | \$0.00   |  | \$700.00   |  | 9. Education/Training  |
|   |                                 |                           |  | \$0.00   |  | \$9,200,00   |  | 8. Rent, Utilities, Services, Repair, Maintenance                  |
|   |                                 |                           |  | \$0.00   |  | \$0.00   |  | 7b. Out-of-State   |
|   |                                 |                           | \$0.00   | \$0.00   |  | \$700.00   |  | 7a. In-State   |
| infromation are in the white rows in the Sub-Section below.                                   | i the white rows in the         | infromation are in        |  |  | The state of the s |  |  | 7. Transportation  |
| 7 7000000000000000000000000000000000000   |                                 | 0 / 0 0 000               | \$0.00   | \$0.00   |  | \$0.00   |  | - 1  |
| telling you this section is locked. The only place you can enter                              | tion is locked. The on          | telling you this sec      | \$0.00   | \$0.00   | \$0.00   | \$0.00   |  | <ol> <li>Supplies (Operational and Clinical)</li> </ol>            |
| mer out it, you will been bob up  | The second second               | Can Dadoc of Ca           | \$0.00   | \$0.00   |  | \$1,800.00   |  | Contract Staff   |
| Total Budget Breakdown table If you click on it you will get a non-un                         | kdown table if you di           | Total Budget Break        | \$6,000.00   | \$12,895.00  | Si   | \$1,300.00   |  | <ol> <li>Employee Benefits</li> </ol>                              |
| The sand-section perow. Flease do not enter anyuning into the                                 | TOTI DETOW. Flease do           | ווסווו נווב מתה-מבנו      | \$0.00   | \$35.964.00  | \$30,000.00  | \$16,000,00  |  | 2. Personnel Services  |
| 00+000000000000000000000000000000000000   | ion bolow Bloose do             | that the Sub Socti        | \$0.00   | \$0.00   | \$0.00   | \$2 303.06   |  | 1. Reimbursable  |
| ← Total Budget Breakdown (Rows 6-21): Will automatically populate                             | reakdown (Rows 6-21             | ← Total Budget Br         | LHMF Carryover Request   | Application  | ILHDTA Carryover Request   |  |  | Section Number and Name  |
|   |                                 |                           |  | I.HMF Approved   | ACTION CONTINUES IN CONTINUES I | II HDTA Approved   |  |  |
|   |                                 |                           |  |  |  |  |  | Total Budget Breakdown   |
|   |                                 | provided.                 | -  | \$48,859.00 Date   | \$48,859.00  |  | <b>Funding Amount:</b>   | alth Maintenance Fund (LHMF) 20                                    |
| ocal health department names will appear. Select your local health department from the list   | names will appear. Select your  | ocal health department n  |  | Signature Page Y/N   | \$32,003.06  | Funding Amount:  | count (ILHDTA) 2022 Funding Amount:  | Indiana Local Health Department Trust Accou                        |
| side of the cell. Click the arrow. A list of  | will appear on the right hand s | An arrow in a white box w |  | de la constante  |  | alor Ball county   |  | rood income population and income                                  |
| ← Local Health Department Name Selection: Click on the cell with "Adams County" listed in it. | ent Name Selection: Click on    | ← Local Health Departm    |  | Approved / Denied  |  | Morgan County  | _  | Local Health Department Name:                                      |
|   |                                 |                           |  | And the same of th | _  |  |  |  |
|   |                                 |                           |  |  |  |  |  |  |

| LHMF Carryover   | LHMF Request  | ILHDTA Carryover | ILHDTA Request  | Number of Attendoes                      |  |  | 9. Education and 1 raining: Event or Course for Local Health Department Staff  |
|------------------|---------------|------------------|-----------------|--|--|--|--|
| \$0.00           | \$0,00        | \$0.00           | \$9,200,00      | ces, Repair, Maintenance Subtotal:       | 8, Rent, Utilities, Service  |  |  |
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|                  |               |                  | \$4,000.00      |  |  | 7  | 2  |
| LHMF Carryover   | LHMF Request  | ILHDTA Carryover | ILHDTA Request  |  |  |  | Verizon (Cell Phone Service)   |
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|                  | -1            | 1                | \$700.00        |  |  | THE PERSON NAMED IN  | Hotel and mileage to attend state training   |
| LHMF Carryover   | LHMF Request  | ILHDTA Carryover | ILHDTA Request  | Per Diem                                 | Hotel  | Mileage  | 7a. Transportation- In-State: Reason for Travel  |
| \$0.00           |               |                  | \$0,00          | 6. Equipment Subtotal:                   |  |  |  |
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|                  |               |                  |                 | Omantih                                  |  |  | 6. Equipment: Itcm(s)  |
| 50.00            | 00.00         | \$0.00           | \$0.00          | (Operational and Clinical) Subtotal:     |  |  |  |
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## Morgan County Board of Commissioners 180 S. Main Street; Suite 112 Martinsville, IN 46151

April 6, 2022

Morgan County Council 180 S. Main Street Martinsville, IN 46151

Dear Council Members:

The Morgan County Board of Commissioners requests an additional appropriation of \$150,000 from the following fund: Fund (8950), ARPA Local Fiscal Recover Fund, into Account #XXXX.XXXX.000.0068.

The requested appropriation breakdown is as follows:

\$50,000 - Supplies

\$50,000 - Other Services

\$50,000 - Capital Outlay

Thank you for your attention to this request. Should you have any questions, please contact us anytime.

Sincerely,

MORGAN COUNTY BOARD OF COMMISSIONERS

Kenny Hale

President

Bryan Collier Vice President

Don Adams

Commissioner

### **Deputy Veteran Service Office Position**

Lindsay Smith <lcsmith@morgancounty.in.gov>

Thu 4/14/2022 3:35 PM

To: Dan Bastin <dbastin@morgancounty.in.gov>

Cc: Joyce Briant <jbriant@morgancounty.in.gov>

Good afternoon Dan,

Courtney Kemp has completed all required training and received her accreditation with IDVA, American Legion, and Veterans of Foreign Wars. We would like to request to get on the agenda of the May County Council meeting to request her position be changed from Administrative Assistant to Deputy Veteran Service Officer like we did for me last year. Please let me know if I need to provide any information prior to.

Thank you for your time and assistance on this matter.

Respectfully,

# Lindsay Smith CVSO

Navy Veteran

765.349.5505 1067 (Interoffice) vsoassist@morgancounty.in.gov lcsmith@morgancounty.in.gov

Morgan County Veterans Service Office 10 E. Washington St. STE 124A Martinsville, IN 46151 Hours: M-F 8am-4pm

Veterans serving Veterans