

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, 2026 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	10/06/2025

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	\$31,932,643	\$13,312,584	0.2893
0124	2015 REASSESSMENT	\$1,061,047	\$600,000	0.0130
0180	DEBT SERVICE	\$6,392,800	\$6,167,000	0.1340
0616	CONVENTION & VISITORS BUREAU	\$185,000	\$0	0.0000
0702	HIGHWAY	\$8,371,442	\$0	0.0000
0706	LOCAL ROAD & STREET	\$1,296,997	\$0	0.0000
0790	CUMULATIVE BRIDGE	\$0	\$0	0.0000
0801	HEALTH	\$867,012	\$400,000	0.0087
1092	CUMULATIVE BUILDING	\$0	\$0	0.0000
1116	COUNTY EMERGENCY MEDICAL SERVICES	\$7,143,756	\$4,385,000	0.0953
2391	CUMULATIVE CAPITAL DEVELOPMENT	\$2,783,569	\$2,300,000	0.0500
		\$60,034,266	\$27,164,584	0.5903

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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	\$494,572
9503	1200 Public Defender	\$220,000
9504	1152 EMERGENCY PLANNING RIGHT TO KNOW	\$42,095
9505	1175 Misdemeanant	\$40,950
9506	2501 Jury User Fee	\$59,000
9507	4906 Law Enforcement	\$37,000
9508	2502 ADAPT	\$0
9509	1161 Local Public Health Services	\$374,920
9510	1148 DRUG FREE COMMUNITY	\$0
9511	1112 LIT ECON DEVELOPMENT	\$5,359,988
9512	1170 LIT Public Safety	\$4,418,567
9513	4904 Morgan County Partnership Water Quality	\$43,500
9514	1192 Sex and Violent Offender	\$5,450
9515	2505 Pretrial Traffic	\$66,321
9516	1168 LOCAL HEALTH MAINTENANCE	\$0
9517	1222 Statewide 911	\$678,898
9518	1206 Local Health Dept Trust	\$0
9519	1119 CLERK'S RECORDS PERPETUATION	\$0
9520	1217 Co Elected Officials Training	\$36,000
9521	1158 GENERAL DRAIN IMPROVEMENT	\$340,000
9522	8950 ARPA Local Fiscal Recovery Fund	\$211,463
9523	9110 CCMG FUND	\$2,000,000
9524	2506 Pretrial Check	\$6,900
9526	1235 LIT Dedicated to PSAP	\$2,549,673
9527	1237 Opioid Restricted Fund	\$450,000
9528	1238 Opioid Unrestricted Fund	\$100,000
9529	1216 Auditors Ineligible Deduction	\$4,000
9530	1181 Plat Book	\$25,000
9531	1233 LIT Correctional/Rehabilitation	\$1,526,000
		\$19,342,297

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Slate Form 55865 (7-15)
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Name		Signature
Kim Merideth	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	<i>Kim Merideth</i>
Vickie Kivett	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	<i>Vickie Kivett</i>
Troy Sprinkle	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"/>	<i>Brian Culp</i>
Joe Crone	Aye <input type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	<i>Joe Crone</i>
Melissa Greene	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	<i>Melissa Greene</i>
Chip Keller	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	<i>Chip Keller</i>

ATTEST

Name	Title	Signature
Linda Pruitt	County Auditor	<i>Linda Pruitt</i>

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 ☒