

ORDINANCE 2025 - 15

AN ORDINANCE TRANSFERRING APPROPRIATIONS WITHIN THE 2025 BUDGETS OF THE GENERAL FUND: CLERK-TREASURER'S DEPARTMENT AND IN THE ARP COVID-19 RELIEF FUND IN THE CITY OF HOBART, LAKE COUNTY, INDIANA.

WHEREAS, it has been determined it is now necessary to appropriate more money than was appropriated in the annual budgets in certain line items in the General Fund, Clerk-Treasurer's Department; and in the ARP Covid-19 Relief Fund in the 2025 budget; and

WHEREAS, it has been shown that certain existing appropriations now have unobligated balances that are not currently needed and eligible for use to cover certain expenses for the purposes for which they were appropriated in the General Fund, Clerk-Treasurer's Department; and in the ARP Covid-19 Relief Fund in the 2025 budgets;

NOW, THEREFORE, BE IT ORDAINED by the Common Council of the City of Hobart, Lake County Indiana that:

Section 1(a). For the expenses of the taxing unit, the following additional sums of money are hereby appropriated out of the General Fund, Clerk-Treasurer's Department for the purposes specified, subject to the laws governing the same:

Table with 4 columns: Account, Description, Requested, Appropriated. Row 1: 1101032450.000, Equipment, \$ 400.00, \$ 400.00. Total General Fund, Clerk-Treasurer's Department Additional Appropriations: \$ 400.00

Section 1(b). The following existing appropriation(s) in the General Fund, Clerk-Treasurer's Department be reduced in the following amount:

Table with 4 columns: Account, Description, Requested, Reduced. Row 1: 1101032398.000, Membership Dues, \$ 400.00, \$ 400.00. Total General Fund, Clerk-Treasurer's Department Reductions: \$ 400.00

Section 2(a). For the expenses of the taxing unit, the following additional sums of money are hereby appropriated out of the ARP Covid-19 Relief Fund for the purposes specified, subject to the laws governing the same:

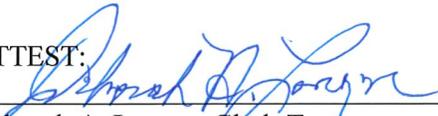
Table with 4 columns: Account, Description, Requested, Appropriated. Row 1: 2403090304.000, Reduction in Revenue, \$ 229,350.00, \$ 229,350.00. Row 2: 2403090305.001, Covid Response Tourism, 200,000.00, 200,000.00. Total ARP Covid-19 Relief Fund Additional Appropriations: \$ 429,350.00

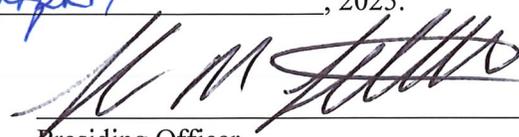
Section 2(b). The following existing appropriation(s) in the ARP Covid-19 Relief Fund be reduced in the following amount:

Table with 4 columns: Account, Description, Requested, Reduced. Row 1: 2403090412.000, Construction, \$ 429,350.00, \$ 429,350.00. Total ARP Covid-19 Relief Fund Reductions: \$ 429,350.00

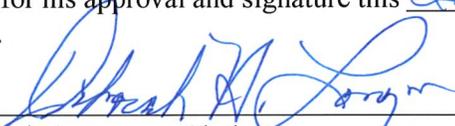
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PASSED and ADOPTED this 16th day of April, 2025.

ATTEST: 
Deborah A. Longer, Clerk-Treasurer

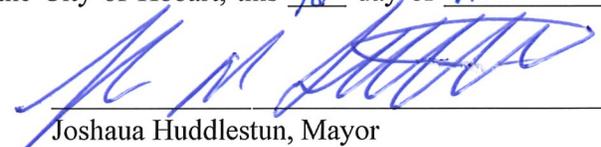

Presiding Officer

Presented by me to the Mayor of the City of Hobart, Indiana, for his approval and signature this ~~16~~ 16th day of April 2025 at 7:00 o'clock P.M.


Deborah A. Longer, Clerk-Treasurer

APPROVED and SIGNED by me, the Mayor of the City of Hobart, this 16th day of April, 2025.

Attest: 
Deborah A. Longer, Clerk-Treasurer


Joshua Huddlestun, Mayor

MEMORANDUM

Date: 3/12/25

To: Clerk-Treasurer's Office

From: C-T Office
(Department/Department Head)

*ORD 2025-10
A+B*

Re: TRANSFER OF FUNDS

Please transfer the following amounts within my department's budget to cover necessary expenses:

SUPPLIES: (200 Series)

<u>REDUCE</u>	<u>AMOUNT</u>	<u>INCREASE</u>
Description: _____		Description: _____
Line #: _____		Line #: _____
Description: _____		Description: _____
Line #: _____		Line #: _____

SERVICES HIRED: (300 Series)

<u>REDUCE</u>	<u>AMOUNT</u>	<u>INCREASE</u>
Description: MEMBERS <u>Members</u>		Description: _____
Line #: <u>1101032396.000</u>	<u>400.⁰⁰</u>	Line #: _____
Description: _____		Description: _____
Line #: _____		Line #: _____

CAPITAL OUTLAYS: (400 Series)

<u>REDUCE</u>	<u>AMOUNT</u>	<u>INCREASE</u>
Description: _____		Description: <u>Equipment</u>
Line #: _____	<u>400.⁰⁰</u>	Line #: <u>1101032450.000</u>
Description: _____		Description: _____
Line #: _____		Line #: _____

[Signature]
Signature of Department Head *C-T*

For Office Use Only: Department# _____ Transfers made as Requested on _____ by: _____
(Date) (Initials)

MEMORANDUM

Date: 4/5/2025
 To: Clerk-Treasurer's Office
 From: ARP Covid 19 Reliy.
 (Department/Department Head)

ORD.
 2025-
 (2 A x 15)
 (RD)

Re: **TRANSFER OF FUNDS**

Please transfer the following amounts within my department's budget to cover necessary expenses:

SUPPLIES: (200 Series)

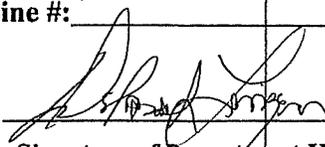
<u>REDUCE</u>	<u>AMOUNT</u>	<u>INCREASE</u>
Description: _____		Description: _____
Line #: _____		Line #: _____
Description: _____		Description: _____
Line #: _____		Line #: _____

SERVICES HIRED: (300 Series)

<u>REDUCE</u>	<u>AMOUNT</u>	<u>INCREASE</u>
Description: _____		Description: <u>Reduction in Revenue</u>
Line #: _____	<u>229,350.⁰⁰</u>	Line #: <u>2403090 304,000</u>
Description: _____		Description: <u>Covid Response Tourism</u>
Line #: _____	<u>200,000.⁰⁰</u>	Line #: <u>2403090 305,001</u>
	<u>\$ 429,350.⁰⁰</u>	

CAPITAL OUTLAYS: (400 Series)

<u>REDUCE</u>	<u>AMOUNT</u>	<u>INCREASE</u>
Description: <u>Construction</u>		Description: _____
Line #: <u>2403090 412,000</u>	<u>429,350.</u>	Line #: _____
Description: _____		Description: _____
Line #: _____		Line #: _____


 Signature of Department Head

For Office Use Only: Department# _____ Transfers made as Requested on _____ by: _____
 (Date) (Initials)