

# 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  
 Generated 10/15/2021 9:56:24 AM

Ordinance / Resolution Number: 2021-27

Be it ordained/resolved by the **Martin County County** that for the expenses of **MARTIN COUNTY** for the year ending December 31, **2022** 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 **MARTIN 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 **Martin County County**.

Name of Adopting Entity / Fiscal Body	Type of Adopting Entity / Fiscal Body	Date of Adoption
Martin County County	County Council	10/18/2021

Funds				
Fund Code	Fund Name	Adopted Budget	Adopted Tax Levy	Adopted Tax Rate
0005	CASINO/RIVERBOAT	\$21,000	\$0	0.0000
0101	GENERAL	\$3,543,998	\$2,269,114	0.5468
0124	2015 REASSESSMENT	\$338,381	\$160,452	0.0387
0191	CUMULATIVE VOTING MACHINE	\$8,000	\$0	0.0000
0254	LOCAL INCOME TAX	\$253,218	\$0	0.0000
0702	HIGHWAY	\$1,931,161	\$0	0.0000
0706	LOCAL ROAD & STREET	\$158,000	\$0	0.0000
0790	CUMULATIVE BRIDGE	\$277,875	\$139,500	0.0336
0801	HEALTH	\$71,602	\$59,569	0.0144
2391	CUMULATIVE CAPITAL DEVELOPMENT	\$84,000	\$100,000	0.0241
2411	ECONOMIC DEV INCOME TAX CREDIT	\$1,313,728	\$0	0.0000
		<b>\$8,000,963</b>	<b>\$2,728,635</b>	<b>0.6576</b>

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## Home-Ruled Funds (Not Reviewed by DLGF)

Fund Code	Fund Name	Adopted Budget
9500	JAIL TREATMENT DOC	\$22,274
9501	COMMUNITY CROSSING GRANT	\$1,000,000
9502	ILHD TRUST ACCT	\$13,316
9503	ARPA RECOVERY FUND	\$995,957
9504	Recorders Record Perp.	\$10,000
9505	LOCAL HEALTH MAINTEN	\$33,139
9506	MISDEMEANANT-	\$9,450
9507	SUPPLEMENTAL PUBLIC DEFENDER	\$175,000
9508	CORNER PERPETUATION	\$16,500
9509	LOCAL STATEWIDE 911	\$268,153
9510	CO Elected Officials Training	\$2,500
9511	SUPP ADULT PROBATION	\$76,000
9512	SUPP JUVENILE PROBATION	\$5,000
9513	ALTERNATIVE DISPUTE	\$1,000
9514	PROSECUTOR COUNTY USER	\$9,325
9515	ALCOHOL AND DRUGS	\$39,500
9517	RE DEVELOPMENT COMMISSION	\$4,000
9518	PROSECUTOR IVD	\$9,325
9521	PROJECT-INCOME	\$75,995
9523	GAL CASA	\$4,000
9525	DRUG- FREE COMMUNITY	\$12,000
9526	TIF	\$75,000
9528	JUVENILE COMM CORRECTIONS	\$25,000
9531	DRUG FUND GR	\$16,250
9532	CTP	\$8,500
9533	COMMUNITY CORRECTIONS DONATIONS	\$2,258
9534	BAD CHECK FEE	\$2,500
9535	CLERK PERPETUATION	\$9,000
9537	COMMUNITY CORRECTION GRANT	\$168,410
9538	CLERK IVD	\$10,000
9540	COVID CLINIC	\$21,019
9547	IN STATE OPIOD REPSONSE	\$60,000
		<b>\$3,180,371</b>

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Name		Signature
Warren Albright	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	<i>Warren Albright</i>
Randy L. Winingar	Aye <input type="checkbox"/> Nay <input checked="" type="checkbox"/> Abstain <input type="checkbox"/>	<i>Randy Winingar</i>
Barb McFeaters	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	<i>Barb McFeater</i>
James A. Stiles	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	<i>James A. Stiles</i>
Sheri Bowling	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	<i>Sheri Bowling</i>
J. Keith Gibson	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	<i>J. Keith Gibson</i>
Adam Greene	Aye <input type="checkbox"/> Nay <input checked="" type="checkbox"/> Abstain <input type="checkbox"/>	<i>Adam Greene</i>

## ATTEST

Name	Title	Signature
Bobbie Abel	Auditor	<i>Bobbie Abel</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