

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 9/29/2023 3:46:37 PM



Ordinance / Resolution Number: 2023-38

Be it ordained/resolved by the **Martin County Council** that for the expenses of **MARTIN 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 **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 Council**.

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

Funds					
Fund Code	Fund Name	Adopted Budget	Adopted Levy	Adopted Tax Rate	Adopted Tax
0005	CASINO/RIVERBOAT	\$46,000		\$0	0.0000
0061	RAINY DAY	\$14,000		\$0	0.0000
0101	GENERAL	\$4,230,082	\$2,051,974		0.4568
0124	2015 REASSESSMENT	\$231,316	\$159,601		0.0355
0191	CUMULATIVE VOTING MACHINE	\$28,000		\$0	0.0000
0254	LOCAL INCOME TAX	\$280,298		\$0	0.0000
0702	HIGHWAY	\$2,646,729		\$0	0.0000
0706	LOCAL ROAD & STREET	\$182,000		\$0	0.0000
0790	CUMULATIVE BRIDGE	\$298,375	\$163,829		0.0310
0801	HEALTH	\$75,240	\$50,734		0.0113
2391	CUMULATIVE CAPITAL DEVELOPMENT	\$229,000	\$175,984		0.0333
2411	ECONOMIC DEV INCOME TAX CEDIT	\$1,842,699		\$0	0.0000
		\$10,103,739	\$2,602,122		0.5679

Home-Ruled Funds (Not Reviewed by DLGF)

Fund Code	Fund Name	Adopted Budget
9500	JAIL TREATMENT DOC	\$0
9501	COMMUNITY CROSSING GRANT	\$0
9502	ILHD TRUST ACCT	\$0
9503	ARPA RECOVERY FUND	\$0
9504	MARTIN COUNTY LEAD PROGRAM	\$3,000
9505	LOCAL HEALTH MAINTEN	\$0
9506	MISDEMEANANT-	\$10,450
9507	SUPPLEMENTAL PUBLIC DEFENDER	\$175,000
9508	CORNER PERPETUATION	\$16,500



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9509	LOCAL STATEWIDE 911	\$307,514
9510	CO ELECTED OFFICIALS TRAINING	\$2,500
9511	SUPP ADULT PROBATION	\$74,340
9512	SUPP JUVENILE PROBATION	\$3,000
9513	ALTERNATIVE DISPUTE	\$1,000
9514	PROSECUTOR COUNTY USER	\$16,114
9515	ALCOHOL AND DRUGS	\$0
9516	CO-OP AGREEMENT FOR EMERGENCY	\$72,675
9517	RE DEVELOPMENT COMMISSION	\$4,000
9518	PROSECUTOR IVD	\$11,114
9519	FAMILY COURT	\$0
9520	JURY FEE	\$10,000
9521	PROJECT-INCOME	\$170,668
9522	MCSW HEALTH INSURANCE	\$40,000
9523	GAL CASA	\$4,000
9524	AMBULANCE SERVICE F	\$484,179
9525	DRUG- FREE COMMUNITY	\$19,000
9526	TIF	\$75,000
9527	LOCAL PUBLIC HEALTH SERVICES	\$175,000
9528	JUVENILE COMM CORRECTIONS	\$25,000
9530	INNKEEPERS	\$25,000
9531	DRUG FUND GR	\$15,000
9532	CTP	\$8,500
9533	COMMUNITY CORRECTIONS DONATIONS	\$500
9534	BAD CHECK FEE	\$2,500
9535	CLERK PERPETUATION	\$7,000
9537	COMMUNITY CORRECTION GRANT	\$176,685
9538	CLERK IVD	\$10,000
9540	COVID CLINIC	\$0
9541	RECORDERS RECORD PERPETUATION	\$15,000
9547	IN STATE OPIOD RESPONSE	\$60,000
9548	Public Health Base Grant II	\$25,000
		\$2,045,239

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Name	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	Signature
Jordan Dant	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
Adam Greene	Aye <input type="checkbox"/> Nay <input checked="" type="checkbox"/> Abstain <input type="checkbox"/>	
Warren D. Albright	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
J. Keith Gibson	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
Andrew Beaver	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
Jim Hamby	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
Monty Gregory	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	

ATTEST

Name	Title	Signature
Michelle Norris	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

