FEDERAL IDENTIFICATION NUMBER:
35-6057184

STATE OF INDIANA
STATE BOARD OF ACCOUNTS
302 W. WASHINGTON ST., E418
INDIANAPOLIS, IN 46204-2765
TELEPHONE: (317) 232-2513

UNIT NAME:
BOONE TOWNSHIP

COUNTY:
HARRISON COUNTY

ANNUAL TOWNSHIP FINANCIAL REPORT
PRESCRIBED BY
THE STATE BOARD OF ACCOUNTS

TOWNSHIP FORM 15 (REVISED 2003)

FOR THE FISCAL YEAR THAT ENDED 2008

ID: 31-2-2
(State Board of Accounts USE ONLY)

'ENTS:

PART 1 - STATEMENT OF RECEIPTS, DISBURSEMENTS, CASH BALANCES AND INVESTMENT BALANCES (ADVERTISE)
PART 2 - RECEIPTS (ADVERTISE)
PART 3A - DISBURSEMENTS
PART 3B - DISBURSEMENTS (ADVERTISE)
PART 4 - CASH AND INVESTMENTS
PART 5 - INDEBTEDNESS (ADVERTISE)
PART 6 - INTERGOVERNMENTAL EXPENDITURES
PART 7 - STATEMENT OF FEDERAL GRANT RECEIPTS
PART 8 - STATEMENT OF STATE GRANT RECEIPTS
PART 9 - CERTIFICATE (ADVERTISE)
PART 10 - ADVERTISEMENT AND NOTE TO PUBLISHERS
PART 11 - POOR RELIEF STATISTICAL REPORT
PART 12 - FINANCIAL ASSISTANCE TO NONGOVERNMENTAL ENTITIES

TOWNSHIP TRUSTEES ANNUAL REPORT TO:
THE TOWNSHIP BOARD
THE COUNTY AUDITOR
THE STATE BOARD OF ACCOUNTS
THE U.S. BUREAU OF CENSUS

TOWNSHIP: BOONE TOWNSHIP
COUNTY: HARRISON COUNTY
FOR THE FISCAL YEAR ENDED 2008

FILED IN THE COUNTY AUDITOR'S OFFICE ON:
02/13/2009

TITLE: DISTRICT TRUSTEE SEC./TR

PRINTED NAME OF OFFICIAL: ROGER CREAL

ADDRESS: 9605 N TOBACCO
LANDING ROAD S.E.

CITY: LACONIA

TELEPHONE (BETWEEN THE HOURS OF 8:30 AM AND 4:00 PM): (812) 737-2853

ZIP: 47135-0000

(TOWNSHIP FORM 15) ANNUAL FINANCIAL REPORT UNIT NAME: BOONE TOWNSHIP ID: 31-2-2

**CASH UNITS ONLY** COUNTY: HARRISON COUNTY

PART 1 - STATEMENT OF RECEIPTS, DISBURSEMENTS, CASH BALANCES, AND INVESTMENT BALANCES

FOR THE FISCAL YEAR ENDING 2008



| Funds | Beginning Cash Fund Balances 01/01/2008 | 2008 Receipts | 2008 Disbursements | Ending Cash Fund Balances 12/31/2008 | Investments at 12/31/2008 | Total Cash and Investments at 12/31/2008 |
|---|---|---|---|---|---|---|
| **Section I** | | | | | | |
| **FUND TYPE: GENERAL** | | | | | | |
| GENERAL | $135,419.53 | $317,459.09 | $331,210.50 | $121,668.12 | $0.00 | $121,668.12 |
| **Total by Fund Type:** | **$135,419.53** | **$317,459.09** | **$331,210.50** | **$121,668.12** | **$0.00** | **$121,668.12** |
| **Subtotal All Funds:** | **$135,419.53** | **$317,459.09** | **$331,210.50** | **$121,668.12** | **$0.00** | **$121,668.12** |

**Section II**

| | | |
|---|---|---|
| Less: | | |
| Investment Sales | $0.00 | |
| Investment Purchases | | $0.00 |
| Transfers In | $0.00 | |
| Transfers Out | | $0.00 |
| Net Receipts and Disbursements | $317,459.09 | $331,210.50 |

**CASH AND INVESTMENTS ON PART 4 ARE 0.00! MUST EQUAL ENDING CASH AND INVESTMENTS ON THIS PAGE! PLEASE CORRECT.**

(TOWNSHIP FORM 15) ANNUAL FINANCIAL REPORT ID: 31-2-2 PAGE: 1

UNIT NAME: BOONE TOWNSHIP

PART 2 - RECEIPTS COUNTY: HARRISON COUNTY

FOR THE FISCAL YEAR ENDING 2008

| Title | Amount |
|---|---|
| Fund: GENERAL | |
| GENERAL PROPERTY TAXES | $27,689.57 |
| CERTIFIED SHARES (LOCAL OPTION TAX) | $14,874.00 |
| CERTIFIED SHARES (LOCAL OPTION TAX) | $2,155.68 |
| COUNTY OPTION INCOME TAX | $2,288.15 |
| COMMERCIAL VEHICLE EXCISE TAX | $89.00 |
| **Total for: TAXES** | **$47,096.40** |
| MISCELLANEOUS REVENUE-OTHER | $267,142.66 |
| MISCELLANEOUS REVENUE-OTHER | $3,220.03 |
| **Total for: MISCELLANEOUS** | **$270,362.69** |
| **TOTAL RECEIPTS FOR GENERAL** | **$317,459.09** |
| **Total Receipts:** | **$317,459.09** |

PART 3A, Page 1- DISBURSEMENTS COUNTY: HARRISON COUNTY

FOR THE FISCAL YEAR ENDING 2008 UNIT NAME: BOONE TOWNSHIP

| | |
|---|---|
| Fund: GENERAL | |
| Dept: TWP FUND-PUBLIC SAFETY | |
| PERSONAL SERVICES | $7,029.68 |
| SUPPLIES | $2,155.93 |
| OTHER SERVICES AND CHARGES | $36,993.82 |
| CAPITAL OUTLAY | $285,031.07 |
| **TOTAL** | **$331,210.50** |

| | |
|---|---|
| BY OBJECT FOR GENERAL | |
| PERSONAL SERVICES | $7,029.68 |
| SUPPLIES | $2,155.93 |
| OTHER SERVICES AND CHARGES | $36,993.82 |
| CAPITAL OUTLAY | $285,031.07 |
| OTHER DISBURSEMENTS | $0.00 |
| TRANSFER OF FUNDS | $0.00 |
| PURCHASE OF INVESTMENTS | $0.00 |
| **TOTAL GENERAL** | **$331,210.50** |

(TOWNSHIP FORM 15) ANNUAL FINANCIAL REPORT ID: 31-2-2 PAGE: 1

PART 3A, Page 2- DISBURSEMENTS COUNTY: HARRISON COUNTY

FOR THE FISCAL YEAR ENDING 2008 UNIT NAME: BOONE TOWNSHIP

| Fund: | |
|---|---|
| | $0.00 |
| **TOTAL** | **$0.00** |

| | |
|---|---|
| **TOTAL DISBURSEMENTS:** | **$0.00** |

(TOWNSHIP FORM 15) ANNUAL FINANCIAL REPORT ID: 31-2-2 PAGE: 1

PART 3B- DISBURSEMENTS COUNTY: HARRISON COUNTY

FOR THE FISCAL YEAR ENDING 2008 UNIT NAME: BOONE TOWNSHIP

Fund: GENERAL

Dept: TWP FUND-PUBLIC SAFETY

Object: PERSONAL SERVICES

| To Whom Paid: | Amount |
|---|---|
| MISCELLANEOUS PAYMENTS FOR 2008 | $7,029.68 |
| TOTAL PERSONAL SERVICES | $7,029.68 |
| Object: SUPPLIES | |
| MISCELLANEOUS PAYMENTS FOR 2008 | $2,155.93 |
| TOTAL SUPPLIES | $2,155.93 |
| Object: OTHER SERVICES AND CHARGES | |
| MISCELLANEOUS PAYMENTS FOR 2008 | $36,993.82 |
| TOTAL OTHER SERVICES AND CHARGES | $36,993.82 |
| Object: CAPITAL OUTLAY | |
| MISCELLANEOUS PAYMENTS FOR 2008 | $285,031.07 |
| TOTAL CAPITAL OUTLAY | $285,031.07 |
| **TOTAL** | **$331,210.50** |

**TOTAL DISBURSEMENTS: $331,210.50**

(TOWNSHIP FORM 15) ANNUAL FINANCIAL REPORT

UNIT NAME: BOONE TOWNSHIP

COUNTY: HARRISON COUNTY

ID: 31-2-2

PAGE: 1

PART 4 - CASH AND INVESTMENTS

FOR THE FISCAL YEAR ENDING 2008

| Purchase Date | Fund Name | Description | Serial No./Acct. No. | Investment Balance, Jan 1 | Maturity Date | Interest Rate | Purchase Cost |
|---|---|---|---|---|---|---|---|
| | | | | | | | **$0.00** |
| **Total Cash and Investments:** | | | | | | | **$0.00** |

(TOWNSHIP FORM 15) ANNUAL FINANCIAL REPORT

UNIT NAME: BOONE TOWNSHIP

COUNTY: HARRISON COUNTY

ID: 31-2-2



FOR THE FISCAL YEAR ENDING 2008

## PART 5 - INDEBTEDNESS

| | |
|---|---|
| OUTSTANDING 1-1- (BEGINNING YEAR) | |
| PRINCIPAL ISSUED DURING YEAR | |
| PRINCIPAL RETIRED DURING YEAR | |
| OUTSTANDING 12-31- (ENDING YEAR) | |
| INTEREST PAID DURING (FULL YEAR) | |

## PART 6 - INTERGOVERNMENTAL EXPENDITURES

OF THE EXPENDITURES REPORTED IN PART 3, HOW MUCH WAS PAID TO OTHER GOVERNMENTAL UNITS FOR:

| | |
|---|---|
| | $0.00 |
| TOTAL PAID TO LOCAL AND STATE GOVERNMENTS | $0.00 |

(TOWNSHIP FORM 15) ANNUAL FINANCIAL REPORT

UNIT NAME: BOONE TOWNSHIP

COUNTY: HARRISON COUNTY

ID: 31-2-2

PAGE: 1

PART 7 - STATEMENT OF FEDERAL GRANT RECEIPTS, DISBURSEMENTS AND BALANCES

FOR THE FISCAL YEAR ENDING 2008

| CFDA Number | Federal Title | Agency | Award Amount | Fund Title | Receipts | Disbursements |
|---|---|---|---|---|---|---|

(TOWNSHIP FORM 15) ANNUAL FINANCIAL

UNIT NAME: BOONE TOWNSHIP

COUNTY: HARRISON COUNTY

ID: 31-2-2

PAGE: 1

PART 8 - STATEMENT OF STATE GRANT RECEIPTS, DISBURSEMENTS AND BALANCES

FOR THE FISCAL YEAR ENDING 2008

| Grant Number | Project Name | State Agency | Award Amount | Fund Title | Receipts | Disbursements |
|---|---|---|---|---|---|---|

## PART 9 - CERTIFICATION

NOTE: Prepare six copies of this report to be presented to the Township Board for approval on or before the third Tuesday after the first Monday in January. After approval, one copy is to be retained by the Chairman of the Township Board. One copy is to be kept on file by the Township Trustee. Within ten (10) days, one copy, together with all vouchers, shall be filed with the County Auditor (IC 36-6-4-12(d)). In addition, one copy, along with advertising instructions, is to be submitted to each newspaper for which this report is to be published, within four (4) weeks after the third Tuesday following the first Monday in January (IC 5-3-1 and IC 36-6-4-13(b)). The advertisement must state that a complete and detailed annual report, and the accompanying vouchers showing the names of persons paid money by the township, have been filed with the County Auditor. Also, that the Chairman of the Township Board has a copy of the report that is available for inspection by any taxpayer of the township. One copy is to be mailed to the State Board of Accounts, by the trustee, by January 30 (IC 5-11-1-4).

State of Indiana
SS:

HARRISON COUNTY

I, ROGER CREAL, Trustee of BOONE TOWNSHIP, HARRISON COUNTY, Indiana,

do solemnly affirm under the penalty of perjury that the preceding report is complete, true and correct; that the sum with which I am charged in this report are all of the sums received by me; and that the various items of expenditures credited have been fully paid in the sums stated; that such payments were made without express or implied agreement that any portion thereof shall be retained by or repaid to me or to any other person. I further affirm that a complete and detailed annual report, together with all accompanying vouchers showing the names of persons having been paid money by the township, have been filed as required by law in the office of the County Auditor, and that copies of such annual report are in custody of the Township Board and the State Board of Accounts. Said report is subject to inspection by any taxpayer of the township.

_____ (sign)

BOONE TOWNSHIP Trustee

Telephone: (812) 737-2853

Date this report was published: _____

Subscribed and sworn (or affirmed) to before me, the Chairman of the Township Board of BOONE TOWNSHIP at its annual meeting, this _____ day of January , 2009.

_____ (sign)
BOONE TOWNSHIP Board Chairman

OPTION 1

This report was received, accepted, and approved by the Township Board at its annual meeting, this _____ day of January, 2009.

BOONE TOWNSHIP Board:

_____ (sign)

_____ (sign)

_____ (sign)

OPTION 2

This report was received, accepted, and approved except for Part(s) _____by the following Township Board Member(s) at its annual meeting, this _____ day of January, 2009

_____ (sign)

_____ (sign)

_____ (sign)

Note: Option 1 to be used where the Township Board approves the annual report.
Option 2 to be used where a member or all members of the Township Board disapproves part or all of the annual report. (DO NOT ADVERTISE)

**ANNUAL FINANCIAL REPORT --** **TOWNSHIP: _____**

**INDIANA TOWNSHIPS** **COUNTY: _____**

**TOWNSHIP FORM 15 (REVISED 2003)**

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**PART 10 - NOTE TO PUBLISHERS**

**NOTE TO PUBLISHERS:**

**This form of report is prescribed by the State Board of Accounts in compliance with IC 36-6-4-13.**

**All legal advertisements shall by set in solid type not larger than the type used in the regular reading matter of the newspaper, without any leads or other devices for increasing space. All such advertisements shall be headed by no more than two (2) lines, neither of which shall total more than four (4) solid lines of the type in which the body of the advertisement is set.**

**NOTE TO TOWNSHIP TRUSTEE:**

**IC 36-6-4-13 requires this form to be prepared for publication within four weeks after the third Tuesday following the first Monday in January. Publication is to be made ONE TIME ONLY in two (2) newspapers published in the township. If only one (1) newspaper is published in the township, then the notice shall be published in that newspaper and if another newspaper is published in the county and circulates within the township, in the other newspaper. If no newspaper is published in the township, then publication shall be made in a newspaper published in the county and that circulates within the township.**

**In all instances where tax, retirement or any other withholding is made from salaries, list the GROSS amount of payment. This will eliminate the necessity of listing in this report the payments made to the Internal Revenue Service, and all other payments resulting from amounts withheld from salaries.**

**It is intended that PART 3A of this report show the classifications of expenses as they appear in the FINANCIAL AND APPROPRIATION RECORD. In PART 3B, list the names of persons receiving payment and the amount (GROSS) paid. See the examples shown below:**

**PART 3B - DISBURSEMENTS**

**DISBURSEMENT TOWNSHIP FUND:**

| To Whom Paid: | Gross Amount: |
|---|---|
| John Doe | $ 1,200.00 |
| ABC Supply | 175.00 |
| Public Ser. Inc. | 675.00 |
| TOTAL TOWNSHIP FUND | $ 2,050.00* |

*** This total shall agree with the total disbursements per Fund shown in PART 1 and PART 3A.**

Prescribed by the State Board of Accounts Form TA-7 (Revised 2005)

BOONE TOWNSHIP, HARRISON COUNTY

TOWNSHIP ASSISTANCE STATISTICAL REPORT (IC 12-20-28-3)

FOR THE PERIOD ENDING DECEMBER 31, 2008

1. TOTAL NUMBER OF REQUESTS FOR TOWNSHIP ASSISTANCE

2.(A) TOTAL NUMBER OF TOWNSHIP ASSISTANCE RECIPIENTS

2.(B) TOTAL NUMBER OF HOUSEHOLDS CONTAINING RECIPIENTS OF TOWNSHIP ASSISTANCE

2.(C)(i) TOTAL NUMBER OF CASE CONTACTS MADE WITH OR ON BEHALF OF RECIPIENTS OF TOWNSHIP ASSISTANCE

2.(C)(ii) TOTAL NUMBER OF CASE CONTACTS MADE WITH OR ON BEHALF OF MEMBERS OF A HOUSEHOLD RECEIVING TOWNSHIP ASSISTANCE

3. TOTAL VALUE OF BENEFITS PROVIDED TO RECIPIENTS OF TOWNSHIP ASSISTANCE

4. TOTAL VALUE OF BENEFITS PROVIDED THROUGH EFFORTS OF TOWNSHIP STAFF FROM SOURCES OTHER THAN TOWNSHIP FUNDS

---

5.(A) TOTAL NUMBER RECEIVING UTILITY ASSISTANCE - RECIPIENTS

5.(A)(i) TOTAL NUMBER RECEIVING UTILITY ASSISTANCE - HOUSEHOLDS

5.(B) TOTAL NUMBER OF RECIPIENTS ASSISTED BY TOWNSHIP STAFF IN RECEIVING UTILITY ASSISTANCE FROM SOURCES OTHER THAN TOWNSHIP FUNDS

6.(i) TOTAL VALUE OF BENEFITS PROVIDED FOR PAYMENT OF UTILITIES - TOWNSHIP

6.(ii) TOTAL VALUE OF BENEFITS PROVIDED FOR PAYMENT OF UTILITIES - NONTOWNSHIP SOURCES

6.(iii) TOTAL VALUE OF ALL BENEFITS PROVIDED FOR PAYMENT OF UTILITIES

---

7.(A) TOTAL NUMBER RECEIVING HOUSING ASSISTANCE - RECIPIENTS

7(A)(i) TOTAL NUMBER RECEIVING HOUSING ASSISTANCE - HOUSEHOLDS

7.(B) TOTAL NUMBER OF RECIPIENTS ASSISTED BY TOWNSHIP STAFF IN RECEIVING HOUSING ASSISTANCE FROM SOURCES OTHER THAN TOWNSHIP FUNDS

8.(i) TOTAL VALUE OF BENEFITS PROVIDED FOR HOUSING ASSISTANCE - TOWNSHIP

8.(ii) TOTAL VALUE OF BENEFITS PROVIDED FOR HOUSING ASSISTANCE - NONTOWNSHIP SOURCES

8.(iii) TOTAL VALUE OF ALL BENEFITS PROVIDED FOR HOUSING ASSISTANCE

---

9.(A) TOTAL NUMBER RECEIVING FOOD ASSISTANCE - RECIPIENTS

9.(A)(i) TOTAL NUMBER RECEIVING FOOD ASSISTANCE - HOUSEHOLDS

9.(B) TOTAL NUMBER OF RECIPIENTS ASSISTED BY TOWNSHIP STAFF IN RECEIVING FOOD ASSISTANCE FROM SOURCES OTHER THAN TOWNSHIP FUNDS

10.(i) TOTAL VALUE PROVIDED FOR FOOD ASSISTANCE - TOWNSHIP

10.(ii) TOTAL VALUE PROVIDED FOR FOOD ASSISTANCE - NONTOWNSHIP SOURCES

10.(iii) TOTAL VALUE ALL FOOD ASSISTANCE PROVIDED

---

Prescribed by the State Board of Accounts Form TA-7 (Revised 2005)

BOONE TOWNSHIP, HARRISON COUNTY

TOWNSHIP ASSISTANCE STATISTICAL REPORT (IC 12-20-28-3)

FOR THE PERIOD ENDING DECEMBER 31, 2008

(Continued)

11.(A) TOTAL NUMBER PROVIDED HEALTH CARE - RECIPIENTS

11.(A)(i) TOTAL NUMBER PROVIDED HEALTH CARE - HOUSEHOLDS

11.(B) NUMBER OF RECIPIENTS ASSISTED BY TOWNSHIP STAFF IN RECEIVING HEALTH CARE ASSISTANCE FROM SOURCES OTHER THAN TOWNSHIP FUNDS

12.(i) TOTAL VALUE OF HEALTH CARE PROVIDED - TOWNSHIP SOURCES

12.(ii) TOTAL VALUE OF HEALTH CARE PROVIDED - NONTOWNSHIP SOURCES

12.(iii) TOTAL VALUE OF ALL OF HEALTH CARE PROVIDED

---

13. TOTAL NUMBER OF FUNERALS, BURIALS AND CREMATIONS

14.(A) TOTAL ACTUAL VALUE OF FUNERALS, BURIALS AND CREMATIONS

14.(B)(i) TOTAL PAID BY TOWNSHIP FUNDS FOR FUNERALS, BURIALS AND CREMATIONS

14.(B)(ii) DIFFERENCE BETWEEN ACTUAL VALUE AND AMOUNT PAID BY TOWNSHIP FUNDS FOR FUNERALS, BURIALS AND CREMATIONS

---

15.(A) TOTAL NUMBER OF NIGHTS OF EMERGENCY SHELTER PROVIDED TO THE HOMELESS

15.(B) TOTAL NUMBER OF NIGHTS OF EMERGENCY SHELTER PROVIDED TO THE HOMELESS THROUGH EFFORTS OF TOWNSHIP STAFF FROM SOURCES OTHER THAN TOWNSHIP FUNDS

15.(C)(i) TOTAL VALUE OF EMERGENCY SHELTER FOR HOMELESS INDIVIDUALS - TOWNSHIP

15.(C)(ii) TOTAL VALUE OF EMERGENCY SHELTER FOR HOMELESS INDIVIDUALS - NONTOWNSHIP SOURCES

15.(C)(iii) TOTAL VALUE OF ALL EMERGENCY SHELTER PROVIDED FOR HOMELESS INDIVIDUALS

---

16.(A) TOTAL NUMBER OF REFFERALS OF TOWNSHIP ASSISTANCE APPLICANTS TO OTHER PROGRAMS

16.(B) TOTAL VALUE OF TOWNSHIP SERVICES IN MAKING REFERRALS TO OTHER PROGRAMS

---

17. TOTAL NUMBER OF TRAINING PROGRAMS OR JOB PLACEMENTS FOUND FOR TOWNSHIP ASSISTANCE RECIPIENTS WITH ASSISTANCE OF TOWNSHIP TRUSTEE

---

18. NUMBER OF HOURS SPENT BY TOWNSHIP ASSISTANCE RECIPIENTS AT WORKFARE

19.(i) TOTAL VALUE OF SERVICES PROVIDED BY WORKFARE TO THE TOWNSHIP

19.(ii) TOTAL VALUE OF SERVICES PROVIDED BY WORKFARE TO OTHER AGENCIES

19.(iii) TOTAL VALUE OF ALL SERVICES PROVIDED BY WORKFARE

---

20.(A) TOTAL AMOUNT OF REIMBURSEMENT FOR ASSISTANCE RECEIVED FROM RECIPIENTS

20.(B) TOTAL AMOUNT OF REIMBURSEMENT FOR ASSISTANCE RECEIVED FROM MEMBERS OF RECIPIENTS' HOUSEHOLDS

20.(C) TOTAL AMOUNT OF REIMBURSEMENT FOR ASSISTANCE RECEIVED FROM RECIPIENTS' ESTATES

---

21. TOTAL AMOUNT OF REIMBURSEMENT FOR ASSISTANCE RECEIVED FROM MEDICAL PROGRAMS UNDER IC 12-20-16-2(e)

---

22.(A) TOTAL NUMBER OF INDIVIDUALS ASSISTED THROUGH A REPRESENTATIVE PAYEE PROGRAM

22.(B) TOTAL AMOUNT OF FUNDS PROCESSED THROUGH THE REPRESENTATIVE PAYEE PROGRAM THAT ARE NOT TOWNSHIP FUNDS

---

BOONE TOWNSHIP, HARRISON COUNTY

TOWNSHIP ASSISTANCE STATISTICAL REPORT (IC 12-20-28-3)

FOR THE PERIOD ENDING DECEMBER 31, 2008

(Continued)

23.(A) TOTAL NUMBER OF INDIVIDUALS ASSISTED THROUGH SPECIAL NONTRADITIONAL PROGRAMS PROVIDED THROUGH THE TOWNSHIP WITHOUT THE EXPENDITURE OF TOWNSHIP FUNDS

23.(B) TOTAL AMOUNT OF NONTOWNSHIP FUNDS USED TO PROVIDE THE SPECIAL NONTRADITIONAL PROGRAMS

---

24.(A)(i) TOTAL NUMBER OF HOURS AN INVESTIGATOR OF TOWNSHIP ASSISTANCE SPENDS ON CASE MANAGEMENT SERVICES - RECIPIENTS

24.(A)(ii) TOTAL NUMBER OF HOURS AN INVESTIGATOR OF TOWNSHIP ASSISTANCE SPENDS ON CASE MANAGEMENT SERVICES - HOUSEHOLDS

24.(B) TOTAL VALUE OF CASE MANAGEMENT SERVICES PROVIDED

---

25. TOTAL NUMBER OF HOUSING INSPECTIONS PERFORMED BY THE TOWNSHIP

DATE_____ TRUSTEE'S SIGNATURE_____

The State Board of Accounts is of the audit position, with the concurrence of the Attorney for the Township Trustees Association, the following procedures should be followed for a consistent compilation and completion of Township Assistance Form TA-7.

When completing the form please keep in mind reconcilement or cross-checking cannot, necessarily, be achieved; i.e., Total Value of Benefits Provided Township Assistance Recipients (Item 3), will not necessarily be the summation of Total Value of Benefits Provided for Utilities (Item 5); Total Value of Benefits Provided for Housing Assistance (Item 7); Total Value of Food Assistance Provided (Item 9); and, Total Value of Health Care Provided (Item 11); because IC 12-20-28-3 does not specifically require separate reporting of certain Township Assistance provided by townships; i.e., clothing, household supplies, transportation, etc.

(TOWNSHIP FORM 15) ANNUAL FINANCIAL REPORT

UNIT NAME: BOONE TOWNSHIP

COUNTY: HARRISON COUNTY

ID: 31-2-2

PAGE: 1

PART 12 - FINANCIAL ASSISTANCE TO NONGOVERNMENTAL ENTITIES

FOR THE FISCAL YEAR ENDING 2008

| Federal ID | Name | Address | County of Operation | Name of Operating Officer | Phone Number | Description of Funding | Amount |
|---|---|---|---|---|---|---|---|