

STATE OF INDIANA
DEPARTMENT OF LOCAL GOVERNMENT FINANCE

Room N-1058, IGCN - 100 North Senate
Indianapolis, Indiana 46204

County: Marion

Unit: BEECH GROVE CIVIL CITY

Date Certified: September 08, 2014

The Department of Local Government Finance acknowledges receipt of the fiscal body's action on the following additional appropriation and/or reduction:

<u>FUND</u>	<u>FUND NAME</u>	<u>REQUESTED AMOUNT</u>
1151	CONTINUING EDUCATION	\$5,000.00

**INDIANA DEPARTMENT OF LOCAL GOVERNMENT FINANCE
Certified Copy of Additional Appropriation**

PLEASE KEEP THIS DOCUMENT TO UTILIZE FOR FUTURE ADDITIONAL APPROPRIATION REQUESTS

Year: 2014 Date of Publication: _____ Newspaper: _____
 County: 49 Marion Date of Publication: _____ Newspaper: _____
 Unit: 0312 BEECH GROVE CIVIL CITY Date of Public Hearing: _____
 Unit Type Code 3 Date of Resolution/Ordinance _____

<u>DLGF Use Only</u>	
Date Filed: _____	_____
Petition Number: _____	_____

Modify bold boxes for each fund for which additional appropriations are made. Lines referred to below are on 16-line computer statement from DLGF budget hearing

FUND NUMBER:	0061	0101	0180	0341	0342
FUND NAME:	RAINY DAY	GENERAL	DEBT SERVICE	FIRE PENSION	POLICE PENSION
APPROPRIATION REQUEST					
AMOUNT BY REDUCTION:					
AMOUNT BY SURPLUS					
1. Property Tax Levy (line 16)	\$0.00	\$5,514,242.00	\$102,537.00	\$143,924.00	\$179,719.00
2. Levy Excess Applied (line 15)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3. PTRC from CAGIT (line 13)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Misc. Revenue Estimate (line 8b) (if value has increased, revised Form 2 must be attached)	* \$0.00	* \$3,507,745.00	* \$6,082.00	* \$325,458.00	* \$544,063.00
5. Jan. 1 Cash Balance, Including investments					
6. Total Funds Available (1+2+3+4+5)					
7. Original Budget	\$193,019.00	\$7,217,383.00	\$204,763.00	\$385,479.00	\$556,326.00
8. Encumbered Appropriations					
9. Total Beginning Appropriations (7+8)					
10. Surplus Funds (6-9)					
11. Amount Appropriated since January less any reductions in appropriations					
12. Amount transferred to Rainy Day					
13. Surplus Funds Remaining (10-11-12)					

* = Current values on file. Make any adjustments in space provided.

I, _____ fiscal officer of _____ do hereby certify that the above information is true and correct.

Dated this _____ day of _____, 2014

_____ Signature _____ Title

