

Prescribed by Department of Local Government Finance
Approved by State Board of Accounts

Budget Form No. 1 (Rev. 2002)

BUDGET ESTIMATE FOR

Selected Year: 2012
Selected County: Marion County
Selected Unit: 0312 Beech Grove Civil City, Marion Co.
Selected Fund: 0101 General
Selected Dept: 0165 Senior Citizens Center

Copy Published to Adopted

1. Personal Services

Salaries and Wages

Line Item Code	Description	Published Amount	Adopted Amount
	Regular Salaries	\$61,264	\$61,264
		<i>Total: \$ 61,264</i>	<i>Total: \$ 61,264</i>

Employee Benefits

Line Item Code	Description	Published Amount	Adopted Amount
	Longevity	\$1,300	\$1,300
	FICA	\$3,879	\$3,879
	Dental Insurance	\$228	\$228
	Life Insurance	\$496	\$496
	PERF	\$4,849	\$4,849
	Health Insurance	\$9,792	\$9,792
	Medicare	\$908	\$908
		<i>Total: \$ 21,452</i>	<i>Total: \$ 21,452</i>

Other Personal Services

No Data Entered for this Category

Personal Services Totals**Items Totals: \$ 82,716****Adopted Totals: \$ 82,716**

2. Supplies

Office Supplies

Line Item Code	Description	Published Amount	Adopted Amount
	Office Supplies	\$1,000	\$1,000
		<i>Total: \$ 1,000</i>	<i>Total: \$ 1,000</i>

Operating Supplies

Line Item Code	Description	Published Amount	Adopted Amount
	Medical Supplies	\$250	\$250
	Janitorial Supplies	\$800	\$800
		<i>Total: \$ 1,050</i>	<i>Total: \$ 1,050</i>

Repair and Maintenance Supplies

Line Item Code	Description	Published Amount	Adopted Amount
	Building Material	\$1,000	\$1,000
		<i>Total: \$ 1,000</i>	<i>Total: \$ 1,000</i>

Other Supplies

Line Item Code	Description	Published Amount	Adopted Amount
	Program Supplies	\$1,000	\$1,000
		<i>Total: \$ 1,000</i>	<i>Total: \$ 1,000</i>

Supplies Totals**Items Totals: \$ 4,050****Adopted Totals: \$ 4,050**

3. Other Services and Charges

Professional Services

Line Item Code	Description	Published Amount	Adopted Amount
	Contractual Services	\$2,500	\$2,500
		<i>Total: \$ 2,500</i>	<i>Total: \$ 2,500</i>

Communication and Transportation

Line Item Code	Description	Published Amount	Adopted Amount
	Telephone	\$700	\$700
	Postage	\$300	\$300
		<i>Total: \$ 1,000</i>	<i>Total: \$ 1,000</i>

Printing and Advertising

No Data Entered for this Category

Insurance

No Data Entered for this Category

Utility Services

Line Item Code	Description	Published Amount	Adopted Amount
	Electric	\$5,000	\$5,000
	Water	\$7,000	\$7,000
	Gas	\$500	\$500
	Sewage	\$500	\$500
		<i>Total: \$ 13,000</i>	<i>Total: \$ 13,000</i>

Repairs and Maintenance

Line Item Code	Description	Published Amount	Adopted Amount
	Repairs and Maintenance	\$2,500	\$2,500
		<i>Total: \$ 2,500</i>	<i>Total: \$ 2,500</i>

Rentals

No Data Entered for this Category

Debt Service

No Data Entered for this Category

Other Services and Charges

No Data Entered for this Category

Other Services and Charges Totals

Items Totals: \$ 19,000

Adopted Totals: \$ 19,000

4. Capital Outlays

Land

No Data Entered for this Category

Buildings

No Data Entered for this Category

Improvements Other Than Buildings

No Data Entered for this Category

Machinery and Equipment

No Data Entered for this Category

Other Capital Outlays

Line Item Code	Description	Published Amount	Adopted Amount
	Leases	\$3,500	\$3,500
		<i>Total: \$ 3,500</i>	<i>Total: \$ 3,500</i>

Capital Outlays Totals

Items Totals: \$ 3,500

Adopted Totals: \$ 3,500

Form1 Totals

Items Totals: \$ 109,266

Adopted Totals: \$ 109,266

NAME:

TITLE:

DATE:

I hereby acknowledge that the submission of this document through the Gateway password and PIN system constitutes an "electronic signature" as defined in IC 5-24-2-2. This submission is intended to, and hereby does, constitute authentication and approval of the submitted document as required by the Indiana Code. I understand that this electronic signature takes the place of my handwritten signature and accomplishes the same purposes as would my handwritten signature in the same circumstance. I further acknowledge that this electronic signature has the same force and effect as my handwritten signature and can and will be used for all lawful purposes. I affirm that I have the real and apparent authority to electronically sign and submit this document on behalf of the unit.



[Click Here to Return To Top](#)