

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: July 23, 2012

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>
0201	BOND PROCEEDS	\$1,995,000.00

INDIANA DEPARTMENT OF LOCAL GOVERNMENT FINANCE
Certified Copy of Additional Appropriation

PLEASE KEEP THIS DOCUMENT TO UTILIZE FOR FUTURE ADDITIONAL APPROPRIATION REQUESTS

Year: 2012 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

DLGF Use Only
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

Table with columns for Fund Number (0101, 0180, 0341, 0342, 0706) and Fund Name (GENERAL, DEBT SERVICE, FIRE PENSION, POLICE PENSION, LR & S). Rows include Appropriation Request, Amount by Reduction, Amount by Surplus, and numbered items 1-13.

* = 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 _____, 2012 _____ Signature _____ Title

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FUND NUMBER:	0708	2391
FUND NAME:	MVH	CCD
APPROPRIATION REQUEST		
AMOUNT BY REDUCTION:		
AMOUNT BY SURPLUS		
1. Property Tax Levy (line 16)	\$0.00	\$0.00
2. Levy Excess Applied (line 15)	\$0.00	\$0.00
3. PTRC from CAGIT (line 13)	\$0.00	\$0.00
4. Misc. Revenue Estimate (line 8b) (if value has increased, revised Form 2 must be attached)	* \$830,580.00	
5. Jan. 1 Cash Balance, Including investments		
6. Total Funds Available (1+2+3+4+5)		
7. Original Budget	\$717,650.00	\$0.00
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 _____, 2012

Signature _____ Title