Lawrence County
Request for Additional Appropriation
(Please complete all information)

FILED
APR 02 2026
Martha L Arnold-Turner
LAWRENCE COUNTY AUDITOR

1. Department: CASA
2. Department Head: Rich Kosmala
3. Fund Number: 8127 – 31304

(include line and location e.g. 1000.11100.0002)

4. Fund Name: Lawrence County CASA Wellness Grant
5. This is a request for an additional appropriation of $ 35,000
6. Date of Council consideration: 4/28/2026
7. Amount Budgeted For current year $ ~~0~~ Amount Spent to date $ ~~0~~ Additionals/ Transfers $ ~~0~~
8. Current Balance: $35,000
9. Justification for request: Received this grant but was unable to fill position. We were allowed to retain the grant and will use the funds to pay mileage to our Contract CASA's.
10. What options are available? It won't.
11. How will this affect your future budget?
12. Does this affect the total number of personnel: (Y or (N))
13. If this is an additional position, please attach a job description (Y or (N))

Richard Kosmala — 04/02/2026

Signature of Department Head — Date

These fund balances are accurate and in accordance with the books kept by the County Auditor.

Auditor — Date

Revision 2024-April

PRESCRIBED BY DEPARTMENT OF LOCAL GOVERNMENT FINANCE
APPROVED BY STATE BOARD OF ACCOUNTS

Budget Form No. 1 (Rev. 2002)

ID YEAR CO TYPE KEY

FILED
APR 02 2026
LAWRENCE COUNTY AUDITOR

BUDGET ESTIMATE FOR 2026-27

Juvenile Community Corrections Fund # 9228
(Office, Board, Commission, Department, Institution or Fund)

(If City, Town or Fire Protection District Budget, Enter Name)

Lawrence
(If County Budget, Enter County Name)

For Calendar Year 2026-27

		Items	Total Estimate	Approved
1 PERSONAL SERVICES				
Salaries and Wages				
11503	Case Manager Ashley Bridges	43,900		
11908	Juvenile Road Crew(Ashley/Connie/)	6720	50,620	
Employee Benefits				
12102	FICA	3,900		
12300	Insurance	381		
12200	PERF	7,250		
			11,531	0
Other Personal Services				
			0	0
	Total Personal Services		62,151	0
2 SUPPLIES				
Office Supplies				
			0	0
Operating Supplies				
23000	Drug Testing Supplies	1175	1175	0
Repair and Maintenance Supplies				
			0	0
Other Supplies				
29900	Misc supplies for Juv Road Crew	550	550	0
	Total Supplies		1725	0

		Items	Total Estimate	Approved
3 OTHER SERVICES AND CHARGES				
Professional Services				
39601	Abbott Toxicology Drug Test Confirmations	1175	1175	0
Communication and Transportation				
31301	Training- PSC Conference	1175	1175	0
Printing and Advertising				
			0	0
Insurance				
			0	0
Utility Services				
			0	0
Repairs and Maintenance				
			0	0
Rentals				

	0	0
Debt Service			
	0	0
Other Services and Charges			
	0	0
Total Other Services and Charges	2350	0

	Items	Total Estimate	Approved
4 **CAPITAL OUTLAYS**			
Land			
		0	0
Buildings			
		0	0
Improvements Other Than Building			
		0	0
Machinery and Equipment			
		0	0
Other Capital Outlays			
		0	0
Total Capital Outlays		0	0
TOTAL BUDGET ESTIMATE		66,226	0

(I) (We) hereby certify that the foregoing is a true and fair estimate of the necessary expense of the

Juvenile Community Corrections IDOC Juvenile Grant #

(Name of Office, Board, Commission, Department, Institution or Fund)

for the calendar year 2026 for the purposes therein specified.

Dated this 7th day of April, 2026.

Chad M. Shew

Signature and Title of Officer(s) or Department Head

PRESCRIBED BY DEPARTMENT OF LOCAL GOVERNMENT FINANCE

FILED

MAR 27 2026

Budget Form No. 1 (Rev. 2002)

ID	YEAR	CO	TYPE	KEY
		47		

BUDGET ESTIMATE FOR

Indiana Local Health Department Trust Account
(Office, Board, Commission, Department, Institution or Fund)

(If City, Town or Fire Protection District Budget, Enter Name)

LAWRENCE COUNTY AUDITOR

LAWRENCE
(If County Budget, Enter County Name)

For Calendar Year 2026

	Items	Total Estimate	Approved
1 PERSONAL SERVICES Salaries and Wages			
2			
Operating Supplies			
Repair and Maintenance Supplies			
Other Supplies			
Total Supplies			

3 OTHER SERVICES AND CHARGES	Items	Total Estimate	Approved
Professional Services			
Communication and Transportation			
Printing and Advertising			
Insurance			
Utility Services			
Repairs and Maintenance			
Rentals			
Debt Service			
Other Services and Charges			
Total Other Services and Charges			

		Items	Total Estimate	Approved
4 CAPITAL OUTLAYS				
Land				
Buildings				
Improvements Other Than Buildings				
Machinery and Equipment				
43100	Office Equipment, (laptop, prnter, etc.)	5,178		
			5,178	
Other Capital Outlays				
	Total Capital Outlay		**5,178**	
	TOTAL BUDGET ESTIMATE		**5,178**	

(I) (We) hereby certify that the foregoing is a true and fair estimate of the necessary expense of the

Indiana Local Health Department Trust Account
(Name of Office, Board, Commission, Department, Institution or Fund)

for the calendar year 2026 for the purposes therein specified.

Dated this 23rd day of March 2026

Signature and Title of Officer(s) or Department Head