

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

FILED

APR 02 2026

Martha A. 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 | Amount Spent
to date | Additional/Transfers |
|--|-------------------------|----------------------|
| \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |

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
10. What options are available? use the funds to pay mileage to our contract CASA's.

11. How will this affect your future budget? It won't.

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

Signature of Department Head

04/02/2026

Date

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

Auditor

Date

IN YEAR CO TYPE KEY

BUDGET ESTIMATE FOR 2026-27

FILED

APR 02 2026

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

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

Lawrence *Lawrence*
(If County Budget, Enter County Name)
CLATSOP COUNTY AUDITOR

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
		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

	Items	Total Estimate	Approved
3 OTHER SERVICES AND CHARGES			
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			

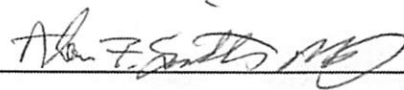
		Items	Total Estimate	Approved
4 CAPITAL OUTLAYS				
Land				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
Buildings				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
Improvements Other Than Buildings				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
Machinery 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