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

FILED
FEB 06 2026
Martha L Arnold-Turner
LAWRENCE COUNTY AUDITOR

1. Department: Sheriff's office
2. Department Head: Greg Day
3. Fund Number: 4904 - New Line (contracted Services) 39601
   (include line and location e.g. 1000.11100.0002)
4. Fund Name: Sheriff Drug Seizure Fund
5. This is a request for an additional appropriation of $ 268.00
6. Date of Council consideration: February 24, 2026

7. Amount Budgeted For current year	Amount Spent to date	Additionals/ Transfers
$ 0	$ -	$ -

8. Current Balance: 0
9. Justification for request: For Disbursement of Drug Seizure Funds TO Gambill Law office
10. What options are available? -
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)

Greg Day
Signature of Department Head

2-6-2026
Date

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

Auditor

Date

Revision 2024-April

REQUEST FOR ADDITIONAL APPROPRIATIONS

FILED
FEB 06 2026
Martha L Arnold-Turner
LAWRENCE COUNTY AUDITOR

1. **Department: Community Corrections**

Department Head: Chad Shew

Account Number: 1122

2. **Fund Name:** Adult Project Income

3. **This is a request for an additional appropriation of $1000 into Line 37100 to pay for Department Membership and Professional Organization Dues**

4. **Date of Council consideration: 2/24/25**_____

5. Amount Budgeted for current year	Amount Spent to date	Additionals to date
$0	$0	$0

6. **Current Balance:** $0 in Line 37100(not budgeted)

7. **Justification for request: Did not budget this line item but need to pay from it**

What options are available? Create line, transfer money into it

8. **How will this affect your future budget?** It will not affect it

9. **Does this affect the total number of personnel positions? No**___

10. **If this is an additional position, please attach a job description.** _____

_____ 2-6-26

SIGNATURE OF DEPARTMENT HEAD **DATE**

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

_____ _____

AUDITOR **DATE**

Lawrence County
Request for Additional Appropriation

1. Department: Cum Bridge
2. Department Head: Brian Sowder
3. Fund Number: 1135-0000-39601

FILED
JAN 22 2026
LAWRENCE COUNTY AUDITOR

4. Fund Name: Contracted Services
5. This is a request for an additional appropriation of $169,000
6. Date of Council consideration:2-24-26
7. Amount Budgeted For current year $ | Amount Spent to date $ | Additionals/ Transfers $
8. Current Balance: $
9. Justification for request: Invoice for Bridge 150 Indot
10. What options are available?
11. How will this affect your future budget? N
12. Does this affect the total number of personnel: N
13. If this is an additional position, please attach a job description N

_____ 1/20/2026

Signature of Department Head — Date

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

_____ _____

Auditor — Date

PRESCRIBED BY DEPARTMENT OF LOCAL GOVERNMENT FINANCE

Budget Form No. 1 (Rev. 2002)

ID	YEAR	CO	TYPE	KEY
		47		

BUDGET ESTIMATE FOR

School Liaison Grant Fund #9210 for Health Dept
(Office, Board, Commission, Department, Institution or Fund)

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

(If County Budget, Enter County Name)

For Calendar Year 2026

	Items	Total Estimate	Approved
1 PERSONAL SERVICES			
Salaries and Wages			
2			
21000 Office Supplies	8,000		
		8,000	
Operating Supplies			
Repair and Maintenance Supplies			
Other Supplies			
21100 Supplies for school outreach	10,000		
		10,000	
Total Supplies		18,000	

		Items	Total Estimate	Approved
3 OTHER SERVICES AND CHARGES				
Professional Services				
39601	Contract Services	5,081.37		
			5,081.37	
Communication and Transportation				
31200	Postage	390		
31300	Mileage/travel	2,500		
32500	Phone & Translation Services	2,510		
			5,400	
Printing and Advertising				
31305	Educational Materials, Ads, etc.	4,000		
			4,000	
Insurance				
32700	Malpractice	111		
			111	
Utility Services				
Repairs and Maintenance				
Rentals				
Debt Service				
Other Services and Charges				
37013	Community Partnerships	25,000.00		
37000	Membership dues and Educational Fees	3,000		
			28,000.00	
	Total Other Services and Charges		**42,592.37**	

		Items	Total Estimate	Approved
4 CAPITAL OUTLAYS				
Land				
Buildings				
Improvements Other Than Buildings				
Machinery and Equipment				
43100	Equipment (laptop, etc.)	10,000.00		
			10,000.00	
Other Capital Outlays				
	Total Capital Outlay		**10,000.00**	
	TOTAL BUDGET ESTIMATE		**70,592.37**	

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

School Liaison Grant Fund #9210 for Health Dept

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

for the calendar year 2025 for the purposes therein specified.

Dated this _____ day of _____

_____

_____

_____

_____

_____

_____

_____

Signature and Title of Officer(s) or Department Head