

CERTIFIED COPY OF ADDITIONAL APPROPRIATION

State Form 55819 (R4 / 2-19)
PRESCRIBED BY THE DEPARTMENT OF LOCAL GOVERNMENT FINANCE

Property Tax Levy (Line 16)							
Unit NAME: TOWN OF MUNSTER COUNTY NAME: LAKE Date of Publication (proorsh, day, year): 4252024 (proorsh, day, year): 4252024 (proorsh, day, year): 59/2004 Newspaper Name: The Times Date of Publication (proorsh, day, year): 4252024 (proorsh, day, year): 59/2004 Newspaper Name: The Times Date of Public Hearing (proorsh, day, year): 59/2004 Newspaper Name: The Times Complete a column for each fund for which the additional appropriations are being made. Values omitted from the sheet may impact the Department's review and approval of the request. Flows A and S should be completed using the fund number and fund name as island on the Fund Report of the Final 1762 Acidice issued by the Department. A D.GEF Land Number	Section I When reporting the appropriation of bond proceeds, complete St	ection I: lines A, B, C and 5 or	Section II; Section III; and Sect	tion IV.			
Date of Publication (month, day, year):							
Date of Publication (month, day, year): 425/2024 (month, day, year): 425/2024 (month, day, year): 599/2024 Date Resolution Passed (month, day, year): 159/2024 Date Resolution	UNIT NAME: TO	WN OF MUNSTER			Unit Number:	0507	
Date of Publish Hearing Newspaper Name: Newspaper Name: Newspaper Name: Date of Publish Hearing Newspaper Name: Date of Publish Hearing Newspaper Name: Date of Publish Hearing Newspaper Name: Date Name:					County Number:	45	
Date of Publish Hearing Newspaper Name: Newspaper Name: Newspaper Name: Date of Publish Hearing Newspaper Name: Date of Publish Hearing Newspaper Name: Date of Publish Hearing Newspaper Name: Date Name:	Date of Publication						
Date Public Hearing		The Times		_			
Date Pecceived Date Received					DLGF USE ONLY		
Complete Section Content Section Sec					Data Peceived		
Date Resolution Passed							
Condent Name					(
Complete a column for each fund for which the additional appropriations are being made. Values omitted from the sheet may impact the Department's review and approval of the request.					Order Number:		
Complete a column for each fund for which the additional appropriations are being made. Values omitted from the sheet may impact the Department is review and approval of the request.							
A. DLGF Fund Number	Section II					to a second	
A. DLGF Fund Number	Complete a column for each fund for which the additional approp	oriations are being made. Valu	ues omitted from the sheet may	impact the Department	t's review and approval of t	he request.	
Cumulative Capital	Rows A and B should be completed using the fund number and	fund name as listed on the Fu	ind Report of the Final 1782 No	tice issued by the Depa	artment.		
Cumulative Capital	A BLOSS IN I	2201	6604				
Development	A. DLGF Fund Number						
C. Appropriation Amount Requested	B. Fund Name						
D. Amount by Reduction (Enter as a positive number) New York of the Content of	C. Appropriation Amount Requested		\$100,000.00				
Property Tax Levy (Line 16)							
Property Tax Levy Cases Cline 15 Soc. Soc	E. Net Amount of Increase (C minus D)	\$10,000.00	\$100,000.00	\$0.00	\$0.00	\$0.00	
Property Tax Levy Cases Cline 15 Soc. Soc		2000 400 00	#0.00	60.00		\$0.00	
Section Sect						\$0.00	
A. LIT Levy Freeze Amount (Line 13B) \$0.00					\$0.00	\$0.00	
Standary Cash Balance (Include investments) \$55,635.00 \$3,085,577.00						\$0.00	
Sample S							
Substitution Fund Fund Fund Fund Substitution Substi		\$1,180,571.00					
Section Sect		\$2,228,328.00				\$0.00	
Section IV Section III Section IV Section III Section IV Section III Section III Section IV Section III Section IV Section III Section III Section IV Section IV Section IV Section IV Section III Section IV Section III Section IV Section III Section IV Section IV Section IV Section IV Section IV Section III Section III Section IV Section III Section IV Section III Section IV Section I						\$0.0 \$0.0	
11. Encumbered Appropriations Carried Forward From Previous Year 12. Temporary Loans Outstanding as of January 1 \$0.00 \$				\$0.00	\$0,00	φυ.υ	
Previous Year 12. Temporary Loans Outstanding as of January 1 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$13. Beginning Obligations (Add 10 thru 12) \$927,088.00 \$2,645,640.00 \$0.00 \$0.00 \$14. Surplus Funds (9 minus 13) \$1,301,260.00 \$522,349.00 \$0.00 \$0.00 \$15. Previous additional appropriation(s) approved since January 1, less any reductions in appropriations. \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$15. Amount transferred to the Rainy Day Fund (See Note #2) \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$17. Surplus Funds Remaining (14 minus 15 minus 16) \$1,301,260.00 \$522,349.00 \$0.00 \$0.00 \$0.00 \$17. Surplus Funds Remaining (14 minus 15 minus 16) \$1,301,260.00 \$522,349.00 \$0.00 \$0.00 \$0.00 \$17. Surplus Funds Remaining (14 minus 15 minus 16) \$1,301,260.00 \$522,349.00 \$0.00 \$0.00 \$0.00 \$17. Surplus Funds Remaining (14 minus 15 minus 16) \$1,301,260.00 \$522,349.00 \$0.00 \$0.00 \$0.00 \$17. Surplus Funds Remaining (14 minus 15 minus 16) \$1,301,260.00 \$522,349.00 \$0.00 \$0.00 \$0.00 \$17. Surplus Funds Remaining (14 minus 15 minus 16) \$1,301,260.00 \$1,301,260.00 \$17. Surplus Funds Remaining (14 minus 15 minus 16) \$1,301,260.00 \$1,301,260.00 \$1,301,260.00 \$17. Surplus Funds Remaining (14 minus 15 minus 16) \$1,301,260.00 \$1,301,260.00 \$1,301,260.00 \$1,301,260.00 \$17. Surplus Funds Remaining (14 minus 15 minus 16) \$1,301,260.00 \$1,3		\$927,068.00	\$2,645,640.00				
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1, less any reductions in appropriations. \$0.00	14. Surplus Funds (9 minus 13)		\$522,349.00	\$0.00	\$0.00	\$0.0	
Section II			20.00	20.00	go 00	\$0.0	
17. Surplus Funds Remaining (14 minus 15 minus 16) \$1,301,260,00 \$522,349,00 \$0.00						\$0.0	
Note #1: If amount report on Row 5 is higher than 8B amount, then a revised Budget Form 2 must be attached with the Additional Appropriation Request. Note #2: Row 16 cannot be used for additional appropriations for the rainy day fund. Transfers to the rainy day fund are entered as miscellaneous revenues on Line 5. Section III Please check the requested method for the Department to inform your unit of the status of the Additional Appropriation Request. Check One: Follow Up Via E-mail Follow Up Via Mail Mailing Address (Number, Street, City, State, ZIP Code) Section IV						\$0.0	
Note #2: Row 16 cannot be used for additional appropriations for the rainy day fund. Transfers to the rainy day fund are entered as miscellaneous revenues on Line 5. Section III Please check the requested method for the Department to inform your unit of the status of the Additional Appropriation Request. Check One: Follow Up Via E-mail Follow Up Via Mail Mailing Address (Number, Street, City, State, ZIP Code) Section IV	17. Surplus Funds Remaining (14 minus 15 minus 16)	t then a revised Budget Fo	rm 2 must be attached with the				
Please check the requested method for the Department to inform your unit of the status of the Additional Appropriation Request. Check One: Follow Up Via E-mail Follow Up Via Mail Follow Up Via Mail Mailing Address (Number, Street, City, State, ZIP Code) Section IV	Note #1: If amount report on Row 5 is higher than 8B amount	t then a revised Budget Fo	rm 2 must be attached with the	ne Additional Appropriate entered as miscel	riation Request. Ilaneous revenues on Lin	e 5.	
Check One: Follow Up Via E-mail Follow Up Via Mail Follow Up Via Mail Mailing Address (Number, Street, City, State, ZIP Code) Section IV							
Follow Up Via E-mail wmis@munster.in.gov; pabbott@munster.in.gov E-mail Address(es) Mailing Address (Number, Street, City, State, ZIP Code) Section IV	Please check the requested method for the Department to inform	n your unit of the status of the	Additional Appropriation Reque	est.			
Follow Up Via E-mail Follow Up Via Mail Follow Up Via Mail Mailing Address (Number, Street, City, State, ZIP Code) Section IV							
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Follow Up Via Mail Mailing Address (Number, Street, City, State, ZIP Code) Section IV		.in.gov ; pabbott@mi	unster.in.gov				
Section IV	Follow Up Via Mail				46		
	Mailing Address (Num.	ber, Street, City, State, ZIP C	ode)				
	Section IV						
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Completed additional appropriation requests may be submitted to the Department via e-ma Additional Appropriation Requests@dlgf.in.gov or via fax (317) 974-1629.