

ORDINANCE OR RESOLUTION FOR APPROPRIATIONS AND TAX RATES

State Form 55865 (7-15)
 Approved by the State Board of Accounts, 2015
 Prescribed by the Department of Local Government Finance

Budget Form No. 4
 Generated 10/2/2024 2:12:14 PM

Ordinance / Resolution Number: 2024-07

Be it ordained/resolved by the **Town of Monon** that for the expenses of **MONON CIVIL TOWN** for the year ending December 31, **2025** the sums herein specified are hereby appropriated and ordered set apart out of the several funds herein named and for the purposes herein specified, subject to the laws governing the same. Such sums herein appropriated shall be held to include all expenditures authorized to be made during the year, unless otherwise expressly stipulated and provided for by law. In addition, for the purposes of raising revenue to meet the necessary expenses of **MONON CIVIL TOWN**, the property tax levies and property tax rates as herein specified are included herein. Budget Form 4-B for all funds must be completed and submitted in the manner prescribed by the Department of Local Government Finance.

This ordinance/resolution shall be in full force and effect from and after its passage and approval by the **Town of Monon**.

Name of Adopting Entity / Fiscal Body	Type of Adopting Entity / Fiscal Body	Date of Adoption
Town of Monon	Town Council	10/02/2024

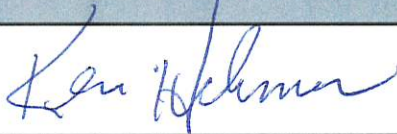
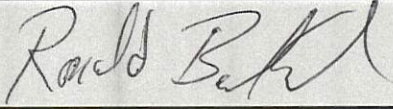

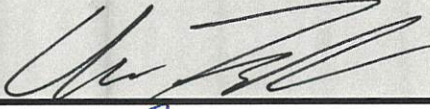

Funds				
Fund Code	Fund Name	Adopted Budget	Adopted Tax Levy	Adopted Tax Rate
0005	CASINO/RIVERBOAT	\$20,000	\$0	0.0000
0061	RAINY DAY	\$30,000	\$0	0.0000
0101	GENERAL	\$1,016,275	\$333,306	0.7402
0706	LOCAL ROAD & STREET	\$15,000	\$0	0.0000
0708	MOTOR VEHICLE HIGHWAY	\$295,410	\$150,000	0.3331
1151	CONTINUING EDUCATION	\$6,800	\$0	0.0000
1301	PARK & RECREATION	\$157,450	\$100,000	0.2221
2379	CUMULATIVE CAPITAL IMP (CIG TAX)	\$10,000	\$0	0.0000
2391	CUMULATIVE CAPITAL DEVELOPMENT	\$50,000	\$18,352	0.0346
2411	ECONOMIC DEV INCOME TAX CEDIT	\$65,000	\$0	0.0000
		\$1,665,935	\$601,658	1.3300

Home-Ruled Funds (Not Reviewed by DLGF)		
Fund Code	Fund Name	Adopted Budget
9500	American Rescue Plan	\$0
9501	Opioid Settlement Unrestricted	\$2,500
9502	Opioid Settlement Restricted	\$6,000
		\$8,500

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Name		Signature
Ken Hickman	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
Ron Benakovich	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
Toni Onken	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
Chris Franklin	Aye <input type="checkbox"/> Nay <input type="checkbox"/> Abstain <input checked="" type="checkbox"/>	
Jamie Myers	Aye <input type="checkbox"/> Nay <input type="checkbox"/> Abstain <input checked="" type="checkbox"/>	

ATTEST

Name	Title	Signature
Annette Sipkema	Clerk-Treasurer	

MAYOR ACTION (For City use only)

Name		Signature	Date
	Approve <input type="checkbox"/> Veto <input type="checkbox"/>		

In accordance with IC 6-1.1-17-16(k), we state our intent to issue debt after December 1 and before January 1

Yes No

In accordance with IC 6-1.1-17-16(k), we state our intent to file a shortfall appeal after December 1 and before December 31

Yes No