RESOLUTION 2023-17

ADDITIONAL APPROPRIATION RESOLUTION FOR HUSSEY-MAYFIELD MEMORIAL PUBLIC LIBRARY

It has been determined that it is now necessary to appropriate more money than was appropriated in the annual budget; now therefore:

Be it resolved by the Zionsville Town Council, Boone County, Indiana, that for the expenses of the Hussey-Mayfield Memorial Public Library the following additional sums of money are hereby appropriated out of the funds named and for the purposes specified, subject to the laws governing the same:

FUND NAME	PURPOSE SPECIFIED	AMOUNT REQUESTED	AMOUNT APPROVED
LIRF	Other services and charges	$100,000	$ 100,000
Supplemental LIT	Other services and charges	$257,312	$ 257,312
Rainy Day	Other services and charges	$350,000	$ 350,000
Total of all Funds		$707,312	$ 707,312

Adopted this 18th day of September, 2023.

	AYE	NAY
ason Plunkett		
Brad Burk		
Alex Choi		
Joe Culp		
sh Garrett		
aig Melton		
tryan Traylor		

Attestation:

Amelia Anne Lacy, Secretary

I hereby certify that the foregoing Resolution was delivered to Town of Zionsville Mayor Emily Styron on the _18th_____ day of _September_____ 2023 at _11:00_____ a.m./p.m.

ATTEST: _____
Amelia Anne Lacy,
Municipal Relations Coordinator

MAYOR'S APPROVAL

_____ 9/19/23
Emily Styron, Mayor **DATE**

MAYOR'S VETO

_____
Emily Styron, Mayor **DATE**

Resolution 2023-17

Hussey Mayfield

Hussey-Mayfield Memorial Public Library
(Governmental Unit)
Boone County, Indiana

ATTACH COPY OF ADVERTISEMENT HERE

PUBLISHER'S CLAIM

TLR- 680

Ad # 1848007

LINE COUNT

Display Master (Must not exceed two actual lines, neither of which shall total mor
more than four solid lines of the type in which the body of the
advertisement is set) - number of equivalent lines

Head - number of lines .....

Body - number of lines .....

Tail - number of lines .....

Total number of lines in notice .....

COMPUTATION OF CHARGES

88 lines, 3 columns wide equals

264 equivalent lines at 0.5414 cents per line .....

Additional charge for notices containing rule or tabular work
(50 percent of above amount) .....

Charge for extra proofs of publication
($1.00 for each proof in excess of two) .....

Total Amount of Claim .....

DATA FOR COMPUTING COST

Width of single column in picas 9.9 Size of type 7 point.

Number of insertions 1

$ 707,312

Pursuant to the provisions and penalties of IC 5-11-10-1, I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

I also certify that the printed matter attached hereto is a true copy, of the same column width and type size, which was duly published in said paper 1 times. The dates of publication being as follows:

7-Sep-23

Additionally, the statement checked below is true and correct:

_____ Newspaper does not have a Web site.

__x__ Newspaper has a Web site and this public notice was posted on the same day as it was published in the newspaper.

_____ Newspaper has a Web site, but due to technical problem or error, publish notice was posted on _____

_____ Newspaper has a Web site but refuses to post the public notice.

Date: September 7, 2023

Title: Legal Advertising Clerk

NOTICE TO TAXPAYERS OF ADDITIONAL APPROPRIATIONS
PUBLIC HEARING INFORMATION

Taxing Unit Name:	Hussey-Mayfield Memorial Public Library
County:	Boone
Governing /Fiscal Body:	Zionsville Town Council
Address/Location of Public Hearing:	1100 W Oak Street Zionsville, IN 46077
Date of Public Hearing	18/09/2023
Time of Public Hearing	7:30 AM

FUND INFORMATION

Fund Name: Supplemental LIT (Local Income Tax)

Budget Classification	Additional Amounty Requested
Personal Services	$
Supplies	$
Other Services and Charges	$257,312
Township Assistance	$
Debt Service	$
Capital Outlays	$
Fund Total:	$257,312

FUND INFORMATION

Fund Name: LIRF (Library Improvement Reserve Fund)

Budget Classification	Additional Amount Requested
Personal Services	$
Supplies	$
Other Services and Charges	$100,000
Township Assistance	$
Debt Service	$
Capital Outlays	$
Fund Total:	$100,000

FUND INFORMATION

Fund Name: Rainy Day

Budget Classification:	Additional Amount Requested
Personal Services	$
Supplies	$
Other Services and Charges	$350,000
Township Assistance	$
Debt Service	$
Capital Outlays	$
Fund Total	$350,000

ACKNOWLEDGEMENT OF INFORMATION

/s/ Signature of Fiscal Officer
Date 05/09/2023
TLR-680 9/7 hepaxlp 1848007

LEGAL ADVERTISING

See table of legal rates in the applicable State Board of Accounts Bulletin

Claim No. _____ Warrant No. _____

IN FAVOR OF

_____

_____

$_____

ON ACCOUNT OF APPROPRIATION FOR

_____

Appropriation No. _____

_____

ALLOWED _____, _____

IN THE SUM OF $_____

_____

_____

_____

_____

_____

_____

I have examined the within claim and hereby certify as follows:

That it is in proper form.

That it is duly authenticated as required by law.

That it is based upon statutory authority.

That it is apparently correct / incorrect

_____

I certify that the within claim is true and correct; that the services there in itemized and for which charge is made were ordered by me and were necessary to the public business

_____

_____, _____

_____

Attest