

AGENDA
JOHNSON COUNTY COUNCIL
APRIL 14, 2003

7:00 p.m. - Regular Meeting

- I. ROLL CALL**
- II. PLEDGE OF ALLEGIANCE**
- III. INVOCATION**
- IV. APPROVAL OF 4/14/03 AGENDA**
- V. APPROVAL OF 3/10/03 MINUTES**
- VI. PUBLIC COMMENTS**
- VII. JOHNSON COUNTY PUBLIC LIBRARY**
 - Appointment to the Johnson County Public Library
 - Discussion of the Proposed Library Capital Projects Fund
- VIII. SALARY ORDINANCE AMENDMENTS, ADDITIONAL APPROPRIATIONS, REDUCTIONS, & TRANSFERS:**
 - 1. ANIMAL SHELTER DONATION FUND – (262)
#262-200.0 – Claims \$ 2,000.00
 - 2. ELECTRONIC MAP GENERATION FUND – (905)
#905-210.0 – Claims \$ 6,000.00
 - 3. PLEASANT TOWNSHIP ASSESSOR – (112)
#112-410.0 – Office Equipment \$ 2,188.00
 - 4. DUI GRANT 10/1/02 – 9/30/03 – (365)
#365-310.0 – Professional Services \$ 23,958.00
 - 5. OPERATION PULL OVER 10/1/02-9/30/03 – (366)
#366-310.0 – Professional Services \$ 23,058.30
 - 6. PROSECUTOR DEFERRAL PROGRAM – (327)
#327-313.0 – Deferral Program Participants \$ 918.00
 - 7. REGIONAL GANG GRANT – 4/1/03-3/31/04 (270)
 - #270-100.0 – Deputy Prosecutor \$50,000.00 \$ 50,000.00
 - #270-142.0 – Social Security \$ 3,825.00
 - #270-143.0 – PERF \$ 4,000.00
 - #270-144.0 – Insurance \$ 3,077.00
 - #270-210.0 – Reimbursement to Marion County \$ 57,850.00
 - #270-215.0 – Operating Supplies \$ 1,600.00

	#270-216.0 – Witness Fees	\$ 2,500.00
	#270-310.0 – Travel & Training	\$ 2,198.00
	#270-315.0 – Communications	\$ 4,100.00
	#270-410.0 – Office Equipment	\$ 2,000.00
	#270-415.0 – Vehicles	\$ 45,176.00
8.	<u>PRETRIAL DIVERSION PROGRAM – (286)</u>	
	#286-200.0 – Claims	\$ 2,927.75
9.	<u>VICTIM ASSISTANCE 7/1/02-6/30/03 –(305)</u>	
	From: #305-111.0 – Director	(\$ 5,849.76)
	To: #305-215.0 – Operating Supplies (new line item)	\$ 4,500.00
	To: #305-315.0 – Travel & Training (new line item)	\$ 1,349.76
10	<u>JAIL – (124)</u>	
	#124-309.0 – Hospital/Medical	\$ 80,000.00
	#124-315.0 – Professional Services	\$ 5,000.00

IX. OLD BUSINESS

X. NEW BUSINESS

1. Sonoco Flexible Packaging – Approval of the Compliance with Statement of Benefits Form (CF-1)