

**ORDINANCE 2020-6**

**AN ORDINANCE TO MAKE INTERFUND TRANSFERS AND REALLOCATIONS (SUPPLEMENTAL APPROPRIATIONS) WITHIN THE FUNDS FOR THE NORMAL EXPENSES AND OTHER EXPENDITURES OF THE CITY OF ST. CLAIRSVILLE, STATE OF OHIO, FOR THE PERIOD JANUARY 1, 2020 THROUGH DECEMBER 31, 2020, AND DECLARING AN EMERGENCY**

**NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF ST. CLAIRSVILLE, OHIO:**

**SECTION 1:** That to provide for the normal expenses and other expenditures of the said City of St. Clairsville, Ohio, for the period January 1, 2020 through December 31, 2020, the attached line item transfers are required:

SEE ATTACHED UAN REPORTS

**Interfund Transfers**

Transfer of \$140,000 from 1000-910-910 (Trans Out) to 2041-931-000(Trans In)

Transfer of \$300,000 from 1000-910-910 (Trans Out) to 2901-931-000(Trans In)

Transfer of \$300,000 from 1000-910-910 (Trans Out) to 2011-931-000(Trans In)

**Inside Fund Supplemental Appropriations**

See attached UAN Report

**SECTION 2:** That this Ordinance is necessary for the immediate preservation of the public peace, health, and safety of the residents of the City, so that the City can maintain normal operations.

**SECTION 3:** That this Ordinance shall take effect and be in force from and after the earliest period allowed by the Charter of the City of St. Clairsville, Ohio.

Passed: \_\_\_\_\_

Approved: \_\_\_\_\_

\_\_\_\_\_  
**President of Council**

\_\_\_\_\_  
**Mayor**

**Post Interfund Transfers**

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Transfer #:	<b>29</b>	Status:	Open
Post Date:	02/17/2020	Approval:	
Tran Date:	02/07/2020	Approval Date:	
Amount:	\$300,000.00	Void Date:	
From Fund:	1000		
From Account:	1000-910-910-0000		
To Fund:	2011		
To Account:	2011-931-0000		
Reason:	cover cost		

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Transfer #:	<b>30</b>	Status:	Open
Post Date:	02/17/2020	Approval:	
Tran Date:	02/07/2020	Approval Date:	
Amount:	\$140,000.00	Void Date:	
From Fund:	1000		
From Account:	1000-910-910-0000		
To Fund:	2041		
To Account:	2041-931-0000		
Reason:	cover costs		

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Transfer #:	<b>31</b>	Status:	Open
Post Date:	02/17/2020	Approval:	
Tran Date:	02/07/2020	Approval Date:	
Amount:	\$300,000.00	Void Date:	
From Fund:	1000		
From Account:	1000-910-910-0000		
To Fund:	2901		
To Account:	2901-931-0000		
Reason:	cover costs		

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CITY OF ST. CLAIRSVILLE, BELMONT COUNTY  
**Appropriation Supplemental**  
 February 2020

2/7/2020 10:25:39 AM  
 UAN v2020.1

Post Date	Transaction Date	Account Code	Amount	Resolution Number	Type	Purpose	Budgetary Correction
02/17/2020	02/07/2020	2901-110-433-0000	\$20,000.00		Permanent		No
02/17/2020	02/07/2020	2901-800-550-0000	-\$20,000.00		Permanent		No