

APPENDIX

TOWNSHIP FORMS

1C	(2023)	Financial and Appropriation Record
6	(Revised 1967)	Township Trustee Check
14	(Revised 1955)	Trustee's General Record
16	(2006)	Township Trustee's Receipt
17	(Revised 2020)	Resolution Establishing Salaries of Township Officers and Employees

TOWNSHIP ASSISTANCE FORMS

TA-1	(Revised 2004)	Application For Township Assistance
TA-1A	(Revised 2004)	Notice of Township Assistance Action
TA-1B	(Revised 2004)	Application For Additional or Continuing Township Assistance
TA-2	(Revised 2004)	Township Assistance Purchase Order

GENERAL FORMS

86	(1947)	Contractor's Combination Bid Bond & Bond for Construction
96	(2013)	Contractor's Bid for Public Work
98	(1998)	Purchase Order
99	(1993)	Payroll Schedule and Voucher
101	(1955)	Mileage Claim
350	(1982)	Register of Investments
369	(2019)	Capital Assets Ledger
370	(1997)	Receipt Register

SUGGESTED FORMATS

Not Required	Index to Specifications
Not Required	Checklist for Invitation for Bids
Not Required	Bid Record for Invitation for Bids
Not Required	Register of Proposals
Not Required	Special Purchase Contract File List
Not Required	Non-Collusion Affidavit

	A	B	C	D	E	F	G	H	I	J	K	L	
1					Financial and Appropriation Record								
2						TOTAL OF ALL FUNDS			TOWNSHIP FUND				
3													
4		Date	Voucher Number	Name	Nature of Receipt or Disbursement	Received A-1	Disbursed A-2	Balance A-3	Received B-1	Disbursed B-2	Balance B-3	Personal Services 1	
5	1	ORIGINAL APPROPRIATIONS AND ADDITIONAL APPROPRIATIONS - TOTAL FOR YEAR											
6	2	<i>Totals Carried Forward from line 35 of Proceeding Page</i>											
7	3												
8	4												
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37	33												
38	34												
39	35	<i>Total All Columns and Carry Forward to Line 2 on Next Page</i>											
40	Memorandum	<i>Deduct Line 35 from Line 1 for Appropriation Balance - Do Not Carry Forward</i>											

SAMPLE

	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA
1															
2	TOWNSHIP FUND APPROPRIATIONS						TOWNSHIP ASSISTANCE FUND				TOWNSHIP ASSISTANCE FUND				
3	General Government				Other Disbursements						Administration			Direct As	
4	Supplies and Advertising 2	Other Services and Charges 3	Capital Outlay 4	Debt Service		Investments Purchased 5	Interfund Transfers 6	Received C-1	Disbursed C-2	Balance C-3	Personal Services 1	Supplies 2	Other Services & Charges 3	Capital Outlay 4	Medical, Hospital, and Burial 5
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SAMPLE

	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP
1															
2	APPROPRIATIONS				FIREFIGHTING FUND			FIREFIGHTING FUND APPROPRIATIONS						CUMULATIVE FIREFI	
3	Assistance	Other	Other Disbursements					Public Safety			Other Disbursements			BUILDING AND EQUIPM	
4	Other Direct Relief 6	Other Assistance 7	Investments Purchased 8	Interfund Transfers 9	Received D-1	Disbursed D-2	Balance D-3	Personal Services 1	Supplies 2	Other Services & Charges 3	Capital Outlay 4	Investments Purchased 5	Interfund Transfers 6	Received E-1	Disbursed E-2
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SAMPLE

	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE
1															
2	RIGHTING	CUMULATIVE FIRE FUND APPROPRIATIONS				RAINY DAY FUND			RAINY DAY FUND FUND APPROPRIATIONS						LEV
3	MENT FUND	Appropriations		Other Disbursements					Appropriations			Other Disbursements			
4	Balance E-3	Capital Outlay 4		Investments Purchased 5	Interfund Transfers 6	Received F-1	Disbursed F-2	Balance F-3	Personal Services 1	Supplies 2	Other Services & Charges 3	Capital Outlay 4	Investments Purchased 5	Interfund Transfers 6	Received G-1
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SAMPLE

	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS	BT
1															
2	EXCESS FUND		APPROPRIATIONS				FUND APPROPRIATIONS								
3			Other Disbursements				FUND			Other Disbursements					
4	Disbursed G-2	Balance G-3		Interfund Transfers 6	Received H-1	Disbursed H-2	Balance H-3	Personal Services 1	Supplies 2	Other Services & Charges 3	Capital Outlay 4	Investments Purchased 5	Interfund Transfers 6	Received I-1	Disbursed I-2
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SAMPLE

	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CI
1															
2		FUND APPROPRIATIONS						FUND			FUND				
3	FUND	Other Disbursements					FUND			FUND					
4	Balance I-3	Personal Services 1	Supplies 2	Other Services & Charges 3	Capital Outlay 4	Investments Purchased 5	Interfund Transfers 6	Received J-1	Disbursed J-2	Balance J-3	Appropriation	Received K-1	Disbursed K-2	Balance K-3	Appropriation
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SAMPLE

	CJ	CK	CL	CM	CN	CO	CP	CQ	CR	CS	CT	CU	CV	CW	CX
1															
2	FUND				DEDUCTIONS FROM SALARIES AND WAGES										
3	FUND				DEDUCTIONS FROM SALARIES AND WAGES										
4	Received L-1	Disbursed L-2	Balance L-3	Appropriation	Federal Withholding Tax M-1	FICA Taxes M-2	State Withholding M-3	Local Withholding Tax M-4	M-5	M-6	M-7	M-8	Disbursed from Columns M-1 to M-8 M-9	Balance of Deductions M-10	
5															1
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40															

SAMPLE

HOURS WORKED	GROSS PAY	FEDERAL W/TAX	SOCIAL SEC.	STATE W/TAX	INSUR- ANCE				NET PAY	PERIOD ENDING	EMPLOYEE DETACH AND RETAIN

PRESCRIBED BY STATE BOARD OF ACCOUNTS TWP. FORM NO. 6 (REV. 1967)

This Warrant Void Two (2) Years After Dec. 31 of the Year of Issue. Number _____

Approp. No. _____ \$ _____
Approp. No. _____ \$ _____
Approp. No. _____ \$ _____

Pay to the Order of _____ Fund _____, 20____

_____ \$ _____

_____ Dollars

For _____

TRUSTEE OF ABOVE-NAMED TOWNSHIP

HOURS WORKED	GROSS PAY	FEDERAL W/TAX	SOCIAL SEC.	STATE W/TAX	INSUR- ANCE				NET PAY	PERIOD ENDING	COUNTY AUDITOR'S COPY

PRESCRIBED BY STATE BOARD OF ACCOUNTS TWP. FORM NO. 6 (REV. 1967)

Number _____

Approp. No. _____ \$ _____
Approp. No. _____ \$ _____
Approp. No. _____ \$ _____

Paid To: _____ Fund _____, 20____

_____ \$ _____

_____ Dollars

For _____

I certify this to be the exact sum received and that it is for the purpose herein stated; that no part of said sum has been retained by, returned to, or has been directly or indirectly agreed to be returned to, the Trustee or any other person.

VOUCHER - to accompany the Annual Report and be filed with County Auditor after close of year. Signed: _____ PAYEE

HOURS WORKED	GROSS PAY	FEDERAL W/TAX	SOCIAL SEC.	STATE W/TAX	INSUR- ANCE				NET PAY	PERIOD ENDING	OFFICE COPY

PRESCRIBED BY STATE BOARD OF ACCOUNTS TWP. FORM NO. 6 (REV. 1967)

Number _____

Approp. No. _____ \$ _____
Approp. No. _____ \$ _____
Approp. No. _____ \$ _____

Paid To: _____ Fund _____, 20____

_____ \$ _____

_____ Dollars

For _____

Posted to Financial and Appropriation Record _____

NON - NEGOTIABLE

Prescribed by State Board of Accounts

RECORD OF LEASE CONTRACTS AND

NOTE: Use General Form No. 53 for Record of Bonded Indebtedness

	Nature of Instrument 1	Date of Issue 2	To Whom Payable 3	Purpose of Issue 4
1				
2				

(Columnar Headings for Left Hand Side of Sheet)

SAMPLE

Township Form No. 14 (Rev. 2006) - Ruling C

INDEBTEDNESS OTHER THAN BONDS

	Rate of Interest 5	Due Date of Final Payment 6	Total Amount Payable 7	PAYMENTS ON PRINCIPAL			INTEREST PAYMENTS		
				Date 8	Amount 9	Balance Due 10	Date 11	Amount 12	
1									1
2									2

(Columnar Headings for Right Hand Side of Sheet)

Prescribed by State Board of Accounts

TOWNSHIP TRUSTEE'S

	Policy Number 1	Name of Insurance Company 2	Property Covered 3	Kind of Insurance (show % of coinsurance, if any) 4	Date of Policy 5
1		Premiums Payable by Years Brought Forward			
2					

(Columnar Headings for Left Hand Side of Sheet)

Township Form No. 14 (Rev. 2006) - Ruling B

INSURANCE RECORD

	Expiration Date of Policy 6	Amount of Insurance 7	Total Premium Payable 8	PREMIUMS PAYABLE BY YEARS						
				20	20	20	20	20		
				9	10	11	12	13		
1										1
2										2

(Columnar Headings for Right Hand Side of Sheet)

Note: The last line of this form is to be ruled for totals in columns 9, 10, 11, 12 and 13, and the words "Premiums Payable by Years Carried Forward" is to be printed on this last line.

RECEIPT

Office of Township Trustee

NO. _____

_____ IN _____, 20____

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

RECEIVED FROM _____ \$ _____
 THE SUM OF _____ DOLLARS
 ON ACCOUNT OF _____ 100

SAMPLE

Township Trustee

(Original)

NO. _____

Date Issued _____
 Issued To _____

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

ON ACCOUNT OF _____

SAMPLE

Township Trustee

Amount of Receipt

(Duplicate)

RESOLUTION
ESTABLISHING SALARIES OF TOWNSHIP OFFICERS AND EMPLOYEES

BE IT RESOLVED by the Township Board of _____ Township
_____ County, Indiana,

That pursuant to IC 36-6-6-10(c), the salaries stated below are fixed for the officers and employees of the township
year _____.

Table with 4 columns: POSITION OF OFFICE, Number of Positions, Rate of Compensation, Per *. Rows include Township Trustee, Township Clerk, Members of the Township Board, Fire Department Personnel, Township Assistance Personnel, Supervisors of Investigators, Investigators, Supervisors of Other Assistants, Other Assistants, and Other Employees (Detail).

SAMPLE

ADOPTED this _____ day of _____, _____.

Attest: _____
Township Trustee

Members of the Township Board

* Show: per year, per month, per day, etc.
Include in this resolution ALL officers and employees of the township.

Application for Township Assistance

Note: Social Sec. #'s are optional.

PHONE NUMBER () -	APPLICATION DATE / /	APPLICATION TIME : : <input type="checkbox"/> AM <input type="checkbox"/> PM	CASE NUMBER
AREA ### ####	MM DD YY	HH MM (total:)	office use only

Applicant's Full Name			Social Security #	Date of Birth
<input type="checkbox"/> male <input type="checkbox"/> female			- -	/ /
LAST	FIRST	MI	optional	MM DD YY

Other Adult's Full Name			Social Security #	Date of Birth
<input type="checkbox"/> male <input type="checkbox"/> female			- -	/ /
LAST	FIRST	MI	optional	MM DD YY

Other Adult's Full Name			Social Security #	Date of Birth
<input type="checkbox"/> male <input type="checkbox"/> female			- -	/ /
LAST	FIRST	MI	optional	MM DD YY

Current Address				Months Years
Street Address / P.O. Box	Apt. #	City, State	Zip	How Long

Previous Address				Months Years
Street Address / P.O. Box	Apt. #	City, State	Zip	How Long

QUESTION	APPLICANT	OTHER ADULT	OTHER ADULT
What is your housing status?	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other
What is your marital status?	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed

This office does not discriminate on the basis of race, color, national origin, sex, religion, age, or handicap status. Anyone needing special aid, readers, or interpreters, please notify us at least 48 hours in advance.

In the following table, list ALL persons living within this household. For EACH person check the relationship to the applicant and ALL income sources for that person. Signature, affirming income, required of all household members eighteen (18) and older.

Note: Social Sec. #'s are optional.

Person's Name	Relationship	Income Source	Amount (monthly)
_____ Print _____ Signature	<input type="checkbox"/> Yourself <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	<input type="checkbox"/> No Income <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Veteran's Insurance <input type="checkbox"/> Strike Benefits <input type="checkbox"/> Wages <input type="checkbox"/> AFDC <input type="checkbox"/> Pension <input type="checkbox"/> Support <input type="checkbox"/> Gifts <input type="checkbox"/> Other	
_____ Print _____ Signature	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	<input type="checkbox"/> No Income <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Veteran's Insurance <input type="checkbox"/> Strike Benefits <input type="checkbox"/> Wages <input type="checkbox"/> AFDC <input type="checkbox"/> Pension <input type="checkbox"/> Support <input type="checkbox"/> Gifts <input type="checkbox"/> Other	
_____ Print _____ Signature	<input checked="" type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	<input type="checkbox"/> No Income <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Veteran's Insurance <input type="checkbox"/> Strike Benefits <input type="checkbox"/> Wages <input type="checkbox"/> AFDC <input type="checkbox"/> Pension <input type="checkbox"/> Support <input type="checkbox"/> Gifts <input type="checkbox"/> Other	
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_____ Print _____ Signature	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	<input type="checkbox"/> No Income <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Veteran's Insurance <input type="checkbox"/> Strike Benefits <input type="checkbox"/> Wages <input type="checkbox"/> AFDC <input type="checkbox"/> Pension <input type="checkbox"/> Support <input type="checkbox"/> Gifts <input type="checkbox"/> Other	
_____ Print _____ Signature	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	<input type="checkbox"/> No Income <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Veteran's Insurance <input type="checkbox"/> Strike Benefits <input type="checkbox"/> Wages <input type="checkbox"/> AFDC <input type="checkbox"/> Pension <input type="checkbox"/> Support <input type="checkbox"/> Gifts <input type="checkbox"/> Other	

Total adults in the household: _____ Total children in the household: _____
 Total of ALL persons living in the household: _____
 Total GROSS income received in the household last 30 days: \$ _____

Does anyone live in this household temporarily or occasionally? YES NO
 If YES, who and how often: _____

List all motorized vehicles owned by ANY person in this household:

Type: _____ (Car/Truck/Boat/Motorcycle) Year: _____ Make: _____
 Type: _____ (Car/Truck/Boat/Motorcycle) Year: _____ Make: _____
 Type: _____ (Car/Truck/Boat/Motorcycle) Year: _____ Make: _____

QUESTION	APPLICANT	OTHER ADULT	OTHER ADULT
----------	-----------	-------------	-------------

What is your income status?	name: _____ <input type="checkbox"/> Wages Stopped <input type="checkbox"/> Waiting on Income <input type="checkbox"/> Receiving Income <input type="checkbox"/> No Income	name: _____ <input type="checkbox"/> Wages Stopped <input type="checkbox"/> Waiting on Income <input type="checkbox"/> Receiving Income <input type="checkbox"/> No Income	<input type="checkbox"/> Wages Stopped <input type="checkbox"/> Waiting on Income <input type="checkbox"/> Receiving Income <input type="checkbox"/> No Income
------------------------------------	--	--	---

What is your employment status?	<input type="checkbox"/> Currently working <input checked="" type="checkbox"/> Laid off on: _____ <input type="checkbox"/> Never worked <input type="checkbox"/> Quit: * <input type="checkbox"/> Fired: * <input type="checkbox"/> Sick Leave <input type="checkbox"/> Maternity Leave <input type="checkbox"/> On strike <input type="checkbox"/> Trying to find work	<input type="checkbox"/> Currently working <input type="checkbox"/> Laid off on: _____ <input type="checkbox"/> Never worked <input type="checkbox"/> Quit: * <input type="checkbox"/> Fired: * <input type="checkbox"/> Sick Leave <input type="checkbox"/> Maternity Leave <input type="checkbox"/> On strike <input type="checkbox"/> Trying to find work	<input type="checkbox"/> Currently working <input type="checkbox"/> Laid off on: _____ <input type="checkbox"/> Never worked <input type="checkbox"/> Quit: * <input type="checkbox"/> Fired: * <input type="checkbox"/> Sick Leave <input type="checkbox"/> Maternity Leave <input type="checkbox"/> On strike <input type="checkbox"/> Trying to find work
--	---	--	--

* answers require explanation below

* _____

Other Financial Information

	Applicant		Other Adult		Other Adult	
Do you have life insurance?	Yes	No	Yes	No	Yes	No
Do you have another type of insurance?	Yes	No	Yes	No	Yes	No
Do you have any investment holdings? (Stocks, Bonds, CD's, IRA's)	Yes	No	Yes	No	Yes	No
Do you have any cash on hand? If YES, give amount	Yes	No	Yes	No	Yes	No
Do you have a checking account?	Yes	No	Yes	No	Yes	No
Do you have a savings account? If YES, give name of each bank and current balance	Yes	No	Yes	No	Yes	No

Does anyone in the household have any claims, including lawsuits, against a person, insurance company, employer, or government agency from which you (they) expect to receive a recovery (money)? YES NO
 If yes, explain: _____

PROPERTY OWNERSHIP			
	Applicant	Other Adult	Other Adult
Do you own any property?	YES NO	YES NO	YES NO
If YES, address: _____			
Name of mortgage company: _____			
Amount of mortgage payment: _____			
Number of years owned: _____ Approximate market value of home: _____			

RENTAL HISTORY	
Number of adults on the lease: _____	Co-lessee's name (if any): _____
Name of apartment complex or landlord: _____	
Address of complex or landlord: _____	
Phone number of complex or landlord: _____	
What date did you move into this rental unit: _____	Monthly rent amount: _____
Is anyone in the household related to the landlord? YES NO If yes, state relationship: _____	
Are any utilities included? YES NO If yes, which ones? _____	

EMPLOYMENT HISTORY		
	Applicant	Other Adult
Your most recent employer: _____	name: _____	name: _____
Date you started work there: _____		
Date you last worked there: _____		
Reason not working now: _____		

2nd most recent employer: _____		
Date you started work there: _____		
Date you last worked there: _____		
Reason not working now: _____		

MILITARY SERVICE			
	Applicant	Other Adult	Other Adult
Serial Number: _____			
Enlistment Date: _____			
Branch of Service: _____			
Discharge Date: _____			

CITIZENSHIP
Is everyone in the household a U.S. citizen? YES NO
If no, please explain status by which you are in the U.S.: _____

FAMILY INFORMATION			
Applicant's Maiden Name (if married): _____			
Household members' relatives (parents, brothers, sisters, grandparents, aunts, uncles) including "step" relatives:			
Name	Address	Phone	How have they helped? Are they willing to help?

SAMPLE

CHILD SUPPORT	
If there are minor children in the home, is child support ordered for them by a court?	YES NO
If not will you go to court to get support?	YES NO
If NO, explain: _____	
Are you receiving child support?	YES NO If YES, how much? _____
Name and address of child(ren)'s other parent if not in household: _____	

OTHER SOURCES OF HELP	
Have you or someone in the household been helped from any other source such as churches, multi-service centers, or friends whom you have not already listed on this form?	
	YES NO
If YES, who, how much and when? _____	

CURRENT DEBTS OF ALL HOUSEHOLD MEMBERS						
Amount of debt	Date Purchased	Name of Creditor	Items Purchased	Value	Amount Paid	Last Pay Date

EXPENSE INFORMATION

List below any payments made by any household member to any source in the last thirty (30) days:

Amount	Paid to	Date Paid	Amount	Paid to	Date Paid

SAMPLE

What do you owe today on your rent or mortgage? \$ _____
 What do you owe today on your utilities? _____
 Electricity \$ _____ Gas/Heating \$ _____ Water \$ _____ Cable \$ _____
 Telephone \$ _____ Sewer \$ _____ Trash Removal \$ _____ Other \$ _____
 Are any of these bills in someone else's name? YES NO
 If YES, which ones and whose name? _____

What is your reason for asking for Trustee help? No Income
 Not Enough Income
 Income Stolen
 Emergency Event

Has there been an emergency or extraordinary circumstance you wish the Trustee to consider in your application? YES NO
 If YES, explain: _____

Specifically, what are you asking for help with today?

OTHER PUBLIC ASSISTANCE

Are you receiving or have you applied for the following:

APPLICANT

Subsidized Sec. 8, HUD, or other public housing:		YES	NO	Date applied: _________		
Utility Allotment	YES	NO	Date Applied: _________	Amount: _____		
Food Stamps	YES	NO	Date Applied: _________	Amount: _____		
AFDC Welfare	YES	NO	Date Applied: _________	Amount: _____		
Other Trustee Office	YES	NO	Date Applied: _________	Amount: _____		
Social Security (any type)	YES	NO	Date Applied: _________	Amount: _____		
V.A. Benefits (any time)	YES	NO	Date Applied: _________	Amount: _____		
EAP Utility assistance	YES	NO	Date Applied: _________	Amount: _____		
FEMA Funds	YES	NO	Date Applied: _________	Amount: _____		
Unemployment Benefits	YES	NO	Date Applied: _________	Amount: _____		
Grants/Loans	YES	NO	Date Applied: _________	Amount: _____		
Any other type of help	YES	NO	Date Applied: _________	Amount: _____		

OTHER ADULT

Subsidized Sec. 8, HUD, or other public housing:		YES	NO	Date applied: _________		
Utility Allotment	YES	NO	Date Applied: _________	Amount: _____		
Food Stamps	YES	NO	Date Applied: _________	Amount: _____		
AFDC Welfare	YES	NO	Date Applied: _________	Amount: _____		
Other Trustee Office	YES	NO	Date Applied: _________	Amount: _____		
Social Security (any type)	YES	NO	Date Applied: _________	Amount: _____		
V.A. Benefits (any time)	YES	NO	Date Applied: _________	Amount: _____		
EAP Utility assistance	YES	NO	Date Applied: _________	Amount: _____		
FEMA Funds	YES	NO	Date Applied: _________	Amount: _____		
Unemployment Benefits	YES	NO	Date Applied: _________	Amount: _____		
Grants/Loans	YES	NO	Date Applied: _________	Amount: _____		
Any other type of help	YES	NO	Date Applied: _________	Amount: _____		

OTHER ADULT

Subsidized Sec. 8, HUD, or other public housing:		YES	NO	Date applied: _________		
Utility Allotment	YES	NO	Date Applied: _________	Amount: _____		
Food Stamps	YES	NO	Date Applied: _________	Amount: _____		
AFDC Welfare	YES	NO	Date Applied: _________	Amount: _____		
Other Trustee Office	YES	NO	Date Applied: _________	Amount: _____		
Social Security (any type)	YES	NO	Date Applied: _________	Amount: _____		
V.A. Benefits (any time)	YES	NO	Date Applied: _________	Amount: _____		
EAP Utility assistance	YES	NO	Date Applied: _________	Amount: _____		
FEMA Funds	YES	NO	Date Applied: _________	Amount: _____		
Unemployment Benefits	YES	NO	Date Applied: _________	Amount: _____		
Grants/Loans	YES	NO	Date Applied: _________	Amount: _____		
Any other type of help	YES	NO	Date Applied: _________	Amount: _____		

Has anyone in the household been terminated from, refused or had AFDC payments reduced? YES NO

If YES, why? _____

Has anyone in the household ever been convicted of welfare fraud under IC 35-43-5-7? YES NO

If YES, when and where? _____

READ CAREFULLY * NOTICE OF PUBLIC LAW

Indiana Code 12-20-6-9 requires the township trustee to investigate my circumstances, and the cause of my condition. I understand that I am required to cooperate in such investigation. I understand that Indiana Code 12-20-6-8 requires the trustee to notify me of the action taken (approval, denial, pending) on my case within 72 hours (excluding weekends and legal holidays) and that the trustee must retain a copy of each application whether or not relief is granted.

Indiana Code 12-20-16-2 prohibits the Trustee from providing medical assistance if the applicant could qualify for that assistance under the Hospital Care for the Indigent Program (IC 12-16). The township may not provide assistance for payment for more than 30 days heating fuel or electric services assistance unless the applicant has applied for assistance as stated under IC 12-20-16-3. IC 12-20-6-5 provides that applicants, or a member of the applicant's household, granted emergency township assistance, file an application with the appropriate government agency. If the applicant, or a member of the applicant's household, failed to file within fifteen (15) working days, no further Trustee assistance may be granted for sixty (60) days following emergency Trustee assistance granted. Applicants for food assistance may not be provided food assistance for more than thirty (30) days unless an application food stamps is filed with the Division of Family and Children. IC 12-20-10-1 provides that if applicants applying for aid are in good health, or if any member of their household are so, the trustee shall require those able to work to seek employment and the trustee shall refuse any aid until the trustee is satisfied that the persons claiming help are endeavoring to find work for themselves. IC 12-20-11-1 requires a recipient or other adult member of the household, with certain exceptions, to do work needed to be done within the county or an adjoining township in any other county for any governmental unit having jurisdiction in those townships.

I HAVE READ THE ABOVE NOTICE OF PUBLIC LAW.

Signature of Applicant Signature of Other Adult Signature of Other Adult

Are you willing to work for the township and actively seek employment as a condition of receiving trustee assistance?

Applicant: YES NO OTHER ADULT: YES NO OTHER ADULT: YES NO
If no, explain why not: _____

AFFIDAVIT

I certify and affirm under penalties of perjury that the information I have given on this application is true and correct to the best of my knowledge and belief in every respect as to myself and members of my family and household, and that I have not withheld any information on matters bearing upon the eligibility and need for relief from myself and members of my family and household, and that I and the members of my family and household have no other means of support than those stated in this application. I also certify that I have not been convicted under IC 35-43-5-7 (Welfare Fraud) and am eligible to receive township assistance.

Signature of Applicant Signature of Other Adult Signature of Other Adult

Note: All household members eighteen and older must sign where indicated for application to be complete.

CONSENT TO THE DISCLOSURE OF INFORMATION TO THE TOWNSHIP TRUSTEE

I, _____, Case Number _____, residing at _____, Indiana, consent to the disclosure of the following information to _____, the investigator of township assistance for _____ Township _____ County, Indiana:

Information that will verify my:

- 1. Countable income.
- 2. Countable assets.
- 3. Wasted resources.
- 4. Relatives capable of providing assistance.
- 5. Past or present employment.
- 6. Pending claims or causes of action.
- 7. A medical condition if relevant to work or workfare requirements.
- 8. Any other information required by law.

This information may be used only in connection with:

- (1) my township assistance application from _____ Township _____ County, IN.
- (2) my application for public assistance from the Division of Family and Children county offices and the Office of Medicaid Policy and Planning.
- (3) others (if any). _____

Signature of Applicant

Signature of Other Adult

Signature of Other Adult

Date Signed

Date Signed

Date Signed

This consent form expires 180 days after the date of signing.

ACKNOWLEDGMENT AND PLEDGE OF CONFIDENTIALITY BY THE TOWNSHIP

The undersigned township trustee or employee acknowledges that he/she may, in the course of employment, have access to certain personal information and that such information is to be treated as confidential, and is to be released and exchanged only with agencies related to the undersigned employment by the township in reviewing and investigating this application or as otherwise provided by law.

Trustee or Employee

Date Signed

(THIS PAGE FOR TOWNSHIP USE ONLY)

WORK ORDER:

Given _____ Amount _____ Completed _____

STATISTICAL SUMMARY OF THIS APPLICATION

Date	# Recipients Rec'v. Benefit	Utility \$ Benefits	Housing \$ Benefits	Food \$ Benefits	Health Care \$ Benefits	Other	Total \$ Benefits

SAMPLE

Training Program Referral	Referrals	Workfare Hours	Time Spent on Application

CASE RECORD OF INVESTIGATION

NOTICE OF TOWNSHIP ASSISTANCE ACTION

Name _____ Case No. _____
(Last) (First) (Middle)

Address: _____

Action taken or to be taken on your request(s) is as follows:

Your request for: _____
(specify type(s) of relief requested: i.e., food, rent, etc.)

Has been:

- Approved as follows without workfare (if certain requirements are met): _____
- Approved and in accordance with IC 12-20-10-2 to be worked off at (location): _____
Hours: _____ Obligated adult household member: _____
- Partially approved as follows: _____
- Partially denied for the following reason(s): _____
- Denied for the following reason(s): _____
- Pending for an additional seventy-two (72) hours because: _____

COMMENTS: _____

Your request for: _____
(specify type(s) of relief requested: i.e., food, rent, etc.)

Has been:

- Approved as follows without workfare (if certain requirements are met): _____
- Approved and in accordance with IC 12-20-10-2 to be worked off at (location): _____
Hours: _____ Obligated adult household member: _____
- Partially approved as follows: _____
- Partially denied for the following reason(s): _____
- Denied for the following reason(s): _____
- Pending for an additional seventy-two (72) hours because: _____

COMMENTS: _____

Your request for: _____
(specify type(s) of relief requested: i.e., food, rent, etc.)

Has been:

- Approved as follows without workfare (if certain requirements are met): _____
- Approved and in accordance with IC 12-20-10-2 to be worked off at (location): _____
Hours: _____ Obligated adult household member: _____
- Partially approved as follows: _____
- Partially denied for the following reason(s): _____
- Denied for the following reason(s): _____
- Pending for an additional seventy-two (72) hours because: _____

COMMENTS: _____

Date of Application: _____ Time: _____ AM/PM

Date this Notice Sent: _____ Time: _____ AM/PM

Township Trustee's Signature

APPEAL RIGHTS AND PROCEDURE

1. The township trustee shall act on your application within seventy-two (72) hours. (Excluding weekends and the State's legal holidays listed in IC 1-1-9) in accordance with IC 12-20-6-7.
2. If you disagree with the action taken on your case, you have a right to appeal to the board of county commissioners. Your request for an appeal should be in writing or orally as may be required by the board of commissioners. The appeal must be made within fifteen (15) days from the date the township trustee denies assistance, if the applicant has been informed of his right to appeal and the procedure for such appeal.
3. The hearing on your appeal may be conducted by the board of county commissioners or by a hearing officer appointed by that board within ten (10) working days after your appeal is received. In hearing the appeal, the board shall be governed by the uniform relief standards of eligibility and need established by the township trustee, to the extent the standards comply with existing law, for granting township assistance in the township.
4. At the hearing of your appeal you shall appear in person, may retain counsel, and may have persons speak in your behalf. This office is also entitled to be represented. However, you have the right to examine any evidence it introduces and to cross-examine its witnesses. You will be notified of the decision of the board within five (5) working days after the hearing.
5. If you wish to appeal the above action, fill out the appeal request form below.
6. You or the township trustee may appeal a decision of the board of county commissioners to a circuit or superior court in the county. In hearing an appeal, the court shall be governed by uniform relief standards of eligibility and need established by the township trustee for granting township assistance in the township. If legally sufficient standards have not established, the court shall be guided by the circumstances of the case.

APPEAL REQUEST - TOWNSHIP ASSISTANCE ACTION

_____ County Board of Commissioners Date: _____

(Address)

You are hereby notified of an appeal to the action by the Township Trustee, _____ Township, _____ County, Indiana, on the township assistance case of the undersigned, and a hearing is requested for the following reason(s): _____

SAMPLE

I certify that the above statements are true and correct to the best of my knowledge and belief.

_____ Name

_____ Street Name and Number or R.R.

_____ Telephone

_____, IN _____ City or Town Zip Code

APPLICATION FOR ADDITIONAL OR CONTINUING TOWNSHIP ASSISTANCE

DATE: _____
 NAME: _____ PHONE: _____
 ADDRESS: _____

*Please do not
write in this
column.*

CASE NO.

Number of persons living at your address: _____
 Since your application with the trustee's office dated _____ has your income, resources or
 household size changed? YES ___ NO ___
 Are you or anyone else in the household working? YES ___ NO ___
 Are you or any member of your household under a doctor's care? YES ___ NO ___
 Have you/they applied for disability? YES ___ NO ___
 If YES, what is the status of the case? _____

SINCE THE DATE OF YOUR MOST RECENT APPLICATION:

Have you applied for AFDC? YES NO If receiving, give amount: _____
 Have you applied for Food Stamps? YES NO If receiving, give amount: _____
 Have you applied for Unemployment? YES NO If receiving, give amount: _____
 Have you applied for Energy Assistance? YES NO If receiving, give amount: _____
 Have you applied for / received assistance from any other source? YES NO If YES, explain:

What has been the household's: Total Income: \$ _____ Total Expenses: \$ _____

TODAY I AM REQUESTING ASSISTANCE WITH THE FOLLOWING:	AMOUNT (\$) REQUESTED	ACTION

INCOME AND EXPENSES

INCOME is any source of benefit to you, or any number of your household, whether money or payment assistance. This includes: work income, AFDC, housing assistance, odd job money, sick pay, relative or church assistance, EAP/Project Safe payments, Worker's Compensation, Social Security benefits, unemployment, child support, vacation pay, tax returns, bartered goods, etc.

EXPENSE is any bill you have already paid or anything on which you used the above income.

LIST ALL MONEY, INCOME, BENEFITS RECEIVED BY ANYONE IN YOUR HOUSEHOLD IN THE PAST THIRTY (30) DAYS:	AMOUNT (\$) RECEIVED	VERIFIED AMOUNT
<i>Date Received:</i> _____ <i>Received from:</i> _____ <i>Received for:</i> _____		

(OVER)

LIST ALL PURCHASES, EXPENSES, OR BILLS PAID BY YOU OR MEMBERS OF YOUR HOUSEHOLD IN THE PAST THIRTY (30) DAYS:

Please do not write in this column.

<i>Paid for:</i>	<i>Date Paid:</i>	<i>Paid to:</i>	AMOUNT (\$) PAID OUT	ALLOWED/ VERIFIED
rent/mortgage				
electric service				
gas service				
water service				
sewer service				
phone payment				
food purchased				
babysitting/childcare				
transportation costs				
medical expenses				
insurance payment (state type)				
household items (specify)				
loans/charge payments				
other monthly cost (specify)				
cable television				
other (specify)				
other (specify)				
Expenses OWED (not paid) at this time:				
rent/mortgage amount:				
utilities (type and amount owed):				
other bills (specify type and amount owed):				

AFFIDAVIT

I affirm under the penalties of perjury that the information I have given on this application is true and correct to the best of my knowledge and belief in every respect as to myself and members of my family and household and has not changed since my last request for assistance other than what has been stated on this form; and that I have not withheld any information on matters bearing upon the eligibility and need for relief from myself and members of my family and household, and that I and the members of my family and household have no other means of support than those stated in this application. I also certify I have not been convicted under IC 35-43-5-7 (Welfare Fraud) and am eligible to receive township assistance.

Applicant Signature Date Other Adult in Household Date

Other Adult Signature Date Time of Day: _____ : _____ A.M./P.M.

OFFICE USE ONLY		SURPLUS/DEFICIT	
TOTAL INCOME \$ _____	ALLOWED EXPENSES \$ _____	\$ _____	
Investigator Notes: _____			
Investigator Signature: _____			

TOWNSHIP ASSISTANCE PURCHASE ORDER

(TO BE USED FOR BOTH MEDICAL AND GENERAL PURCHASE ORDERS)

Purchase Order No. _____ Township, _____ County, Indiana _____

TO _____

PLEASE SUPPLY _____ CASE NO. _____

Address _____

WITH THE FOLLOWING SERVICES

Food - - -	\$ _____	Electric - - -	\$ _____	\$ _____
Heating Fuel --	\$ _____	Water - - -	\$ _____	\$ _____
Clothing	\$ _____	Gas - - -	\$ _____	\$ _____
Office Call	_____	Hospitalization (itemize fully)	_____	_____
	\$ _____			\$ _____
	\$ _____	Surgery (describe fully)	_____	_____
Prescription Medicines (itemize fully as to quantity, price, kind and necessity)	_____			\$ _____
	\$ _____	Other Medical/Dental Services (List)	_____	_____
	\$ _____			_____
	\$ _____	TOTAL AMOUNT OF THIS ORDER		\$ _____

Statement of Patient as to illness _____

Disbursing Clerk _____ Authorized by _____ Township Trustee

CUSTOMER'S RECEIPT

I have received in full the items authorized by this order.

VENDOR'S STATEMENT

I have furnished the customer with the full amount of supplies, services, or other items authorized by this order.

Signed _____ Signed _____

INSTRUCTIONS: This form to be made out in triplicate; original to doctor or vendor, duplicate filed alphabetically in assistance office, triplicate remaining in book in numerical order. Use indelible pencil or ink. Do not use check marks. Write out number of services authorized in words (as "one").

Wherever possible, at the time the purchase order is written, the total amount of the order must be inserted in the space provided for the same.

Doctors or vendors are required to return their copies of township assistance purchase orders at the time they file their monthly claims. Such monthly claims must show the purchase order number for each number for each charge billed the Trustee's office. A separate claim must be filed for each township.

Both the signature of the patient and the doctor or vendor must be submitted with the claim for each office call, or other service for which a charge is rendered. Any charge shall not exceed the amount prescribed in the fee schedule in force.

CONTRACTOR'S COMBINATION BID BOND & BOND FOR CONSTRUCTION

KNOW ALL MEN BY THESE PRESENTS, That _____
of _____ at principal and _____

_____ as surety, are firmly bound unto _____
_____ in the penal sum of (\$ _____)
_____ Dollars,

for the payment of which, well and truly to be made, we bid ourselves, jointly and severally, and our
joint and several heirs, executors, administrators and assigns, firmly by these presents, this _____
day of _____, _____.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH, That, Whereas _____

_____ is about to enter into a certain written contract with the principal as names herein for the erection, con-
struction and completion of _____ situated in _____, Indiana,
in accordance with the plans and specifications approved and adopted by said _____
_____ which are made a part of this bond.

AND, WHEREAS, the above named and bounden _____
_____ has filed a bid for said work with
said _____

NOW, THEREFORE, if the said _____
shall award said _____
the contract for said work and said _____
shall promptly enter into a contract with said _____
for the said work and shall well and faithfully do and perform the same in all respects according to
the plans and specifications adopted by the said _____

_____ and according to the time, terms
and conditions specified in said contract to be entered into, and in accordance with all requirements of
law, and shall promptly pay all debts incurred by him or any subcontractor in the prosecution of said
work, including labor, service, and materials furnished, then this obligation shall be void; otherwise
to remain in full force, virtue and effect.

IN WITNESS WHEREOF, we hereunto set our hands and seals this _____
day of _____, _____.

Sample

By: _____
Attorney-in-fact

Approved this _____ day of _____, _____

Official or Board.

Attest: _____

(Note: See Burns Section 53-202)

No.....

Sample

**Contractor's Combination Bid Bond and
Bond For Construction
of**

Filed,

PERFORMANCE BOND

KNOW ALL MEN BY THESE PRESENTS: that (Here insert name and address or legal title of Contractor)

as Principal, hereinafter called Contractor, and, (Here insert the legal title and address of Surety)

as Surety, hereinafter called Surety, are held and firmly bound unto (Name and address or legal title of Owner)

as Obligee, hereinafter called Owner, in the amount of

Sample

Dollars (\$)),

for the payment whereof Contractor and Surety bid themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS,

Contractor has by written agreement dated _____, entered into a contract with Owner for

in accordance with drawings and specifications prepared by (Here insert full name, title and address)

which contract is by reference made a part thereof, and is hereinafter referred to as the Contract.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION is such that, if Contractor shall promptly and faithfully perform said Contract, then this obligation shall be null and void, otherwise it shall remain in full force and effect.

The Surety hereby waives notice of any alteration or extension of time made by the Owner.

Whenever Contractor shall be, and declared by Owner to be in default under the Contract, the Owner having performed Owner's obligations thereunder, the Surety may promptly remedy the default, or shall promptly

1) Complete the Contract in accordance with its terms and conditions, or

2) Obtain a bid or bids for submission to Owner for completing the Contract in accordance with its terms and conditions, and upon determination by Owner and Surety of the lowest responsible bidder, arrange for a contract between such bidder and Owner, and make available as work progresses (even though there should be a default or a succession of defaults under the contract or contracts of completion arranged under this

paragraph) sufficient funds to pay the cost of completion less the balance of the contract price; but not exceeding, including other costs and damages for which the Surety may be liable hereunder, the amount set forth in the first paragraph hereof. The term "balance of the contract price," as used in this paragraph, shall mean the total amount payable by Owner to Contractor under the Contract and any amendments thereto, less the amount properly paid by Owner or Contractor.

Any suit under this bond must be instituted before the expiration of two (2) years from the date on which final payment under the contract falls due.

No right of action shall accrue on this bond to or for the use of any person or corporation other than the Owner named herein or the heirs, executors, administrators or successors of Owner.

Sample

Signed and sealed this _____ day of _____ A.D.

IN THE PRESENCE OF:

(Principal)

(Title)

(Surety)

(Title)



CONTRACTOR'S BID FOR PUBLIC WORK - FORM 96

State Form 52414 (R2 / 2-13) / Form 96 (Revised 2013)
Prescribed by State Board of Accounts

PART I

(To be completed for all bids. Please type or print)

Date (month, day, year): _____

1. Governmental Unit (Owner): _____

2. County : _____

3. Bidder (Firm): _____

Address: _____

City/State/ZIPcode: _____

4. Telephone Number: _____

5. Agent of Bidder (if applicable): _____

Pursuant to notices given, the undersigned offers to furnish labor and/or material necessary to complete

the public works project of _____

(Governmental Unit) in accordance with plans and specifications prepared by _____

_____ and dated _____ for the sum of

_____ \$ _____

The undersigned further agrees to furnish a bond or certified check with this bid for an amount specified in the notice of the letting. If alternative bids apply, the undersigned submits a proposal for each in accordance with the notice. Any addendums attached will be specifically referenced at the applicable page.

If additional units of material included in the contract are needed, the cost of units must be the same as that shown in the original contract if accepted by the governmental unit. If the bid is to be awarded on a unit basis, the itemization of the units shall be shown on a separate attachment.

The contractor and his subcontractors, if any, shall not discriminate against or intimidate any employee, or applicant for employment, to be employed in the performance of this contract, with respect to any matter directly or indirectly related to employment because of race, religion, color, sex, national origin or ancestry. Breach of this covenant may be regarded as a material breach of the contract.

CERTIFICATION OF USE OF UNITED STATES STEEL PRODUCTS (If applicable)

I, the undersigned bidder or agent as a contractor on a public works project, understand my statutory obligation to use steel products made in the United States (I.C. 5-16-8-2). I hereby certify that I and all subcontractors employed by me for this project will use U.S. steel products on this project if awarded. I understand that violations hereunder may result in forfeiture of contractual payments.

ACCEPTANCE

The above bid is accepted this _____ day of _____, _____, subject to the following conditions: _____

Contracting Authority Members:

_____	_____
_____	_____
_____	_____

PART II

(For projects of \$150,000 or more – IC 36-1-12-4)

Governmental Unit: _____

Bidder (Firm) _____

Date (month, day, year): _____

These statements to be submitted under oath by each bidder with and as a part of his bid. Attach additional pages for each section as needed.

SECTION I EXPERIENCE QUESTIONNAIRE

1. What public works projects has your organization completed for the period of one (1) year prior to the date of the current bid?

Contract Amount	Class of Work	Completion Date	Name and Address of Owner

2. What public works projects are now in process of construction by your organization?

Contract Amount	Class of Work	Expected Completion Date	Name and Address of Owner

3. Have you ever failed to complete any work awarded to you? _____ If so, where and why?

4. List references from private firms for which you have performed work.

SECTION II PLAN AND EQUIPMENT QUESTIONNAIRE

1. Explain your plan or layout for performing proposed work. *(Examples could include a narrative of when you could begin work, complete the project, number of workers, etc. and any other information which you believe would enable the governmental unit to consider your bid.)*

2. Please list the names and addresses of all subcontractors *(i.e. persons or firms outside your own firm who have performed part of the work)* that you have used on public works projects during the past five (5) years along with a brief description of the work done by each subcontractor.

3. If you intend to sublet any portion of the work, state the name and address of each subcontractor, equipment to be used by the subcontractor, and whether you will require a bond. However, if you are unable to currently provide a listing, please understand a listing must be provided prior to contract approval. Until the completion of the proposed project, you are under a continuing obligation to immediately notify the governmental unit in the event that you subsequently determine that you will use a subcontractor on the proposed project.

4. What equipment do you have available to use for the proposed project? Any equipment to be used by subcontractors may also be required to be listed by the governmental unit.

5. Have you entered into contracts or received offers for all materials which substantiate the prices used in preparing your proposal? If not, please explain the rationale used which would corroborate the prices listed.

SECTION III CONTRACTOR'S FINANCIAL STATEMENT

Attachment of bidder's financial statement is mandatory. Any bid submitted without said financial statement as required by statute shall thereby be rendered invalid. The financial statement provided hereunder to the governing body awarding the contract must be specific enough in detail so that said governing body can make a proper determination of the bidder's capability for completing the project if awarded.

SECTION IV CONTRACTOR'S NON – COLLUSION AFFIDAVIT

The undersigned bidder or agent, being duly sworn on oath, says that he has not, nor has any other member, representative, or agent of the firm, company, corporation or partnership represented by him, entered into any combination, collusion or agreement with any person relative to the price to be bid by anyone at such letting nor to prevent any person from bidding nor to include anyone to refrain from bidding, and that this bid is made without reference to any other bid and without any agreement, understanding or combination with any other person in reference to such bidding.

He further says that no person or persons, firms, or corporation has, have or will receive directly or indirectly, any rebate, fee, gift, commission or thing of value on account of such sale.

SECTION V OATH AND AFFIRMATION

I HEREBY AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE FACTS AND INFORMATION CONTAINED IN THE FOREGOING BID FOR PUBLIC WORKS ARE TRUE AND CORRECT.

Dated at _____ this _____ day of _____,

(Name of Organization)

By _____

(Title of Person Signing)

ACKNOWLEDGEMENT

STATE OF _____)
 COUNTY OF _____) ss

Before me, a Notary Public, personally appeared the above-named _____ and swore that the statements contained in the foregoing document are true and correct.

Subscribed and sworn to before me this _____ day of _____,

Notary Public

My Commission Expires: _____

County of Residence: _____

BID OF

(Contractor)

(Address)

FOR
PUBLIC WORKS PROJECTS
OF

Filed _____

Action taken _____

PURCHASE ORDER

NOTE: NO CLAIMS WILL BE APPROVED FOR PAYMENT UNLESS ORIGINAL COPY OF THIS ORDER OR THE P.O. NUMBER IS MADE A PART OF THE VOUCHER.

P.O. _____
 This Number Must be on Invoice, Voucher and Delivery Memos.

TO _____

DATE _____

ADDRESS _____

REQ. _____

CITY _____

IN ACCORDANCE WITH BID AND CONTRACT DATED _____

SHIP TO _____ DEPT.

If subject to discount please indicate on Invoice.

SHIP VIA _____

CHARGE TO

APPROPRIATION FOR _____ APPROPRIATION NUMBER _____

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT

Sample

TOTAL AMOUNT OF ORDER ---- \$

I HEREBY CERTIFY THAT THERE IS AN UNOBLIGATED BALANCE IN THIS APPROPRIATION SUFFICIENT TO PAY FOR THE ABOVE ORDER.

BILLING ON THIS ORDER MUST BE ACCORDING TO PRICES SHOWN ABOVE.

ORDERED BY _____

Title

FEDERAL EXCISE TAX EXEMPT

STATE RETAIL TAX EXEMPT
 CERTIFICATE NO. _____

PAYROLL SCHEDULE AND VOUCHER

(Office, Board, Department or Institution)

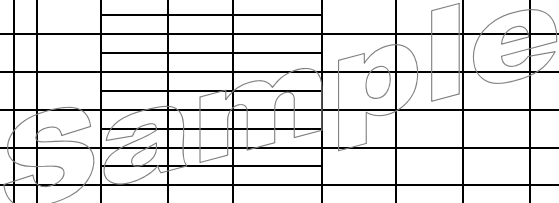
NOTE: Total hours or days to be paid shall equal the days or hours worked plus authorized leave to which an employee might be entitled by law and under the leave policies established by the governing body. The "Days Lost" column will apply only to salaried employees (not hourly) not entitled to pay for such days.

Page _____ of _____ Pages

For Period Beginning _____, _____ and Ending _____, _____

_____ Fund

	NAME OF EMPLOYEE	Approp No. or Class Title	C o d e	Noncash Benefits	DAYS OR HOURS IN PERIOD					Other Leave C o d e	Total Days or Hours To Be Paid	Rate of Pay	Gross Pay	Total	DEDUCTIONS						Amount	C o d e	Retirement C o d e	Amount	Amount of Warrant (Gross Pay) Less Deductions	Warrant Number														
					Worked	Sick Leave	Vacation Leave	Lost Days	Days Hours						Fed. W/H Tax	Social Security Tax	Medicare Tax	State W/H Tax	County W/H Tax																					
1.																																								
2.																																								
3.																																								
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13.																																								
14.																																								
15.																																								
16.																																								
		Totals																																						



CODES FOR OTHER LEAVE, INSURANCE AND RETIREMENT
 A "Code" column has been provided to describe other leave and insurance and retirement plans. Use appropriate letters or numbers to distinguish each kind or type.

REGULAR TIME AND OVERTIME
 Two lines have been provided for each employee to show regular time hours and overtime hours worked and the amount each employee earned for regular time and overtime.

(Unit) _____

EMPLOYEE'S SERVICE RECORD

YEAR _____

REMARKS Workweek Begins: Hour of Day _____ ; Day of Week _____														NAME AS ON SOCIAL SECURITY CARD (Mr., Mrs., Miss)						EMPLOYEE NUMBER																																																		
Basis of Pay: (Hr., Day, Week, Bi-Weekly, Month)														ADDRESS						ZIP CODE																																																		
Date of Birth:														SOC. SEC. NO.						CLASSIFICATION																																																		
Normal Work Schedule *														OFFICE, BOARD OR DEPT.						BEGIN. DATE EMPL.		LEAVE ACCRUAL DATE																																																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	REGULAR VACATION LEAVE			SICK LEAVE			OTHER LEAVE																																
																																			EARNED	TAKEN	BALANCE	EARNED	TAKEN	BALANCE	TAKEN	EXPLANATION																												
BALANCE BROUGHT FORWARD FROM LAST YEAR -----																																																																						
JAN.																																																																						
FEB.																																																																						
MAR.																																																																						
APR.																																																																						
MAY																																																																						
JUNE																																																																						
JULY																																																																						
AUG.																																																																						
SEPT.																																																																						
OCT.																																																																						
NOV.																																																																						
DEC.																																																																						

Sample

V - VACATION LEAVE S - SICK LEAVE L - LOST TIME OL - OTHER AUTHORIZED LEAVE SHOW VACATION, SICK LEAVE AND OTHER ABSENCES IN DAYS AND HALF DAYS.

* EXCEPTIONS TO THE NORMAL WORK SCHEDULE SHALL BE NOTED AND ATTACHED TO THIS FORM.

EMPLOYEE'S EARNINGS RECORD

UNIT _____ BASIS OF PAY (PER MONTH, WEEK, HOUR) _____ MR. MRS., MISS _____
 OFFICE, BOARD OR DEPARTMENT _____ OTHER COMPENSATION TYPE _____ ADDRESS _____
 (SEE OTHER SIDE FOR INSTRUCTIONS) AMOUNT _____ CITY _____ ZIP CODE _____
 EXEMPTION STATUS FEDERAL _____ STATE _____ SOC. SEC. NO. _____

FORM PRESCRIBED BY STATE BOARD OF ACCOUNTS

General Payroll Form 99B (Rev. 1993)

	DATE OF WARRANT	PAYROLL PERIOD ENDING	Code	NONCASH BENEFITS	GROSS PAY	TOTAL	DEDUCTIONS							AMOUNT OF WARRANT	WARRANT NUMBER	
							FEDERAL WITH. TAX	SOCIAL SECURITY	MEDICARE	STATE WITH. TAX	COUNTY WITH. TAX	INSURANCE	RETIREMENT			
	FORWARD															
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
	TOTAL 1ST QUARTER															
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2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
	TOTAL 2ND QUARTER															
	TOTAL TO DATE															

Sample

MILEAGE CLAIM

 (GOVERNMENTAL UNIT) TO _____

 (OFFICE, BOARD, DEPARTMENT OR INSTITUTION) ON ACCOUNT OF APPROPRIATION NO. ____ FOR _____

DATE 20	FROM	TO	ODOMETER READING+		NATURE OF BUSINESS	AUTO MILES TRAVELED	MILEAGE @ _____¢ PER MILE	
	POINT	POINT	START	FINISH				
AUTO LICENSE NO. _____						TOTALS		

+SPEEDOMETER READING columns are to be used only when distance between points cannot be determined by fixed mileage or official highway map.

Pursuant to the provisions and penalties of Chapter 155, Acts 1953, 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.

Date _____

Claim No. _____

Warrant No. _____

IN FAVOR OF

\$ _____

On Account of Appropriation No. _____ for

Allowed _____, 20__

In the sum of \$ _____

(Board or Commission)

FILED

(Official Title)

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.

Disbursing Officer

I certify that the within bill is true and correct; that the mileage therein itemized and for which charge is made was ordered by me and was necessary to the public business; and that the rate per mile is in accordance with statutes or governing ordinances, except

REGISTER OF INVESTMENTS

Name of Unit _____

_____ Fund

(USE SEPARATE SHEET(S) FOR EACH INVESTMENT FUND. LIST EACH SECURITY INDIVIDUALLY.)

Date of Purchase	Nature of Investment	Serial No.	SAFEKEEPING RECEIPT		Maturity Date	Rate of Interest	Maturity Value	AMOUNT PAID			Date Sold or Redeemed	AMOUNT RECEIVED			INTEREST				
			Issued By	No.				Principal	Accrued Interest	Total Paid		Principal	Interest	Total Received	EARNED		RECEIVED		
															Date	Amount	Date	Amount	

sample

Interest Earned for Each Investment on Hand at December 31, --Calculated By: Multiply: Rate of Interest X(Times) Principal X(Times) Number of Days from Date of Purchase to December 31 Divided By: 360 (Days) (Investments purchased and then either sold or redeemed in the same calendar year don't need a calculation because interest earned equals interest received.)

CAPITAL ASSETS LEDGER

FUND _____

DEPARTMENT OR BUILDING _____

Date of Purchase	Description of Asset	Serial Number	Location of Asset	Original Cost of Asset	Estimated Life of Asset	Date of Disposal of Capital Asset	Amount Received on Disposal or Trade in	Types of Capital Assets							Total Capital Assets
								Land	Infrastructure	Buildings	Improvements Other Than Buildings	Machinery Equipment & Vehicles	Construction in Progress	Books and Other	
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2															
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30															

SAMPLE

**SAMPLE
SUGGESTED FORMAT**

Checklist for Invitation for Bids

Type of Supply _____

Requesting Agency _____

_____ Purchase Description

_____ Evaluation Criteria to Be Used (Circle Selections)

Inspection

Testing

Quality

Workmanship

Delivery

Requirements Imposed on Trusts

_____ Applicable Contract Terms and Conditions

_____ Time and Place for Opening Bid

_____ Evidence of Financial Responsibility Required? (Circle Selection)

Certified Check

Bid Bond

Other _____ (specify)

_____ Performance Bond Required?

_____ Statement of Conditions Under Which Invitation May Be Canceled

_____ Statement of Conditions Under Which Bid May Be Rejected in Whole or in Part

_____ Notice of Invitation for Bids Published

First Date of Publication _____

Second Date of Publication _____

_____ Form of Non-Collusion Affidavit

Source: IC 5-22-7-2

**SAMPLE
SUGGESTED FORMAT**

Bid Record for Invitation for Bids

Date of Bid Opening: _____
Supplies Requested: _____
Requesting Agency: _____

Please Type or Print Legibly

Name	Address	Bid Amount	Other Information

Source: IC 5-22-7-9

**SAMPLE
SUGGESTED FORMAT**

Register of Proposals

Date: _____

Supplies: _____

ATTACH A COPY OF THE REQUEST FOR PROPOSALS AND A LIST OF ALL PERSONS TO WHOM COPIES OF THE REQUEST FOR PROPOSALS WERE GIVEN

Please Type or Print Legibly

Name of Offerer	Address	Amount of Offer

Source: IC 5-22-9-5

Successful Proposal:

Name of Offerer: _____

Amount of Offer: _____

Basis for Award: _____

**SAMPLE
SUGGESTED FORMAT**

SPECIAL PURCHASE CONTRACT FILE LIST

Contract No.	Date of Contract	Contractor Name	Contract Amount	Type of Contract	Description of Supplies	IC Reference Basis for Special Purchase	Basis of Selection of Contractor

Source: IC 5-22-10-3

**SAMPLE
SUGGESTED FORMAT**

NON-COLLUSION AFFIDAVIT

STATE OF INDIANA)
)
_____ COUNTY)

The undersigned offeror or agent, being duly sworn on oath, says that he has not, nor has any other member, representative, or agent of the firm, company, corporation or partnership represented by him, entered into any combination, collusion or agreement with any person relative to the price to be offered by any person nor to prevent any person from making an offer nor to induce anyone to refrain from making an offer and that this offer is made without reference to any other offer.

Offeror (Firm)

Signature of Offeror or Agent

Subscribed and sworn to before me this _____ day of _____, 1998.

My Commission Expired: _____

Notary Public

County of Residence _____

Source: IC 5-22-16-6