

PART 9 - CERTIFICATION

NOTE: Prepare five copies of this report to be presented to the Township Board for approval on or before the third Tuesday after the first Monday in January. After approval, one copy is to be retained by the Chairman of the Township Board. One copy is to be kept on file by the Township Trustee. Within ten (10) days, one copy, together with all vouchers, shall be filed with the County Auditor (IC 36-6-4-12(d)). In addition, one copy, along with advertising instructions, is to be submitted to each newspaper for which this report is to be published, within four (4) weeks after the third Tuesday following the first Monday in January (IC 5-3-1 and IC 36-6-4-13(b)). The advertisement must state that a complete and detailed annual report, and the accompanying vouchers showing the names of persons paid money by the township, have been filed with the County Auditor. Also, that the Chairman of the Township Board has a copy of the report that is available for inspection by any taxpayer of the township. The annual report data is to be sent to the State Board of Accounts, by the trustee, by January 30 (IC 5-11-1-4).

State of Indiana
SS:

LAKE COUNTY

I, ELDON STRONG, Trustee of CENTER TOWNSHIP, LAKE COUNTY, Indiana,

do solemnly affirm under the penalty of perjury that the preceding report is complete, true and correct; that the sum with which I am charged in this report are all of the sums received by me; and that the various items of expenditures credited have been fully paid in the sums stated; that such payments were made without express or implied agreement that any portion thereof shall be retained by or repaid to me or to any other person. I further affirm that a complete and detailed annual report, together with all accompanying vouchers showing the names of persons having been paid money by the township, have been filed as required by law in the office of the County Auditor, and that copies of such annual report are in custody of the Township Board and the State Board of Accounts. Said report is subject to inspection by any taxpayer of the township.

_____ (sign)

CENTER TOWNSHIP Trustee

Telephone: (219) 663-0250

Date this report was published: _____

Subscribed and sworn (or affirmed) to before me, the Chairman of the Township Board of CENTER TOWNSHIP at its annual meeting, this _____ day of January, 2009.

_____ (sign)

CENTER TOWNSHIP Board Chairman

OPTION 1

This report was received, accepted, and approved by the Township Board at its annual meeting, this _____ day of January, 2009.

CENTER TOWNSHIP Board:

_____ (sign)

_____ (sign)

_____ (sign)

OPTION 2

This report was received, accepted, and approved except for Part(s) _____ by the following Township Board Member(s) at its annual meeting, this _____ day of January, 2009 .

_____ (sign)

_____ (sign)

_____ (sign)

Note: Option 1 to be used where the Township Board approves the annual report.
Option 2 to be used where a member or all members of the Township Board disapproves part or all of the annual report. (DO NOT ADVERTISE)

ANNUAL FINANCIAL REPORT --

TOWNSHIP: _____

INDIANA TOWNSHIPS

COUNTY: _____

TOWNSHIP FORM 15 (REVISED 2008)

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PART 10 - NOTE TO PUBLISHERS

NOTE TO PUBLISHERS:

Township Form 15 is prescribed by the State Board of Accounts in compliance with IC 36-6-4-13.

All legal advertisements shall be set in solid type not larger than the type used in the regular reading matter of the newspaper, without any leads or other devices for increasing space. All such advertisements shall be headed by no more than two (2) lines, neither of which shall total more than four (4) solid lines of the type in which the body of the advertisement is set.

NOTE TO TOWNSHIP TRUSTEE:

IC 36-6-4-13 requires Township Form 15 be prepared for publication within four weeks after the third Tuesday following the first Monday in January. Publication is to be made ONE TIME ONLY in two (2) newspapers published in the township. If only one (1) newspaper is published in the township, then the notice shall be published in that newspaper and if another newspaper is published in the county and circulates within the township, in the other newspaper. If no newspaper is published in the township, then publication shall be made in a newspaper published in the county and that circulates within the township.

CENTER TOWNSHIP, LAKE COUNTY
TOWNSHIP ASSISTANCE STATISTICAL REPORT (IC 12-20-28-3)
FOR THE PERIOD ENDING DECEMBER 31, 2008

(Continued)

11.(A) TOTAL NUMBER PROVIDED HEALTH CARE - RECIPIENTS	4
11.(A)(i) TOTAL NUMBER PROVIDED HEALTH CARE - HOUSEHOLDS	4
11.(B) NUMBER OF RECIPIENTS ASSISTED BY TOWNSHIP STAFF IN RECEIVING HEALTH CARE ASSISTANCE FROM SOURCES OTHER THAN TOWNSHIP FUNDS	0
12.(i) TOTAL VALUE OF HEALTH CARE PROVIDED - TOWNSHIP SOURCES	\$1,456.00
12.(ii) TOTAL VALUE OF HEALTH CARE PROVIDED - NONTOWNSHIP SOURCES	\$0.00
12.(iii) TOTAL VALUE OF ALL OF HEALTH CARE PROVIDED	\$1,456.00
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13. TOTAL NUMBER OF FUNERALS, BURIALS AND CREMATIONS	2
14.(A) TOTAL ACTUAL VALUE OF FUNERALS, BURIALS AND CREMATIONS	\$1,200.00
14.(B)(i) TOTAL PAID BY TOWNSHIP FUNDS FOR FUNERALS, BURIALS AND CREMATIONS	\$0.00
14.(B)(ii) DIFFERENCE BETWEEN ACTUAL VALUE AND AMOUNT PAID BY TOWNSHIP FUNDS FOR FUNERALS, BURIALS AND CREMATIONS	\$1,200.00
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15.(A) TOTAL NUMBER OF NIGHTS OF EMERGENCY SHELTER PROVIDED TO THE HOMELESS	0
15.(B) TOTAL NUMBER OF NIGHTS OF EMERGENCY SHELTER PROVIDED TO THE HOMELESS THROUGH EFFORTS OF TOWNSHIP STAFF FROM SOURCES OTHER THAN TOWNSHIP FUNDS	0
15.(C)(i) TOTAL VALUE OF EMERGENCY SHELTER FOR HOMELESS INDIVIDUALS - TOWNSHIP	\$0.00
15.(C)(ii) TOTAL VALUE OF EMERGENCY SHELTER FOR HOMELESS INDIVIDUALS - NONTOWNSHIP SOURCES	\$0.00
15.(C)(iii) TOTAL VALUE OF ALL EMERGENCY SHELTER PROVIDED FOR HOMELESS INDIVIDUALS	\$0.00
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16.(A) TOTAL NUMBER OF REFFERALS OF TOWNSHIP ASSISTANCE APPLICANTS TO OTHER PROGRAMS	152
16.(B) TOTAL VALUE OF TOWNSHIP SERVICES IN MAKING REFERRALS TO OTHER PROGRAMS	\$57,000.00
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17. TOTAL NUMBER OF TRAINING PROGRAMS OR JOB PLACEMENTS FOUND FOR TOWNSHIP ASSISTANCE RECIPIENTS WITH ASSISTANCE OF TOWNSHIP TRUSTEE	53
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18. NUMBER OF HOURS SPENT BY TOWNSHIP ASSISTANCE RECIPIENTS AT WORKFARE	861
19.(i) TOTAL VALUE OF SERVICES PROVIDED BY WORKFARE TO THE TOWNSHIP	\$5,640.00
19.(ii) TOTAL VALUE OF SERVICES PROVIDED BY WORKFARE TO OTHER AGENCIES	\$5,640.00
19.(iii) TOTAL VALUE OF ALL SERVICES PROVIDED BY WORKFARE	\$11,280.00
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20.(A) TOTAL AMOUNT OF REIMBURSEMENT FOR ASSISTANCE RECEIVED FROM RECIPIENTS	\$0.00
20.(B) TOTAL AMOUNT OF REIMBURSEMENT FOR ASSISTANCE RECEIVED FROM MEMBERS OF RECIPIENTS' HOUSEHOLDS	\$0.00
20.(C) TOTAL AMOUNT OF REIMBURSEMENT FOR ASSISTANCE RECEIVED FROM RECIPIENTS' ESTATES	\$0.00
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21. TOTAL AMOUNT OF REIMBURSEMENT FOR ASSISTANCE RECEIVED FROM MEDICAL PROGRAMS UNDER IC 12-20-16-2(e)	\$0.00
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22.(A) TOTAL NUMBER OF INDIVIDUALS ASSISTED THROUGH A REPRESENTATIVE PAYEE PROGRAM	0
22.(B) TOTAL AMOUNT OF FUNDS PROCESSED THROUGH THE REPRESENTATIVE PAYEE PROGRAM THAT ARE NOT TOWNSHIP FUNDS	\$0.00

PART 12 - FINANCIAL ASSISTANCE TO NONGOVERNMENTAL ENTITIES
FOR THE FISCAL YEAR ENDING 2008

<u>Federal ID</u>	<u>Name</u>	<u>Address</u>	<u>County of Operation</u>	<u>Name of Operating Officer</u>	<u>Phone Number</u>	<u>Description of Funding</u>	<u>Amount</u>
35-0829124	AMERICAN LEGION	1401 N. MAIN STREET CROWN POINT, IN 46307-4726	LAKE COUNTY	DON SALES	219-663-9788	MEMORIAL DAY EXPENCE	\$100.00
35-1452057	SOUTH LAKE COUNTY COMMUNITY SERVICE	1450 E. JOLIET STREET CONDO A SUITE 103 CROWN POINT, IN 46307-4726	LAKE COUNTY	MARGOT SABATO	219-663-0627	TRANSPORTATION	\$1,700.00
35-6046079	AMVETS POST 15	13335 MORSE STREET CEDAR LAKE, IN 46307-4726	LAKE COUNTY	DAN WAYMAN	219-374-9834	MEMORIAL DAY EXPENCE	\$100.00