

Name of local government: TFS Fire Service Area

Budget for Fiscal Year: FY 19-20

Fund Name: \_\_\_\_\_

Fund #: \_\_\_\_\_

**CASH AVAILABLE, REVENUES, & OTHER FINANCING SOURCES**

	AMOUNT
<b>1</b> <u>Cash Balance In County fund as of June 30th</u>	52319.66
<b>2</b> <u>Cash Balance all accounts held outside the County as of June 30th</u>	
<b>3</b> <u>Monies not yet deposited for all accounts</u>	
<b>4</b> <u>Outstanding warrants (checks) as of June 30th</u>	
<b>5</b> <u>Capital Improvement Fund</u>	
<b>6</b> <u>Cash Available as of July 1st</u> <i>(6 = (1 + 2 + 3 + 5) - 4)</i>	52319.66

Revenues	AMOUNT
<b>7</b> <u>Tax Revenue</u>	40590
<b>8</b> <b>NON-TAX REVENUES &amp; OTHER FINANCING SOURCES</b>	
<u>Special Assessments</u>	
<u>License &amp; Permits</u>	
<u>Intergovernmental</u>	
Federal grants (specify below)	
_____	
_____	
_____	
State grants (specify below)	
_____	
_____	
_____	
State shared revenues (specify below)	
State entitlement	
_____	
_____	
<u>Charges for Services</u>	
_____	
_____	
_____	
<u>Miscellaneous</u>	
Contribution & donations	
Sale of junk or salvage (non capital items)	
Other (specify)	
<u>Investment earnings</u>	
<u>Other Financing Sources</u>	
Transfers in from other funds	
<i>(do not use to budget cash transfers between bank accounts)</i>	
Proceeds from long term debt	
Proceeds from sale of capital assets	
_____	
_____	
<b>9</b> TOTAL TAX/ NON-TAX REVENUES & OTHER FINANCING SOURCES:	40590

<b>10</b> <u>Total Resources</u> (Total Resources <i>MUST</i> equal Total Requirements from page 2, 11) <i>(10 = 6 + 9)</i>	92909.66
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ind Name:

ind #:

**This space is reserved for any additional comments or explanations.**

**Please list any additional non-tax revenues or accounts not reflected in the operating budget or CIP and/or not held in the county account with an explanation of purpose.**

Name of financial institution: <u>TFS FSA</u>	Amount: _____
Comment the \$48,000 listed in page 2 under Professional Service (other) is for	

Name of financial institution: _____	Amount: _____
Explanation of account:	

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Explanation of account:	

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**GENERAL INFORMATION REQUIRED**

BOARD:	NAME	DATE TERM EXPIRES
Chairman	Michael McMahon	4/2022
Vice-Chairman	Dawain Burgess	4/2022
Board member	Todd Swan	4/2020
Board member	Dale Baldwin	4/2021
Board member	Bill Hume	4/2022
Board member		
Board member		
Secretary		
Treasurer		

Prepared by (Print Name): Michael McMahon  
 Prepared by (Signature): \_\_\_\_\_  
 Title: Board Chairman  
 Date: 8/22/2019  
 District Mailing Address: PO Box 421  
 City/ State/ Zip code: Fortine, MT 59918  
 District Phone #: 406-882-4792  
 Email address of District: mmcmahon@interbel.net

**INFORMATION BELOW IS FOR INTERNAL USE  
 TO BE COMPLETED BY THE Finance Department**

Darren Coldwell  
 Lincoln County Administrator

**Ad Mill Levy Information**

FY Voted Mills 1st Levied	Number of Mills	Last FY Voted Mills will be levied (Sunset)

**Emergency Mill levy or other permissive mills per 15-10-420(9)**

Type of Permissive Mill (i.e. emergency, judgment, etc.)	Number of Mills


**Current Year Mill levy approved by County Commissioners:**

Taxable Valuation	Value Per Mill	Number of Mills Authorized without a vote	Number of voted & permissive mills levied	Total number of mills levied	Total Authorized Tax Revenue

(should agree to page 1, Z)

Special Notes: Capital Improvement Plans should be approved by your board.

Questions?? Contact County Administrator Darren Coldwell  
 283-2345  
[dcoldwell@libby.org](mailto:dcoldwell@libby.org)

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