

Name of local government: \_\_\_\_\_

Budget for Fiscal Year: \_\_\_\_\_

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

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

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

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

	Revenues	AMOUNT
<u>6</u> <b>Tax Revenue</b>		
<u>7</u> <b>NON-TAX REVENUES &amp; OTHER FINANCING SOURCES</b>		
<b>Special Assessments</b>		
<b>License &amp; Permits</b>		
<b>Intergovernmental</b>		
Federal grants (specify below)		
_____		
_____		
_____		
State grants (specify below)		
_____		
_____		
_____		
State shared revenues (specify below)		
State entitlement		
_____		
_____		
<b>Charges for Services</b>		
_____		
_____		
_____		
<b>Miscellaneous</b>		
Contribution & donations		
Sale of junk or salvage (non capital items)		
Other (specify)		
<b>Investment earnings</b>		
<b>Other Financing Sources</b>		
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		
<u>8</u> <b>TOTAL TAX/NON-TAX REVENUES &amp; OTHER FINANCING SOURCES:</b>		-

<u>9</u> <b>Total Resources</b> (Total Resources <i>MUST</i> equal Total Requirements from page 2, <u>11</u> ) <i>( 8 = 4 + 7 )</i>	-
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APPROPRIATIONS AND CASH RESERVE

Table with columns for Expenditures and AMOUNT. Section 10 includes categories like Personal Services (100), Supplies (200), Purchased Services (300), Fixed Charges (500), Debt Service (600), Grants, Contributions and Indemnities (700), Other (800), and Capital Outlay (900). Includes a TOTAL APPROPRIATIONS (EXPENDITURES) row with a note about actual vs budgeted amounts.

Section 11: Cash Reserve. Criteria - If fund is budgeted to receive tax revenue in the fiscal year, the budgeted cash reserve amount cannot exceed 1/3 of appropriations. The cash reserve amount cannot be a negative amount. (= a reserve to meet expenditures made from the fund during the months of July to November of the next fiscal year)

Section 12: Total Requirements (Total Requirements MUST equal Total Resources from page 1, 8) ( 11 = 9 + 10 )

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**GENERAL INFORMATION REQUIRED**

<b>BOARD:</b>	<i>NAME</i>	<i>DATE TERM EXPIRES</i>
Chairman	_____	_____
Vice-Chairman	_____	_____
Board member	_____	_____
Board member	_____	_____
Board member	_____	_____
Board member	_____	_____
Board member	_____	_____
Secretary	_____	_____
Treasurer	_____	_____

Prepared by (Print Name): \_\_\_\_\_  
 Prepared by (Signature): \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 District Mailing Address: \_\_\_\_\_  
 City/State/Zip code: \_\_\_\_\_  
 District Phone #: \_\_\_\_\_  
 Email address of District: \_\_\_\_\_

**INFORMATION BELOW IS FOR INTERNAL USE  
 TO BE COMPLETED BY THE CLERK AND RECORDER**

Patrick McFadden  
 Lincoln County Administrator

**Voted Mill Levy Information**

<i>FY Voted Mills 1st Levied</i>	<i>Number of Mills</i>	<i>Last FY Voted Mills will be levied (Sunset)</i>

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

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

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

<i>Taxable Valuation</i>	<i>Value Per Mill</i>	<i>Number of Mills Authorized without a vote</i>	<i>Number of voted &amp; permissive mills levied</i>	<i>Total number of mills levied</i>	<i>Total Authorized Tax Revenue</i>

(should agree to page 1, #5)

\* \* \*

Special Notes: Capital Improvement Plans should be approved by your board and needs to be a separate budget from your operating budget.

Questions?? Contact County Administrator Patrick McFadden  
 283-2345  
[pmcfadden@libby.org](mailto:pmcfadden@libby.org)