

Name of local government: _____

Budget for Fiscal Year: _____

Fund Name: _____

Fund #: _____

CASH AVAILABLE, REVENUES, & OTHER FINANCING SOURCES

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

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

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

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GENERAL INFORMATION REQUIRED

| BOARD: | <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 & 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