

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 <i>(5 = (1 + 2+3) - 4)</i>	-

	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 <u>MUST</u> equal Total Requirements from page 2, <u>11</u>) <i>(8 = 4 + 7)</i>	-
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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): Jo Wilson
 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)

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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