

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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APPROPRIATIONS AND CASH RESERVE

10	Expenditures	AMOUNT	Expenditures	AMOUNT
	<u>Personal Services (100)</u>		<u>Fixed Charges (500)</u>	
	Salaries/Wages	_____	Insurance on trucks, buildings, etc.	_____
	Workers compensation	_____	Bank/Investment charges	_____
	Employer contributions	_____	Cooperative contracts/agreements	_____
	Other (specify)	_____	Clothing allowance	_____
	<u>Supplies (200)</u>		Election costs	_____
	Office supplies	_____	Other (specify)	_____
	Equipment (non-capital)	_____	<u>Debt Service (600)</u>	
	Operating supplies	_____	Principal payments	_____
	Chemicals	_____	Interest payments	_____
	Gas & oil-vehicles	_____	Other (specify)	_____
	Vehicles (repair & maintenance)	_____	<u>Grants, Contributions and</u>	
	Equipment (non-capital)	_____	<u>Indemnities (700)</u>	
	Other (specify)	_____	Donations	_____
	Building supplies (repair & maintenance)	_____	Other (specify)	_____
	Other (specify)	_____	<u>Other (800)</u>	
	<u>Purchased Services (300)</u>		Transfers to other funds	_____
	Utilities	_____	(<i>do not use to budget cash transfers</i>	_____
	Telephone & communication	_____	<i>between bank accounts</i>)	_____
	Electricity and/or natural gas	_____	Depreciation	_____
	Repair & Maintenance	_____	Losses (bad debt) Enterprise funds only	_____
	Building	_____	<u>Capital Outlay (900)</u>	
	Vehicles	_____	(<i>expenditures budgeted to capital outlay</i>	_____
	Office equipment	_____	<i>MUST meet the local government's</i>	_____
	Publicity, subscriptions, dues	_____	<i>capitalization policy.</i>)	_____
	Newspaper publications	_____	Land	_____
	Subscriptions	_____	Building	_____
	Membership fees	_____	Improvement other than building	_____
	Training	_____	Machinery & equipment (list below)	_____
	Tuition/registration costs	_____	_____	_____
	Travel reimbursements	_____	_____	_____
	Other (specify)	_____	_____	_____
	Professional services	_____	<u>Miscellaneous (specify)</u>	
	Legal	_____	_____	_____
	Accounting & auditing	_____	_____	_____
	Other (specify)	_____	_____	_____
	Equipment rental	_____		
TOTAL APPROPRIATIONS (EXPENDITURES):				
<i>(The total actual expenditures for the period stated shall not in any</i>				
<i>event exceed the total budgeted appropriations, unless a budget</i>				
<i>amendment in accordance with 7-6-4006, MCA has been passed.)</i>				-

<u>11</u>	<u>Cash Reserve</u> 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. <i>(= a reserve to meet expenditures made from the fund during the months of July to November of the next fiscal year)</i>	
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<u>12</u>	<u>Total Requirements</u> (Total Requirements <i>MUST</i> equal Total Resources from page 1, 8) <i>(11 = 9 + 10)</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): _____
 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