

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> (5 = (1 + 2+3) - 4)	-

	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> ) ( 8 = 4 + 7 )	-
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**APPROPRIATIONS AND CASH RESERVE**

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

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

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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](mailto:pmcfadden@libby.org)