

2016 Dollar Certification of Budget Request to Board of County Commissioners L-2

Hospital Only (the L-2 worksheet and applicable "Voter Approved Fund Tracker" and budget publication must be attached)

District or Taxing Unit's Name:

Fund	Total Approved Budget*	Cash Forward Balance	Other revenue <i>NOT</i> shown in Column 5	Property Tax Replacement From Line 12 of L-2 Worksheet	Balance to be levied Col. 2 minus (Cols. 3+4+ 5)
1	2	3	4	5	6
Column Total:	-	-	-	-	-

If the budget includes any forgone amount, complete this section:

I, the undersigned, attest that this district held a public hearing and approved the attached resolution that indicates that up to \$_____ of available forgone increase is authorized to be levied and the specific purpose for which this amount is being budgeted. This amount can not exceed the lesser of amount shown in the resolution or line 14A of the L-2 worksheet.

I certify that the amounts shown above accurately reflect the budget being certified in accordance with the provisions of I.C. §63-803.

To the best of my knowledge, this district has established and adopted this budget in accordance with all provisions of Idaho Law.

	If a public hearing was held pursuant to I.C. §39-1333 please initial here:
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Signature of District Representative _____ Title: _____ Date: _____

Please print above: Contact Name and Mailing Address	Email Address:	
Phone Number: ()		Fax Number: ()

* = Do not include revenue allocated to urban renewal agencies.

Levy Rate Calculation Worksheet

For County Use Only

District's Name: _____

DO NOT ENTER IN SHADED AREAS:

For County Clerk Use Only

For I.C. §63-1305 Judgments, I.C. §33-802 Judgment Obligations, temporary Override/Supplemental, and School Emergency funds increment value added if first certified after 12/31/2007. For Bonds, and Plant Facility, increment value added if voter approved after 12/31/2007.

For any existing funds, the levy may need to be computed using part of the increment value if boundary changes have occurred.

Market Value Area: Please enter any U/R increment you may have.

County	Less U/R Increment	U/R Increment Values			Taxable Value plus Increment		
	(A) Net Taxable Market Value	(B) Total Net Increment Value	(C) Partial Increment Value	(D) Increment Value of Annexed Area Only	Net Value plus ALL Increment (A+B)	Net Value plus Partial Increment Only (A+C)	Annexation Increment Only (A+D)
					0	0	0
					0	0	0
					0	0	0
					0	0	0
Total Value:	0	0	0	0	0	0	0
		U/R Key Code:			(1)	(2)	(3)

Leave Blank if NO U/R Increment added.

1 = All increment added.

2 = Partial increment added.

3 = Annexation increment added.

Levy Calculation Area

Fund	Balance to be levied.	U/R Key Code	Levy Rate	Enter the fund's maximum levy rate below.	Maximum Levy Limit Testing Area "Over Max"
Totals:	0		0.00000000		

L-2 Worksheet (must be attached to the L-2 form)

District Name:	Enter Year:	
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Computation of 3% budget increase:

Enter the amount from the "Highest Non-Exempt P-Tax Budget + P-Tax Replacement" column from the "Maximum Budget and Forgone Amount Worksheet".						(1)	
Multiply line 1 by 3%.						(2)	-

New Construction & Annexation budget increases:

Enter the 2016 value of district's new construction roll from each applicable county below:							
County Name		Value					
	(A)						
	(B)						
	(C)						
	(D)						
Total of New Construction Roll Value:	(3)	-					

Enter the 2016 value of annexation from property assessed by the county.							
Enter the 2016 value of annexation from Operating Property .	(B)						
Total Annexation Value:	(4)	-					
Enter the total 2015 approved non-exempt levy rate.	(5)						
New Construction Roll budget increase (multiply line 3 by line 5).						(6)	-
Annexation budget increase (multiply line 4 by line 5).						(7)	-

Non-Exempt Budget Authority:

Add lines 1+2+6+7.						(8)	-
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Property Tax Replacement:

Enter yearly amount of the agricultural equipment replacement money.							
Enter yearly amount of the personal property replacement money.	(9)						
Enter TOTAL recovered dollars as reported on the Recovered/Recaptured Property Tax Substitute Funds List.	(10)						
Enter the total of lines 9, thru 11: (Must match col. 5 budget total of L-2).	(11)					(12)	-

Non-Exempt Budget Authority less P-tax Replacement:

Take the amount from line 8 and subtract line 12:						(13)	-
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Forgone Amount:

Enter the forgone increase included in your budget. This amount can't exceed what is reported on the attached resolution.						(14)	
Enter the maximum forgone amount from the "Maximum Budget and Forgone" worksheet	(14A)						

Maximum Allowable Non-exempt Property Tax to be Levied:

This is the maximum non-exempt property tax budget that can be levied. (Line 13 plus line 14)						(15)	-
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Voter Approved Fund Tracker
Attach to L-2 Form If Applicable

District Name: _____

Fund	Date of Election (If current year attach copy of Ballot)	Term of Initiative	Annual Amount Authorized by Voters	1st Calendar Year Levied
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Override Funds Available to All Districts

2 Yr Override I.C. §63-802				
Permanent Override I.C. §63-802				

School District Funds

Supplemental Funds

Temporary School Supplemental I.C. §33-802(3)				
Permanent School Supplemental I.C. §33-802(5)				
Plant Facilities Transfer to Supplemental I.C. §33-804				

(Total Plant Facilities and Transfer to Supplemental can not exceed the annual Plant Facilities approved by voters.)

Cosa Funds

COSA Funds (50% Voter Approval 10 yr)				
COSA Maintenance (2/3 Voter Approval 10 yr)				
COSA Plant Facilities (3 yrs)				

Plant Facilities Funds

Plant Facilities (10 yrs)				
If voters approved an increase in the annual amount but did not change the term				
Safe School Plant Facilities (20 yrs)				
If voters approved an increase in the annual amount but did not change the term				

District Bond Fund(s) (refer to district code for specifics)

	Bond Election Date	Bond Expiration Date	Prior Year P-Tax \$	Current Year P-Tax Reported on L-2 Col. 6	% Change (+/- 20% Explanation Required)	"Yes" = Explanation Required
Bond (1)						
Bond (2)						
Bond (3)						
Bond (4)						