

**FORM  
LB-1**

**NOTICE OF BUDGET HEARING**

A public meeting of the \_\_\_\_\_ will be held on \_\_\_\_\_ at \_\_\_\_\_  a.m. at \_\_\_\_\_  
(Governing body) (Date) (Street address)

\_\_\_\_\_, Oregon. The purpose of this meeting is to discuss the budget for the  
(Location)

fiscal year beginning July 1, 20\_\_\_\_ as approved by the \_\_\_\_\_ Budget Committee. A summary of  
(Municipal corporation)

the budget is presented below. A copy of the budget may be inspected or obtained at \_\_\_\_\_  
(Street address)

\_\_\_\_\_ between the hours of \_\_\_\_\_ a.m., and \_\_\_\_\_ p.m., or online at \_\_\_\_\_ This

budget is for an  annual;  biennial budget period. This budget was prepared on a basis of accounting that is:  the same as;

different than the preceding year. If different, the major changes and their effect on the budget are:

\_\_\_\_\_  
 \_\_\_\_\_

|         |                         |        |
|---------|-------------------------|--------|
| Contact | Telephone number<br>( ) | E-mail |
|---------|-------------------------|--------|

**FINANCIAL SUMMARY – RESOURCES**

| <b>TOTAL OF ALL FUNDS</b>  | Actual Amounts<br>20____–20____ | Adopted Budget<br>This Year: 20____–20____ | Approved Budget<br>Next Year: 20____–20____ |
|--|---------------------------------|--|---|
| 1. Beginning Fund Balance/Net Working Capital .....                        |                                 |  |   |
| 2. Fees, Licenses, Permits, Fines, Assessments & Other Service Charges...  |                                 |  |   |
| 3. Federal, State & all Other Grants, Gifts, Allocations & Donations ..... |                                 |  |   |
| 4. Revenue from Bonds & Other Debt.....                                    |                                 |  |   |
| 5. Interfund Transfers/Internal Service Reimbursements .....               |                                 |  |   |
| 6. All Other Resources Except Current Year Property Taxes.....             |                                 |  |   |
| 7. Current Year Property Taxes Estimated to be Received.....               |                                 |  |   |
| <b>8. Total Resources</b> —add lines 1 through 7.....                      |                                 |  |   |

**FINANCIAL SUMMARY – REQUIREMENTS BY OBJECT CLASSIFICATION**

|  |  |  |  |
|--|--|--|--|
| 9. Personnel Services .....  |  |  |  |
| 10. Materials and Services .....   |  |  |  |
| 11. Capital Outlay .....   |  |  |  |
| 12. Debt Service .....   |  |  |  |
| 13. Interfund Transfers.....   |  |  |  |
| 14. Contingencies.....   |  |  |  |
| 15. Special Payments.....  |  |  |  |
| 16. Unappropriated Ending Balance and Reserved for Future Expenditure .... |  |  |  |
| <b>17. Total Requirements</b> —add lines 9 through 16 .....                |  |  |  |

**FINANCIAL SUMMARY – REQUIREMENTS AND FULL-TIME EQUIVALENT EMPLOYEES (FTE) BY ORGANIZATIONAL UNIT OR PROGRAM\***

| Name of Organizational Unit or Program |  |  |  |
|--|--|--|--|
| FTE for Unit or Program                |  |  |  |
| Name                                   |  |  |  |
| FTE                                    |  |  |  |
| Name                                   |  |  |  |
| FTE                                    |  |  |  |
| Name                                   |  |  |  |
| FTE                                    |  |  |  |
| Name                                   |  |  |  |
| FTE                                    |  |  |  |

