

**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 () | E-mail |
|---------|-------------------------|--------|

FINANCIAL SUMMARY – RESOURCES

| TOTAL OF ALL FUNDS | Actual Amounts 20____–20____ | Adopted Budget This Year: 20____–20____ | Approved Budget 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..... | | | |
| 8. Total Resources —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 | | | |
| 17. Total Requirements —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 | | | |

