FORM LB-1

NOTICE OF BUDGET HEARING

A public meeting of the Crescent Sanitary District will be held on June 11, 2014, at 5:00 p.m. at Crescent Community Center in Crescent, Oregon. The purpose of this meeting is to discuss the budget for the fiscal year beginning July 1, 2014, as approved by the Crescent Sanitary District Budget Committee. A summary of the budget is presented below. A copy of the budget may be inspected or obtained at the Crescent Post Office, 136728 Main Street, Crescent, Oregon, between the hours of 10:00 a.m. and 3:00 p.m. This budget is for an annual budget period. This budget was prepared on a basis of accounting that is the same as the preceding year.

Contact: Cher Dolan Telephone: 541-480-3040 Email:

| FINANCIAL SUMMARY - RESOURCES | | | | | |
|---|---------------|---------------------|---------------------|--|--|
| TOTAL OF ALL FUNDS | Actual Amount | Adopted Budget | Approved Budget | | |
| | 2012-2013 | This Year 2013-2014 | Next Year 2014-2015 | | |
| Beginning Fund Balance/Net Working Capital | 74,177 | 74,200 | 103,219 | | |
| Fees, Licenses, Permits, Fines, Assessments & Other Service Charges | 0 | 7,000,000 | 0 | | |
| Federal, State and all Other Grants, Gifts, Allocations and Donations | 0 | 0 | 935,000 | | |
| Interfund Transfers / Internal Service Reimbursements | 0 | 100,000 | 0 | | |
| All Other Resources Except Current Year Property Taxes | 0 | 2,401,500 | 824 | | |
| Current Year Property Taxes Estimated to be Received | 15,299 | 11,000 | 16,000 | | |
| Total Resources | 89,476 | 9,586,700 | 1,055,043 | | |

| FINANCIAL SUMMARY - REQUIREMENTS BY OBJECT CLASSIFICATION | | | | | |
|---|--------|-----------|-----------|--|--|
| Materials and Services | 20,171 | 137,900 | 685,300 | | |
| Capital Outlay | 0 | 200,000 | 0 | | |
| Interfund Transfers | 0 | 100,000 | 0 | | |
| Contingencies | 0 | 807,000 | 0 | | |
| Unappropriated Ending Balance and Reserved for Future Expenditure | 69,305 | 8,341,800 | 369,743 | | |
| Total Requirements | 89,476 | 9,586,700 | 1,055,043 | | |

| FINANCIAL SUMMARY - REQUIREMENTS AND FULL-TIME EQUIVALENT EMPLOYEES (FTE) BY ORGANIZATIONAL UNIT OR PROGRAM * | | | | | |
|---|--------|-----------|-----------|--|--|
| Name of Organizational Unit or Program | | | | | |
| FTE for that unit or program | | | | | |
| Not Allocated to Organizational Unit or Program | 89,476 | 9,586,700 | 1,055,043 | | |
| FTE | | | | | |
| Total Requirements | 89,476 | 9,586,700 | 1,055,043 | | |
| Total FTE | | | | | |

| PROPERTY TAX LEVIES | | | | |
|---|------------------------|------------------------|-------------------------|--|
| | Rate or Amount Imposed | Rate or Amount Imposed | Rate or Amount Approved | |
| | 2012-2013 | This Year 2013-2014 | Next Year 2014-2015 | |
| Permanent Rate Levy (rate limit 1.0321 per \$1,000) | 1.0321 | 1.0321 | 1.0321 | |
| Local Option Levy | | | | |
| Levy For General Obligation Bonds | | | | |

^{*} If more space is needed to complete any section of this form, insert lines (rows) on this sheet. You may delete blank lines. 150-504-073-2 (Rev. 02-14)