

**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
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**FINANCIAL SUMMARY – RESOURCES**

<b>TOTAL OF ALL FUNDS</b>	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.....			
<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			

