Budget for: Ovid Cemetary District

Dates: October 1, 2023 – October 1, 2024

Revenues	
Property Tax Levy Amount:	4398
Grave Digging Fees:	
Plot Sales:	
Donations:	
Misc.:	
TOTAL REVENUES:	

Expenses	
Labor / Contracts:	1,400
Grave Digging Expenses:	
Fuel and Supplies:	900
Equipment and Capital exp.:	900
Utilities:	500
Misc.:	400
TOTAL EXPENSES:	4100

2023 Dollar Certification of Budget Request to Board of County Commissioners L-2
(the "L-2 Worksheet" and applicable "Voter Approved Fund Tracker" and budget publication must be attached)

District Name: Ovid Cemetery

Fund Name	Total Approved Budget*	Cash Forward Balance	Other revenue NOT shown in Column 5	Property Tax Replacement (Line 26 of 'L-2 Worksheet')	Balance to be levied Col. 2 minus (Cols. 3+4+5)
1	2	3	4	5	6
	4768 ~~$4,583~~			$185	4953 ~~$4,398~~
NON-LEVIED FUNDS (must net zero)					
Column Subtotal:	4768 ~~$4,583~~			$185	4953 ~~$4,398~~
				Maximum Allowable Non-Exempt Property Tax Amount to be Levied:	4953 **$4,768**

Exempt Funds

(Bonds, Overrides, Judgment Funds, & Plant Facilities)

Column Subtotal:					
Column Total:	4953 ~~$4,583~~			$185	4768 ~~$4,398~~
Expected Totals (for balancing purposes, values from 'L-2 Worksheet')				$185	

I, the undersigned, attest that a public hearing was held and a resolution was adopted to:

	Max Reserved Forgone:	~~$217~~
RESERVE the current year's forgone amount, OR	**Reserved Forgone:**	
RECOVER forgone amounts (line 29 of the 'L-2 Worksheet')	**Recovered Forgone:**	$49

I have attached the adopted and signed resolution indicating the amount of forgone to be reserved or recovered.

I have attached the Capital Project Worksheet for additional forgone (if applicable). **Initials:**

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.

Virgil Johnson	Duyl Johnson	Board member	8-12-2023
Printed Name	**Signature of District Representative**	**Title**	**Date**

607 Ovid Rd Ovid Idaho 83254
Contact Name and Mailing Address

Email Address None

208 251-5010
Phone Number (###) ###-### EXT ###

Fax Number (###) ###-### None

*Do not include revenue allocated to urban renewal agencies