2025 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: North Fremont Hospital

Fund Name	Total Approved Budget*	Cash Forward Balance	Other revenue NOT shown in Column 5	Property Tax Replacements and Other Subtractions (Line 29 + Line 32 of 'L-2 Worksheet'")	Balance to be levied Col. 2 minus (Cols. 3+4+5)
1	2	3	4	5	6
General Fund	$467,689			$5,104	$462,585
Tort	$27,000				$27,000
NON-LEVIED FUNDS (must net zero)					
Column Subtotal:	$494,689			$5,104	$489,585
				Maximum Allowable Non-Exempt Property Tax Amount to be Levied:	**$499,189**

Exempt Funds
(Bonds, Overrides, & Judgment Funds)

Column Subtotal:					
Column Total:	**$494,689**			**$5,104**	**$489,585**
Expected Totals (for balancing purposes, values from 'L-2 Worksheet')				**$5,104**	

I, the undersigned, attest that a public hearing was held and a resolution was adopted to:
RESERVE the current year's forgone amount, OR
RECOVER forgone amounts (line 20 + line 21 of the 'L-2 Worksheet')

Max Reserved Forgone: $9,604
Reserved Forgone:
Recovered Forgone: 9604

I intend to submit a resolution to reserve this year's forgone amount to the STC by 12/31/2025. **Initials:**
HOSPITALS ONLY: If a public hearing was held pursuant to I.C. §39-1333 **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.

Sean Maupin		Chairman	8/21/2025
Printed Name	**Signature of District Representative**	**Title**	**Date**
Tina Warnke 3600 E Hwy 32 Ashton, ID 83420		twarnke3@gmail.com	
Contact Name and Mailing Address		**Email Address**	
208-709-7026			
Phone Number (###) ###-### EXT ###		**Fax Number (###) ###-###**	

*Do not include revenue allocated to urban renewal agencies