

Ordinance No. 9318

2016 Budget Proposal

Sanitary District of Hammond

Sewer Maintenance Fund 608 (8201)

Special Sanitary Debt Service Exempt Fund 308 (8280)

Special Sanitary Debt Service Fund 309 (8280)

SPONSORED BY:

COUNCILMAN ROBERT A. MARKOVICH

CURRENT YEAR FINANCIAL WORKSHEET

(Formerly Line 2 Worksheet)

Selected Year: 2016
Selected County: 45 - Lake County
Selected Unit: 0810 - HAMMOND SANITARY
Selected Fund: 8201 - SPECIAL SANITARY GENERAL

Line 2	
APPROPRIATIONS	
1. Current Year Approved Budget	\$2,604,050
2. Encumbrances Brought Forward	\$72,247
3. Changes to Appropriations:	
a) Additional Appropriations (January to June)	\$0
b) Reductions January through June	\$0
4. Other Non-Appropriated Obligations	\$0
5. Total Approved Appropriations	\$2,676,297
DISBURSEMENTS	
6. January through June Current Year Disbursements	\$1,557,139
7. Appropriation Balance	\$1,119,158
8. Reductions July through December	\$0
9. Estimated Current Year Expenditures July through December	\$1,119,158
Line 3	
10. Proposed/Approved Additional Appropriations for July through Dec. of Current Year	\$0
Line 4A	
11. Levy excess not transferred prior to June 30	\$0
12. Temporary Loans outstanding as of June 30	\$2,231,000
What fund loaned the cash on Line 12:	TAW/425
13. Temporary loans not included in Lines 2 or 3	\$2,231,000
Line 4B	
14. Temp loans to be repaid in the first six months of ensuing year	\$0
What fund loaned the cash on Line 14:	
Line 6	
15. June 30 Cash Balance, including investments	\$1,437,907
Line 7	
16. Taxes to be collected, present year (December settlement)	\$1,055,434

Budget Form 1 - Budget Estimate

Year: 2016 County: Lake Unit: Hammond Sanitary

Fund	Department	Category	Sub-Category	Line Item Code	Line Item	Published	Adopted
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	PERSONAL SERVICES	Salaries and Wages	411.01	Salaries and Wages	\$1,065,461	\$1,065,461
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	PERSONAL SERVICES	Salaries and Wages	411.02	Overtime Salaries	\$50,000	\$50,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	PERSONAL SERVICES	Employee Benefits	413.01	FICA	\$85,334	\$85,334
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	PERSONAL SERVICES	Employee Benefits	413.02	PERF	\$158,395	\$158,395
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	PERSONAL SERVICES	Employee Benefits	413.04	Insurance (life/health/w.c./u)	\$460,880	\$460,880
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	PERSONAL SERVICES	Employee Benefits	413.06	Clothing Allowance	\$20,000	\$20,000
PERSONAL SERVICES Total						\$1,840,070	\$1,840,070
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SUPPLIES	Office Supplies	421.00	Office Supplies	\$12,000	\$12,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SUPPLIES	Operating Supplies	422.00	Operating Supplies	\$85,000	\$85,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SUPPLIES	Repair and Maintenance Supplies	423.00	Repair - Maintenance Supplies	\$50,000	\$50,000
SUPPLIES Total						\$147,000	\$147,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SERVICES AND CHARGES	Professional Services	431.00	Professional Services	\$1,500,000	\$1,500,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SERVICES AND CHARGES	Communication and Transportation	432.00	Communication - Transportation	\$5,000	\$5,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SERVICES AND CHARGES	Insurance	434.00	Insurance	\$70,000	\$70,000

Fund	Department	Category	Sub-Category	Line Item Code	Line Item	Published	Adopted
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SERVICES AND CHARGES	Utility Services	435.00	Utilities	\$75,000	\$75,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SERVICES AND CHARGES	Repairs and Maintenance	436.00	Repairs - Maintenance	\$56,918	\$56,918
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SERVICES AND CHARGES	Rentals	437.00	Rentals	\$5,000	\$5,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SERVICES AND CHARGES	Other Services and Charges	439.00	Other Services - Charges	\$50,000	\$50,000
					SERVICES AND CHARGES Total	\$1,761,918	\$1,761,918
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	CAPITAL OUTLAYS	Machinery, Equipment, and Vehicles	44000	Lease Purchase	\$100,000	\$100,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	CAPITAL OUTLAYS	Other Capital Outlays	44000	Capital Outlay	\$25,000	\$25,000
					CAPITAL OUTLAYS Total	\$125,000	\$125,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	DEBT SERVICE	Payments on Tax Anticipation Warrants Interest	438.02	INTEREST	\$15,000	\$15,000
					DEBT SERVICE Total	\$15,000	\$15,000
					NO DEPARTMENT Total	\$3,888,988	\$3,888,988
TOTAL 8201 - SPECIAL SANITARY GENERAL FUND						\$3,888,988	\$3,888,988

Budget Form 2 - Estimate of Miscellaneous Revenue

Year: 2016 County: Lake Unit: 0810 - Hammond Sanitary

Fund: 8201 - SPECIAL SANITARY GENERAL

Revenue Code	Revenue Name	July 1 - December 31, 2015	January 1 - December 31, 2016
R112	Financial Institution Tax distribution	\$9,042	\$18,084
R114	Motor Vehicle/Aircraft Excise Tax Distribution	\$53,906	\$110,570
R135	Commercial Vehicle Excise Tax Distribution (CVET)	\$7,812	\$20,010
R906	Refunds and Reimbursements	\$15,098	\$0
R910	Transfers In - Transferred from Another Fund	\$0	\$1,520,000
SPECIAL SANITARY GENERAL Total		\$85,858	\$1,668,664

NOTICE TO TAXPAYERS

The **Notice to Taxpayers** is available online at www.budgetnotices.in.gov or by calling (888) 739-9826.

Complete details of budget estimates by fund and/or department may be seen by visiting the office of this unit of government at **Hammond Sanitary District**.

Notice is hereby given to taxpayers of **HAMMOND SANITARY, Lake County, Indiana** that the proper officers of **Hammond City Council** will conduct a public hearing on the year **2016** budget. Following this meeting, any ten or more taxpayers may object to a budget, tax rate, or tax levy by filing an objection petition with the proper officers of **Hammond City Council** not more than seven days after the hearing. The objection petition must identify the provisions of the budget, tax rate, or tax levy to which taxpayers object. If a petition is filed, **Hammond City Council** shall adopt with the budget a finding concerning the objections in the petition and testimony presented. Following the aforementioned hearing, the proper officers of **Hammond City Council** will meet to adopt the following budget:

Public Hearing Date	Monday, September 28, 2015	Adoption Meeting Date	Tuesday, October 13, 2015
Public Hearing Time	6:00 PM	Adoption Meeting Time	6:00 PM
Public Hearing Location	Common Council Chambers	Adoption Meeting Location	5925 Calumet Avenue 2nd Floor
Estimated Civil Max Levy	\$3,160,551		

1 Fund Name	2 Budget Estimate	3 Maximum Estimated Funds to be Raised (including appeals and levies exempt from maximum levy limitations)	4 Excessive Levy Appeals	5 Current Tax Levy
8201-SPECIAL SANITARY GENERAL	\$3,888,988	\$3,751,111	\$0	\$3,078,267
8280-SPECIAL SANITARY DEBT SERVICE	\$4,624,865	\$5,189,217	\$0	\$4,225,787
8284-SPECIAL SANITARY DEBT SERVICE EXEMPT FROM CIRCUIT BREAKERS	\$3,657,307	\$4,188,716	\$0	\$3,657,491
Totals	\$12,171,160	\$13,129,044	\$0	\$10,961,545

BUDGET REPORT FOR

Selected Year: 2016
Selected County: 45 - Lake County
Selected Unit: 0810 - HAMMOND SANITARY
Selected Fund: 8201 - SPECIAL SANITARY GENERAL

DEPARTMENT: 0000 NO DEPARTMENT		
	Published Amount	Adopted Amount
PERSONAL SERVICES	\$1,840,070	\$1,840,070
SUPPLIES	\$147,000	\$147,000
SERVICES AND CHARGES	\$1,761,918	\$1,761,918
CAPITAL OUTLAY	\$125,000	\$125,000
DEBT SERVICE	\$15,000	\$15,000
Total	\$3,888,988	\$3,888,988

Totals by Fund	Published Amt.: \$3,888,988	Adopted Amt.: \$3,888,988
Totals by Unit	Published Amt.: \$12,171,160	Adopted Amt.: \$12,171,160

Form Signature

NAME

TITLE

SIGNATURE/PIN

DATE

I hereby acknowledge that the submission of this document through the Gateway password and PIN system constitutes an "electronic signature" as defined in IC 5-24-2-2. This submission is intended to, and hereby does, constitute authentication and approval of the submitted document as required by the Indiana Code. I understand that this electronic signature takes the place of my handwritten signature and accomplishes the same purposes as would my handwritten signature in the same circumstance. I further acknowledge that this electronic signature has the same force and effect as my handwritten signature and can and will be used for all lawful purposes. I affirm that I have the real and apparent authority to electronically sign and submit this document on behalf of the unit.

Budget Estimate- Financial Statement-Proposed Tax Rate

Taxing Unit: 0810 - HAMMOND SANITARY
Fund Name: 8201 - SPECIAL SANITARY GENERAL
County: 45 - Lake County
Year: 2016

Net Assessed Value	\$2,914,335,832	
Funds Required For Expenses To December 31st Of Incoming Year	Amount Used To Compute Published Budget	Appropriating Body
1. Total budget estimate for incoming year	\$3,888,988	\$3,888,988
2. Necessary expenditures, July 1 to December 31 of present year, to be made from appropriation unexpended	\$1,119,158	\$1,119,158
3. Additional appropriation necessary to be made July 1 to December 31 of present year	\$0	\$0
4. Outstanding temporary loans: a). To be paid not included in lines 2 or 3	\$2,231,000	\$2,231,000
b). Not repaid by December 31 of present year	\$0	\$0
5. TOTAL FUNDS required (add lines 1,2,3,4a and 4b)	\$7,239,146	\$7,239,146
Funds On Hand To Be Received From Sources Other Than Proposed Tax Levy	Amount Used To Compute Published Budget	Appropriating Body
6. Actual cash balance, June 30 of present year (including cash investments)	\$1,437,907	\$1,437,907
7. Taxes to be collected, present year (December settlement)	\$1,055,434	\$1,055,434
8. Miscellaneous revenue to be received July 1 of present year to December 31 of incoming year (Schedule on File): a). Total Column A Budget Form 2	\$85,858	\$85,858
b). Total Column B Budget Form 2	\$1,668,664	\$1,668,664
9. TOTAL FUNDS (Add lines 6, 7, 8a and 8b)	\$4,247,863	\$4,247,863
10. Net amount to be raised for expenses to December 31 of incoming year (deduct line 9 from 5)	\$2,991,283	\$2,991,283

Proposed Tax Rate and Levy	Amount Used To Compute Published Budget	Appropriating Body
11. Operating balance (not in excess of expense January 1 to June 30, less miscellaneous revenue for same period)	\$759,828	\$759,828
12. Amount to be raised by tax levy (add lines 10 and 11)	\$3,751,111	\$3,751,111
13a. Property Tax Replacement Credit from Local Option Tax	\$0	\$0
13b. Operating LOIT	\$0	\$0
14. NET AMOUNT TO BE RAISED BY TAX LEVY (deduct line 13a and 13b from line 12)	\$3,751,111	\$3,751,111
15. Levy Excess Fund applied to current budget	\$0	\$0
16. Net amount to be raised	\$3,751,111	\$3,751,111
17. Net Tax Rate on each one hundred dollars of taxable property	0.1287	0.1287

CURRENT YEAR FINANCIAL WORKSHEET

(Formerly Line 2 Worksheet)

Selected Year: 2016
Selected County: 45 - Lake County
Selected Unit: 0810 - HAMMOND SANITARY
Selected Fund: 8284 - SPECIAL SANITARY DEBT SERVICE EXEMPT FROM CIRCUIT BREAKERS

Line 2	
APPROPRIATIONS	
1. Current Year Approved Budget	\$3,703,422
2. Encumbrances Brought Forward	\$0
3. Changes to Appropriations:	
a) Additional Appropriations (January to June)	\$0
b) Reductions January through June	\$0
4. Other Non-Appropriated Obligations	\$0
5. Total Approved Appropriations	\$3,703,422
DISBURSEMENTS	
6. January through June Current Year Disbursements	\$2,619,176
7. Appropriation Balance	\$1,084,246
8. Reductions July through December	\$0
9. Estimated Current Year Expenditures July through December	\$1,084,246
Line 3	
10. Proposed/Approved Additional Appropriations for July through Dec. of Current Year	\$0
Line 4A	
11. Levy excess not transferred prior to June 30	\$0
12. Temporary Loans outstanding as of June 30	\$816,900
What fund loaned the cash on Line 12:	TAW/606
13. Temporary loans not included in Lines 2 or 3	\$816,900
Line 4B	
14. Temp loans to be repaid in the first six months of ensuing year	\$0
What fund loaned the cash on Line 14:	
Line 6	
15. June 30 Cash Balance, including investments	\$1,917,379
Line 7	
16. Taxes to be collected, present year (December settlement)	\$1,831,646

DEBT WORKSHEET

Selected Year: 2016
Selected County: 45 - Lake County
Selected Unit: 0810 - HAMMOND SANITARY
Selected Fund: 8284 - SPECIAL SANITARY DEBT SERVICE EXEMPT FROM CIRCUIT BREAKERS

Name of Issue	Line 2 Due	Line 2 Amount	Line 1 Due	Line 1 Amount	Line 11A Due	Line 11A Amount	Line 11B Due	Line 11B Amount
Special Taxing District Bonds Series 2007B	7/15/2015	\$451,614	7/15/2016	\$1,618,324	1/15/2017	\$814,051	7/15/2017	\$813,598
Special Taxing District Bonds Series 2006A	7/15/2015	\$25,150	7/15/2016	\$153,420	1/15/2017	\$133,270	7/15/2017	\$21,301
Special Taxing District Refunding Bonds Series 2014	7/15/2015	\$132,375	7/15/2016	\$1,880,563	1/15/2017	\$1,798,188	7/15/2017	\$90,875
Special Taxing District Bonds Series 2007A	7/15/2015	\$368,100						
Anticipated Debt Service		\$0		\$5,000		\$0		\$5,000
TOTALS BY FUND		\$977,239		\$3,657,307		\$2,745,509		\$930,774

Totals by Unit \$3,125,902 \$8,292,172 \$5,212,988 \$3,407,436

Form Signature

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Budget Form 1 - Budget Estimate

Year: 2016 County: Lake Unit: Hammond Sanitary

Fund	Department	Category	Sub-Category	Line Item Code	Line Item	Published	Adopted
8284 - SPECIAL SANITARY DEBT SERVICE EXEMPT FROM CIRCUIT BREAKERS	NO DEPARTMENT	SERVICES AND CHARGES	Other Services and Charges	438.04	Trustee Fees	\$1,250	\$1,250
SERVICES AND CHARGES Total						\$1,250	\$1,250
8284 - SPECIAL SANITARY DEBT SERVICE EXEMPT FROM CIRCUIT BREAKERS	NO DEPARTMENT	DEBT SERVICE	Payments on Tax Anticipation Warrants Interest	438.03	TAX INTEREST	\$5,000	\$5,000
8284 - SPECIAL SANITARY DEBT SERVICE EXEMPT FROM CIRCUIT BREAKERS	NO DEPARTMENT	DEBT SERVICE	Payments on Bonds and Other Debt Principal	438.01	PRINCIPAL	\$2,710,000	\$2,710,000
8284 - SPECIAL SANITARY DEBT SERVICE EXEMPT FROM CIRCUIT BREAKERS	NO DEPARTMENT	DEBT SERVICE	Payments on Bonds and Other Debt Interest	438.01	INTEREST	\$941,057	\$941,057
DEBT SERVICE Total						\$3,656,057	\$3,656,057
NO DEPARTMENT Total						\$3,657,307	\$3,657,307
TOTAL 8284 - SPECIAL SANITARY DEBT SERVICE EXEMPT FROM CIRCUIT BREAKERS FUND						\$3,657,307	\$3,657,307

Budget Form 2 - Estimate of Miscellaneous Revenue

Year: 2016 County: Lake Unit: 0810 - Hammond Sanitary

Fund: 8284 - SPECIAL SANITARY DEBT SERVICE EXEMPT FROM CIRCUIT BREAKERS			
Revenue Code	Revenue Name	July 1 - December 31, 2015	January 1 - December 31, 2016
R112	Financial Institution Tax distribution	\$10,743	\$21,487
R114	Motor Vehicle/Aircraft Excise Tax Distribution	\$64,048	\$131,375
R135	Commercial Vehicle Excise Tax Distribution (CVET)	\$9,282	\$23,774
R913	Other Receipts	\$0	\$0
SPECIAL SANITARY DEBT SERVICE EXEMPT FROM CIRCUIT BREAKERS Total		\$84,073	\$176,636

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Public Hearing Date	Monday, September 28, 2015	Adoption Meeting Date	Tuesday, October 13, 2015
Public Hearing Time	6:00 PM	Adoption Meeting Time	6:00 PM
Public Hearing Location	Common Council Chambers	Adoption Meeting Location	5925 Calumet Avenue 2nd Floor
Estimated Civil Max Levy		\$3,160,551	

1 Fund Name	2 Budget Estimate	3 Maximum Estimated Funds to be Raised (including appeals and levies exempt from maximum levy limitations)	4 Excessive Levy Appeals	5 Current Tax Levy
8201-SPECIAL SANITARY GENERAL	\$3,888,988	\$3,751,111	\$0	\$3,078,267
8280-SPECIAL SANITARY DEBT SERVICE	\$4,624,865	\$5,189,217	\$0	\$4,225,787
8284-SPECIAL SANITARY DEBT SERVICE EXEMPT FROM CIRCUIT BREAKERS	\$3,657,307	\$4,188,716	\$0	\$3,657,491
Totals	\$12,171,160	\$13,129,044	\$0	\$10,961,545

BUDGET REPORT FOR

Selected Year: 2016
Selected County: 45 - Lake County
Selected Unit: 0810 - HAMMOND SANITARY
Selected Fund: 8284 - SPECIAL SANITARY DEBT SERVICE EXEMPT FROM CIRCUIT BREAKERS

DEPARTMENT: 0000 NO DEPARTMENT		
	Published Amount	Adopted Amount
PERSONAL SERVICES	\$0	\$0
SUPPLIES	\$0	\$0
SERVICES AND CHARGES	\$1,250	\$1,250
CAPITAL OUTLAY	\$0	\$0
DEBT SERVICE	\$3,656,057	\$3,656,057
Total	\$3,657,307	\$3,657,307

Totals by Fund Published Amt.: \$3,657,307 Adopted Amt.: \$3,657,307

Totals by Unit Published Amt.: \$12,171,160 Adopted Amt.: \$12,171,160

Form Signature

NAME

TITLE

SIGNATURE/PIN

DATE

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Budget Estimate- Financial Statement-Proposed Tax Rate

Taxing Unit: 0810 - HAMMOND SANITARY
Fund Name: 8284 - SPECIAL SANITARY DEBT SERVICE EXEMPT FROM CIRCUIT BREAKERS
County: 45 - Lake County
Year: 2016

Net Assessed Value	\$2,914,335,832	
Funds Required For Expenses To December 31st Of Incoming Year	Amount Used To Compute Published Budget	Appropriating Body
1. Total budget estimate for incoming year	\$3,657,307	\$3,657,307
2. Necessary expenditures, July 1 to December 31 of present year, to be made from appropriation unexpended	\$977,239	\$977,239
3. Additional appropriation necessary to be made July 1 to December 31 of present year	\$0	\$0
4. Outstanding temporary loans:		
a). To be paid not included in lines 2 or 3	\$816,900	\$816,900
b). Not repaid by December 31 of present year	\$0	\$0
5. TOTAL FUNDS required (add lines 1,2,3,4a and 4b)	\$5,451,446	\$5,451,446
Funds On Hand To Be Received From Sources Other Than Proposed Tax Levy	Amount Used To Compute Published Budget	Appropriating Body
6. Actual cash balance, June 30 of present year (including cash investments)	\$1,917,379	\$1,917,379
7. Taxes to be collected, present year (December settlement)	\$1,831,646	\$1,831,646
8. Miscellaneous revenue to be received July 1 of present year to December 31 of incoming year (Schedule on File):		
a). Total Column A Budget Form 2	\$84,073	\$84,073
b). Total Column B Budget Form 2	\$176,636	\$176,636
9. TOTAL FUNDS (Add lines 6, 7, 8a and 8b)	\$4,009,734	\$4,009,734
10. Net amount to be raised for expenses to December 31 of incoming year (deduct line 9 from 5)	\$1,441,712	\$1,441,712

Proposed Tax Rate and Levy	Amount Used To Compute Published Budget	Appropriating Body
11. Operating balance (not in excess of expense January 1 to June 30, less miscellaneous revenue for same period)	\$2,747,004	\$2,747,004
12. Amount to be raised by tax levy (add lines 10 and 11)	\$4,188,716	\$4,188,716
13a. Property Tax Replacement Credit from Local Option Tax	\$0	\$0
13b. Operating LOIT	\$0	\$0
14. NET AMOUNT TO BE RAISED BY TAX LEVY (deduct line 13a and 13b from line 12)	\$4,188,716	\$4,188,716
15. Levy Excess Fund applied to current budget	\$0	\$0
16. Net amount to be raised	\$4,188,716	\$4,188,716
17. Net Tax Rate on each one hundred dollars of taxable property	0.1437	0.1437

CURRENT YEAR FINANCIAL WORKSHEET

(Formerly Line 2 Worksheet)

Selected Year: 2016
Selected County: 45 - Lake County
Selected Unit: 0810 - HAMMOND SANITARY
Selected Fund: 8280 - SPECIAL SANITARY DEBT SERVICE

Line 2	
APPROPRIATIONS	
1. Current Year Approved Budget	\$4,293,480
2. Encumbrances Brought Forward	\$0
3. Changes to Appropriations:	
a) Additional Appropriations (January to June)	\$0
b) Reductions January through June	\$0
4. Other Non-Appropriated Obligations	\$0
5. Total Approved Appropriations	\$4,293,480
DISBURSEMENTS	
6. January through June Current Year Disbursements	\$2,144,217
7. Appropriation Balance	\$2,149,263
8. Reductions July through December	\$0
9. Estimated Current Year Expenditures July through December	\$2,149,263
Line 3	
10. Proposed/Approved Additional Appropriations for July through Dec. of Current Year	\$0
Line 4A	
11. Levy excess not transferred prior to June 30	\$0
12. Temporary Loans outstanding as of June 30	\$575,000
What fund loaned the cash on Line 12:	606
13. Temporary loans not included in Lines 2 or 3	\$575,000
Line 4B	
14. Temp loans to be repaid in the first six months of ensuing year	\$0
What fund loaned the cash on Line 14:	
Line 6	
15. June 30 Cash Balance, including investments	\$2,212,919
Line 7	
16. Taxes to be collected, present year (December settlement)	\$2,115,378

DEBT WORKSHEET

Selected Year: 2016
Selected County: 45 - Lake County
Selected Unit: 0810 - HAMMOND SANITARY
Selected Fund: 8280 - SPECIAL SANITARY DEBT SERVICE

Name of Issue	Line 2 Due	Line 2 Amount	Line 1 Due	Line 1 Amount	Line 11A Due	Line 11A Amount	Line 11B Due	Line 11B Amount
Special Taxing District Loan Series 2013A	7/15/2015	\$1,778,910	7/15/2016	\$3,558,666	1/15/2017	\$1,774,360	7/15/2017	\$1,779,180
Special Taxing District Bonds Series 2010A	7/15/2015	\$368,353	7/15/2016	\$734,255	1/15/2017	\$365,315	7/15/2017	\$366,310
Special Taxing District Bond Series 2015C	5/29/2015	\$2,400	7/15/2016	\$326,944	1/15/2017	\$327,804	7/15/2017	\$326,172
Anticipated Debt Service		\$0		\$5,000		\$0		\$5,000
TOTALS BY FUND		\$2,149,663		\$4,624,865		\$2,467,479		\$2,476,662

Totals by Unit \$3,126,902 \$8,282,172 \$5,212,988 \$3,407,436

Form Signature

NAME

TITLE

SIGNATURE/PIN

DATE

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Budget Form 1 - Budget Estimate

Year: 2016 County: Lake Unit: Hammond Sanitary

Fund	Department	Category	Sub-Category	Line Item Code	Line Item	Published	Adopted
8280 - SPECIAL SANITARY DEBT SERVICE	NO DEPARTMENT	SERVICES AND CHARGES	Other Services and Charges	438.04	Trustee Fees	\$3,150	\$3,150
SERVICES AND CHARGES Total						\$3,150	\$3,150
8280 - SPECIAL SANITARY DEBT SERVICE	NO DEPARTMENT	DEBT SERVICE	Payments on Tax Anticipation Warrants Interest	438.03	TAW INTEREST	\$5,000	\$5,000
8280 - SPECIAL SANITARY DEBT SERVICE	NO DEPARTMENT	DEBT SERVICE	Payments on Bonds and Other Debt Principal	438.01	PRINCIPAL	\$2,905,000	\$2,905,000
8280 - SPECIAL SANITARY DEBT SERVICE	NO DEPARTMENT	DEBT SERVICE	Payments on Bonds and Other Debt Interest	438.02	INTEREST	\$1,711,715	\$1,711,715
DEBT SERVICE Total						\$4,621,715	\$4,621,715
NO DEPARTMENT Total						\$4,624,865	\$4,624,865
TOTAL 8280 - SPECIAL SANITARY DEBT SERVICE FUND						\$4,624,865	\$4,624,865

Budget Form 2 - Estimate of Miscellaneous Revenue

Year: 2016 County: Lake Unit: 0810 - Hammond Sanitary

Fund: 8280 - SPECIAL SANITARY DEBT SERVICE

Revenue Code	Revenue Name	July 1 - December 31, 2015	January 1 - December 31, 2016
R112	Financial Institution Tax distribution	\$12,413	\$24,826
R114	Motor Vehicle/Aircraft Excise Tax Distribution	\$74,000	\$151,788
R135	Commercial Vehicle Excise Tax Distribution (CVET)	\$10,725	\$27,468
SPECIAL SANITARY DEBT SERVICE Total		\$97,138	\$204,082

NOTICE TO TAXPAYERS

The Notice to Taxpayers is available online at www.budgetnotices.in.gov or by calling (888) 739-9826.

Complete details of budget estimates by fund and/or department may be seen by visiting the office of this unit of government at **Hammond Sanitary District**.

Notice is hereby given to taxpayers of **HAMMOND SANITARY, Lake County, Indiana** that the proper officers of **Hammond City Council** will conduct a public hearing on the year **2016** budget. Following this meeting, any ten or more taxpayers may object to a budget, tax rate, or tax levy by filing an objection petition with the proper officers of **Hammond City Council** not more than seven days after the hearing. The objection petition must identify the provisions of the budget, tax rate, or tax levy to which taxpayers object. If a petition is filed, **Hammond City Council** shall adopt with the budget a finding concerning the objections in the petition and testimony presented. Following the aforementioned hearing, the proper officers of **Hammond City Council** will meet to adopt the following budget:

Public Hearing Date	Monday, September 28, 2015	Adoption Meeting Date	Tuesday, October 13, 2015
Public Hearing Time	6:00 PM	Adoption Meeting Time	6:00 PM
Public Hearing Location	Common Council Chambers	Adoption Meeting Location	5925 Calumet Avenue 2nd Floor
Estimated Civil Max Levy	\$3,160,551		

1 Fund Name	2 Budget Estimate	3 Maximum Estimated Funds to be Raised (including appeals and levies exempt from maximum levy limitations)	4 Excessive Levy Appeals	5 Current Tax Levy
8201-SPECIAL SANITARY GENERAL	\$3,888,988	\$3,751,111	\$0	\$3,078,267
8280-SPECIAL SANITARY DEBT SERVICE	\$4,624,865	\$5,189,217	\$0	\$4,225,787
8284-SPECIAL SANITARY DEBT SERVICE EXEMPT FROM CIRCUIT BREAKERS	\$3,657,307	\$4,188,716	\$0	\$3,657,491
Totals	\$12,171,160	\$13,129,044	\$0	\$10,961,545

BUDGET REPORT FOR

Selected Year: 2016
Selected County: 45 - Lake County
Selected Unit: 0810 - HAMMOND SANITARY
Selected Fund: 8280 - SPECIAL SANITARY DEBT SERVICE

DEPARTMENT: 0000 NO DEPARTMENT		
	Published Amount	Adopted Amount
PERSONAL SERVICES	\$0	\$0
SUPPLIES	\$0	\$0
SERVICES AND CHARGES	\$3,150	\$3,150
CAPITAL OUTLAY	\$0	\$0
DEBT SERVICE	\$4,621,715	\$4,621,715
Total	\$4,624,865	\$4,624,865

Totals by Fund	Published Amt.: \$4,624,865	Adopted Amt.: \$4,624,865
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Totals by Unit	Published Amt.: \$12,171,160	Adopted Amt.: \$12,171,160
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Form Signature

NAME

TITLE

SIGNATURE/PIN

DATE

I hereby acknowledge that the submission of this document through the Gateway password and PIN system constitutes an "electronic signature" as defined in IC 5-24-2-2. This submission is intended to, and hereby does, constitute authentication and approval of the submitted document as required by the Indiana Code. I understand that this electronic signature takes the place of my handwritten signature and accomplishes the same purposes as would my handwritten signature in the same circumstance. I further acknowledge that this electronic signature has the same force and effect as my handwritten signature and can and will be used for all lawful purposes. I affirm that I have the real and apparent authority to electronically sign and submit this document on behalf of the unit.

Budget Estimate- Financial Statement-Proposed Tax Rate

Taxing Unit: 0810 - HAMMOND SANITARY
Fund Name: 8280 - SPECIAL SANITARY DEBT SERVICE
County: 45 - Lake County
Year: 2016

Net Assessed Value	\$2,914,335,832	
Funds Required For Expenses To December 31st Of Incoming Year	Amount Used To Compute Published Budget	Appropriating Body
1. Total budget estimate for incoming year	\$4,624,865	\$4,624,865
2. Necessary expenditures, July 1 to December 31 of present year, to be made from appropriation unexpended	\$2,149,663	\$2,149,663
3. Additional appropriation necessary to be made July 1 to December 31 of present year	\$0	\$0
4. Outstanding temporary loans: a). To be paid not included in lines 2 or 3	\$575,000	\$575,000
b). Not repaid by December 31 of present year	\$0	\$0
5. TOTAL FUNDS required (add lines 1,2,3,4a and 4b)	\$7,349,528	\$7,349,528
Funds On Hand To Be Received From Sources Other Than Proposed Tax Levy	Amount Used To Compute Published Budget	Appropriating Body
6. Actual cash balance, June 30 of present year (including cash investments)	\$2,212,919	\$2,212,919
7. Taxes to be collected, present year (December settlement)	\$2,115,378	\$2,115,378
8. Miscellaneous revenue to be received July 1 of present year to December 31 of incoming year (Schedule on File): a). Total Column A Budget Form 2	\$97,138	\$97,138
b). Total Column B Budget Form 2	\$204,082	\$204,082
9. TOTAL FUNDS (Add lines 6, 7, 8a and 8b)	\$4,629,517	\$4,629,517
10. Net amount to be raised for expenses to December 31 of incoming year (deduct line 9 from 5)	\$2,720,011	\$2,720,011
Proposed Tax Rate and Levy	Amount Used To Compute Published Budget	Appropriating Body
11. Operating balance (not in excess of expense January 1 to June 30, less miscellaneous revenue for same period)	\$2,469,207	\$2,469,207
12. Amount to be raised by tax levy (add lines 10 and 11)	\$5,189,217	\$5,189,217
13a. Property Tax Replacement Credit from Local Option Tax	\$0	\$0
13b. Operating LOIT	\$0	\$0
14. NET AMOUNT TO BE RAISED BY TAX LEVY (deduct line 13a and 13b from line 12)	\$5,189,217	\$5,189,217
15. Levy Excess Fund applied to current budget	\$0	\$0
16. Net amount to be raised	\$5,189,217	\$5,189,217
17. Net Tax Rate on each one hundred dollars of taxable property	0.1781	0.1781

ORDINANCE OR RESOLUTION FOR APPROPRIATIONS AND TAX RATES

State Form 55865 (7-15)
 Approved by the State Board of Accounts, 2015
 Prescribed by the Department of Local Government Finance

Budget Form No. 4

Ordinance Number: **9318**

Be it ordained/resolved by the **Hammond City Council** that for the expenses of **HAMMOND SANITARY** for the year ending December 31, **2016** the sums herein specified are hereby appropriated and ordered set apart out of the several funds herein named and for the purposes herein specified, subject to the laws governing the same. Such sums herein appropriated shall be held to include all expenditures authorized to be made during the year, unless otherwise expressly stipulated and provided for by law. In addition, for the purposes of raising revenue to meet the necessary expenses of **HAMMOND SANITARY**, the property tax levies and property tax rates as herein specified are included herein. Budget Form 4-B for all funds must be completed and submitted in the manner prescribed by the Department of Local Government Finance.

This ordinance/resolution shall be in full force and effect from and after its passage and approval by the **Hammond City Council**.

Name of Adopting Entity / Fiscal Body	Type of Adopting Entity / Fiscal Body	Date of Adoption
Hammond City Council	Common Council and Mayor	10/13/2015

DLGF-Reviewed Funds

Fund Code	Fund Name	Adopted Budget	Adopted Tax Levy	Adopted Tax Rate
8201	SPECIAL SANITARY GENERAL	\$3,888,988	\$3,751,111	0.1287
8280	SPECIAL SANITARY DEBT SERVICE	\$4,624,865	\$5,189,217	0.1781
8284	SPECIAL SANITARY DEBT SERVICE EXEMPT FROM CIRCUIT BREAKERS	\$3,657,307	\$4,188,716	0.1437
		\$12,171,160	\$13,129,044	0.4505

ORDINANCE OR RESOLUTION FOR APPROPRIATIONS AND TAX RATES

State Form 55865 (7-15)
 Approved by the State Board of Accounts, 2015
 Prescribed by the Department of Local Government Finance

Budget Form No. 4

Name		Signature
William Emerson	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	William Emerson /s/
Anthony W. Higgs	Aye <input type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
Homero Hinojosa	Aye <input type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
Mark Kalwinski	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	Mark Kalwinski /s/
Robert A. Markovich	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	Robert Markovich /s/
Michael Opinker	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	Michael Opinker /s/
Daniel Spitale	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	Daniel Spitale /s/
Jack Uylaki	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	Jack Uylaki /s/
Janet Venecz	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	Janet Venecz /s/

ATTEST

Name	Title	Signature
Robert J. Golec	City Clerk	Robert J. Golec /s/

MAYOR ACTION (For City Use Only)

Name		Signature	Date
Thomas M. McDermott Jr.	Approve <input checked="" type="checkbox"/> Veto <input type="checkbox"/>	Thomas M. McDermott /s/	10/14/15