FORM LB-1 NOTICE OF BUDGET HEARING

A public meeting of the **Elgin Health District** will be held on **JUNE 16, 2026**. The purpose of this meeting is to review/amend/approve the budget for the fiscal year beginning July 1, 2026 as approved by the **Elgin Health District Budget Committee**. A summary of the budget is presented below. A copy of the budget may be inspected or obtained by calling (541) 786-1285 between the hours of **8:00 a.m.** and **5:00 p.m. M-F**. This budget is for an annual budget period. This budget was prepared on a basis of accounting that is the same as that used the preceding year.

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FINANCIAL SUMMARY - RESOURCES			
TOTAL OF ALL FUNDS	Actual Amount 2024-2025	Adopted Budget This Year 2025-2026	Approved Budget Next Year 2026-2027
Beginning Fund Balance/Net Working Capital	798,665	920,000	1,060,000
Fees, Licenses, Permits, Fines, Assessments & Other Service Charges	33,700	35,000	35,000
Federal, State and All Other Grants, Gifts, Allocations and Donations	0	1,000	0
Revenue from Bonds and Other Debt	0	0	0
Interfund Transfers / Internal Service Reimbursements	150,000	110,000	110,000
All Other Resources Except Current Year Property Taxes (w/loans)	42,526	32,650	32,650
Current Year Property Taxes Estimated to be Received	104,411	100,000	100,000
Total Resources	**1,129,302**	**1,198,650**	**1,337,650**

FINANCIAL SUMMARY - REQUIREMENTS BY OBJECT CLASSIFICATION			
Personnel Services	0	0	0
Materials and Services	41,101	60,000	64,000
Capital Outlay	0	0	0
Debt Service	0	0	0
Interfund Transfers	150,000	110,000	110,000
Contingencies	0	13,650	13,650
Special Payments	0	0	0
Unappropriated Ending Balance and Reserved for Future Expenditure	938,201	1,015,000	1,150,000
Total Requirements	**1,129,302**	**1,198,650**	**1,337,650**

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			
Non-Departmental / Non-Program - Rural Health District	1,129,302	1,198,650	1,337,650
FTE	0	0	0
Total Requirements	**1,129,302**	**1,198,650**	**1,337,650**
Total FTE	**0**	**0**	**0**

STATEMENT OF CHANGES IN ACTIVITIES and SOURCES OF FINANCING *
None.

PROPERTY TAX LEVIES			
	Rate or Amount Imposed	Rate or Amount Imposed	Rate or Amount Approved
Permanent Rate Levy (rate limit $0.5000 per $1,000)	$0.5000 per $1,000	$0.5000 per $1,000	$0.5000 per $1,000
Local Option Levy	None	None	None
Levy For General Obligation Bonds	None	None	None

STATEMENT OF INDEBTEDNESS		
LONG TERM DEBT	Estimated Debt Outstanding on July 1.	Estimated Debt Authorized, But Not Incurred on July 1
General Obligation Bonds	$0	$0
Other Bonds	$0	$0
Other Borrowings - LOANS	$0	$0
Total	$0	$0