

FY 25 Special District Budget Package Cover Sheet

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|---|-----------------------------|
| DISTRICT NAME | DATE |
| CONTACT PERSON and E-Mail Address E-mail: | DAYTIME PHONE NUMBER |

When submitting the District Budget Package, please use this form as a cover sheet. Be sure to put a check mark beside each item included in the package:

- Copy of **ADVERTISEMENT OF NOTICE OF THE PUBLIC BUDGET HEARING** showing the date the advertisement was run and the name of the publication.

- SIGNED MINUTES FROM THE PUBLIC BUDGET HEARING** where the budget and assessment rate were reviewed by the public and approved by the Board of Trustees.

- SIGNED BUDGET RESOLUTION** from the Board of Trustees establishing the assessment rate and approving the budget.

- DISTRICT BUDGET** as approved at the public hearing.

- CAPITAL OUTLAY AND PROJECT INFORMATION FORM**

- ESTIMATING THE BEGINNING FUND BALANCE FORM**

**SEND PACKAGE COVER SHEET AND THE BUDGET PACKAGE BY
Monday, July 15, 2024
To
Mary Mahoney
Email mahoneym@hillsboroughcounty.org**

**Send as Adobe Acrobat or image files (.txt, .tif,, .jpg, or .png
DO NOT SEND AS WORD OR EXCEL FILES!!!!!!
Do not send by USPS or try to hand deliver!**