FY 27 Special District Budget Package Cover Sheet

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.

The FY 27 Budget Package consists of the following documents:

☐ 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 ONE COPY OF THE PACKAGE COVER SHEET AND THE BUDGET PACKAGE BY Monday, July 13, 2026

Send as Adobe Acrobat or image files (.tif, .jpg, or .png

DO NOT SEND AS WORD OR EXCEL FILES!!!!!

Do not send by USPS or try to hand deliver!

Email to mahoneym@hillsboroughcounty.org