

ORDINANCE OR RESOLUTION FOR APPROPRIATIONS AND TAX RATE

Ordinance Number:

Be it ordained/resolved by the **HAMMOND CITY COUNCIL** that for the expenses of **HAMMOND SANITARY** for the year ending December 31, **2015** 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	10/27/2014

DLGF-Reviewed Funds				
Fund Code	Fund Name	Adopted Budget	Adopted Tax Levy	Adopted Tax Rate
8201	SPECIAL SANITARY GENERAL	\$3,295,891	\$4,622,472	0.1668
8280	SPECIAL SANITARY DEBT SERVICE	\$4,293,480	\$4,412,081	0.1592
8284	SPECIAL SANITARY DEBT SERVICE EXEMPT FROM CIRCUIT BREAKERS	\$3,703,422	\$4,088,138	0.1475

Name		Signature
ROBERT A. MARKOVICH	Aye <input type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
DANIEL SPITALE	Aye <input type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
JANET VENECZ	Aye <input type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
MARK KALWINSKI	Aye <input type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
JACK UYLAKI	Aye <input type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
ANTHONY W. HIGGS	Aye <input type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
WILLIAM EMERSON	Aye <input type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
MICHAEL OPINKER	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"/>	

ATTEST

Name	Title	Signature
ROBERT J. GOLEC	CITY CLERK	

Budget Form 1 - Budget Estimate

Year: 2015 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	\$1,012,000	\$1,012,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	PERSONAL SERVICES	Salaries and Wages	411.02	Overtime Salaries	\$60,000	\$60,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	PERSONAL SERVICES	Employee Benefits	413.01	FICA	\$82,008	\$82,008
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	PERSONAL SERVICES	Employee Benefits	413.02	PERF	\$152,224	\$152,224
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	PERSONAL SERVICES	Employee Benefits	413.04	Insurance (life/health/w.c./u)	\$392,968	\$392,968
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	PERSONAL SERVICES	Employee Benefits	413.06	Clothing Allowance	\$11,345	\$11,345
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SUPPLIES	Office Supplies	421.00	Office Supplies	\$5,346	\$5,346
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SUPPLIES	Operating Supplies	422.00	Operating Supplies	\$40,000	\$40,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SUPPLIES	Repair and Maintenance Supplies	423.00	Repair - Maintenance Supplies	\$80,000	\$80,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SERVICES AND CHARGES	Professional Services	431.00	Professional Services	\$1,200,000	\$1,200,000
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	\$83,000	\$83,000
8201 - SPECIAL SANITARY	NO DEPARTMENT	SERVICES AND CHARGES	Utility Services	435.00	Utilities	\$50,000	\$50,000

GENERAL							
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SERVICES AND CHARGES	Repairs and Maintenance	436.00	Repairs - Maintenance	\$10,000	\$10,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SERVICES AND CHARGES	Rentals	437.00	Rentals	\$2,000	\$2,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SERVICES AND CHARGES	Other Services and Charges	439.00	Other Services - Charges	\$20,000	\$20,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	CAPITAL OUTLAYS	Machinery, Equipment, and Vehicles	449.00	LEASE PURCHASE	\$75,000	\$75,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	DEBT SERVICE	Payments on Tax Anticipation Warrants Interest	438.02	INTEREST	\$15,000	\$15,000
8201 - SPECIAL SANITARY GENERAL Total						\$3,295,891	\$3,295,891
8280 - SPECIAL SANITARY DEBT SERVICE	NO DEPARTMENT	DEBT SERVICE	Payments on Tax Anticipation Warrants Interest	438.03	AGENT FEES	\$2,000	\$2,000
8280 - SPECIAL SANITARY DEBT SERVICE	NO DEPARTMENT	DEBT SERVICE	Payments on Bonds and Other Debt Principal	438.01	PRINCIPAL	\$2,610,000	\$2,610,000
8280 - SPECIAL SANITARY DEBT SERVICE	NO DEPARTMENT	DEBT SERVICE	Payments on Bonds and Other Debt Interest	438.02	INTEREST	\$1,681,480	\$1,681,480
8280 - SPECIAL SANITARY DEBT SERVICE Total						\$4,293,480	\$4,293,480
8284 - SPECIAL SANITARY DEBT SERVICE EXEMPT FROM CIRCUIT BREAKERS	NO DEPARTMENT	DEBT SERVICE	Payments on Tax Anticipation Warrants Interest	438.03	AGENT FEES	\$2,000	\$2,000
8284 - SPECIAL SANITARY DEBT SERVICE EXEMPT FROM CIRCUIT BREAKERS	NO DEPARTMENT	DEBT SERVICE	Payments on Bonds and Other Debt Principal	438.01	PRINCIPAL	\$2,545,000	\$2,545,000
8284 - SPECIAL	NO DEPARTMENT	DEBT SERVICE	Payments on Bonds and Other	438.01	INTEREST	\$1,156,422	\$1,156,422

SANITARY DEBT SERVICE EXEMPT FROM CIRCUIT BREAKERS			Debt Interest				
8284 - SPECIAL SANITARY DEBT SERVICE EXEMPT FROM CIRCUIT BREAKERS Total						\$3,703,422	\$3,703,422
						UNIT TOTAL	\$11,292,793
							\$11,292,793

Budget Form 2 - Estimate of Miscellaneous Revenue

Year: 2015 County: Lake Unit: 0810 - Hammond Sanitary

Fund	Revenue Code	Revenue Name	July 1 - December 31, 2014	January 1 - December 31, 2015
8201 - SPECIAL SANITARY GENERAL	R112	Financial Institution Tax distribution	\$7,832	\$22,315
8201 - SPECIAL SANITARY GENERAL	R114	Motor Vehicle/Aircraft Excise Tax Distribution	\$35,608	\$122,398
8201 - SPECIAL SANITARY GENERAL	R135	Commercial Vehicle Excise Tax Distribution (CVET)	\$9,901	\$14,143
8201 - SPECIAL SANITARY GENERAL	R906	Refunds and Reimbursements	\$2,199	\$7,800
SPECIAL SANITARY GENERAL			\$55,540	\$166,656
8280 - SPECIAL SANITARY DEBT SERVICE	R112	Financial Institution Tax distribution	\$10,884	\$11,648
8280 - SPECIAL SANITARY DEBT SERVICE	R114	Motor Vehicle/Aircraft Excise Tax Distribution	\$49,481	\$45,116
8280 - SPECIAL SANITARY DEBT SERVICE	R135	Commercial Vehicle Excise Tax Distribution (CVET)	\$13,758	\$12,017
SPECIAL SANITARY DEBT SERVICE			\$74,123	\$68,781
8284 - SPECIAL SANITARY DEBT SERVICE EXEMPT FROM CIRCUIT BREAKERS	R112	Financial Institution Tax distribution	\$9,680	\$20,512
8284 - SPECIAL SANITARY DEBT SERVICE EXEMPT FROM CIRCUIT BREAKERS	R114	Motor Vehicle/Aircraft Excise Tax Distribution	\$44,006	\$113,032
8284 - SPECIAL SANITARY DEBT SERVICE EXEMPT FROM CIRCUIT BREAKERS	R135	Commercial Vehicle Excise Tax Distribution (CVET)	\$12,235	\$20,627
8284 - SPECIAL SANITARY DEBT	R913	Other Receipts	\$0	\$0

SERVICE EXEMPT FROM CIRCUIT BREAKERS				
	SPECIAL SANITARY DEBT SERVICE EXEMPT FROM CIRCUIT BREAKERS		\$65,921	\$154,171
	0810 - HAMMOND SANITARY Total		\$195,584	\$389,608

Budget Form No. 3 (Rev. 2014)
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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**. For taxes due and payable in 2016, notices will not be printed in the newspaper and will only be available at www.budgetnotices.in.gov or by calling (888) 739-9826.

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 **2015** 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 22, 2014	Adoption Meeting Date	Monday, October 27, 2014
Public Hearing Time	6:00 PM	Adoption Meeting Time	6:00 PM
Public Hearing Location	COMMON COUNCIL CHAMBERS 5925 CALUMET AVENUE 2ND FLOOR, HAMMOND, IN 46320	Adoption Meeting Location	COMMON COUNCIL CHAMBERS 5925 CALUMET AVENUE 2ND FLOOR, HAMMOND, IN 46320

Estimated Civil Max Levy	\$3,073,981
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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	\$3,295,891	\$4,622,472	\$0	\$2,996,924
8280-SPECIAL SANITARY DEBT SERVICE	\$4,293,480	\$4,412,081	\$0	\$4,164,512
8284-SPECIAL SANITARY DEBT SERVICE EXEMPT FROM CIRCUIT BREAKERS	\$3,703,422	\$4,088,138	\$0	\$3,703,714
Totals	\$11,292,793	\$13,122,691	\$0	\$10,865,150

BUDGET REPORT FOR

Selected Year: 2015
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	\$1,710,545	\$1,710,545
SUPPLIES	\$125,346	\$125,346
SERVICES AND CHARGES	\$1,370,000	\$1,370,000
CAPITAL OUTLAY	\$75,000	\$75,000
DEBT SERVICE	\$15,000	\$15,000
Total	\$3,295,891	\$3,295,891

Totals by Fund

Published Amt.: \$3,295,891

Adopted Amt.: \$3,295,891

BUDGET REPORT FOR

Selected Year: 2015
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	\$0	\$0
CAPITAL OUTLAY	\$0	\$0
DEBT SERVICE	\$4,293,480	\$4,293,480
Total	\$4,293,480	\$4,293,480

Totals by Fund	Published Amt.: \$4,293,480	Adopted Amt.: \$4,293,480
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BUDGET REPORT FOR

Selected Year: 2015
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	\$0	\$0
CAPITAL OUTLAY	\$0	\$0
DEBT SERVICE	\$3,703,422	\$3,703,422
Total	\$3,703,422	\$3,703,422

Totals by Fund	Published Amt.: \$3,703,422	Adopted Amt.: \$3,703,422
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Totals by Unit	Published Amt.: \$11,292,793	Adopted Amt.: \$11,292,793
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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.

ORDINANCE OR RESOLUTION FOR APPROPRIATIONS AND TAX RATE

Ordinance Number:

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ATTEST

Name	Title	Signature
ROBERT J. GOLEC	CITY CLERK	