

20-22

Ordinance No. 9979

2021 Budget Proposal

Sanitary District of Hammond

Sewer Maintenance Fund 608 (8201)

Special Sanitary Debt Service Fund 309 (8280)

SPONSORED BY:

COUNCILWOMAN VENECZ

COUNCILMAN BARRY TYLER JR.

CURRENT YEAR FINANCIAL WORKSHEET (Formerly Line 2 Worksheet)

Selected Year: 2021
Selected County: 45 - Lake County
Selected Unit: 0810 - HAMMOND SANITARY
Selected Fund: 8201 - SPECIAL SANITARY GENERAL

Line 5	
APPROPRIATIONS	
1. Current Year Approved Budget	\$4,854,951
2. Encumbrances Brought Forward	\$593,334
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	\$5,448,285
DISBURSEMENTS	
6. January through June Current Year Disbursements	\$1,772,003
7. Appropriation Balance	\$3,676,282
8. Reductions July through December	\$0
9. Estimated Current Year Expenditures July through December	\$3,676,282
Line 6	
10. Proposed/Approved Additional Appropriations for July through Dec. of Current Year	\$0
Line 7	
11. Levy excess not transferred by June 30	\$0
12. Temporary loans outstanding as of June 30 and transfers out July 1 – Dec 31, 2020	\$0
What fund is being repaid/receiving the transfer?	
13. Total temporary loans, transfers out, and levy excess for July 1 – December 31, 2020	\$0
Line 16	
14. Temp loans to be repaid in the first 6 months of 2021 and transfers out in 2021	\$0
What fund is being repaid/receiving the transfer?	
Line 1	
15. June 30 Cash Balance, including investments	\$1,282,596
Line 2	
16. Taxes to be collected, present year (December settlement)	\$98,950

DEBT WORKSHEET

Selected Year: 2021
 Selected County: 45 - Lake County
 Selected Unit: 0810 - HAMMOND SANITARY
 Selected Fund: 8280 - SPECIAL SANITARY DEBT SERVICE

Name of Issue	Line 5 Due	Line 5 Amount	Line 15 Due	Line 15 Amount	Line 18A Due	Line 18A Amount	Line 18B Due	Line 18B Amount
Special Taxing District Bond Series 2018C	12/30/2020	\$435,353	12/30/2021	\$874,856	6/30/2022	\$444,128	12/30/2022	\$440,728
Special Taxing District Bond Series 2015C	7/15/2020	\$326,340	7/15/2021	\$650,836	1/15/2022	\$324,312	7/15/2022	\$326,652
Special Taxing District Refunding Bonds, Series 2018 TOTAL	7/15/2020	\$1,145,350	7/15/2021	\$2,414,975	1/15/2022	\$1,273,625	7/15/2022	\$1,141,975
Special Taxing District Loan Series 2013A	7/15/2020	\$1,778,546	7/15/2021	\$3,561,734	1/15/2022	\$1,777,726	7/15/2022	\$1,775,368
Special Taxing District Refunding Bonds Series 2014	7/15/2020	\$33,750	7/15/2021	\$1,387,063	1/15/2022	\$1,383,313		
Fees		\$29,667		\$100,000		\$50,000		\$50,000
TOTALS BY FUND		\$3,749,006		\$8,989,464		\$5,253,104		\$3,734,723

Totals by Unit \$3,749,006 \$8,989,464 \$5,253,104 \$3,734,723

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.

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 **2021** 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	Tuesday, October 13, 2020
Public Hearing Time	6:00 PM
Public Hearing Location	5925 Calumet Avenue 2nd Floor Hammond, IN 46320
Estimated Civil Max Levy	\$3,803,756
Property Tax Cap Credit Estimate	\$4,061,930

Adoption Meeting Date	Monday, October 26, 2020
Adoption Meeting Time	6:00 PM
Adoption Meeting Location	5925 Calumet Avenue 2nd Floor Hammond, IN 46320

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	6 Levy Percentage Difference (Column 3 / Column 5)
8201-SPECIAL SANITARY GENERAL	\$4,922,400	\$3,803,756	\$0	\$3,649,435	4.23%
8280-SPECIAL SANITARY DEBT SERVICE	\$8,989,464	\$7,786,340	\$0	\$10,553,553	-26.22%
Totals	\$13,911,864	\$11,590,096	\$0	\$14,202,988	

Budget Form 1 - Budget Estimate

Year: 2021 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	\$1,081,743	\$1,081,743
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	\$86,578	\$86,578
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	PERSONAL SERVICES	Employee Benefits	413.02	PERF	\$160,708	\$160,708
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	PERSONAL SERVICES	Employee Benefits	413.04	Insurance (life/health/w.c./u)	\$384,721	\$384,721
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	PERSONAL SERVICES	Employee Benefits	413.06	Clothing Allowance	\$25,000	\$25,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SUPPLIES	Office Supplies	421.00	Office Supplies	\$10,000	\$10,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SUPPLIES	Operating Supplies	422.00	Operating Supplies	\$100,000	\$100,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SUPPLIES	Repair and Maintenance Supplies	423.00	Repair - Maintenance Supplies	\$50,000	\$50,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SERVICES AND CHARGES	Professional Services	431.00	Professional Services	\$500,000	\$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	\$47,650	\$47,650
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SERVICES AND CHARGES	Utility Services	435.00	Utilities	\$65,000	\$65,000

Fund	Department	Category	Sub-Category	Line Item Code	Line Item	Published	Adopted
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SERVICES AND CHARGES	Repairs and Maintenance	436.00	Repairs - Maintenance	\$2,000,000	\$2,000,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	SERVICES AND CHARGES	Rentals	437.00	Rentals	\$25,000	\$25,000
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	\$311,000	\$311,000
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	DEBT SERVICE	Payments on Tax Anticipation Warrants Interest	438.02	INTEREST	\$0	\$0
8201 - SPECIAL SANITARY GENERAL	NO DEPARTMENT	PROPERTY TAX CAP	Property Tax Cap Impact		Property Tax Cap Impact	\$0	\$0
8201 - SPECIAL SANITARY GENERAL Total						\$4,922,400	\$4,922,400
8280 - SPECIAL SANITARY DEBT SERVICE	NO DEPARTMENT	SERVICES AND CHARGES	Other Services and Charges	438.04	Trustee Fees	\$7,100	\$7,100
8280 - SPECIAL SANITARY DEBT SERVICE	NO DEPARTMENT	DEBT SERVICE	Payments on Bonds and Other Debt Principal	438.01	PRINCIPAL	\$6,510,000	\$6,510,000
8280 - SPECIAL SANITARY DEBT SERVICE	NO DEPARTMENT	DEBT SERVICE	Payments on Bonds and Other Debt Interest	438.02	2015C ADJ INT	\$100,000	\$100,000
8280 - SPECIAL SANITARY DEBT SERVICE	NO DEPARTMENT	DEBT SERVICE	Payments on Bonds and Other Debt Interest	438.02	INTEREST	\$2,372,364	\$2,372,364
8280 - SPECIAL SANITARY DEBT SERVICE Total						\$8,989,464	\$8,989,464
UNIT TOTAL						\$13,911,864	\$13,911,864

Budget Form 2 - Estimate of Miscellaneous Revenue

Year: 2021 County: Lake Unit: 0810 - Hammond Sanitary

Fund	Revenue Code	Revenue Name	July 1 - December 31, 2020	January 1 - December 31, 2021
8201 - SPECIAL SANITARY GENERAL	R112	Financial Institution Tax distribution	\$12,006	\$20,912
8201 - SPECIAL SANITARY GENERAL	R114	Motor Vehicle/Aircraft Excise Tax Distribution	\$1,861	\$104,742
8201 - SPECIAL SANITARY GENERAL	R135	Commercial Vehicle Excise Tax Distribution (CVET)	\$9,794	\$18,273
8201 - SPECIAL SANITARY GENERAL	R419	Storm Water Fees	\$1,289,410	\$3,100,000
8201 - SPECIAL SANITARY GENERAL	R906	Refunds and Reimbursements	\$0	\$50,000
8201 - SPECIAL SANITARY GENERAL	R910	Transfers In - Transferred from Another Fund	\$0	\$0
8201 - SPECIAL SANITARY GENERAL	R913	Other Receipts	\$9,170	\$50,000
		SPECIAL SANITARY GENERAL	\$1,322,241	\$3,343,927
8280 - SPECIAL SANITARY DEBT SERVICE	R112	Financial Institution Tax distribution	\$34,717	\$149,843
8280 - SPECIAL SANITARY DEBT SERVICE	R114	Motor Vehicle/Aircraft Excise Tax Distribution	\$5,381	\$568,417
8280 - SPECIAL SANITARY DEBT SERVICE	R135	Commercial Vehicle Excise Tax Distribution (CVET)	\$28,321	\$128,862
8280 - SPECIAL SANITARY DEBT SERVICE	R913	Other Receipts	\$0	\$0
		SPECIAL SANITARY DEBT SERVICE	\$68,419	\$847,122
		0810 - HAMMOND SANITARY Total	\$1,390,660	\$4,191,049

Budget Estimate- Financial Statement-Proposed Tax Rate

Taxing Unit: 0810 - HAMMOND SANITARY
Fund Name: 8201 - SPECIAL SANITARY GENERAL
County: 45 - Lake County
Year: 2021

July to December - 2020	
Cash Balance and Revenues	
1. June 30th Cash Balance	\$1,282,596
2. Property Taxes To be Collected	\$98,950
3. Miscellaneous Revenue	\$1,322,241
4. Total Cash and Revenues	\$2,703,787
Expenses	
5. Necessary Expenditures	\$3,676,282
6. Additional Appropriations	\$0
7. Outstanding Temporary Loans and Transfers	\$0
7a). Transfers Out and Outstanding Temporary Loans	\$0
7b). Reserved	\$0
7c). School Transfers	\$0
8. Total Expenses required	\$3,676,282
9. Estimated December 31st 2020 Cash Balance (Line 4 - 8)	(\$972,495)

Budget Year - 2021		
Revenues	Advised Amount	Adopted Amount
10. Reserved for DLGF Application of Levy Excess		
11. Property Tax Levy	\$3,803,756	\$3,803,756
12. Property Tax Cap Impact	\$0	\$0
13. Miscellaneous	\$3,343,927	\$3,343,927
14. Budget Year Total Revenues	\$7,147,683	\$7,147,683
Expenses	Advised Amount	Adopted Amount
15. 2021 Budget Estimate	\$4,922,400	\$4,922,400
16. Outstanding Temporary Loans and Transfers	\$0	\$0
16a). Transfers Out and Outstanding Temporary Loans	\$0	\$0
16b). Reserved	\$0	\$0
16c). School Transfers	\$0	\$0
17. Total 2021 Expenses	\$4,922,400	\$4,922,400

18. Operating Balance - Estimated December 31st 2021 Cash Balance (Line 9 + 14 - 17)	\$1,252,788	\$1,252,788
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	Advertised Amount	Adopted Amount
Net Assessed Value	\$3,222,459,073	\$3,222,459,073
Property Tax Rate	0.1180	0.1180

Budget Form 4-B
 Prescribed by the Department of Local Government Finance
 Approved by the State Board of Accounts

Budget Estimate- Financial Statement-Proposed Tax Rate

Taxing Unit: 0810 - HAMMOND SANITARY
Fund Name: 8280 - SPECIAL SANITARY DEBT SERVICE
County: 45 - Lake County
Year: 2021

July to December - 2020	
Cash Balance and Revenues	
1. June 30th Cash Balance	\$1,962,151
2. Property Taxes To be Collected	\$5,980,811
3. Miscellaneous Revenue	\$68,419
4. Total Cash and Revenues	\$8,011,381
Expenses	
5. Necessary Expenditures	\$3,749,006
6. Additional Appropriations	\$0
7. Outstanding Temporary Loans and Transfers	\$600,000
7a). Transfers Out and Outstanding Temporary Loans	\$600,000
7b). Reserved	\$0
7c). School Transfers	\$0
8. Total Expenses required	\$4,349,006
9. Estimated December 31st 2020 Cash Balance (Line 4 - 8)	\$3,662,375

Budget Year - 2021		
	Advertised Amount	Adopted Amount
Revenues		
10. Reserved for DLGF Application of Levy Excess		
11. Property Tax Levy	\$7,786,340	\$7,786,340
12. Property Tax Cap Impact	\$0	\$0
13. Miscellaneous	\$847,122	\$847,122
14. Budget Year Total Revenues	\$8,633,462	\$8,633,462

Expenses	Advertised Amount	Adopted Amount
15. 2021 Budget Estimate	\$8,989,464	\$8,989,464
16. Outstanding Temporary Loans and Transfers	\$0	\$0
16a). Transfers Out and Outstanding Temporary Loans	\$0	\$0
16b). Reserved	\$0	\$0
16c). School Transfers	\$0	\$0
17. Total 2021 Expenses	\$8,989,464	\$8,989,464
18. Operating Balance - Estimated December 31st 2021 Cash Balance (Line 9 + 14 - 17)	\$3,306,373	\$3,306,373

	Advertised Amount	Adopted Amount
Net Assessed Value	\$322,459,073	\$322,459,073
Property Tax Rate	2.4147	2.4147

Form Signature

NAME

TITLE

SIGNATURE/PIN

DATE

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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: **9479**

Be it ordained/resolved by the **HAMMOND CITY COUNCIL** that for the expenses of **HAMMOND SANITARY** for the year ending December 31, **2021** 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	10/26/2020

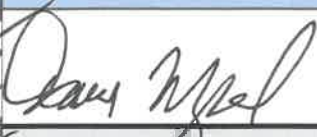




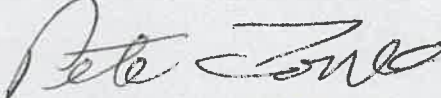

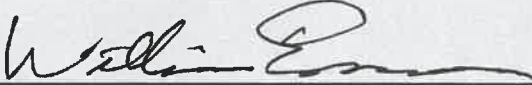

DLGF-Reviewed Funds

Fund Code	Fund Name	Adopted Budget	Adopted Tax Levy	Adopted Tax Rate
8201	SPECIAL SANITARY GENERAL	\$4,922,400	\$3,803,756	0.1180
8280	SPECIAL SANITARY DEBT SERVICE	\$8,989,464	\$7,786,340	0.2416
		\$13,911,864	\$11,590,096	0.3596

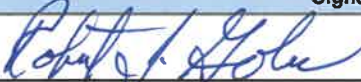
ORDINANCE OR RESOLUTION FOR APPROPRIATIONS AND TAX RATES

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
DAVE WOERPEL	Aye <input type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
JANET VENEZ	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
DANIEL SPITALE	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
KATRINA ALEXANDER	Aye <input checked="" 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"/>	
PETE TORRES	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
BARRY TYLER JR.	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
WILLIAM EMERSON	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	
SCOTT RAKOS	Aye <input checked="" type="checkbox"/> Nay <input type="checkbox"/> Abstain <input type="checkbox"/>	

ATTEST

Name	Title	Signature
ROBERT J. GOLEC	City Clerk	

MAYOR ACTION (For City Use Only)

Name		Signature	Date
THOMAS M. MCDERMOTT	Approve <input checked="" type="checkbox"/> Veto <input type="checkbox"/>		10/28/20