## FORM UR-1 (WC) - Urban Renewal Districts

## **Governing Body Name:**

| FINANCIAL SUMMARY—RESOURCES  |                         |                                      |                                       |  |
|--|-------------------------|--------------------------------------|---------------------------------------|--|
| TOTAL OF ALL FUNDS   | Actual Budget<br>20 20  | Adopted Budget<br>This Year: 20 – 20 | Proposed Budget<br>Next Year: 20 – 20 |  |
| 1. Beginning Fund Balance / Net Working Capital                      |                         |                                      |                                       |  |
| 2. Federal, State & all Other Grants, Gifts, Allocations & Donations |                         |                                      |                                       |  |
| 3. Revenue from Bonds & Other Debt                                   |                         |                                      |                                       |  |
| 4. Interfund Transfers   |                         |                                      |                                       |  |
| 5. AllOther Resources Except Division of Tax & Special Levy          |                         |                                      |                                       |  |
| 6. Revenue From Division of Tax                                      |                         |                                      |                                       |  |
| 7. Revenue From Special levy   |                         |                                      |                                       |  |
| 8. Total Resources   |                         |                                      |                                       |  |
| FINANCIAL SUMMARY—REQUIRE  | MENTS BY OBJECT CLASS   | IFICATION                            |                                       |  |
| 9. Personnel Services  |                         |                                      |                                       |  |
| 10. Materials and Services   |                         |                                      |                                       |  |
| 11. Capital Outlay   |                         |                                      |                                       |  |
| 12. Debt Service   |                         |                                      |                                       |  |
| 13. Interfund Transfers.   |                         |                                      |                                       |  |
| 14. Contingencies.   |                         |                                      |                                       |  |
| 15. All Other Expenditures and Requirements                          |                         |                                      |                                       |  |
| 16. Unappropriated Ending Fund Balance                               |                         |                                      |                                       |  |
| 17. Total Requirements   |                         |                                      |                                       |  |
| FINANCIAL SUMMARY—REQUIREMENTS AND FULL-TIME EQUIV                   | ALENT EMPLOYEES (FTE) E | BY ORGANIZATIONAL UNIT               | OR PROGRAM*                           |  |
| Name of Organizational Unit or Program                               |                         |                                      |                                       |  |
| (FTE) for Unit or Program  |                         |                                      |                                       |  |
| Name   |                         |                                      |                                       |  |
| FTE  |                         |                                      |                                       |  |
| Name   |                         |                                      |                                       |  |
| FTE  |                         |                                      |                                       |  |
| Name   |                         |                                      |                                       |  |
| FTE  |                         |                                      |                                       |  |
| Name   |                         |                                      |                                       |  |
| FTE  |                         |                                      |                                       |  |
| Name   |                         |                                      |                                       |  |
| FTE  |                         |                                      |                                       |  |
| Name   |                         |                                      |                                       |  |
| FTE  |                         |                                      |                                       |  |
| Name   |                         |                                      |                                       |  |
| FTE  |                         |                                      |                                       |  |
| Name   |                         |                                      |                                       |  |
| FTE  |                         |                                      |                                       |  |
| Non-Departmental / Non-Program                                       |                         |                                      |                                       |  |
| FTE  |                         |                                      |                                       |  |
| Total Requirements   |                         |                                      |                                       |  |
| Total FTE  |                         |                                      |                                       |  |

## STATEMENT OF INDEBTEDNESS

| Long Term Debt   | Estimated Debt Outstanding on July 1 | Estimated Debt Authorized, but not<br>Incurred on July 1 |  |
|--|--------------------------------------|--|--|
| General Obligation Bonds   |                                      |  |  |
| Other Bonds  |                                      |  |  |
| Other Borrowings   |                                      |  |  |
| Total  |                                      |  |  |
| **If more space is needed to complete any section of this form, use the space below. |                                      |  |  |

Last Update: 05/11/15