Budget Hearing Notice
NORTH GILLIAM COUNTY HEALTH DISTRICT
Followed by Regular Board Meeting
Tuesday, May 20, 2025 - 6:00pm
500 W. First Street,
Arlington, Oregon

Agenda

Call to Order – Ron Cecil @ 6:00 pm
Present: Ron Cecil, Erin Weedman, Grant Wilkins, Todd Terp

Public Comment
The NGCHD board members will hear public comments on listed and or unlisted agenda items. Public comment is limited to (5) minutes per guest. At the conclusion of this portion of the agenda no member of the public will be allowed to speak unless recognized by the NGCHD Chairperson.

Public Comment- NONE

A. **Budget Officer presentation and recommendation –** Presented by Carrie Schadewitz. Budget Attached

B. **Board Discussion** -Grant is concerned with the budget and says there are some things that need to be addressed, but he will approve.

C. **Adopt Budget 2025-2026-** Todd Terp Motions to adopt budget 2025-2026, 2nd by Ron Cecil, All in favor AYE,-opposed none**, Motion passes unanimously.**
Todd Terp Motions to abolish the contingency funds that are in place and move all the funds to the General fund. 2nd by Ron Cecil- All in favor Ron Cecil, Todd Terp, Grant Wilkins ,-opposed- NONE. Erin Weedman abstained- has concerns with abolishing the contingency funds will not vote. **Motion passes.**

D. **Ron Cecil reads the resolution. Signed and Attached**

Adjourn Meeting @6:17pm

THESE MINUTES ARE APPROVED AS THE OFFICIAL May 20th ,2025_Budget Hearing MINUTES OF THE NORTH GILLIAM COUNTY HEALTH DISTRICT BY THE BOARD OF DIRECTORS SIGNING BELOW:

NGCHD Board Member | NGCHD Board Member | Submitted by

North Gilliam County Health District
110 On the Mall
P.O. Box 176
Arlington, OR 97812

RESOLUTION

Resolution No: 2025-01

A RESOLUTION ADOPTING THE BUDGET, MAKING APPROPRIATIONS, AND LEVYING TAXES:
North Gilliam County Health District
2025—2026 Budget

May 20, 2025

RESOLUTION ADOPTING THE BUDGET

BE IT RESOLVED that the North Gilliam County Health District Board of Directors approves and adopts the 2025-2026 Budget in the amount of $2,055,710.00. This budget is now on file at the North Gilliam County Health District Office in Arlington, Oregon.

RESOLUTION MAKING APPROPRIATIONS

BE IT RESOLVED that the amounts for the fiscal year beginning July 1, 2025, and for the purposes shown below are hereby appropriated:

GENERAL FUND:

Personnel Services	$1,299,741.00
Material Services	$ 284,755.00
Transfer to Other Funds	$ 399,714.00
Capital Outlay	$ 71,500.00
Total General Fund	$2,055,710.00
TOTAL BUDGET:	$2,055,710.00

BE IT RESOLVED that The North Gilliam County Health District hereby imposes taxes provided in the adopted budget at the rate of 0.9425 per $1,000 of assessed value for operations and hereby impose and categorize for the purposes of Article XI section 11b as Permanent rate tax for the 2025 - 2026 upon the assessed value of all taxable property within the district.

BE IT RESOLVED that The North Gilliam County Health District certifies the county clerk and county assessor of Gilliam County, Oregon, the tax levy made by this resolution and shall file with the Secretary of State a true copy of the budget as finally adopted.

ADOPTED by the Board of Directors of North Gilliam County Health District on May 20, 2025.

Ron Cecil
Chairperson

Carrie Schadewitz
District Budget Officer

Assessor Office
221 S. Oregon St. PO Box 484 Condon, OR 97823
Office: 541.351.9173 Toll Free: 1.800.568.4558

To: North Gilliam County Health District

From: Chet Wilkins, Gilliam County Assessor

Date: February 24, 2025

Subject: Tax Amount Estimate for 2025-2026

Each year, the Assessor's Office provides taxing districts with estimated tax revenue figures to assist in budget planning. Below is the estimated tax amount for your district for the 2025-2026 fiscal year. Please note that this is a preliminary estimate and is subject to change.

Estimated Tax Amount for 2025-2026: $883,000

If you have any questions or need further clarification, please feel free to contact our office.

Best regards,

Chet R Wilkins

Chet R Wilkins
Gilliam County Assessor

Assessor Chet Wilkins
chet.wilkins@co.gilliam.or.us

Deputy Jamie Aamodt
jamie.aamodt@co.gilliam.or.us

Appraiser Kelly Smith
kelly.smith@co.gilliam.or.us

FORM
LB-20

RESOURCES

General Fund

(Fund)

North Gilliam County Health District

	Historical Data					Budget for Next Year 2025 - 2026			
	Actual		Adopted Budget		RESOURCE DESCRIPTION				
	Second Preceding Year 20 22- 23	First Preceding Year 20_23 - 24	This Year Year 20_24 - 25			Proposed By Budget Officer	Approved By Budget Committee	Adopted By Governing Body	
1	$864,638.27	$620,087.00	$715,000.00	1	Available cash on hand* (cash basis) **or**	$56,271.00	$56,271.00	$56,271.00	1
2				2	Net working capital (accrual basis)				2
3	$9,383.18	$38,006.10	$15,000.00	3	Previously levied taxes estimated to be received				3
4	$22,574.99	$39,370.97	$20,000.00	4	Interest	$22,000.00	$22,000.00	$22,000.00	4
5				5	Transferred IN, from other funds	$399,714.00	$399,714.00	$399,714.00	5
6				6	**OTHER RESOURCES**				6
7				7					7
8	$252,016.63	$250,769.95	$250,000.00	8	Supplemental Income Payment SIP	$171,000.00	$171,000.00	$171,000.00	8
9	$15,240.00	$18,130.30	$11,000.00	9	Rent Off Set	$11,500.00	$11,500.00	$11,500.00	9
10	$958.18	$804.69	$500.00	10	Pharmacy	$500.00	$500.00	$500.00	10
11	$80,929.76	$99,049.25	$85,000.00	11	Clinic Patient Fees	$95,000.00	$95,000.00	$95,000.00	11
12	$69,398.45	$43,668.56	$60,000.00	12	Ambulance Service Fees	$70,000.00	$70,000.00	$70,000.00	12
13	$685.00	$1,100.00	$500.00	13	Donations	$500.00	$500.00	$500.00	13
14	$16,883.17	$10,000.00	$10,000.00	14	Grants	$451,425.00	$451,425.00	$451,425.00	14
15	$1,695.00	$2,320.00	$2,000.00	15	Tri-County Ambulance	$1,800.00	$1,800.00	$1,800.00	15
16	$4,546.69	$1,674.72	$3,000.00	16	Training	$3,000.00	$3,000.00	$3,000.00	16
17	$1,209.43	$14,895.51	$3,000.00	17	Misc.	$3,000.00	$3,000.00	$3,000.00	17
18				18					18
19				19					19
20				20					20
21				21					21
22				22					22
23				23					23
24				24					24
25				25					25
26				26					26
27				27					27
28				28					28
29	1,340,158.75	1,139,877.05	1,175,000.00	29	Total resources, except taxes to be levied	$1,285,710.00	$1,285,710.00	$1,285,710.00	29
30				30	Taxes estimated to be received	$770,000.00	$770,000.00	$770,000.00	30
31				31	Taxes collected in year levied				31
32	**1,340,158.75**	**1,139,877.05**	**1,175,000.00**	**32**	**TOTAL RESOURCES**	**$2,055,710.00**	**$2,055,710.00**	**$2,055,710.00**	**32**

*The balance of cash, cash equivalents and investments in the fund at the beginning of the budget year

Form
OR-LB-31

Detailed Requirements

General Fund Part 1

(Fund)

	Historical data				Requirements for NGC Health District (Name of program or organizational unit)	Budget for next year 20 25 - 26			
	Actual		Adopted budget						
	Second preceding year 20 22 - 23	First preceding year 20 23 - 24	this year 20 24 - 25			Proposed by Budget Officer	Approved by Budget Committee	Adopted by Governing Body	
1				1	OBJECTIVE CLASSIFICATION DETAIL				1
2				2	MATERIAL SERVICES				2
3	26,730.41	17,165.74	39000.00	3	Insurance	35,000.00	35,000.00	35,000.00	3
4	0	931.23	500.00	4	Election Fees	1,000.00	1,000.00	1,000.00	4
5	16,961.88	9,630.00	13000.00	5	Attorney Fees	10,000.00	10,000.00	10,000.00	5
6	19,477.26	16,010.90	15,000.00	6	Office Supplies	12,000.00	12,000.00	12,000.00	6
7	5,048.23	4,445.38	7000.00	7	Telephone	5,000.00	5,000.00	5,000.00	7
8	3,850.35	639.50	2,500.00	8	IT Supplies	1,500.00	1,500.00	1,500.00	8
9	6,560.02	2,117.27	3,000.00	9	Board OF Directors	3,000.00	3,000.00	3,000.00	9
10	0	69.00	1,000.00	10	Publishing	500.00	500.00	500.00	10
11	5,385.38	3,283.10	6,000.00	11	Pharmacy	6,000.00	6,000.00	6,000.00	11
12	9,008.19	12,345.28	12,000.00	12	Clinic Maintenance	8,000.00	8,000.00	8,000.00	12
13	8,721.70	2,732.93	12,000.00	13	Minor Expenses	8,000.00	8,000.00	8,000.00	13
14	0	0	2,000.00	14	Equipment, Safety	1,500.00	1,500.00	1,500.00	14
15	657.72	784.25	1,000.00	15	Gases (oxygen)	1,000.00	1,000.00	1,000.00	15
16	3,857.88	2,941.50	6,000.00	16	Dues	4,000.00	4,000.00	4,000.00	16
17	1,809.30	3,036.94	4,000.00	17	Book & Periodicals	3,000.00	3,000.00	3,000.00	17
18	19,154.88	18,708.30	23,000.00	18	Utilities	21,000.00	21,000.00	21,000.00	18
19	10,904.51	24,651.83	30,000.00	19	Medical Supplies	28,000.00	28,000.00	28,000.00	19
20	0	0	800.00	20	Vaccinations	1,000.00	1,000.00	1,000.00	20
21	2,192.00	1,260.42	0	21	Training	0	0	0	21
22	4,590.95	1,969.89	5,000.00	22	Travel & Reimbursement	2,000.00	2,000.00	2,000.00	22
23	1,195.78	818.02	0	23	Meals	0	0	0	23
24	787.44	0	2,000.00	24	Misc	1,000.00	1,000.00	1,000.00	24
25				25					25
26	146,623.88	124,541.48	184,800.00	26	Subtotal	152,500.00	152,500.00	152,500.00	26
27				27					27
28				28					28
29				29					29
30				30	**Total full time equivalent (FTE)***	8	8		30
31				31	Ending balance (prior years)				31
32				32	**Unappropriated ending fund balance**				32
33	146,623.88	124,541.48	184,800.00	33	**Total requirements**	152,500.00	152,500.00	152,500.00	33

150-504-031 (Rev. 11-16)

*When budgeting for personnel services expenditures, include number of related FTE positions.

Form
OR-LB-31

Detailed Requirements

General Fund Part 1a
(Fund)

	Historical data					Budget for next year 20 25 - 26			
	Actual		Adopted budget		Requirements for NGC Health District (Name of program or organizational unit)				
	Second preceding year 20 22 - 23	First preceding year 20 23 - 24	this year 20 24 - 25			Proposed by Budget Officer	Approved by Budget Committee	Adopted by Governing Body	
1				1	Object Classification Detail				1
2				2	Material Services				2
3	2,749.00	4,155.72	8,000.00	3	Ambulance Station Maintenance	6,000.00	6,000.00	6,000.00	3
4	1,376.52	20,737.44	20,000.00	4	Ambulance Maint Fuel	20,000.00	20,000.00	20,000.00	4
5	13,253.32	8,037.13	6,000.00	5	Ambulance Supplies	6,000.00	6,000.00	6,000.00	5
6	211.32	0	48,000.00	6	Ambulance Loan Principal	48,000.00	48,000.00	48,000.00,	6
7	0	0	15,600.00	7	Ambulance Loan Interest	15,600.00	15,600.00	15,600.00	7
8	0	12,154.92	12154.92	8	Stryker Equipment Maint Payment	12,155.00	12,155.00	12,155.00,	8
9	1,366.00	563.30	4,000.00	9	Uniforms	3,000.00	3,000.00	3,000.00	9
10	84.35	0	0	10	Volunteer Equipment/Clothing	0	0		10
11	9,535.33	15,702.97	15,000.00	11	Community Relations	10,000.00	10,000.00	10,000.00	11
12	71.06	0	1,000.00	12	EMS Community Education	1,000.00	1,000.00	1,000.00	12
13	3,254.23	1,720.05	2,000.00	13	Advertising	3,500.00	3,500.00	3,500.00	13
14	0	3,000.00	3,000.00	14	Scholorship	3,000.00	3,000.00	3,000.00	14
15	88.49	1,464.99	1,500.00	15	Donations	1,000.00	1,000.00	1,000.00	15
16	0	0	0	16	Health Emergency	0	,		16
17	0	0	5,000.00	17	Administrators Discretion	3,000.00	3,000.00	3,000.00	17
18				18					18
19				19					19
20			141,254.00	20	General Fund Part 1a Subtotal	132,255.00	132,255.00	132,255.00,	20
21				21	General Fund Part 1 Subtotal	152,500.00	152,500.00	152,500.00	21
22				22					22
23			184,800.00	23	General Fund 1 & 1a Total	284,755.00	284,755.00	284,755.00	23
24				24					24
25				25					25
26				26					26
27				27					27
28				28					28
29				29					29
30				30	**Total full time equivalent (FTE)***	7			30
31				31	Ending balance (prior years)				31
32				32	**Unappropriated ending fund balance**	100,000.00	100,000.00,	100,000.00	32
33	31,989.62	67,536.52	326,054.00	33	**Total requirements**	384,755.00	384,755.00	384,755.00	33

150-504-031 (Rev. 11-16)

*When budgeting for personnel services expenditures, include number of related FTE positions.

Form
OR-LB-31

Detailed Requirements

General Fund Part 2
(Fund)

	Historical data					Budget for next year 20 25 - 26			
	Actual		Adopted budget	Requirements for 153,398.02					
	Second preceding year 20 22 - 23	First preceding year 20 23 - 24	this year 20 24 - 25	(Name of program or organizational unit)		Proposed by Budget Officer	Approved by Budget Committee	Adopted by Governing Body	
1			Employee Benifits	1	Object Classification Detail				1
2				2	PERSONNEL SERVICES				2
3	135,335.95	133,109.15	178,000.00	3	Administrative Services	178,000.00	178,000.00	178,000.00	3
4	53,972.50	64,622.71	96,750.00	4	Payroll Taxes	80,000.00	80,000.00	80,000.00	4
5	258,339.88	302,265.80	414,640.00	5	Medical Providers	405,641.00	405,641.00	405,641.00	5
6	110,905.26	150,764.13	160,000.00	6	EmployeeBenifits	185,000.00	185,000.00	185,000.00	6
7	0	0	45,000.00	7	Employer Retirement PERS	40,000.00	40,000.00	40,000.00,	7
8	9.754.34	2,850.31	0	8	Ambulance Volunteers	1,000.00	1,000.00	1,000.00	8
9	7,684.46	0	0	9	Payroll Expenses	0	0	0	9
10	48,197.49	95,357.09	0	10	NGM Admin Assistant	0	0	0	10
11	2,076.75	1,981.69	2,500.00	11	License	3,500.00	3,500.00	3,500.00,	11
12	4,863.32	7,517.70	12,000.00	12	Employee Education	13,500.00	13,500.00	13,500.00	12
13	86,538.60	87,122.11	0	13	NGM Cheif	0	0	0	13
14	0	0	178,000.00	14	EMS Administrative Services	178,000.00	178,000.00	178,000.00	14
15	0	0	80,000.00	15	EMS Drivers and Parttime On Call	125,000.00	125,000.00	125,000.00	15
16	717,668.55	845,770.69	1,166,890.00	16	SUBTOTAL	1,227,641.00	1,227,641.00	1,227,641.00	16
17				17					17
18				18	CONTRACTED SERVICES				18
19	12,000.00	0	13,000.00	19	Auditor / Other Service	15,500.00	15,000.00	15,000.00	19
20	1,305.40	62.50	100.00	20	Misc/Other	100.00	100.00	100.00	20
21	3,398.30	2,994.41	4,500.00	21	Billing Sertvices	4,500.00	4,500.00	4,500.00	21
22	34,344.41	39,832.17	35,000.00	22	IT Services	38,000.00	38,000.00	38,000.00	22
23	1,404.59	7,321.79	7,000.00	23	Paychex	7,500.00	7,500.00	7,500.00	23
24	9,645.00	9,285.00	6,500.00	24	EMS Medical Director/ Other Services	6,500.00	6,500.00	6,500.00	24
25	62,097.70	59,495.87	66,100.00	25	Subtotal	72,100.00	72,100.00	71,100.00	25
26				26					26
27	779,766.65	905,266.56	1,232,990.00	27	Subtotal	1,299,741.00	1,299,741.00	1,299,741.00	27
28				28					28
29				29					29
30				30	**Total full time equivalent (FTE)***	8	8	8	30
31				31	Ending balance (prior years)				31
32				32	**Unappropriated ending fund balance**	299,714.00	299,714.00	299,714.00	32
33	779,766.65	905,266.56	1,232,990.00	33	**Total requirements**	1,599,455.00	1,599,455.00	1,599,455.00	33

150-504-031 (Rev. 11-16)

*When budgeting for personnel services expenditures, include number of related FTE positions.

Form
OR-LB-31

Detailed Requirements

General Fund Part 3
(Fund)

	Historical data: Actual: Second preceding year 20 22 – 23	Historical data: Actual: First preceding year 20 23 – 24	Historical data: Adopted budget this year 20 24 – 25		Requirements for NGC Health District (Name of program or organizational unit)	Budget for next year 20 25 – 26: Proposed by Budget Officer	Budget for next year 20 25 – 26: Approved by Budget Committee	Budget for next year 20 25 – 26: Adopted by Governing Body	
1				1	Object Classification Detail				1
2				2					2
3	30,554.54	19,132.67	92,984.00	3	Capital Outlay				3
4				4	Health Services Assoc. RHC Certification	24,500.00	24,500.00	24,500.00	4
5				5	EMS Renovation Quarters	30,000.00	30,000.00	30,000.00	5
6				6	2 EMS CAD Systems	17,000.00	17,000.00	17,000.00	6
7	30,554.54	19,132.67	92,984.00	7	General Fund Part 3 Subtotal	71,500.00	71,500.00	71,500.00	7
8				8					8
9				9					9
10				10					10
11	191,857.09	192,093.99	326,054.00	11	General Fund Part 1 & 1a	284,755.00	284,755.00	284,755.00	11
12	863,174.02	983,409.10	1,232,990.00	12	General Fund Part 2	1,299,741.00	1,299,741.00	1,299,741.00	12
13	30,554.54	19,132.67	92,984.00	13	General Fund Part 3	71,500.00	71,500.00	71,500.00,	13
14				14					14
15	1,085,585.65	1,204,140.64	1,652,028.00	15	Expense Total	1,655,996.00	1,655,996.00	1,655,996.00	15
16				16					16
17				17					17
18				18					18
19				19					19
20				20					20
21				21					21
22				22					22
23				23					23
24				24					24
25				25					25
26				26					26
27				27					27
28				28					28
29				29					29
30				30	Total full time equivalent (FTE)*	8	8	8	30
31				31	Ending balance (prior years)				31
32				32	Unappropriated ending fund balance	399,714.00	399,714.00	399,714.00	32
33	1,085,585.65,	1,204,140.64	1,652,028.00	33	Total requirements	2,055,710.00	2,055,710.00	2,055,710.00	33

150-504-031 (Rev. 11-16)

*When budgeting for personnel services expenditures, include number of related FTE positions.

Form OR-LB-11

Reserve Fund Resources and Requirements

Year this reserve fund will be reviewed to be continued or abolished. Date can't be more than 10 years after establishment.

Review year: 2025

This fund is authorized and established by resolution / ordinance number 17-02, on (date) 5/15/2017 for the following specified purpose: _____

District Building Fund (Fund)

NGC Health District (Name of Municipal Corporation)

	Historical data				Description resources and requirements			Budget for next year 20 25 - 26			
	Actual										
	Second preceding year 20 22 - 23	First preceding year 20 23 - 24	Adopted budget year 20 24 - 25					Proposed by Budget Officer	Approved by Budget Committee	Adopted by Governing Body	
1				1	**Resources**						1
2	196,789.00	206,760.00	200,000.00	2	Cash on hand* (cash basis), or			204,397.00	204,397.00	204,397.00	2
3				3	Working capital (accrual basis)						3
4				4	Previously levied taxes estimated to be received						4
5				5	Interest						5
6				6	Transferred in from other funds						6
7				7							7
8				8							8
9				9							9
10				10	Total resources, except taxes to be levied						10
11				11	Taxes estimated to be received						11
12				12	Taxes collected in year levied						12
13	196,789.00	206,760.00	200,000.00	13	**Total resources**			204397.00	204,397.00	204,397.00	13
14				14	Requirements**						14
15				15	Org unit or prog & activity	Object classification	Detail				15
16				16							16
17				17							17
18				18		Transfer	Abolish Fund Balance				18
19				19			Funds moved to General Fund	204,397.00	204,397.00	204,397.00	19
20				20							20
21				21							21
22				22							22
23				23							23
24				24							24
25				25							25
26				26							26
27				27							27
28				28							28
29				29	Ending balance (prior years)						29
30				30	**Unappropriated ending fund balance**			0	0		30
31	196,789.00	206,760.00	200,00.00	31	**Total requirements**			204,397.00	204,397.00	204,397.00	31

150-504-011 (Rev. 11-16)

*The balance of cash, cash equivalents and investments in the fund at the beginning of the budget year.

**List requirements by organizational unit or program, activity, object classification, then expenditure detail. If the requirement is "not allocated", then list by object classification and expenditure detail.

Form
OR-LB-11

Reserve Fund
Resources and Requirements

Year this reserve fund will be reviewed to be continued or abolished. Date can't be more than 10 years after establishment.
Review year: 2025

This fund is authorized and established by resolution / ordinance number 17-02, on (date) 5.15.2017 for the following specified purpose: _____

District Contingency Fund
(Fund)

North Gilliam County Health District
(Name of Municipal Corporation)

	Historical data				Description resources and requirements			Budget for next year 20 25 - 26			
	Actual										
	Second preceding year 20 22 - 23	First preceding year 20 23 - 24	Adopted budget year 20 24 - 25					Proposed by Budget Officer	Approved by Budget Committee	Adopted by Governing Body	
1				1	**Resources**						1
2	113,610.00	119,366.00	122,000.00	2	Cash on hand* (cash basis), or			124,859.00	124,859.00	124,859.00	2
3				3	Working capital (accrual basis)						3
4				4	Previously levied taxes estimated to be received						4
5				5	Interest						5
6				6	Transferred in from other funds						6
7				7							7
8				8							8
9				9							9
10				10	Total resources, except taxes to be levied						10
11				11	Taxes estimated to be received						11
12				12	Taxes collected in year levied						12
13	113,600.00	119,366.00	122,000.00	13	**Total resources**			124,859.00	124,859.00	124,859.00	13
14				14	Requirements**						14
15				15	Org unit or prog & activity	Object classification	Detail				15
16				16							16
17				17							17
18				18		Transfer	Abolish Fund Balance	124,859.00	124,859.00	124859.00	18
19				19			Transfer to Genreral Fund				19
20				20							20
21				21							21
22				22							22
23				23							23
24				24							24
25				25							25
26				26							26
27				27							27
28				28							28
29				29	Ending balance (prior years)						29
30				30	**Unappropriated ending fund balance**						30
31	113,600.00	119,366.00	122,000.00	31	**Total requirements**			124,859.00	124,859.00	154859.00	31

150-504-011 (Rev. 11-16)

*The balance of cash, cash equivalents and investments in the fund at the beginning of the budget year.

**List requirements by organizational unit or program, activity, object classification, then expenditure detail. If the requirement is "not allocated", then list by object classification and expenditure detail.

Form
OR-LB-11

Reserve Fund
Resources and Requirements

Year this reserve fund will be reviewed to be continued or abolished. Date can't be more than 10 years after establishment.

Review year: 2025

This fund is authorized and established by resolution / ordinance number 17-02, on (date) 5/15/2017 for the following specified purpose: _____

EMS Equipment Fund
(Fund)

North Gilliam County Health District
(Name of Municipal Corporation)

	Historical data				Description resources and requirements			Budget for next year 20 25 - 26			
	Actual										
	Second preceding year 20 22 - 23	First preceding year 20 23 - 24	Adopted budget year 20 24 - 25					Proposed by Budget Officer	Approved by Budget Committee	Adopted by Governing Body	
1				1	**Resources**						1
2	26,542.00	27,887.00	35,448.00	2	Cash on hand* (cash basis), or			29,170.00	29,170.00	29,170.00	2
3				3	Working capital (accrual basis)						3
4				4	Previously levied taxes estimated to be received						4
5				5	Interest						5
6				6	Transferred in from other funds						6
7				7							7
8				8							8
9				9							9
10				10	Total resources, except taxes to be levied						10
11				11	Taxes estimated to be received						11
12				12	Taxes collected in year levied						12
13	26,542.00	27,887.00	34,448.00	13	**Total resources**			29,071.00	29,170.00	29,170.00	13
14				14	Requirements**						14
15				15	Org unit or prog & activity	Object classification	Detail				15
16				16							16
17				17							17
18				18		Transfer	Abolish Fund Balance	29,170.00	29,170.00	29,170.00	18
19				19			Funds moved to General Fund				19
20				20							20
21				21							21
22				22							22
23				23							23
24				24							24
25				25							25
26				26							26
27				27							27
28				28							28
29				29	Ending balance (prior years)						29
30				30	**Unappropriated ending fund balance**						30
31	26,542.00	27,887.00	34,448.00	31	**Total requirements**			29,170.00	29,170.00	29,170.00	31

150-504-011 (Rev. 11-16)

*The balance of cash, cash equivalents and investments in the fund at the beginning of the budget year.

**List requirements by organizational unit or program, activity, object classification, then expenditure detail. If the requirement is "not allocated", then list by object classification and expenditure detail.

Form
OR-LB-11

Reserve Fund
Resources and Requirements

Year this reserve fund will be reviewed to be continued or abolished. Date can't be more than 10 years after establishment.

Review year: 2025

This fund is authorized and established by resolution / ordinance number 17-02, on (date) 5/17/2017 for the following specified purpose: _____

EMS Ambulance Replacement Fund
(Fund)

North Gilliam County Health District
(Name of Municipal Corporation)

	Historical data				Description resources and requirements			Budget for next year 20 25 - 26			
	Actual										
	Second preceding year 20 22 - 23	First preceding year 20 23 - 24	Adopted budget year 20 24 - 25					Proposed by Budget Officer	Approved by Budget Committee	Adopted by Governing Body	
1				1	**Resources**						1
2	37,801.00	39,718.00	41,000.00	2	Cash on hand* (cash basis), or			41,558.00	41,558.00	41,558.00	2
3				3	Working capital (accrual basis)						3
4				4	Previously levied taxes estimated to be received						4
5				5	Interest						5
6				6	Transferred in from other funds						6
7				7							7
8				8							8
9				9							9
10				10	Total resources, except taxes to be levied						10
11				11	Taxes estimated to be received						11
12				12	Taxes collected in year levied						12
13	37,801.00	39,718.00	41,000.00	13	**Total resources**			41,558.00	41,558.00	41,558.00	13
14				14	Requirements**						14
15				15	Org unit or prog & activity	Object classification	Detail				15
16				16							16
17				17							17
18				18		Transfer	Abolish Fund Balance	41,558.00	41,558.00	41,558.00	18
19				19			Move to General Fund				19
20				20							20
21				21							21
22				22							22
23				23							23
24				24							24
25				25							25
26				26							26
27				27							27
28				28							28
29				29	Ending balance (prior years)						29
30				30	**Unappropriated ending fund balance**						30
31	37,801.00	39,718.00	41,000.00	31	**Total requirements**			41,558.00	41,558.00	41,558.00	31

150-504-011 (Rev. 11-16)

*The balance of cash, cash equivalents and investments in the fund at the beginning of the budget year.

**List requirements by organizational unit or program, activity, object classification, then expenditure detail. If the requirement is "not allocated", then list by object classification and expenditure detail.

North Gilliam County Health District
PO Box 176 – 110 On the Mall
Arlington, OR 97812
541-705-2601

Budget Hearing May 20, 2025, 6:00 pm

1st Motion

I move that the NGCHD Board of Directors approve the imposed taxes for the 2025-2026 fiscal year, at the rate of 0.9425 per $1000.00

2nd Motion

I move that the NGCHD Board of Directors approve the proposed 2025-2026 fiscal year budget as presented in the amount of $2,055,710.00. This includes abolishing all 4 Contingency Fund Accounts in the amount of $ 399,714.00 and moving the funds to the general fund.

Notice of Property Tax and Certification of Intent to Impose a Tax, Fee, Assessment, or Charge on Property

FORM OR-LB-50
2025–2026

To assessor of Gilliam County

☐ Check here if this is an amended form.

• Be sure to read instructions in the current Notice of Property Tax Levy Forms and Instructions.

The N Gilliam Health District (District name) has the responsibility and authority to place the following property tax, fee, charge, or assessment on the tax roll of Gilliam (County name) County. The property tax, fee, charge, or assessment is categorized as stated by this form.

Mailing address of district	City	State	ZIP code	Date submitted
PO Box 176	Arlington	OR	97812	6/05/2025

Contact person	Title	Daytime telephone number	Contact person e-mail address
Carrie Schadewitz	Administrator	541-705-2601	CarrieS@NGCHealth.org

CERTIFICATION—You **must** check one box if you are subject to Local Budget Law.

☒ The tax rate or levy amounts certified in Part I are within the tax rate or levy amounts approved by the budget committee.

☐ The tax rate or levy amounts certified in Part I were changed by the governing body and republished as required in ORS 294.456.

PART I: TAXES TO BE IMPOSED

	Subject to General Government Limits: Rate —or— Dollar Amount	Excluded from Measure 5 Limits: Dollar Amount of Bond Levy
1. Rate per $1,000 **or** total dollar amount levied (within permanent rate limit) ... 1	0.9425	
2. Local option operating tax ... 2		
3. Local option capital project tax ... 3		
4. City of Portland Levy for pension and disability obligations ... 4		
5a. Levy for bonded indebtedness from bonds approved by voters **prior** to October 6, 2001 ... 5a		
5b. Levy for bonded indebtedness from bonds approved by voters **after** October 6, 2001 ... 5b		
5c. Total levy for bonded indebtedness not subject to Measure 5 or Measure 50 (total of 5a + 5b) ... 5c		

PART II: RATE LIMIT CERTIFICATION

6. Permanent rate limit in dollars and cents per $1,000 ... 6	0.9425
7. Election date when your new district received voter approval for your permanent rate limit ... 7	
8. **Estimated** permanent rate limit for newly **merged/consolidated** district ... 8	

PART III: SCHEDULE OF LOCAL OPTION TAXES— Enter all local option taxes on this schedule. If there are more than two taxes, attach a sheet showing the information for each.

Purpose (operating, capital project, or mixed)	Date voters approved local option ballot measure	First tax year levied	Final tax year to be levied	Tax amount —or— rate authorized per year by voters

PART IV: SPECIAL ASSESSMENTS, FEES, AND CHARGES*

Description	ORS Authority**	Subject to General Government Limitation	Excluded from Measure 5 Limitation
1			
2			

*If fees, charges, or assessments will be imposed on specific property within your district, you must attach a complete listing of properties, by assessor's account number, to which fees, charges, or assessments will be imposed. Show the fees, charges, or assessments uniformly imposed on the properties. If these amounts are not uniform, show the amount imposed on each property.
**** The ORS authority for putting these assessments on the roll must be completed if you have an entry in Part IV.**

Form OR-LB-50 (continued on next page)

(see the back for worksheet for lines 5a, 5b, and 5c)

File with your assessor no later than JULY 15, unless granted an extension in writing.

Worksheet for Allocating Bond Taxes

*Debt service requirements for bonds approved **prior to** October 6, 2001 (including advanced refunding issues to redeem them):*

	Principal	Interest	Total
Bond Issue 1			
Bond Issue 2			
Bond Issue 3			
		Total A	

*Debt service requirements for bonds approved **on or after** October 6, 2001:*

	Principal	Interest	Total
Bond Issue 1			
Bond Issue 2			
Bond Issue 3			
		Total B	
		Total Bond (A + B)	

Total Bonds

$\frac{\text{Total A} = \$\_\_\_\_}{\text{Total A + B} = \$\_\_\_\_}$ = Allocation % ____% × Bond Levy $____ = $____ (enter on line 5a on the front)

$\frac{\text{Total B} = \$\_\_\_\_}{\text{Total A + B} = \$\_\_\_\_}$ = Allocation % ____% × Bond Levy $____ = $____ (enter on line 5b on the front)

Total Bond Levy $____ (enter on line 5c on the front)

Example—Total Bond Levy = $5,000

*Debt service requirements for bonds approved **prior to** October 6, 2001 (including advanced refunding issues to redeem them):*

		Principal	Interest	Total
Bond A:	Bond Issue 1	5,000.00	500.00	5,500.00
	Bond Issue 2	3,000.00	250.00	3,250.00
	Bond Issue 3	1,000.00	100.00	1,100.00
			Total A	9,850.00

*Debt service requirements for bonds approved **on or after** October 6, 2001:*

		Principal	Interest	Total
Bond B:	Bond Issue 1	3,000.00	50.00	3,050.00
			Total B	3,050.00
			Total Bond (A + B)	$12,900.00

Formula for determining the division of tax:

$\frac{\text{Total A} = \$\ 9,850.00}{\text{Total A + B} = \$\ 12,900.00}$ = Allocation % 0.7636 % × Bond Levy $ 5,000.00 = $ 3,818.00 (enter on line 5a on the front)

$\frac{\text{Total B} = \$\ 3,050.00}{\text{Total A + B} = \$\ 12,900.00}$ = Allocation % 0.2364 % × Bond Levy $ 5,000.00 = $ 1,182.00 (enter on line 5b on the front)

Total Bond Levy $ 5,000.00 (enter on line 5c on the front)

FORM OR-LB-1

NOTICE OF BUDGET HEARING

Oregon Department of Revenue

A public meeting of the North Gilliam Co Health Dist (Governing body) will be held on May 20, 2025 (Date) at 6:00p ☐ a.m. ☒ p.m. at Arlington City Hall 500 West First Street Arlington, OR (Location), Oregon. The purpose of this meeting is to discuss the budget for the fiscal year beginning July 1, 2025 as approved by the North Gilliam County Health District (Municipal corporation) Budget Committee. A summary of the budget is presented below. A copy of the budget may be inspected or obtained at 110 On The Mall Arlington, OR (Street address) between the hours of 8:30a a.m., and 4:00p p.m., or online at NGCHealth.org This budget is for an ☒ annual; ☐ biennial budget period. This budget was prepared on a basis of accounting that is: ☒ the same as; ☐ different than the preceding year. If different, the major changes and their effect on the budget are:

Contact	Telephone number	E-mail
Carrie Schadewitz	541-705-2601	adminisrtator@NGCHealth.org

FINANCIAL SUMMARY—RESOURCES

TOTAL OF ALL FUNDS	Actual Amounts 2023–2024	Adopted Budget This Year: 2024–2025	Approved Budget Next Year: 2025–2026
1. Beginning Fund Balance/Net Working Capital	71,035	715,000	56,271
2. Fees, Licenses, Permits, Fines, Assessments & Other Service Charges			
3. Federal, State & all Other Grants, Gifts, Allocations & Donations	10,000	10,000	451,425
4. Revenue from Bonds & Other Debt	0	0	0
5. Interfund Transfers/Internal Service Reimbursements		0	399,714
6. All Other Resources Except Current Year Property Taxes	400,800	450,000	378,300
7. Current Year Property Taxes Estimated to be Received	802,548	879,000	770,000
8. **Total Resources**—add lines 1 through 7	1,284,383	2,054,000	2,055,710
FINANCIAL SUMMARY—REQUIREMENTS BY OBJECT CLASSIFICATION			
9. Personnel Services	923,364	1,232,990	1,299,741
10. Materials and Services	279,182	326,054	284,755
11. Capital Outlay	51,864	92,984	71,500
12. Debt Service			
13. Interfund Transfers	0	0	399,714
14. Contingencies			0
15. Special Payments			
16. Unappropriated Ending Balance and Reserved for Future Expenditure		401,972	0
17. **Total Requirements**—add lines 9 through 16	1,254,410	2,054,000	2,055,710
FINANCIAL SUMMARY—REQUIREMENTS AND FULL-TIME EQUIVALENT EMPLOYEES (FTE) BY ORGANIZATIONAL UNIT OR PROGRAM*			
Name of Organizational Unit or Program / FTE for Unit or Program			
Name	923,364	1,232,990	1,299,455
FTE	7	8	8
Name			
FTE			
Name			
FTE			
Name			
FTE			

Form OR-LB-1 (continued on next page)

Name			
FTE			
Not Allocated to Organizational Unit or Program			
FTE			
Total Requirements	923,364	1,232,990	1,299,455
Total FTE	7	8	8

STATEMENT OF CHANGES IN ACTIVITIES AND SOURCES OF FINANCING*

PROPERTY TAX LEVIES

	Rate or Amount Imposed	Rate or Amount Imposed	Rate or Amount Approved
Permanent Rate Levy ..... (Rate Limit .9425 Per $1000)	.9425	.9425	.9425
Local Option Levy			
Levy for General Obligation Bonds			

STATEMENT OF INDEBTEDNESS

Long Term Debt	Estimated Debt Outstanding on July 1	Estimated Debt Authorized, but not 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 or add sheets.