

EMERGENCY RESERVE ACCOUNT

**COCHISE COUNTY SPECIAL TAXING DISTRICTS ANNUAL BUDGET
NACO SANITARY DISTRICT**

	PROJECTED BUDGET	MODIFIED BUDGET	APPROVED FY 2023 & 2024 BUDGET
REVENUES			
Taxes:			
Real estate taxes	120,000	_____	_____
Unsecured personal property taxes	_____	_____	_____
TOTAL TAXES	_____	_____	_____
Miscellaneous Revenues:			
Projected carryover balance	0	_____	0
Interest earnings	_____	_____	_____
Transfers from other funds	_____	_____	8625
TOTAL MISCELLANEOUS REVENUES	\$ _____	\$ _____	\$ 8625
TOTAL REVENUES	\$ 120,000	\$ _____	\$ 8625

EXPENDITURES

Land	_____	_____	_____
Buildings	_____	_____	2000
Construction in progress	_____	_____	_____
Improvements other than buildings	60,000	_____	4000
Motor vehicles	_____	_____	_____
Machinery and equipment	60,000	_____	_____
Leasehold improvements	_____	_____	_____
Other	60,000	_____	2625
TOTAL CAPITAL OUTLAY	\$ 120,000	\$ _____	\$ 8625

AUTHORIZED SIGNATURE:

Stephen T. Dey

(Type or print name)

(Handwritten Signature)

(Type or print name)

(Handwritten Signature)



(Title) Authorized Signature

June 23, 2023

(Date)

(Title) Authorized Signature

(Date)

YEAR END SUMMARY REPORT

RESERVE ACCOUNT

(Submit to Special Districts Department no later than August 1)

- 1. **CASH BALANCE IN COCHISE COUNTY
TREASURERS OFFICE JUNE 30th** \$ _____ . _____

- 2. **LESS OUTSTANDING WARRANTS
(List attached)** \$ _____ . _____

- 3. **SUBTOTAL ACTUAL YEAR-END BALANCE** \$ _____ . _____

- 4. **APPROVED BUDGET** \$ _____ . _____

- 5. **SECONDARY ASSESSED VALUE
(If available)** \$ _____ . _____

PREPARED BY _____ TITLE _____
(Type or Print) (Type or Print)

(Handwritten Signature)

DATE _____ DISTRICT _____

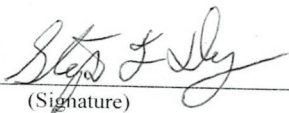
**EMERGENCY
RESERVE FOR SUBSEQUENT YEAR'S EXPENDITURES
FIVE YEAR OR SEVEN YEAR PLAN**

EMERGENCY RESERVE

FUNDS IN THIS ACCOUNT ARE FOR THE EXPRESS
PURPOSE OF UNEXPECTED FAILURES OF CRITICAL
& NECESSARY INFRASTRUCTURE.

FUNDING LEVEL OF THIS ACCOUNT SHOULD BE EQUIVARIANT
TO AT LEAST 60% VALUE OF ALL CRITICAL INFRASTRUCTURE
BASED ON REASONABLE ASSESSED REPLACEMENT COSTS.

SIGNED BY:


(Signature)

(Signature)

(Date)

CHAIR
(Title)

(Title)