

**FY 2018
SPECIAL COMMUNITY BENEFIT DISTRICT
BUDGET REQUEST**

A. District Name **Arundel on the Bay**
 B. Community Association Name _____
 C. Mailing Address _____
 D. Contact Person _____
 Phone Number(s) _____
 Email Address(s) _____

BUDGET REQUESTED FOR FISCAL YEAR JULY 1, 2017 THROUGH JUNE 30, 2018

E. Purposes	Amount
F. Budget Subtotal	_____
G. Administrative Fee <i>(See Instructions)</i>	_____
H. BUDGET TOTAL <i>(Sum of Item F & Item G)</i>	_____

Revenues		Amount
I. Estimated Funds Available FY18	\$ 5900	_____
J. Fund Balance as of 6/30/16	_____	_____
K. Investment Income/ Other Revenue	_____	_____
L. Estimated Funds Available Subtotal	_____	_____
M. Tax Revenues Needed for FY18	_____	_____
N. REVENUE TOTAL <i>(Sum of Item L & Item M)</i>	_____	_____

Tax Rate Calculation		Amount
O. Tax Revenues Needed for FY18 <i>(Item M)</i>	_____	_____
P. # of Lots/Accounts	1,742,000	_____
Taxable Assessment	174,200,000	_____
Q. REQUESTED TAX RATE	(/) (=)	1,742,000 _____

CERTIFICATION OF ASSOCIATION REPRESENTATIVES

I hereby certify that the budget request above has been approved pursuant to the bylaws of this association; that the budget has been presented to the property owners for their comments; and that the funds requested are for the purposes authorized in the laws governing our special taxing district.

NAME _____ NAME _____
 TITLE _____ TITLE _____
 DATE _____ DATE _____
 SIGNATURE _____ SIGNATURE _____

Supporting documentation of Officers/Representatives attached (please check)