

**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 <span style="float: right;"><i>(See Instructions)</i></span>	_____
H. BUDGET TOTAL <span style="float: right;"><i>(Sum of Item F &amp; Item G)</i></span>	_____

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 <span style="float: right;"><i>(Sum of Item L &amp; Item M)</i></span>	_____	_____

Tax Rate Calculation		Amount
O. Tax Revenues Needed for FY18 <span style="float: right;"><i>(Item M)</i></span>	_____	_____
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)