

OPERATING BUDGET

Schedule 1

Name		Address				
Applicant Fiscal Year		County		State (Including ZIP Code)		
From	To	20	20	20	20	First Full Year
		(1)	(2)	(3)	(4)	(5)
<u>OPERATING INCOME</u>						
1. _____						
2. _____						
3. _____						
4. _____						
5. Miscellaneous						
6. Less: Allowances and Deductions		()	()	()	()	()
7. Total Operating Income (Add Lines 1 through 6)						
<u>OPERATING EXPENSES</u>						
8. _____						
9. _____						
10. _____						
11. _____						
12. _____						
13. _____						
14. _____						
15. Interest (RD)						
16. Depreciation						
17. Total Operating Expense (Add Lines 8 through 16)						
18. NET OPERATING INCOME (LOSS) (Line 7 less 17)						
<u>NONOPERATING INCOME</u>						
19. _____						
20. _____						
21. Total Nonoperating Income (Add Lines 19 and 20)						
22. NET INCOME (LOSS) (Add Lines 18 and 21) (Transfer to Line A Schedule 2)						

Budget and Projected Cash Flow Approved by Governing Body

Attest: _____ Secretary _____ Date

_____ Appropriate Official _____ Date

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