Illinois Community College Board

**TAX REVENUE AND BUDGET INFORMATION REQUEST**

|  |  |  |  |
| --- | --- | --- | --- |
| **District Number** |       | **District Name** |       |
| **Completed by** |       |  **Phone No.** |       |

THE TAX RELATED FIGURES PRESENTED IN THE REQUEST SHOULD REFLECT AUDITED DATA WHENEVER POSSIBLE.

**I. 2016 EAV and Tax Rate Data**

 **A.** On the space provided below, please list each county totally or partially in your taxing district, and for the portion of that county in your district, the 2016 equalized assessed valuation (EAV). EAV’s reported should reflect your true taxable base, i.e. the amount should exclude EAV lost to various homestead and senior citizen exemptions as well as EAV increase associated with TIFS. If for some reason you are unable to obtain each county’s 2016 EAV, please identify as an estimate by placing an “E” after the figure.

| **County** | **2016 EAV** | **“E”** |
| --- | --- | --- |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 |       |       |   |
| 2 |       |       |   |
| 3 |       |       |   |
| 4 |       |       |   |
| 5 |       |       |   |
| 6 |       |       |   |
| 7 |       |       |   |
| 8 |       |       |   |
| 9 |       |       |   |
| 10 |       |       |   |
| 11 |       |       |   |
| 12 |       |       |   |
| 13 |       |       |   |
| 14 |       |       |   |
| 15 |       |       |   |
| **Total** | **$ 0.00** |  |

 **B.** **2017 Community College Operating Tax Rates**

|  |  |
| --- | --- |
| PLEASE CHECK IF YOUR DISTRICT IS CURRENTLY IMPACTED BY THE PROPERTY TAX EXTENSION LIMITATION ACT (PTELA) | [ ]  |

**NOTE: Please record all tax rates according to the format in the following example:**

**A rate of 25 cents per $100 of EAV = 25.00**

|  |
| --- |
| 1. EDUCATION FUND |
|  a. Actual Operating Extension Rate |       |
|  b. Maximum Authorized Rate |       |
| 2. OPERATIONS AND MAINTENANCE FUND |
|  a. Actual Operating Extension Rate |       |
|  b. Maximum Authorized Rate |       |
| 3. SUPPLEMENTAL OPERATING TAX RATE (EQUITY TAX) |  |
|  a. Actual Operating Extension Rate |       |
|  b. Maximum Authorized Rate |       |
| 4. TOTAL ACTUAL OPERATING TAX RATE (Sum of 1a, 2a, and 3a) |       |

 **C. Other 2017 Tax Rates**

|  |
| --- |
| 1. Liability, Protection, and Settlement Fund (Please provide the best estimate that each of the following represents of the total fund rate) |
|  a. Tort immunity Act |       |
|  b. Social Security/Medicare Insurance |       |
| 2. Audit Fund |       |
| 3. Bond and Interest Fund (Please provide the best estimate that each of the following represents of the total fund rate) |
|  a. Building Bonds  |       |
|  b. Working Cash Bonds |       |
|  c. Protection, Health, and Safety Bonds |       |
|  d. Teacher Order Bonds |       |
|  e. Other Bonds (Please Specify):       |       |
| 4. Protection, Health, and Safety Tax |       |
| 5. Public Building Commission Operation and Maintenance Fund |       |
| 6. Public Building Commission Rental Fund |       |

**II. Tax and Bond Referenda**

Please list attempted Tax and Bond referenda for your district since 2016.

|  |  |
| --- | --- |
| **Tax Referenda** | **Bond Referenda** |
| **Date Attempted** | **Education Fund****Amount** | **Passed or Failed** | **Operations & Maintenance Fund Amount** | **Passed or Failed** | **Amount** | **Passed or Failed** |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

**III. Health Insurance**

|  |  |
| --- | --- |
| Total estimated cost for fiscal year 2018 insurance programs:(e.g., Health, Dental, Vision, Prescription).*INCLUDE ONLY EMPLOYER CONTRIBUTIONS FOR EMPLOYEES AND DEPENDANTS* | $      |
| A. Total number of individuals (excluding dependants) covered by the district’s health insurance program. |       |
| B. Name of primary health insurance carrier |       |
| C. Number of years with this carrier |       |
| D. Have the coverage provisions when compared with last year generally: (Please check box) |
| Increased | [ ]  | Decreased | [ ]  | Remained Same | [ ]  |

**IV. College Insurance Program (for Retirees)**

**A.** **Fiscal Year 2018 Gross Payroll Information**

 In order to determine the amount of funds required for the state’s contribution to the college insurance plan for retirees, it is necessary to collect payroll information on community college employees. Please provide the estimated total gross payroll for full-time employees (as defined by the district) that participate in the college’s group health insurance program.

|  |  |
| --- | --- |
| Estimated Fiscal Year 2018 Gross Payroll | $      |

**V. Waivers**

 Total dollar amount of tuition and fee revenue not realized in fiscal year 2017 due to unfunded state mandated tuition and fee waivers and scholarships. Do not include tuition waived for ABE/ASE students, instructional academic scholarships, or athletic waivers.

|  |  |
| --- | --- |
| A. Senior Citizens’ Waivers | $      |
| B. Veterans and National Guard Grant | $      |
| C. Other | $      |
| Total | $      |

**VI. Fiscal Year 2017 Energy Usage and Cost**

 Please provide the energy usage and cost date requested below. Note carefully the units of usage specified for each type of utility. Usage should be reported only in terms specified for each fuel source. Since local billing practices differ, it may be necessary to convert the usage data on your bills to the units requested. One hundred cubic feet of natural gas is equal to one therm. Electricity usage should be expressed in megawatt hours. For conversion from kilowatt hours to megawatt hours, one thousand kilowatt hours equals one megawatt hour (e.g. 155,600 kilowatt hours would be 155.6 megawatt hours). One cubic feet of water equals 7.5 gallons.

The total gross square feet of space operated by the college should be reported on line 15. This figure should include only (and no less than) the space for which utility costs are reported. Please do not include telephone (FMM 575) costs.

|  |  |  |
| --- | --- | --- |
|  |  | **FY 2017** |
| 1 | Natural Gas Usage (Thermos) |       |
| 2 | Natural Gas Cost (FMM 571) | $      |
| 3 | Electricity Usage (Megawatt Hours) |       |
| 4 | Electricity Cost (FMM 573) | $      |
| 5 | Coal Usage (Tons) |       |
| 6 | Coal Cost | $      |
| 7 | Fuel Oil Usage (gallons)Fuel Oil Grade is |       |
| 8 | Fuel Oil Cost (FMM 572) | $      |
| 9 | Water Usage (Cubic Feet) |       |
| 10 | Sewer Usage (Cubic Feet) |       |
| 11 | Water and Sewer Cost (FMM 579) | $      |
| 12 | Other Utility UsageUsage Unit?  |       |
| 13 | Other Utility Cost (FMM 579) | $      |
| 14 | Total Utility Cost (excluding telephone and refuse disposal costs) | $      |
| 15 | Gross Square Feet of Space Operated by College |       |