

AN ORDINANCE MAKING THE ANNUAL BUDGET AND APPROPRIATIONS
FOR THE VILLAGE OF BELLEVUE, PEORIA COUNTY, ILLINOIS,
FOR THE FISCAL YEAR BEGINNING JULY 1, 2016,
AND ENDING JUNE 30, 2017

WHEREAS, it is incumbent upon the Board of Trustees to make the Annual Budget and Appropriation Ordinance for the Village of Bellevue, in the first quarter of the fiscal year, which has been fixed as beginning July 1, 2016 and ending June 30, 2017, and

WHEREAS, the Village Board has determined the various amounts to be budgeted and appropriated to meet the necessary corporate purposes of this Village for said fiscal year, and

NOW, THEREFORE, BE IT ORDAINED BY THE PRESIDENT AND THE BOARD OF TRUSTEES OF THE VILLAGE OF BELLEVUE, PEORIA COUNTY, ILLINOIS:

SECTION 1. That there is hereby appropriated and budgeted for the several sums as may be authorized by law, to meet the necessary corporate purposes of the Village of Bellevue, Peoria County, Illinois, as follows:

GENERAL ADMINISTRATION, SALARIES & EXPENSES:

SALARIES:

President/Liquor Commissioner	\$ 2,400	
Village Clerk	1,500	
Board of Trustees	5,760	
Village Treasurer	5,500	
Zoning Officer	6,000	
Employees	100,000	
Janitor	1,000	
Payroll Taxes	<u>35,000</u>	
TOTAL		\$157,160

PROFESSIONAL SERVICES:

Legal Fees	55,000	
Engineer's Fees	20,000	
Audit	6,400	
Miscellaneous	1,000	
Professional Services - EPA	<u>8,000</u>	
TOTAL		90,400

PUBLIC BUILDINGS:

Maintenance	22,000
Repair	1,000
Telephone	1,000
Utilities	11,500
Miscellaneous Public Buildings	<u>8,000</u>

TOTAL 43,500

PUBLIC WORKS:

Streets and Roads	\$200,000
Purchase of Equipment	60,000
Contract Labor	2,000
Rental of Equipment	10,000
Repair of Equipment	5,000
Purchase of Tools	4,000
Supplies	12,000
Miscellaneous Public Works	3,000
Capital Expenditures	<u>25,000</u>

TOTAL 321,000

VEHICLES:

Fuel	12,000
Maintenance	5,000
Repairs	5,000
Mileage	<u>2,500</u>

TOTAL 24,500

OTHER EXPENSES:

Illinois Municipal League	750
Office Supplies	2,000
General Supplies	1,000
Charitable Contributions	1,000
Garbage Removal	18,000
Office Equipment/Furniture	1,200
Advertising	2,000
Bank Charges	50
Dues and Subscriptions	500
Insurance - Employee	40,000
Insurance - Other	19,000
Miscellaneous	5,000
Postage	<u>1,000</u>

TOTAL 91,500

TOTAL GENERAL ADMINISTRATION \$728,500

ILLINOIS MUNICIPAL RETIREMENT FUND:

Contributions	<u>9,000</u>	
TOTAL IMRF		9,000

POLICE PROTECTION:

Police Protection	132,000	
Animal Control	<u>5,000</u>	
TOTAL POLICE PROTECTION		137,000

TIF II:

Salaries	10,000	
Dues	250	
Legal Fees	5,000	
Engineer's Fees	7,000	
Streets	80,000	
Development Incentive	<u>25,000</u>	
TOTAL TIF II		127,250

STARR LANE TIF:

Dues	250	
Legal Fees	10,000	
Engineer's Fees	7,500	
Streets	200,000	
Improvements	6,000	
Equipment Rental	15,000	
Wages	20,000	
Payroll Taxes	3,000	
Miscellaneous	<u>5,000</u>	
TOTAL STARR LANE TIF		266,750

MFT:

Salaries and Benefits	30,000	
Salt	25,000	
Payroll Taxes	5,000	
Street Maintenance	50,000	
Engineer's Fees	8,000	
IMRF Contribution	5,000	
Miscellaneous	<u>5,000</u>	
TOTAL MFT		<u>128,000</u>
TOTAL APPROPRIATION		<u>\$1,396,500</u>

SECTION 2. That the various amounts herein appropriated may be used in making up any deficiency in any other like appropriation.


SECTION 3. That this Ordinance shall be published and made available in pamphlet form, and the same having been so published, it is as of the date hereof, in full force and effect.

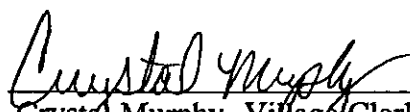
SECTION 4. All ordinances or parts of ordinances in conflict herewith are, as to such conflict, hereby repealed.

AYES	<u>6</u>
NAYS	<u>0</u>
ABSENT	<u>0</u>

PASSED AND APPROVED THIS 27 DAY OF SEPTEMBER, 2016

VILLAGE OF BELLEVUE, ILLINOIS

By: 
Terry Johnson, President

Attest: 
Crystal Murphy, Village Clerk

316-2162

VILLAGE OF BELLEVUE
STATEMENT OF ESTIMATED REVENUES
FISCAL YEAR ENDED JUNE 30, 2017

GENERAL FUND

<u>Property Tax</u>	\$ 27,200	
<u>Road and Bridge</u>	20,200	
<u>State Taxes</u> - Personal Property Tax	3,500	
Sales Tax	220,000	
Income Tax	250,000	
<u>Licenses</u> - General	4,000	
Coin Machine	300	
<u>Fines</u>	1,500	
<u>Video Gaming</u>	20,000	
<u>Franchises</u> - TV/Cable	25,000	
Telephone	23,000	
Ameren	3,100	
<u>Investment Earnings</u>	4,500	
<u>Building/Zoning Permits</u>	7,000	
<u>Rent Income</u>	9,200	
<u>Miscellaneous</u>	6,000	
TOTAL ESTIMATED GENERAL FUND INCOME		\$624,500
<u>TIF II</u> - Property Tax	60,000	
Interest	<u>1,000</u>	
TOTAL ESTIMATED TIF II INCOME		61,000
<u>Starr Lane TIF</u> - Property Tax	100,000	
Interest	500	
Miscellaneous	<u>1,000</u>	
TOTAL ESTIMATED STARR LANE TIF INCOME		101,500
<u>MFT</u> - Motor Fuel Tax	60,000	
Interest	<u>100</u>	
TOTAL ESTIMATED MFT INCOME		<u>60,100</u>
TOTAL ESTIMATED REVENUES		<u>\$847,100</u>



State of Illinois Certificate of Child Health Examination

Student's Name DEWESE COLTEN J Last First Middle			Birth Date 08/03/2011 Month/Day/Year	Sex M	Race/Ethnicity White	School /Grade Level/ID#												
108 SHADOWAY DR EAST PEORIA 61611-2814 Address Street City Zip Code			Parent/Guardian (309) 989-1976 Telephone # Home		Work													
IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for every dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.																		
REQUIRED Vaccine / Dose	DOSE 1			DOSE 2			DOSE 3			DOSE 4			DOSE 5			DOSE 6		
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR
DTP or DTaP	09/28/2011			11/30/2011			01/31/2012			11/15/2012			9/1/16 (K)					
Tdap, Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		
Polio (Check specific type)	<input checked="" type="checkbox"/> IPV <input type="checkbox"/> OPV			<input checked="" type="checkbox"/> IPV <input type="checkbox"/> OPV			<input checked="" type="checkbox"/> IPV <input type="checkbox"/> OPV			<input checked="" type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
	09/28/2011			11/30/2011			01/31/2012			9/1/16 (K)								
Hib Haemophilus influenza type b	09/28/2011			11/30/2011			01/31/2012			11/15/2012								
Pneumococcal Conjugate	09/28/2011			11/30/2011			01/31/2012			08/08/2012								
Hepatitis B	08/04/2011			09/28/2011			01/31/2012											
MMR Measles Mumps Rubella	08/08/2012			mmrv 9/1/16						Comments: * indicates invalid dose (K) = Kinrix mmrv = measles mumps rubella varicella								
Varicella (Chickenpox)	08/08/2012			mmrv 9/1/16														
Meningococcal conjugate (MCV4)																		
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose																		
Hepatitis A	9/1/16																	
HPV																		
Influenza	09/18/2014			10/22/2014														
Other: Specify Immunization Administered/Dates	09/28/2011 (ROT)			11/30/2011 (ROT)			01/31/2012 (ROT)											
Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.																		
Signature <i>Michelle Decker Hobbs RA BSN</i>			Title <i>TC HD</i>			Date <i>9/1/16</i>												
Signature			Title			Date												
ALTERNATIVE PROOF OF IMMUNITY																		
1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result. *MEASLES (Rubeola) MO DA YR **MUMPS MO DA YR HEPATITIS B MO DA YR VARICELLA MO DA YR																		
2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below verifies that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease. Date of Disease Signature Title																		
3. Laboratory Evidence of Immunity (check one) <input type="checkbox"/> Measles* <input type="checkbox"/> Mumps** <input type="checkbox"/> Rubella <input type="checkbox"/> Varicella Attach copy of lab result. *All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence. **All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.																		
Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____ Physician Statements of Immunity MUST be submitted to IDPH for review.																		

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and Maintained by the School Authority.