Financial Worksheet 1D

Initial Submittal and Annual for Two Years

Waterworks: _____ **Date:** _____

City/County: _____

PWSID Number: _____

Instructions: This form can be completed online, or a blank form can be printed to complete manually. If completing online, print, sign, and date the form before mailing or faxing to the Office of Drinking Water Field Office in your region. Retain a copy of the completed form for your records.
NOTE: Boxes highlighted in light green are self totaling calculation. Boxes highlighted in light blue are field headings.

	Six Year Operating Budget (Worksheet 1D)	ACTUAL PREVIOUS		PROJECTED for Fiscal Year Ending June 30,			
		20	20	20	20	20	20
Line		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	WATERWORKS TOTAL EXPENSES						
7	**Operation & Maintenance Expenses**						
8	Salaries & Other Benefits (Operator)						
9	Power & Other Utilities						
10	Chemical & Treatment						
11	Monitoring						
12	Materials, Supplies and Parts						
13	Transportation Expenses						
14	Miscellaneous Expenses						
15	**Total Operation & Maintenance Expenses(Add 8-14)**	0	0	0	0	0	0
16	**General and Administrative Expenses**						
17	Salaries & Benefits						
18	Office Supplies & Postage						
19	Insurance-Vehicle, Liability, and Workers Compensation						
20	Legal & Accounting						
21	Engineering & Professional Services						
22	Fees - VDH Waterworks, etc						
23	Miscellaneous Expenses (e.g. Training)						
24	**Total General Administrative Expenses (Add l7-23)**	0	0	0	0	0	0
25	Depreciation Expense (If Applicable)						
26	**EXPENSES (Add 15+24+25)**	0	0	0	0	0	0
27	Taxes						
28	Annual Debt Payments - Loans/Bonds(Principal & Interest)						
30	Capital Improvement Program Expenditures						
53	**TOTAL REVENUE REQ.(Add 26+27+28+30)**	0	0	0	0	0	0

Certification Statement

By signing below I hereby declare that the information provided above is true and accurate to the best of my knowledge, and that the estimate of annual waterworks expense appears as a line item in the overall business operating budget. If any information changes, I will notify the Office of Drinking Water in writing within 7 business days.

Signature of Owner: _____ Date: _____

ODW Office Use Only: Reviewed By: _____ Date: _____ WBOP ☐ DOES ☐ DOES NOT pass Analysis 1.b for NTNCs