

Please return completed form to:
Florida Department of Education
Office of Funding and Financial Reporting
325 W. Gaines St., Room 824
Tallahassee, FL 32399-0400

**FLORIDA DEPARTMENT OF EDUCATION
RESOLUTION DETERMINING
CRITICAL NEEDS
REVENUES AND MILLAGES LEVIED**

RESOLUTION OF THE DISTRICT SCHOOL BOARD OF _____
COUNTY, FLORIDA, DETERMINING THE AMOUNT OF REVENUES TO BE PRODUCED AND THE
MILLAGE TO BE LEVIED FOR CRITICAL CAPITAL OUTLAY NEEDS OR CRITICAL OPERATING
NEEDS FOR THE FISCAL YEAR BEGINNING JULY 1, 2011, AND ENDING JUNE 30, 2012.

WHEREAS, Section 1011.71(3)(b), Florida Statutes, provides for the amounts necessary to be raised for either critical capital outlay needs or critical operating needs and the 0.25 mills to be levied; and

WHEREAS, the Board has authorized by a super majority vote; and

WHEREAS, the voters of the district had approved in the 2010 general election pursuant to Section 1011.71(3)(b), F.S., the continued levy; and

WHEREAS, the certificate of the property appraiser has been received;

THEREFORE, BE IT RESOLVED by the District School Board that the amounts necessary to be raised as shown by the officially adopted budget and the millages necessary to be levied for critical needs for the fiscal year are as follows:

1. DISTRICT SCHOOL TAX (nonvoted levy)

| a) Certified taxable value | b) Description of levy | c) Amount to be raised | d) Millage levy |
|----------------------------|--------------------------|------------------------|--|
| \$ _____ | Critical Operating Needs | \$ _____ | _____ mills <small>s. 1011.71(3)(b), F.S.</small> |

2. DISTRICT LOCAL CAPITAL IMPROVEMENT TAX (nonvoted levy)

| a) Certified taxable value | b) Description of levy | c) Amount to be raised | d) Millage levy |
|----------------------------|-------------------------------|------------------------|--|
| \$ _____ | Critical Capital Outlay Needs | \$ _____ | _____ mills <small>s. 1011.71(3)(b), F.S.</small> |

STATE OF FLORIDA

COUNTY OF _____

I, _____, Superintendent of Schools and ex-officio Secretary of the District School Board of _____ County, Florida, do hereby certify that the above is a true and complete copy of a resolution passed and adopted by a super majority vote of the District School Board of _____ County, Florida, _____, 20 ____.

Signature of Superintendent of Schools

Date of Signature

Note: Copies of this resolution shall be sent to the Florida Department of Education, School Business Services, Office of Funding and Financial Reporting, 325 W. Gaines Street, Room 824, Tallahassee, Florida 32399-0400; county tax collector; and county property appraiser.