LOGO form for municipal landfills (inactive or capped)

NH DEPARTMENT OF ENVIRONMENTAL SERVICES 20__ LOCAL GOVERNMENT FINANCIAL TEST FOR THE TOWN/CITY OF _____ for fiscal year ending _____.

1. Annual revenue* for this fiscal year was $_____.

2. Total estimated post-closure costs for remaining monitoring period $_____.

3. Does the Town/City have a current bond rating? **Yes or No** If yes, who is it rated by **Moody's or Standard and Poor** and what is the bond rating _____?

4. Is the Town/City currently part of a bond issue through the New Hampshire Municipal Bond Bank? **Yes or No**

5. Is the Town/City currently in default on any outstanding general obligation bond or bond issued by the New Hampshire Municipal Bond Bank? **Yes or No**

Note: If you answered Yes to question #3 and/or #4 please continue with question #6. If you answered No to <u>both</u> question #3 and #4 please answer the following <u>before</u> proceeding to question #6:

5a. Total Cash and Securities† for this fiscal year was $_____.
5b. Total Expenditures for this fiscal year was $_____.
5c. Annual Debt Service for this fiscal year was $_____.
5d. Cash and Securities / Total Expenditures = _____. (Must be ≥ .05 to pass)
5e. Annual Debt Service / Total Expenditures = _____. (Must be ≤ .20 to pass)

6. Has the Town/City operated at a deficit equal to five percent or more of total annual revenues in each of the past two fiscal years? **Yes or No**

7. Are the Town/City financial statements prepared in conformity with Generally Accepted Accounting Principles? **Yes or No**

8. What audit opinion did the Town's/City's latest audited annual financial statements receive? **Qualified or Unqualified.** If qualified, please explain _____

_____

The undersigned representative certifies that by formal action of the governing body he/she has been authorized to file this document on behalf of the Town/City. Furthermore, the undersigned representative certifies that the Town/City as part of the Facility's public record maintains a copy of this form as well as the documentation necessary to complete this form.

_____ _____
Signature of Authorized Representative Date

_____
Printed or Typed Name and Title of Authorized Representative

I would like future reminder requests and forms e-mailed to the following address(es):

_____ _____

* The sum of General, Special Revenue, Debt Service, and Capital Projects Funds, "Total Operating Revenues" of Enterprise Funds, "Total Non-Operating Revenues" of Enterprise Funds, if positive, and "Total Non-Operating Revenues" of Internal Service Funds, if positive, for the Town/City.

† The sum of cash, cash equivalents, and current investments in the General, Special Revenue, Debt Service, Enterprise, and Internal Service Funds. Items excluded are accounts receivable, retirement assets, real property, fixed assets, and other non-current assets as well as any assets in Capital Projects Funds for the Town/City.