

Insurance & Willness Fund	ACCOUNT #	NAME	FY25 Budget	FY25 Actual	FY26 Budget	FY26 Estimate	% Estimate vs Budget	FY27 Budget Request	% Change FY27 vs FY26 Budget	FY2027 Notes
BUDGETED CASH	08-998-3101	CASH	229,384.19	265,761.40	274,003.04	490,181.00	178.90%	482,645.00	176.15%	Cash as of 6/1/26
BUDGETED CASH	08-998-3250	INVESTMENTS (UNRESTRICTED)	-	-	-	-	0.00%	-	-	
<b>BUDGETED CASH</b>		<b>BUDGETED CASH TOTAL</b>	<b>229,384.19</b>	<b>265,761.40</b>	<b>274,003.04</b>	<b>490,181.00</b>	<b>178.90%</b>	<b>482,645.00</b>	<b>176.15%</b>	
MISC. REVENUE	08-028-4504	INTEREST	250.00	732.52	500.00	850.00	170.00%	800.00	160.00%	
MISC. REVENUE	08-028-4560	HRA CONTRIBUTION	150,000.00	146,165.99	150,000.00	148,000.00	98.67%	150,000.00	100.00%	
MISC. REVENUE	08-028-4580	DENTAL & VISION INS DEPOSITS	45,000.00	58,040.50	45,000.00	52,000.00	115.56%	52,000.00	115.56%	
MISC. REVENUE	08-028-4583	FLEX PLAN	6,000.00	-	6,000.00	-	0.00%	2,000.00	33.33%	
MISC. REVENUE	08-028-4584	COBRA D & V (BL HOUSING)	3,000.00	2,653.50	3,000.00	2,500.00	83.33%	2,500.00	83.33%	
MISC. REVENUE	08-028-4780	TRANS IN FSA	-	43,592.65	-	-	0.00%	-	0.00%	
TRANSFER IN OF FUNDS	08-028-4788	TRANS FROM SALES TAX	-	-	35,000.00	35,000.00	100.00%	35,000.00	100.00%	Wellness Program
<b>MISC. REVENUE</b>		<b>MISC. REVENUE TOTAL</b>	<b>204,250.00</b>	<b>251,185.16</b>	<b>239,500.00</b>	<b>238,350.00</b>	<b>99.52%</b>	<b>242,300.00</b>	<b>101.17%</b>	
		<b>TOTAL REVENUE</b>	<b>433,634.19</b>	<b>516,946.56</b>	<b>513,503.04</b>	<b>728,531.00</b>	<b>141.87%</b>	<b>724,945.00</b>	<b>141.18%</b>	
TRANSFER OUT OF FUNDS	08-028-6320	TRANS TO GENERAL	-	-	-	-	0.00%	-	0.00%	
<b>TRANSFER OUT OF FUNDS</b>		<b>TRANSFER OUT OF FUNDS TOTAL</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>0.00%</b>	<b>-</b>	<b>0.00%</b>	
INSURANCE EXPENSE	08-028-5012	HRA	150,000.00	26,150.78	150,000.00	16,000.00	10.67%	150,000.00	100.00%	
INSURANCE EXPENSE	08-028-5014	ADMINISTRATION FEES	2,000.00	1,098.00	2,000.00	2,000.00	100.00%	2,000.00	100.00%	
INSURANCE EXPENSE	08-028-5015	FLEX PLAN	10,000.00	22,464.70	10,000.00	18,000.00	180.00%	18,000.00	180.00%	
INSURANCE EXPENSE	08-028-5017	DENTAL INSURANCE	50,000.00	40,325.52	50,000.00	42,500.00	85.00%	45,000.00	90.00%	
INSURANCE EXPENSE	08-028-5018	V S P (VISION CARE)	13,000.00	10,133.59	13,000.00	16,500.00	126.92%	18,000.00	138.46%	
INSURANCE EXPENSE	08-028-5019	INSURANCE (UHC)	-	-	-	-	0.00%	-	0.00%	
INSURANCE EXPENSE	08-028-5020	WELLNESS PROGRAM	35,000.00	-	35,000.00	35,000.00	100.00%	35,000.00	100.00%	Wellness Program
<b>INSURANCE EXPENSE</b>		<b>INSURANCE EXPENSE TOTAL</b>	<b>260,000.00</b>	<b>100,172.59</b>	<b>260,000.00</b>	<b>130,000.00</b>	<b>50.00%</b>	<b>268,000.00</b>	<b>103.08%</b>	
REQUIREMENTS	08-028-9009	NECESSARY CASH RESERVE	173,634.19	-	253,503.04	-	0.00%	-	0.00%	
<b>REQUIREMENTS</b>		<b>REQUIREMENTS TOTAL</b>	<b>173,634.19</b>	<b>-</b>	<b>253,503.04</b>	<b>-</b>	<b>0.00%</b>	<b>-</b>	<b>0.00%</b>	
		<b>TOTAL EXPENSES</b>	<b>433,634.19</b>	<b>100,172.59</b>	<b>513,503.04</b>	<b>130,000.00</b>	<b>25.32%</b>	<b>268,000.00</b>	<b>52.19%</b>	
		<b>INSURANCE FUND TOTAL</b>	<b>-</b>	<b>416,773.97</b>	<b>-</b>	<b>598,531.00</b>	<b>0.00%</b>	<b>456,945.00</b>	<b>88.99%</b>	