Statements required in notice if the proposed tax rate exceeds the no-new-revenue tax rate and the voter-approval tax rate, as prescribed by Tax Code §26.06(b-1).

NOTICE OF PUBLIC HEARING ON TAX INCREASE

A tax rate of $ _____0.1749000_____ per $100 valuation has been proposed by the governing body of

Somervell County Hospital District

PROPOSED TAX RATE	$ _____0.17490000_____	per $100
NO-NEW-REVENUE TAX RATE	$ _____0.108336150_____	per $100
VOTER-APPROVAL TAX RATE	$ _____0.11548410_____	per $100

The no-new-revenue tax rate is the tax rate for the _____2023_____ tax year that will raise the same amount
(current tax year)

of property tax revenue for_____Somervell County Hospital District_____ from the same properties in both
(name of taxing unit)

the _____2022_____ tax year and the _____2023_____ tax year.
(preceding tax year)   *(current tax year)*

The voter-approval tax rate is the highest tax rate that_____Somervell County Hospital District_____ may adopt without holding
(name of taxing unit)

an election to seek voter approval of the rate. The proposed tax rate is greater than the no-new-revenue tax rate. This means that
_Somervell County Hospital District_____ is proposing to increase property taxes for the _____2023_____ tax year.
(name of taxing unit)   *(current tax year)*

A PUBLIC HEARING ON THE PROPOSED TAX RATE WILL BE HELD ON_____September 21, 2023 at 6:30 pm_____
(date and time)

at_____Glen Rose Medical Center 2nd Floor Boardroom_____.
(meeting place)

The proposed tax rate is also greater than the voter-approval tax rate. This is due to unforeseen events in 2022 when part of Somervell

County was declared a disaster area due to wildfires. As a result to those wildfires, Somervell County Hospital District was faced with

unanticipated labor and material costs because of onsite medical and IV treatments. As a result, the Somervell County Hospital District

Board is considering the use of Tax Code Section 26.042(d) to go over the calculated voter-approval rate by a small amount to recoup

some of these losses and to maintain a high level of emergency preparedness for the future. This would be a one-time adjustment and

cannot carry forward to next year.

If _____Somervell County Hospital District_____ adopts the proposed tax rate, _____Somervell County Hospital District_____ is not required to
(name of taxing unit)   *(name of taxing unit)*

hold an election so that the voters may accept or reject the proposed tax rate and the qualified voters of the_____Somervell County

Hospital District_____ may not petition the_____Somervell County Hospital District_____ to require an election to be held to determine whether to
(name of taxing unit)   *(name of taxing unit)*

reduce the proposed tax rate. However, you may express your support for or opposition to the proposed tax rate by attending the public

hearing mentioned above.

YOUR TAXES OWED UNDER ANY OF THE TAX RATES MENTIONED ABOVE CAN BE CALCULATED AS FOLLOWS:

Property tax amount = (tax rate) x (taxable value of your property) / 100

(List names of all members of the governing body below, showing how each voted on the proposal to consider the tax increase or, if one or more were absent, indicating absences.)

FOR the proposal: _____

AGAINST the proposal:_____

PRESENT and not voting:_____

ABSENT: _____

Visit Texas.gov/PropertyTaxes to find a link to your local property tax database on which you can easily access information regarding your property taxes, including information about proposed tax rates and scheduled public hearings of each entity that taxes your property.

The 86th Texas Legislature modified the manner in which the voter-approval tax rate is calculated to limit the rate of growth of property taxes in the state.

The following table compares the taxes imposed on the average residence homestead by Somervell County Hospital District last year
(name of taxing unit)

to the taxes proposed to the be imposed on the average residence homestead by Somervell County Hospital District this year.
(name of taxing unit)

	2022	2023	Change
Total tax rate (per $100 of value)	0.14654	0.1749	19.35%
Average homestead taxable value	250,383	279,644	11.69 %
Tax on average homestead	366.91	413.59	12.72 %
Total tax levy on all properties	4,292,142	6,935,502	61.59 %

(Include the following text if these no-new-revenue maintenance and operations rate adjustments apply for the taxing unit)

No-New-Revenue Maintenance and Operations Rate Adjustments

State Criminal Justice Mandate (counties)

The _____ County Auditor certifies that _____ County has
(county name)   *(county name)*

spent $_____ in the previous 12 months for the maintenance and operations cost
       (amount minus any amount received from state revenue for such costs)

of keeping inmates sentenced to the Texas Department of Criminal Justice. _____ County
                                                                (county name)

Sheriff has provided _____ information on these costs, minus the state revenues
                                 (county name)

received for the reimbursement of such costs.

This increased the no-new-revenue maintenance and operations rate by _____ /$100.

Indigent Health Care Compensation Expenditures (counties)

The _____ spent $_____ from July 1 _____ to June 30 _____
         (name of taxing unit)   *(amount)*   *(prior year)*   *(current year)*

on indigent health care compensation procedures at the increased minimum eligibility standards, less the amount of state assistance.

For current tax year, the amount of increase above last year's enhanced indigent health care expenditures is $_____
                                                                               (amount of increase)

This increased the no-new-revenue maintenance and operations rate by _____ /$100.

Indigent Defense Compensation Expenditures (counties)

The _____ spent $_____ from July 1 _____ to June 30 _____
         (name of taxing unit)   *(amount)*   *(prior year)*   *(current year)*

to provide appointed counsel for indigent individuals in criminal or civil proceedings in accordance with the schedule of fees adopted

under Article 26.05, Code of Criminal Procedure and to fund the operations of a public defender's office under Article 26.044, Code

of Criminal Procedure, less the amount of any state grants received. For current tax year, the amount of increase above last year's

enhanced indigent defense compensation expenditures is $_____
                                                    (amount of increase)

This increased the no-new-revenue maintenance and operations rate by _____ /$100.

Eligible County Hospital Expenditures (cities and counties)

The _____ spent $_____ from July 1 _____ to June 30 _____
         (name of taxing unit)   *(amount)*   *(prior year)*   *(current year)*

on expenditures to maintain and operate an eligible county hospital.

For current tax year, the amount of increase above last year's eligible county hospital expenditures is $_____
                                                       (amount of increase)

This increased the no-new-revenue maintenance and operations rate by _____ /$100.

(If the tax assessor for the taxing unit maintains an internet website)

For assistance with tax calculations, please contact the tax assessor for _____Somervell County Hospital District_____
                                                             (name of taxing unit)

at (254) 897-4094 _____ or somervellcad@yahoo.com _____, or visit somervellcad.net _____
       (telephone number)   *(email address)*   *(internet website address)*

for more information.

(If the tax assessor for the taxing unit does not maintain an internet website)

For assistance with tax calculations, please contact the tax assessor for _____
                                                                (name of taxing unit)

at _____ or _____.
      (telephone number)   *(email address)*