Department/Agency Fiscal Estimate Form - Summary

132nd	Department Name Agency Code Fiscal Estimate Compiled by Date Submitted to OFPR Legislature LD # LR # (if no LD) Item #					
Bill Title						
	Item Type (Original Bill or Amendment)					
For Amendmen	ts: Does amendment change the fiscal impact? (Yes or No) Is fiscal estimate incremental or does it replace original bill's estimate? (I or R)					
Summary of Impact						
Select One or More of the Following: (Please explain in text box at bottom regardless of selection)						
	No Fiscal Impact					
	Minor Cost/Minor Revenue Decrease (Costs can be absorbed - no change to budget)					
	Minor Savings/Minor Revenue Increase (No change to budget)					
	Fiscal Impact (Complete Fiscal Impact Detail - next tab)					
	State Mandate					

Other Fiscal Impacts (Bond Issue, Referendum or Correctional/Judicial Impacts)

Department/Agency Text Box:

Include assumptions in cost, savings or revenue impacts. Describe any new responsibilities. If mandate, indicate new requirements for local units of government.

Department/Agency Fiscal Estimate Form - Detail

0Department Name0Agency Code0Fiscal Estimate Compiled by1/0/00Date Submitted to OFPR							
132nd Legislature 0 LD # 0 LR # (if no LD) 0 Item # 0 0				1			
<u>Bill Title</u>]			
Program #: Title: Program Title]						
Text Box for Initiative Description or "Blippies"/Appropriation or Allocations Paragraphs:							
Personal Services Section: (Please attach excel spreadsheet for detail estimate exported from BFMS system to justify requested amount. Remember that BFMS may not be updated for most recent salary and benefit rates. This can be compensated for by starting the position a step higher than otherwise anticipated. Contact your budget analyst for help producing an estimate thru BFMS.)							
<u>Job Class Title</u> <u>Account # Leg. Count</u> <u>FTE Count</u>	2024-25	2025-26	2026-27	2027-28	2028-29		
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Total - Personal Services All Other & Capital Expenditure Information		<u> </u>		<u> </u>	<u> </u>		
Account # C&O Code	2024-25	2025-26	2026-27	2027-28	2028-29		
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Total - All Other Total - Capital Expenditures	—	F		<u> </u>	<u> </u>		
Revenue Information: Account # C&O Code	2024-25	2025-26	2026-27	2027-28	2028-29		
		<u> </u>	l	<u> </u> /			
Transfer Information: <u>Account # C&O Code From Acct. #</u> <u>To Account #</u>	2024-25	2025-26	2026-27	2027-28	2028-29		
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Detail of Assumptions:					<u>.</u>		