

Department/Agency Fiscal Estimate Form - Summary

130th

Department Name
Agency Code
Fiscal Estimate Compiled by
Date Submitted to OFPR
Legislature
LD #
LR # (if no LD)
Item #

Bill Title

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Item Type (Original Bill or Amendment)

For Amendments:

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)

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No Fiscal Impact

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Minor Cost/Minor Revenue Decrease (Costs can be absorbed - no change to budget)

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Minor Savings/Minor Revenue Increase (No change to budget)

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Fiscal Impact (Complete Fiscal Impact Detail - next tab)

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State Mandate

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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.

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