

Department/Agency Fiscal Estimate Form - Summary

<input type="text"/>	Department Name
<input type="text"/>	Agency Code
<input type="text"/>	Fiscal Estimate Compiled by
<input type="text"/>	Date Submitted to OFPR
129th	Legislature
<input type="text"/>	LD #
<input type="text"/>	LR # (if no LD)
<input type="text"/>	Item #

Bill Title

<input type="text"/>	Item Type (Original Bill or Amendment)
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For Amendments:

<input type="text"/>	Does amendment change the fiscal impact? (Yes or No)
<input type="text"/>	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)

<input type="checkbox"/>	No Fiscal Impact
<input type="checkbox"/>	Minor Cost/Minor Revenue Decrease (Costs can be absorbed - no change to budget)
<input type="checkbox"/>	Minor Savings/Minor Revenue Increase (No change to budget)
<input type="checkbox"/>	Fiscal Impact (Complete Fiscal Impact Detail - next tab)
<input type="checkbox"/>	State Mandate
<input type="checkbox"/>	Other Fiscal Impacts (<u>Bond Issue</u> , <u>Referendum</u> or <u>Correctional/Judicial Impacts</u>)

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.

