Department/A	Agency Fiscal Estimate Form - Summary
	Department Name
	Agency Code
	Fiscal Estimate Compiled by
	Date Submitted to OFPR
131st	Legislature
	LD#
	LR # (if no LD)
	Item#
Bill Title	
	Item Type (Original Bill or Amendment)
For Amendmen	
	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 Im	pact
Select One or M	Iore 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/Age	ency Text Box:
	ons in cost, savings or revenue impacts. Describe any new responsibilities. If mandate, indicate new requirements for
local units of gov	/ernment.

Department/Agency Fiscal Estimate Form - Detail Department Name 0 Agency Code 0 Fiscal Estimate Compiled by 1/0/00 Date Submitted to OFPR 131st Legislature 0 LD# 0 LR # (if no LD) 0 Item# Bill Title Title: Program #: 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.) Job Class Title Account # Leg. Count FTE Count 2022-23 2024-25 2025-26 2026-27 **Total - Personal Services** All Other & Capital Expenditure Information Account # C&O Code 2022-23 2023-24 2024-25 2025-26 2026-27 **Total - All Other Total - Capital Expenditures Revenue Information:** Account # C&O Code 2022-23 2023-24 2024-25 2025-26 2026-27 **Transfer Information:** 2022-23 2023-24 2024-25 2025-26 2026-27 Account # C&O Code From Acct. # To Account

Detail of Assumptions:		•	