Fiscal Note Response Form – Institutions of Higher Education

The purpose of this form is to collect fiscal assessments, including impacts to specific funding sources, for institutions based on legislation. Please provide as much detail as necessary for the fiscal implications of legislation to your institution. Please write “revised” in the response status box if you have updated your response based on new information or additional analysis. Write “preliminary” if the impacts cannot be fully estimated due to time constraints.

**Bill Number: Response Status:**

**Institution Name: Date of Response:**

**No Fiscal Impact**

No fiscal impact on the institution. Please explain briefly.

**Expenditures**

Minimal workload impact. This work can be accomplished with existing staff and will not significantly impact overall costs.

Costs will be incurred to implement this bill; if no additional state appropriation is provided, we expect to pay for the costs from the following:

General institution funds (state funds, tuition, and fees)

Research and grants funding

Auxiliary programs – housing and food services, athletics, etc.

Gifts and donations

Other \_\_\_\_\_\_\_\_\_\_\_\_\_

Costs will be incurred to implement this bill. A specific state appropriation is required.

*Please include an estimate of any costs and outline the assumptions used. Explain which types of institutional funds could be used to cover these costs or whether a state appropriation is required. Use the space below to provide your explanation of costs under the bill:*

**Institutional Revenue**

No impact on institutional revenue.

The bill will impact institutional revenue. Specifically, it will affect:

Tuition revenue

Fee revenue

State funding

Other sources of institutional revenue (grants, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include information about whether the bill will increase or decrease revenue, why, and by how much in the space below:

**Is there any other information that would be helpful for us to know?**