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|  | **Fiscal Note Response Form** |  |

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| **Bill #:**  |  | **Agency:**  |  |
| **LLS #:** |  | **Contact:** |  |
| **Bill Title:** |  | **Phone #:**  |  |

**TYPE OF FISCAL IMPACT**

*Select all that apply.*

[ ]  Revenue Impact [ ]  Expenditure Impact [ ]  Workload Impact [ ]  No Fiscal Impact [ ]  FTE Impact

**SUMMARY**

*Provide a plain language summary of the bill.*

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**PROGRAM BACKGROUND / BASE RESOURCES**

*Provide any relevant background on the program(s) in your agency affected by the bill. List base resources available to the program(s) – e.g., Long Bill line item that funds program, grant funding available, staffing, revenue/fund sources, etc.*

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**NO FISCAL IMPACT OR ABSORBABLE WORKLOAD IMPACT**

*If applicable, explain why this bill has no fiscal impact (NFI) on your agency or any absorbable impact to your agency’s current workload for which no appropriation is required.*

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| ***No additional information is required for NFI or absorbable workload impact bills.*** |

 **DATA AND ASSUMPTIONS***List all data and assumptions used to determine the fiscal impact of bill (e.g., caseload, growth trends, costs, implementation dates, etc.).*

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**REVENUE IMPACT**

*Summarize the revenue impact of this bill in the table below and provide an explanation of any change in revenue. In this section, discuss any increase/decrease in state revenue, fee changes, and transfers or diversions of funds. Add rows/columns to table as necessary.* ***List all affected funds by their statutory name. Provide calculations in a separate spreadsheet.***

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| **Revenue Impact** | **FY 2019-20** | **FY 2020-21** |
| Fund Name |  |  |
| Fund Name |  |  |
| **TOTAL** |  |  |

**Explanation of revenue and/or fee impact:**

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**Identify the section(s) of the bill driving any revenue impact:**

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**TRANSFERS/DIVERSIONS**

*Explain any transfers or fund diversions resulting from this bill.* ***List all affected funds by their statutory name.***

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 **EXPENDITURE IMPACT**

*Summarize the expenditure impact of this bill in the table below and provide an explanation of any change in agency expenditures. Add rows/columns to table as necessary.* ***List affected funds by their statutory name.*** ***Provide calculations using the fiscal note expense template or a separate spreadsheet.***

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| **Expenditure Impact** | **FY 2019-20** | **FY 2020-21** |
| General Fund |  |  |
| Cash Funds (Name) |  |  |
| Reappropriated Funds |  |  |
| Federal Funds |  |  |
| **TOTAL** |  |  |

**Explanation of expenditure impact:**

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 **FTE job description / duties:**

*Please provide a job description and explain the duties of each new FTE or class of FTE.*

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**Identify the section(s) of the bill driving any expenditure impact:**

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 **Are any non-standardized costs included? If yes, please explain.** [ ]  **Yes** [ ]  **No**

*Non-standardized costs differ from those in the common policies and include FTE salary above the range minimum, special programming costs, unique department operating costs, etc. Please explain if yes.*

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**Are any administrative or centrally appropriated costs included? If yes, please explain.**[ ]  **Yes** [ ]  **No**

*Does the bill require that any centrally appropriated costs (indirect costs, leased space, etc.) be appropriated in the bill rather than through the budget process? Are there any administrative costs related to procurement, accounting, human resources, or other agency-wide administrative functions? Please explain if yes.*

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**Are any state fleet vehicle related costs included? If yes, please explain.**[ ]  **Yes** [ ]  **No**

*The Department of Personnel and Administration, which manages the state's fleet, requires reappropriated funds when state fleet vehicles are required by new legislation. Please explain if yes, and indicate whether the departments have been in contact about this bill.*

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**Are any information technology costs included? If yes, please explain.**[ ]  **Yes** [ ]  **No**

*The Governor's Office of Information Technology manages information technology for state departments and requires reappropriated funds when its services are rendered. Please explain if yes, and indicate whether the departments have been in contact about this bill.*

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**Has some or all of the cost of this legislation been included in the department's budget request?
If yes, please explain.**[ ]  **Yes** [ ]  **No**

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**OTHER IMPACTS / INFORMATION**

**Local Government / School District Impact**

*Describe and quantify, if applicable, any direct or indirect impacts you may perceive for local governments such as municipalities, counties, special districts, and school districts.*

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**Technical or Mechanical Defects or Conflicts with Existing Law**

*Describe any technical or mechanical defects that could affect the implementation of the bill or conflict with other law.*

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Updated December 2018