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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

**SUMMARY**

*Provide a plain language summary of the bill in your own words.*

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**PROGRAM BACKGROUND**

*Provide any relevant background on the program(s) in your agency affected by the bill.*

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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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| ***Please make sure to explain why the bill is NFI or absorbable in the box above or in an email to LCS. The sections below are not required for bills that are NFI or have an absorbable workload impact.*** |

**DATA AND ASSUMPTIONS***List all data and assumptions used to determine the fiscal impact of bill (e.g., implementation dates, population estimates, caseload, growth trends, etc.). Please includes citations or links to data sources as appropriate.*

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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 2025-26** | **FY 2026-27** |
| Fund Name |  |  |
| Fund Name |  |  |
| **TOTAL** |  |  |

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

*In your explanation, please identify the sections of the bill driving the 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 2025-26** | **FY 2026-27** |
| General Fund |  |  |
| Cash Funds (Name) |  |  |
| Reappropriated Funds |  |  |
| Federal Funds |  |  |
| **TOTAL** |  |  |

**Explanation of expenditure impact:**

*In your explanation, please identify the sections of the bill driving the impact.*

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**FTE job description / duties:**

*Please provide a job description and explain the duties of each new FTE and/or class of FTE. Greater detail can be provided on the FTE Impact tab of the agency expense worksheet.*

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**Are there any non-standardized costs included?**

*These are costs that differ from those in the common policies and include FTE salary above the range minimum, special programming costs, unique department operating costs, etc.*

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**In your explanation of expenditure impact, did you consider the following?**

* Do any centrally appropriated costs (i.e., indirect costs or leased space) need to be appropriated in the bill rather than through the budget process?
* Are there any state fleet vehicle or document management related costs? *If so, have you been in contact with DPA about the bill?*
* Are there any OIT-related information technology costs? *If so, have you been in contact with OIT about the bill?*
* Are more than 100 hours of legal services required? *If so, have you been in contact with the Department of Law?*
* Are there any other funding sources that may be used for this bill?

*Is the General Fund is the most appropriate source? Are there cash funds that may be used?*

* Has some or all of the cost of this legislation been included in the department's budget request?

**Line Item Appropriation:**

*List the line items and amounts that are impacted by this bill. Add rows as needed. Greater detail can be provided on the Line item Appropriation tab of the agency expense worksheet.*

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| **Line Item** | **Appropriation Amount** |
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| **Line Item Appropriation Total** |  |

**OTHER IMPACTS / INFORMATION**

**Local Government / School District Impact**

*Describe and quantify, if applicable, any direct or indirect impacts to 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 sections of law.*

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Updated August 2024