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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.*

[ ] No Fiscal Impact [ ] Revenue Impact [ ] Expenditure Impact [ ] Workload 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, revenue/fund sources, etc.*

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**NO FISCAL IMPACT (NFI) OR ABSORBABLE WORKLOAD IMPACT**

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

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**✓** No further information is required if NFI or absorbable workload impact only.

**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 affected funds by their statutory name. Provide calculations in a separate spreadsheet.***

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| **Revenue Impact** | **FY 2017-18** | **FY 2018-19** |
| Fund Name |  |  |
| Fund Name |  |  |
| **TOTAL** |  |  |

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

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**Explanation of transfers or diversions of funds:**

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

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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 cash funds by their statutory name.*** ***Provide calculations using the fiscal note expense template or a separate spreadsheet.***

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| **Expenditure Impact** | **FY 2017-18** | **FY 2018-19** |
| General Fund |  |  |
| Cash Funds (Name) |  |  |
| Reappropriated Funds |  |  |
| Federal Funds |  |  |
| **TOTAL** |  |  |

**Explanation of expenditure impact:**

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**FTE job description / duties:**

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

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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.*

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

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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**

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