Person Preparing Fiscal Note: BILL #: DRAFTING #:

Phone Number of this Person: STATUS OF BILL:

DEPARTMENT: AUTHOR:

DATE SENT TO AGENCY: DATE RETURNED TO LFO: ANALYST:

Expenditure Increase (Decrease)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **STATE COSTS** | **FY 24-25** | **FY 25-26** | **FY 26-27** | **FY 27-28** | **FY 28-29** | **Total** |

Personal Services $0 $0 $0 $0 $0 $0

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Operating Expenses | $0 | $0 | $0 | $0 | $0 | $0 |
| Professional Services | $0 | $0 | $0 | $0 | $0 | $0 |
| Other Charges | $0 | $0 | $0 | $0 | $0 | $0 |
| Equipment | $0 | $0 | $0 | $0 | $0 | $0 |
| **Total State Expenditures** | **$0** | **$0** | **$0** | **$0** | **$0** | **$0** |
|  |  |  |  |  |  |  |

PERSONNEL

(By Classification)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **# Pos / Av Sal** | **# Pos / Av Sal** | **# Pos / Av Sal** | **# Pos / Av Sal** | **# Pos / Av Sal** |

Means of Finance for Above Expenditures

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FISCAL YEAR** | **SGF** | **SGR** | **Dedicated** | **Federal** | **Local** | **Total** |

24-25 $0 $0 $0 $0 $0 $0

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| $0 | $0 | $0 | $0 | $0 | $0 |
| $0 | $0 | $0 | $0 | $0 | $0 |
| $0 | $0 | $0 | $0 | $0 | $0 |
| $0 | $0 | $0 | $0 | $0 | $0 |
| **$0** | **$0** | **$0** | **$0** | **$0** | **$0** |

25-26

26-27

27-28

28-29

Total Revenues

\* Specify the fund source being used

Narrative Explanation of Expenditure Impact

1. **Implementation Costs:**
2. **Source of Funds** (Include any alternative sources that may be available):

State *ALL* Assumptions and show *ALL* CALCULATIONS. If there is no fiscal impact, clearly and completely explain why.

Signature of Agency Head or Designee Signature of Person Preparing Fiscal Note

Revenue Increase (Decrease)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FISCAL YEAR** | **SGF** | **SGR** | **Dedicated** | **Federal** | **Local** | **Total** |
|  24-25 25-2626-2727-2828-29**Total Revenues** | $0 | $0 | $0 | $0 | $0 | $0 |
| $0 | $0 | $0 | $0 | $0 | $0 |
| $0 | $0 | $0 | $0 | $0 | $0 |
| $0 | $0 | $0 | $0 | $0 | $0 |
| $0 | $0 | $0 | $0 | $0 | $0 |
| **$0** | **$0** | **$0** | **$0** | **$0** | **$0** |

Narrative Explanation of Revenue Impact

State *ALL* Assumptions and show *ALL* CALCULATIONS. If there is no fiscal impact, clearly and completely explain why.

CONTINUATION SHEET

EXPLANATION OF ESTIMATES:

**EXPENDITURES:** (Continued)

State *ALL* Assumptions and show *ALL* CALCULATIONS. If there is no fiscal impact, clearly and completely explain why.

**REVENUES:** (Continued)

State *ALL* Assumptions and show *ALL* CALCULATIONS. If there is no fiscal impact, clearly and completely explain why.