

LEGISLATIVE FISCAL OFFICE  
Fiscal Note Worksheet

Person Preparing Fiscal Note:  
Phone Number of this Person:  
DEPARTMENT:

BILL #:                    DRAFTING #:  
STATUS OF BILL:  
AUTHOR:

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

Expenditure Increase (Decrease)

| STATE COSTS              | FY 21-22 | FY 22-23 | FY 23-24 | FY 24-25 | FY 25-26 | 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 |
|----------------|-----|-----|-----------|---------|-------|-------|
| 21-22          | \$0 | \$0 | \$0       | \$0     | \$0   | \$0   |
| 22-23          | \$0 | \$0 | \$0       | \$0     | \$0   | \$0   |
| 23-24          | \$0 | \$0 | \$0       | \$0     | \$0   | \$0   |
| 24-25          | \$0 | \$0 | \$0       | \$0     | \$0   | \$0   |
| 25-26          | \$0 | \$0 | \$0       | \$0     | \$0   | \$0   |
| Total Revenues | \$0 | \$0 | \$0       | \$0     | \$0   | \$0   |

\* 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

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BILL #:

STATUS OF BILL:

Revenue Increase (Decrease)

| FISCAL YEAR    | SGF | SGR | Dedicated | Federal | Local | Total |
|----------------|-----|-----|-----------|---------|-------|-------|
| 21-22          | \$0 | \$0 | \$0       | \$0     | \$0   | \$0   |
| 22-23          | \$0 | \$0 | \$0       | \$0     | \$0   | \$0   |
| 23-24          | \$0 | \$0 | \$0       | \$0     | \$0   | \$0   |
| 24-25          | \$0 | \$0 | \$0       | \$0     | \$0   | \$0   |
| 25-26          | \$0 | \$0 | \$0       | \$0     | \$0   | \$0   |
| Total Revenues | \$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.

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BILL #:

STATUS OF BILL:

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.