

**LEGISLATIVE FISCAL OFFICE  
Fiscal Note Worksheet**

Person Preparing Fiscal Note \_\_\_\_\_

BILL NUMBER: \_\_\_\_\_

Phone Number of this Person \_\_\_\_\_

DRAFTING NUMBER: \_\_\_\_\_

STATUS OF BILL: \_\_\_\_\_

|                             |                |
|-----------------------------|----------------|
| DEPT: _____                 | AUTHOR: _____  |
| DATE SENT TO AGENCY: _____  |                |
| DATE RETURNED TO LFO: _____ | ANALYST: _____ |

**Expenditure Increase (Decrease)**

| <b>STATE COSTS</b>                       | <b>FY 18-19</b> | <b>FY 19-20</b> | <b>FY 20-21</b> | <b>FY 21-22</b> | <b>FY 22-23</b> |
|------------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Personal Services                        |                 |                 |                 |                 |                 |
| Operating Expenses                       |                 |                 |                 |                 |                 |
| Professional Services                    |                 |                 |                 |                 |                 |
| Other Charges                            |                 |                 |                 |                 |                 |
| Equipment                                |                 |                 |                 |                 |                 |
| <b>TOTAL STATE EXP.</b>                  |                 |                 |                 |                 |                 |
| <b>PERSONNEL<br/>(By Classification)</b> | <b>FY 18-19</b> | <b>FY 19-20</b> | <b>FY 20-21</b> | <b>FY 21-22</b> | <b>FY 22-23</b> |
|                                          | No. Av.         | No. Av.         | No. Av.         | No. Av.         | No. Av.         |
|                                          | Pos. Sal.       | Pos. Sal.       | Pos. Sal.       | Pos. Sal.       | Pos. Sal.       |

**MEANS OF FINANCE FOR ABOVE EXPENDITURES**

| <b>FISCAL YEAR</b> | <b>STATE GEN.<br/>FUND</b> | <b>AGENCY SELF<br/>GENERATED</b> | <b>RESTRICTED/<br/>OTHER*</b> | <b>FEDERAL<br/>FUNDS</b> | <b>LOCAL<br/>FUNDS</b> |
|--------------------|----------------------------|----------------------------------|-------------------------------|--------------------------|------------------------|
| 18-19              |                            |                                  |                               |                          |                        |
| 19-20              |                            |                                  |                               |                          |                        |
| 20-21              |                            |                                  |                               |                          |                        |
| 21-22              |                            |                                  |                               |                          |                        |
| 22-23              |                            |                                  |                               |                          |                        |

\* 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

\_\_\_\_\_  
Name & Number of Person Preparing Fiscal Note

SEE CONTINUATION SHEET

**LEGISLATIVE FISCAL OFFICE  
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PAGE: 2

DATE: \_\_\_\_\_

BILL NUMBER: \_\_\_\_\_

STATUS OF BILL: \_\_\_\_\_

DRAFTING NUMBER: : \_\_\_\_\_

Revenue Increase (Decrease)

| <u>FISCAL YEAR</u> | <u>STATE GEN.<br/>FUND</u> | <u>AGENCY SELF<br/>GENERATED</u> | <u>RESTRICTED/<br/>OTHER*</u> | <u>FEDERAL<br/>FUNDS</u> | <u>LOCAL<br/>FUNDS</u> |
|--------------------|----------------------------|----------------------------------|-------------------------------|--------------------------|------------------------|
| 18-19              |                            |                                  |                               |                          |                        |
| 19-20              |                            |                                  |                               |                          |                        |
| 20-21              |                            |                                  |                               |                          |                        |
| 21-22              |                            |                                  |                               |                          |                        |
| 22-23              |                            |                                  |                               |                          |                        |

Narrative Explanation of Revenue Impact

STATE ALL ASSUMPTIONS AND SHOW ALL CALCULATIONS. IF THERE IS NO FISCAL IMPACT, CLEARLY AND COMPLETELY EXPLAIN WHY.

\_\_\_\_\_  
Signature of Agency Head or Designee

\_\_\_\_\_  
Name & Number of Person Preparing Fiscal Note

SEE CONTINUATION SHEET

**LEGISLATIVE FISCAL OFFICE  
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PAGE: 3

DATE: \_\_\_\_\_

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STATUS OF BILL: \_\_\_\_\_

DRAFTING NUMBER: : \_\_\_\_\_

CONTINUATION SHEET

EXPLANATION OF ESTIMATE:

**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.

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Signature of Agency Head or Designee

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Name & Number of Person Preparing Fiscal Note