

APPENDIX H

Suggested Form for Department/Agency Fiscal Estimate Preparation

Department/Agency Fiscal Estimate Form - Summary

123rd

Department Name
Agency Code
Fiscal Estimate Compiled by
Date Submitted to OFPR
Legislature
LD #
LR # (if no LD)
Item #

Bill Title

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Item Type (Original Bill or Amendment)

For Amendments:

Does amendment change the fiscal impact? (Yes or No)
Is fiscal estimate incremental or does it replace original bill's estimate? (I or R)

Summary of Impact

Select One or More of the Following: (Please explain in text box at bottom regardless of selection)

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No Fiscal Impact

--

Minor Cost/Minor Revenue Decrease (Costs can be absorbed - no change to budget)

--

Minor Savings/Minor Revenue Increase (No change to budget)

--

Fiscal Impact (Complete Fiscal Impact Detail - next tab)

--

State Mandate

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Other Fiscal Impacts (Bond Issue, Referendum or Correctional/Judicial Impacts)

Department/Agency Text Box:

Include assumptions in cost, savings or revenue impacts. Describe any new responsibilities. If mandate, indicate new requirements for local units of government.

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Department/Agency Fiscal Estimate Form - Detail

0
0
0
1/0/1900
123rd
0
0
0

Department Name
 Agency Code
 Fiscal Estimate Compiled by
 Date Submitted to OFPR
 Legislature
 LD #
 LR # (if no LD)
 Item #

0	Bill Title
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Program #: _____	Title:	Program Title
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Text Box for Initiative Description or "Blippies"/Appropriation or Allocations Paragraphs:

Personal Services Section: (Please attach excel spreadsheet for detail estimate exported from BFMS system to justify requested amount.

Remember that BFMS may not be updated for most recent salary and benefit rates. This can be compensated for by starting the position a step higher than otherwise anticipated. Contact your budget analyst for help producing an estimate thru BFMS.)

<u>Job Class Title</u>	<u>Account #</u>	<u>Leg. Count</u>	<u>FTE Count</u>	<u>2006-07</u>	<u>2007-08</u>	<u>2008-09</u>	<u>2009-10</u>	<u>2010-11</u>

Total - Personal Services

All Other & Capital Expenditure Information

<u>Account #</u>	<u>C&O Code</u>	<u>2006-07</u>	<u>2007-08</u>	<u>2008-09</u>	<u>2009-10</u>	<u>2010-11</u>
-	-					

Total - All Other

Total - Capital Expenditures

Revenue

Information:

<u>Account #</u>	<u>C&O Code</u>	<u>2006-07</u>	<u>2007-08</u>	<u>2008-09</u>	<u>2009-10</u>	<u>2010-11</u>
-	-					

Transfer

Information:

<u>Account #</u>	<u>C&O Code</u>	<u>From Acct. #</u>	<u>To Acct #</u>	<u>2006-07</u>	<u>2007-08</u>	<u>2008-09</u>	<u>2009-10</u>	<u>2010-11</u>

Detail of Assumptions: