



**FISCAL REVIEW COMMITTEE
OFFICIAL SUPPORT FORM
Revised December 2010**

* Denotes required field.

1. General Information

*Bill or Amendment Number(s): _____

- Original Bill
- Corrected Bill
- Amendment(s)
- Corrected Amendment(s)

*Drafting Code(s): _____

*Department:

*Date:

*Preparer:

*Phone:

*Preparer's E-mail (hit return to make hyperlink):

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2. *Explain specifically how this bill or amendment will impact your department or programs.

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3. State Fiscal Impacts (Boxes will expand as information is typed.)

Increase State Expenditures

Fiscal Year	One-Time	Recurring	Fund Affected

Decrease State Expenditures

Fiscal Year	One-Time	Recurring	Fund Affected

Increase State Revenue

Fiscal Year	One-Time	Recurring	Fund Affected

Decrease State Revenue

Fiscal Year	One-Time	Recurring	Fund Affected

If state revenue is forgone, denote amount, fiscal year(s) and explain why the department believes it is forgone as opposed to a decrease:

If the dollar amount or source of funding will change beyond the first two fiscal years, please state the change:

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4. Local Fiscal Impacts

Increase Local Expenditures

Fiscal Year	One-Time		Recurring	
	Mandatory	Permissive	Mandatory	Permissive

Decrease Local Expenditures

Fiscal Year	One-Time		Recurring	
	Mandatory	Permissive	Mandatory	Permissive

Increase Local Revenue

Fiscal Year	One-Time		Recurring	
	Mandatory	Permissive	Mandatory	Permissive

Decrease Local Revenue

Fiscal Year	One-Time		Recurring	
	Mandatory	Permissive	Mandatory	Permissive

Additional Explanation of local impact if desired:

If local revenue is forgone, denote amount, fiscal year(s) and explain why the department believes it is forgone as opposed to a decrease:

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5. Federal Fiscal Impacts

Increase Federal Expenditures

Fiscal Year	One-Time	Recurring	Fund Affected

Identify which federal programs these funds are attached to:

If the dollar amount or source of funding will change beyond the first two fiscal years, please state the change:

Decrease Federal Expenditures

Fiscal Year	One-Time	Recurring	Fund Affected

Identify which federal programs these funds are attached to:

If the dollar amount or source of funding will change beyond the first two fiscal years, please state the change:

Increase Federal Revenue

Fiscal Year	One-Time	Recurring	Fund Affected

Identify which federal programs these funds are attached to:

If the dollar amount or source of funding will change beyond the first two fiscal years, please state the change:

Decrease Federal Revenue

Fiscal Year	One-Time	Recurring	Fund Affected

Identify which federal programs these funds are attached to:

If the dollar amount or source of funding will change beyond the first two fiscal years, please state the change:

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6. Other Fiscal Impacts (If the impact cannot be placed into the above fields, is not specifically quantifiable, is a cost avoidance, or if additional information is needed to explain the fiscal impact(s) use the space below):

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7. *Assumptions Used to Determine Fiscal Impact/Breakdown of Impact: (Indicate number and type of positions; show personnel costs, benefits, supplies, equipment, travel, etc. Attach copies of worksheets, if needed. Include assumptions for zero impacts).

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8. *Is funding for this legislation included in the Governor's proposed budget?

- Yes No

Amount Included if different from estimated cost \$_____

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9. Explanation of Abbreviations Used:

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10. Additional Comments by Preparer:

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11. List Other State Departments/Agencies Fiscally Affected by this Bill or Amendment:

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12. List Bills from Previous Sessions which are Identical/Similar to this Bill or Amendment:

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***Commissioner's Signature or Designee:**