



**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:**