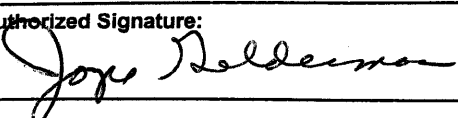


<b>1999 Session</b>		LRB Number 4712/1
<b>FISCAL ESTIMATE</b> DOA-2048 N(R06/99)		Bill Number <b>AB 933</b>
<input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> UPDATED <input type="checkbox"/> CORRECTED <input type="checkbox"/> SUPPLEMENTAL		Amendment No. if Applicable  Administrative Rule Number
<b>Subject</b>  <b>Payment of a claim by the City of LaCrosse for \$8,420.92, caused by the late filing of forms for Transportation Aids.</b>		
<b>Fiscal Effect</b> State: <input type="checkbox"/> No State Fiscal Effect Check columns below only if bill makes a direct appropriation or affects a sum sufficient appropriation.		
<input type="checkbox"/> Increase Existing Appropriation <input type="checkbox"/> Increase Existing Revenues <input type="checkbox"/> Decrease Existing Appropriation <input type="checkbox"/> Decrease Existing Revenues <input type="checkbox"/> Create New Appropriation		<input type="checkbox"/> Increase Costs - May be possible to Absorb Within Agency's Budget <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Decrease Costs
Local: <input type="checkbox"/> No local government costs		
1. <input type="checkbox"/> Increase Costs <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory 2. <input type="checkbox"/> Decrease Costs <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	3. <input type="checkbox"/> Increase Revenues <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory 4. <input type="checkbox"/> Decrease Revenues <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	5. Types of Local Governmental Units Affected: <input type="checkbox"/> Towns <input type="checkbox"/> Villages <input type="checkbox"/> Cities <input type="checkbox"/> Counties <input type="checkbox"/> Others _____ <input type="checkbox"/> School Districts <input type="checkbox"/> WTCS Districts
<b>Fund Sources Affected</b> <input type="checkbox"/> GPR <input type="checkbox"/> FED <input type="checkbox"/> PRO <input type="checkbox"/> PRS <input checked="" type="checkbox"/> SEG <input type="checkbox"/> SEG-S		<b>Affected Chapter 20 Appropriations</b>
<b>Assumptions Used in Arriving at Fiscal Estimate</b>  <b>This would be a one time lump sum payment of \$8,420.92 as recommended by the Claims Board, to allow the City of LaCrosse to recover a late filing penalty.</b>		
<b>Long-Range Fiscal implications</b> <b>None</b>		
<b>Prepared by:</b> <b>David Speerschneider</b>	<b>Telephone No.</b> <b>608-267-0823</b>	<b>Agency</b> <b>DOT-DBM</b>
<b>Authorized Signature:</b> 	<b>Telephone No.</b> <b>266 0033</b>	<b>Date</b> <b>04-01-00</b>

**FISCAL ESTIMATE WORKSHEET**

Detailed Estimate of Annual Fiscal Effect  
DOA-2047 (R06/99)

**1999 Session**

ORIGINAL       UPDATED  
 CORRECTED       SUPPLEMENTAL

LRB Number <b>4712/1</b>	Amendment No. if Applicable
Bill Number <b>AB 933</b>	Administrative Rule Number

**Subject**

**One time lump sum payment of claim to recover late filing penalty.**

**I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):  
One time lump sum payment of \$8,420.92.**

II. Annualized Costs:		Annualized Fiscal impact on State funds from:	
		Increased Costs	Decreased Costs
<b>A. State Costs by Category</b>			
State Operations - Salaries and Fringes		\$ None	\$ -None
(FTE Position Changes)		( FTE)	(- FTE)
State Operations - Other Costs			-
Local Assistance			-
Aids to Individuals or Organizations			-
TOTAL State Costs by Category		\$	\$ -
<b>B. State Costs by Source of Funds</b>			
GPR		\$ None	\$ -None
FED			-
PRO/PRS			-
SEG/SEG-S			-
<b>III. State Revenues</b> Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, etc.)		Increased Rev.	Decreased Rev.
GPR Taxes		\$ None	\$ -None
GPR Earned			-
FED			-
PRO/PRS			-
SEG/SEG-S			-
TOTAL State Revenues		\$ None	\$ -None

**NET ANNUALIZED FISCAL IMPACT**

	STATE	LOCAL
NET CHANGE IN COSTS	\$ NA	\$
NET CHANGE IN REVENUES	\$ NA	\$

Prepared by: <b>David Speerschneider</b>	Telephone No. <b>608-267-0823</b>	Agency <b>DOT-DBM</b>
Authorized Signature: <i>Joy Beldeerman</i>	Telephone No. <b>266 0033</b>	Date <b>4-01-00</b>