

Fiscal Estimate Narratives

DOA 4/14/2003

LRB Number 03-1588/1	Introduction Number SB-87	Estimate Type Original
Subject Limitations on location of city or village annexation of town lands		

Assumptions Used in Arriving at Fiscal Estimate

If enacted this bill prevents a city or village from annexing territory unless the city or village is already located within that county. Also, no annexation of town territory may occur unless the entire annexation follows one or more of three natural or man-made boundaries.

State Fiscal Impact:

The proposed bill could reduce the number of annexation petitions submitted to DOA, but it is impossible to predict the number of reductions. Therefore, the state fiscal impact is unknown.

Local Fiscal Impact:

Although the proposed bill changes current annexation practices, these practices are not predictable. Therefore, the local fiscal impact is unknown.

Long-Range Fiscal Implications

Unknown.

Fiscal Estimate Worksheet - 2003 Session

Detailed Estimate of Annual Fiscal Effect

Original
 Updated
 Corrected
 Supplemental

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Subject			
Limitations on location of city or village annexation of town lands			
I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):			
II. Annualized Costs:		Annualized Fiscal Impact on funds from:	
		Increased Costs	Decreased Costs
A. State Costs by Category			
State Operations - Salaries and Fringes		\$	
(FTE Position Changes)			
State Operations - Other Costs			
Local Assistance			
Aids to Individuals or Organizations			
TOTAL State Costs by Category		\$	\$
B. State Costs by Source of Funds			
GPR			
FED			
PRO/PRS			
SEG/SEG-S			
III. State Revenues - 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		\$	\$
GPR Earned			
FED			
PRO/PRS			
SEG/SEG-S			
TOTAL State Revenues		\$	\$
NET ANNUALIZED FISCAL IMPACT			
		State	Local
NET CHANGE IN COSTS		\$	\$
NET CHANGE IN REVENUE		\$	\$
Agency/Prepared By		Authorized Signature	Date
DOA/ Kathleen Moore (608) 266-6497		Martha Kerner (608) 266-1359	4/14/2003