

Fiscal Estimate Narratives

ALTC 12/8/2011

LRB Number 11-2127/1	Introduction Number AB-0400	Estimate Type Original
Description State agency fiscal and operations reports and quarterly hearings of the Joint Legislative Audit Committee		

Assumptions Used in Arriving at Fiscal Estimate

The Board on Aging and Long Term Care is a relatively small agency (35 employees) which operates from 17 separate locations across Wisconsin. Our budgeting and accounting functions are managed with the assistance of the Department of Administration Budget Office and our purchasing and human resources functions are similarly accomplished with the aid of DOA.

Compiling an annual report as described in the bill will require the collaboration of this agency's administrative staff and representatives of the DOA divisions mentioned above.

It is anticipated that it will require the labor of at least two BOALTC administrative staff approximately two to three full work days to generate the report. Additionally, an estimated ½ work day will be required to account for the time of the Executive Director needed to prepare and present the report to the committee.

An estimated \$2,000 will be expended in complying with this requirement to present an annual report of fiscal and operational status to the JLAC.

Long-Range Fiscal Implications

Fiscal Estimate Worksheet - 2011 Session

Detailed Estimate of Annual Fiscal Effect

Original
 Updated
 Corrected
 Supplemental

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Description State agency fiscal and operations reports and quarterly hearings of the Joint Legislative Audit Committee			
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	\$2,000	\$0	
(FTE Position Changes)	(0.0 FTE)	(-0.0 FTE)	
State Operations - Other Costs		0	
Local Assistance	0	0	
Aids to Individuals or Organizations	0	0	
TOTAL State Costs by Category	\$2,000	\$0	
B. State Costs by Source of Funds			
GPR	2,000	0	
FED	0	0	
PRO/PRS	0	0	
SEG/SEG-S	0	0	
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			
	<u>State</u>	<u>Local</u>	
NET CHANGE IN COSTS	\$2,000	\$	
NET CHANGE IN REVENUE	\$	\$	
Agency/Prepared By		Authorized Signature	Date
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