☑ Original	☐ Updated	LRB Number 01-13421		Amendment Number if Ap		
☐ Corrected	☐ Supplemental	Bill Number		Administrative Rule Numb		
Subject						
Failure to Pay Ow	rners of Raw Forest Products					
Fiscal Effect						
State: No State F		ronriation	I⊠ Increase Co	sts — May be possible to abs		
Check columns below only if bill makes a direct app or affects a sum sufficient appropriation.		ropriation	within agenc			
☐ Increase Existing Appropriation ☐ Incre ☐ Decrease Existing Appropriation ☐ Decr		se Existing Revenues	☐ Yes	⊠ No		
		ase Existing Revenues	Decrease Costs			
☐ Create New Appr	<u></u>					
Local: ☐ No Local (1. ☐ Increase Costs		ase Revenues	5. Types of Loc	cal Governmental Units Affect		
Permissive	—	Permissive Mandatory				
2. Decrease Costs	1 · · · - ·	ease Revenues		Others		
Permissive Fund Sources Affecte		Permissive	☐ School Districts ☐ WTCS Dis			
☐ GPR ☐ FE		SEG SEG-S	20.370 (1) (mu)			
	Arriving at Fiscal Estimate					
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E.

Wisconsin Department of Administration Division of Executive Budget and Finance DOA-2048 (R10/2000)

Fiscal Estimate — 2001 Session

Page 2 Assumptions Narrative Continued

LRB Number 01-13421	Amendment Number if Applicable
Rill Number AB-47	Administrative Rule Number

Assumptions Used in Arriving at Fiscal Estimate - Continued

NIPF = non-industrial private forest Estimate of annual # of acres of NIPF lands harvested = 270,000 acres Estimate of average size of harvests = 30 acres Estimate of NIPF timber sales = 9,000 harvests (270,000/30) Estimate that 2% of the timber sales contracts are not executed properly Estimate of # of NIPF harvests not properly compensated = 180 harvests (9,000 x 2%) Estimated hours for investigation & testimony per case = 20 hours Estimated hours of new workload = 3,600 hours Average salary and fringe for a senior classification FTE = \$25/hour Cost of salary and fringe for new workload = \$90,000 - (3,600 hours x \$25/hr) Travel cost associated with new workload = \$5,220 (100 miles/case x \$.029/mile x 180 cases)

TOTAL COST = \$95,220 - rounded to \$95,200

Wisconsin Department of Administration Division of Executive Budget and Finance DOA-2047 (R10/2000)

Fiscal Estimate Worksheet — 2001 Session Detailed Estimate of Annual Fiscal Effect

⊠ Original □] Updated	LRB Numb	er Ame		mendment Number if Applicable							
☐ Corrected ☐	Supplemental	01-13421 Bill Numbe		Adn	ninistrative Rule	Number						
□ Conected □	1 Outplemental	AB-47	4	/ (01)	/ All missian vo i valo i valinbei							
Subject				<u> </u>								
Failure to Pay Owners of Raw Forest Products												
One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):												
Ann	nualized Costs:		Annualized Fiscal Impact on State Funds from:									
				ed Costs	Decrease							
A. State Costs by Categorium	ory — Salaries and Fringes		\$ \$90	0,000	\$ -	•						
			,			FTE)						
(FTE Position Ch	anges)	·		2.00 FTE) (-	FIE)						
State Operations	— Other Costs		\$	5,200	-							
Local Assistance					-							
Aids to Individual	s or Organizations				-							
Total State	e Costs by Category		\$ 9	5,200	\$ -							
			Increased Costs		Decreased Costs							
B. State Costs by Source GPR	e of Funas		\$		\$ -							
			<u> </u>									
FED					<u>-</u>							
PRO/PRS		·			-							
SEG/SEG-S	SEG/SEG-S		95,200 Increased Revenue		Decreased Revenue							
State Revenues Complete this only when proposal wil increase or decrease state revenues (e.g. tax increase, decrease in license fee, etc.)		/enues (e.g.,	Increased	Revenue	Decreased	Revenue						
GPR Taxes	ax increase, decrease in licen	ise iee, etc.)	\$		\$ -							
GPR Earned					-							
FED					-							
					_							
PRO/PRS												
SEG/SEG-S					<u> </u>							
Total State	e Revenues		\$		\$ -							
Net Annualized Fiscal Impact												
<u>State</u> <u>Local</u>												
Net Change in Costs		\$	95,200		3	\$0						
Net Change in Revenues	\$	\$0)	0.							
Prepared By:		Telephone	No.	Agency	gency							
Joe Polasak	266-2794 De		Department	partment of Natural Resources								
Authorized Signature			Date (mm/c	Date (mm/dd/ccyy)								
Molane		266-2794		82-07-01								