

Fiscal Estimate Narratives

DOT 4/26/01

LRB Number 01-2712/1	Introduction Number AB-329	Estimate Type Original
Subject City of West Allis claim #2		

Assumptions Used in Arriving at Fiscal Estimate

The \$56,300 cost is the amount approved by the State Claims Board.

No Local Government Costs are anticipated.

Note: State Project ID #2165-01-20.

Long-Range Fiscal Implications

None.

Fiscal Estimate Worksheet - 2001 Session

Detailed Estimate of Annual Fiscal Effect

Original
 Updated
 Corrected
 Supplemental

LRB Number 01-2712/1		Introduction Number AB-329	
Subject			
City of West Allis claim #2			
I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):			
A one time cost of \$56,300 is required for this claim.			
II. Annualized Costs:		Annualized Fiscal Impact on funds from:	
		Increased Costs	Decreased Costs
A. State Costs by Category			
State Operations - Salaries and Fringes		\$0	
(FTE Position Changes)			
State Operations - Other Costs			
Local Assistance			
Aids to Individuals or Organizations			
TOTAL State Costs by Category		\$0	\$0
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		0	0
TOTAL State Revenues		\$0	\$0
NET ANNUALIZED FISCAL IMPACT			
		State	Local
NET CHANGE IN COSTS		\$0	\$0
NET CHANGE IN REVENUE		\$0	\$0
Agency/Prepared By		Authorized Signature	Date
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