Fiscal Estimate - 2003 Session

Original Updated	Corrected Supplement	ental					
LRB Number 03-3514/1	Introduction Number SB-353						
Subject Wisconsin Patient Safety Institute							
Fiscal Effect							
Appropriations Rev	rease Existing venues lincrease Costs - May be positive to absorb within agency's bytenues lincrease Costs - May be positive to absorb within agency's bytenues lincrease Costs	ossible budget					
Permissive Mandatory Perr 2. Decrease Costs 4. Decrease Costs Permissive Mandatory Perm	5.Types of Local Government Units Affected Towns Village Counties Others Frease Revenue Missive Mandatory Mandatory 5.Types of Local Government Units Affected Counties Village School Districts Districts	☐ Cities					
Fund Sources Affected Affected Ch. 20 Appropriations GPR FED PRO PRS SEG SEGS 20.505 (1)(ff)							
Agency/Prepared By	Authorized Signature Date						
DOA/ Dawn Soletski (608) 266-6497	Martha Kerner (608) 266-1359 2/6/2004						

Fiscal Estimate Narratives DOA 2/6/2004

LRB Number 03-3514/1	Introduction Number	SB-353	Estimate Type	Original				
Subject				<u> </u>				
Wisconsin Patient Safety Institute								

Assumptions Used in Arriving at Fiscal Estimate

This bill would create a grant program that would be administered by the Department of Administration. The program would provide an annual grant of \$150,000 to the Wisconsin Patient Safety Institute, of which they would have to provide matching funds equal to 50% of the annual grant amount awarded.

The department's costs relating to implementation and administration of this grant would be minimal and could be absorbed by the department's current staff.

Long-Range Fiscal Implications

Unknown.

Fiscal Estimate Worksheet - 2003 Session

Detailed Estimate of Annual Fiscal Effect

☑ Original		Updated		Corrected		Supplemental		
LRB Number	03-3514	/1	Intro	duction Num	ber :	SB-353		
Subject								
Wisconsin Patien								
I. One-time Cost annualized fisca	i errect):	mpacts for S	State and/or	Local Governm	nent (do	not include in		
II. Annualized Costs:			Annualized Fiscal Impact on funds from:					
				Increased Costs		Decreased Costs		
A. State Costs b								
The second secon	ns - Salaries an	d Fringes		\$				
(FTE Position (
	ns - Other Costs	>						
Local Assistance								
	als or Organiza			150,000				
	e Costs by Cat			\$150,000		\$		
B. State Costs b	y Source of Fu	nds						
GPR				150,000				
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, ets.)								
GPR Taxes				Increased Rev		Decreased Rev		
				\$		\$		
GPR Earned								
FED PRO/PRS								
SEG/SEG-S								
	- Descende							
TOTAL State Revenues			\$		\$			
	ľ	NET ANNUAL	LIZED FISC					
NET CHANGE IN	COSTS			State		<u>Local</u>		
NET CHANGE IN COSTS NET CHANGE IN REVENUE			\$150,000		\$			
TO THE STATE OF	I IL V LIVUE			\$		\$		
Agency/Prepared	d By		Authorized :	Signature		Date		
				(000) 200-100		2/6/2004		