

FISCAL ESTIMATE WORKSHEET
 Detailed Estimate of Annual Fiscal Effect
 DOA-2047(R06/99)

ORIGINAL UPDATED
 CORRECTED SUPPLEMENTAL

LRB or Bill No./Adm. Rule No.
 Chs. Comm 2 & Others

Amendment No.

Subject
 Plan Review Processing Times

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 State funds from:	
		\$ 0 Increased Costs	\$ Decreased Costs
A. State Costs By Category			
State Operations - Salaries and Fringes	(0 FTE)	(- 0	-
(FTE Position Changes)			-
State Operations - Other Costs			-
Local Assistance			-
Aids to Individuals or Organizations	\$ 0	\$ -0	
TOTAL State Costs By Category	\$	\$ -	
B. State Costs By Source of Funds			
GPR	0	-0	
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.)			
GPR Taxes			-
GPR Earned	0	-0	
FED	\$ 0		-
PRO/PRS			\$ -0
SEG/SEG-S			
TOTAL State Revenues	0	0	

NET ANNUALIZED FISCAL IMPACT 0

STATE

LOCAL

NET CHANGE IN COSTS \$ _____

\$ _____

NET CHANGE IN REVENUES \$ _____

\$ _____

Agency/Prepared by: (Name & Phone No.)

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Authorized Signature/Telephone No.

Date