

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

ORIGINAL       UPDATED  
 CORRECTED       SUPPLEMENTAL

LRB or Bill No./Adm. Rule No.  
 Comm 22.31 (2) (b)

Amendment No.

**Subject**

Approved Software to Show Compliance with Uniform Dwelling Code Thermal Envelope Requirements

**I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):**

<b>II. Annualized Costs:</b>		<b>Annualized Fiscal impact on State funds from:</b>	
		<b>\$ 0 Increased Costs</b>	<b>\$ Decreased Costs</b>
<b>A. State Costs By Category</b>			
State Operations - Salaries and Fringes	( 0 FTE)	( -	
(FTE Position Changes)	0	-	
State Operations - Other Costs	0	-	
Local Assistance	0	-	
Aids to Individuals or Organizations	\$	\$ -	
<b>TOTAL State Costs By Category</b>	<b>\$ 0</b>	<b>\$ -</b>	
<b>B. State Costs By Source of Funds</b>			
GPR	0	-	
FED	0	-	
PRO/PRS			
SEG/SEG-S	\$ 0	\$ -	
<b>III. State Revenues- Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, etc.)</b>			
GPR Taxes	0	-	
GPR Earned	0	-	
FED	0	-	
PRO/PRS	\$ 0	\$ -	
SEG/SEG-S			

TOTAL State Revenues

0

0

NET ANNUALIZED FISCAL IMPACT

0

0

STATE

LOCAL

NET CHANGE IN COSTS

\$ \_\_\_\_\_

\$ \_\_\_\_\_

NET CHANGE IN REVENUES

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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

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Authorized Signature/Telephone No.

Date