

## Department/Agency Fiscal Estimate Form - Summary

132nd

Department Name  
Agency Code  
Fiscal Estimate Compiled by  
Date Submitted to OFPR  
Legislature  
LD #  
LR # (if no LD)  
Item #

Bill Title

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Item Type (Original Bill or Amendment)

### For Amendments:


Does amendment change the fiscal impact? (Yes or No)  
Is fiscal estimate incremental or does it replace original bill's estimate? (I or R)

### Summary of Impact

Select One or More of the Following: (Please explain in text box at bottom regardless of selection)

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**No Fiscal Impact**

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**Minor Cost/Minor Revenue Decrease** (Costs can be absorbed - no change to budget)

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**Minor Savings/Minor Revenue Increase** (No change to budget)

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**Fiscal Impact** (Complete Fiscal Impact Detail - next tab)

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**State Mandate**

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**Other Fiscal Impacts** (Bond Issue, Referendum or Correctional/Judicial Impacts)

### Department/Agency Text Box:

Include assumptions in cost, savings or revenue impacts. Describe any new responsibilities. If mandate, indicate new requirements for local units of government.

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