

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

ORIGINAL  UPDATED  
 CORRECTED  SUPPLEMENTAL

LRB or Bill No./Adm. Rule No.  
 Chapter Comm 205

Amendment No.

**Subject**

Statements and Penalties for Grant and Loan Programs, and Penalties for Tax Credit Programs

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

None known.

II. Annualized Costs:	Annualized Fiscal impact on State funds from:	
	Increased Costs	Decreased Costs
<b>A. State Costs By Category</b>	\$0	-\$0
State Operations - Salaries and Fringes		
(FTE Position Changes)	( 0.00 FTE)	( - 0.00 FTE)
	\$0	-\$0
State Operations - Other Costs	\$0	-\$0
Local Assistance	\$0	-\$0
Aids to Individuals or Organizations	\$0	-\$0
<b>TOTAL State Costs By Category</b>	\$0	-\$0
<b>B. State Costs By Source of Funds</b>	Increased Costs	Decreased Costs
GPR	\$0	-\$0
FED	\$0	-\$0
PRO/PRS	\$0	-\$0
SEG/SEG-S	\$0	-\$0
<b>III. State Revenues-</b> 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	\$0	-\$0
GPR Earned	\$0	-\$0
FED	\$0	-\$0
PRO/PRS	\$0	-\$0
SEG/SEG-S		
<b>TOTAL State Revenues</b>	0	0

**NET ANNUALIZED FISCAL IMPACT**

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