

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

ORIGINAL UPDATED
 CORRECTED SUPPLEMENTAL

LRB or Bill No./Adm. Rule No. Amendment No.
 Chapter Comm 6

Subject
 No Smoking

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

none

II. Annualized Costs:

Annualized Fiscal impact on State funds from:

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

TOTAL State Revenues

0

0

0

0

NET ANNUALIZED FISCAL IMPACT

STATE

LOCAL

NET CHANGE IN COSTS

\$ _____

\$ _____

NET CHANGE IN REVENUES

\$ _____

\$ _____

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Authorized Signature/Telephone No.

Date