

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)	
(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	

0 0
 0 0
NET ANNUALIZED FISCAL IMPACT

STATE LOCAL

NET CHANGE IN COSTS \$ _____ \$ _____
NET CHANGE IN REVENUES \$ _____ \$ _____

Agency/Prepared by: (Name & Phone No.)
Commerce/Jim Quast 266-9292

Authorized Signature/Telephone No.

Date