

**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.  
 Comm 2.68

**Subject**  
 Public Swimming Pool and Water Attraction Plan Review and Inspection Fees

**I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):**  
 \$703,000 less revenue generated.

<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)	
(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	Increased Costs	Decreased Costs
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	Increased Rev.	Decreased Rev.
GPR Earned	0	-	-
FED	25,000	-	-
PRO/PRS	\$ 25,000	\$ -	
SEG/SEG-S			

TOTAL State Revenues

0

0

25,000

0

**NET ANNUALIZED FISCAL IMPACT**

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