

## ESTIMATE OF LOCAL FISCAL IMPACT OF MANDATES

Date:	Mandate Number: SHHR.CSA002		
Mandate Type:	<input checked="" type="checkbox"/> Compulsory Order	<input type="checkbox"/> Regulation of Optional Activity	
	<input type="checkbox"/> Non-discretionary Condition of Aid	<input type="checkbox"/> State Fiscal Preemption	
Locality:	<input type="checkbox"/> City	<input type="checkbox"/> County	<input type="checkbox"/> Town
Contact Name:	Title:	Phone:	
Fax:	Email:		

**Estimate of Annual Expenditure Impact of Mandate.** Note that dollar estimates are required only for those mandates that have resulted in a net additional expenditure of \$5,000 or more. If you would like to comment on other impacts of the mandate, see "Other Considerations" below.

Does this mandate force your locality to incur expenditures that must be covered by local fiscal resources? Choose one of the following three categories:

**1. No Net Expenditure Attributable to Mandate.** If no net expenditure, please select one of the following reasons:

- The mandate does not apply to this locality.
- The locality does not participate in the discretionary aid program related to this mandate.
- The locality does not carry out the optional activity regulated by this mandate.
- Other. (Please explain below.)

**2. Net Expenditure Less than \$5,000.**

**3. Net Expenditure of \$5,000 or more.** Provide an actual dollar estimate.

Total Annual Capital Costs	
Total Annual Operating Costs	+
State Revenues Received	-
Federal Revenues Received	-
Total Annual Cost to Locality	=

**Estimate of Staffing Requirements Relative to Mandate.** Please provide an estimate of how many Full-Time Equivalents (or portions thereof) are required to carry out the provisions of this mandate:

**Methodology.** For both net annual expenditure and staffing requirements, please explain the method you used to develop your estimate. State any assumptions; cite sources of all data.

**Factors Affecting Expenditure Impact.** If you were unable to provide an actual dollar estimate, identify any factors that would influence the expenditure impact of the mandate.

**Other Considerations.** If the actual dollar estimate above does not fully express this mandate's effect on your locality, describe any additional "costs" it might impose, such as opportunity costs, marginal costs, long-term or cumulative effects, increased liability, etc.

**Use additional sheets as necessary. However, identify each additional sheet with mandate number and locality.**