

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

ORIGINAL  
 CORRECTED

ORIGINAL  
 CORRECTED

UPDATED  
 SUPPLEMENTAL

LRB or Bill No./Adm. Rule

Amendment No.

**Subject**  
 Program Revenue Fees

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

|                                                                                                                                                           |  | Annualized Fiscal impact on State funds |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|-----------------|
| from:                                                                                                                                                     |  | Increased Costs                         | Decreased Costs |
| <b>II. Annualized Costs:</b>                                                                                                                              |  | \$ 0                                    | \$ -            |
|                                                                                                                                                           |  | ( 0 FTE)                                | ( -             |
| <b>A. State Costs By Category</b>                                                                                                                         |  |                                         |                 |
| State Operations - Salaries and Fringes                                                                                                                   |  | 0                                       | -               |
| (FTE Position Changes)                                                                                                                                    |  | 0                                       | -               |
| State Operations - Other Costs                                                                                                                            |  | 0                                       | -               |
| Local Assistance                                                                                                                                          |  | \$                                      | \$ -            |
| Aids to Individuals or Organizations                                                                                                                      |  |                                         |                 |
| <b>TOTAL State Costs By Category</b>                                                                                                                      |  | \$ 0                                    | \$ -            |
|                                                                                                                                                           |  | 0                                       | -               |
| <b>B. State Costs By Source of Funds</b>                                                                                                                  |  |                                         |                 |
| Costs                                                                                                                                                     |  | 0                                       | -               |
| GPR                                                                                                                                                       |  | 0                                       | -               |
| FED                                                                                                                                                       |  |                                         |                 |
| PRO/PRS                                                                                                                                                   |  | \$ 0                                    | \$ -            |
| SEG/SEG-S                                                                                                                                                 |  | 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.) |  | 0 Increased Rev.                        | Decreased Rev.  |
| GPR Taxes                                                                                                                                                 |  | \$2,915,700                             | -               |
| GPR Earned                                                                                                                                                |  | 0                                       | -               |
| FED                                                                                                                                                       |  | \$ 2,915,700                            | \$ -            |
| PRO/PRS                                                                                                                                                   |  |                                         |                 |
| SEG/SEG-S                                                                                                                                                 |  |                                         |                 |
| <b>TOTAL State Revenues</b>                                                                                                                               |  |                                         | 0               |

**NET ANNUALIZED FISCAL IMPACT**

|                               | <u>STATE</u> | <u>LOCAL</u> |
|-------------------------------|--------------|--------------|
| <b>NET CHANGE IN COSTS</b>    | \$ 0         | \$ 0         |
| <b>NET CHANGE IN REVENUES</b> | \$ 2,915,700 | \$           |

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Agency/Prepared by: (Name & Phone No.)

Commerce/Debra Miller, 266-8603

Authorized Signature/Telephone No.

Date