

(Prepare in triplicate)

FISCAL NOTE

Prepared in regard to:

H.B. No. 1119

(List bill or resolution and number, if available, or subject)

Amendment to: _____

(List bill or resolution and number)

Requested by: LC Date of receipt: 12-27 1976

In the following space note the fiscal effect in dollars of the legislative proposal. If additional space is needed, attach a supplementary sheet. (Please type)

Estimated cost for 1977-79 biennium for H.B. No. 1119 regarding compensation and travel expenses for State Health Council:

Salaries and Wages -	\$ 5,125
Fees and Services -	<u>1,745</u>
	\$ 6,870

Travel cost estimate considers the possibility of change in membership mid-biennium as some terms expire.

The Health Department appropriation request includes funding for Health Council costs.

If it appears this legislative proposal may have a fiscal effect upon one or more of the cities and counties of this state but your agency does not have the information available, or cannot gather the information on a timely basis, to allow a dollar estimate, please check one or more of the following:

_____ The measure does have a fiscal impact in an unknown amount

_____ The measure does have a fiscal impact in a dollar amount estimated on the basis of inadequate information. (Enter dollar estimate in space above).

1 _____ The fiscal impact of the measure is unknown.

Date of preparation: 1-3-77

Signed

W. Van Heuvelen

Typed Name

W. Van Heuvelen

Department

State Department of Health