

(Return in triplicate)

FISCAL NOTE

Bill/Resolution No.: HB 1215 Amendment to: _____

Requested by: Legislative Council Date of Receipt: _____

Please estimate the fiscal impact of the above measure for:

State general or special funds Counties Cities

In the following space note the fiscal effect in dollars of this measure:

Narrative:

Assuming the Legislative Assembly appropriates at the same level of funding (i.e., \$2,600,000 per year), this bill represents a one time savings of \$2,600,000 because the June 1991 payment is moved into the 1991 - 1992 biennium.

State Fiscal Effect:

| <u>1989-90</u> | | <u>1990-91</u> | | <u>Biennium Total</u> | |
|---------------------|----------------------|---------------------|----------------------|-----------------------|----------------------|
| <u>General Fund</u> | <u>Special Funds</u> | <u>General Fund</u> | <u>Special Funds</u> | <u>General Fund</u> | <u>Special Funds</u> |
| -0- | -0- | \$2,600,000 | -0- | \$2,600,000 | -0- |

County and City Fiscal Effect:

| <u>1989-90</u> | | <u>1990-91</u> | | <u>Biennium Total</u> | |
|-----------------|---------------|-----------------|---------------|-----------------------|---------------|
| <u>Counties</u> | <u>Cities</u> | <u>Counties</u> | <u>Cities</u> | <u>Counties</u> | <u>Cities</u> |
| | | | | | |

If additional space is needed, attach a supplemental sheet.

Signed 

Typed Name MERLE T. PEDERSON

Date Prepared: 1-9-89

Department N.D. INSURANCE DEPT.