

(Return in triplicate)

FISCAL NOTE

Bill/Resolution No.: SB 2203 Amendment to: _____

Requested by Legislative Council Date of Request: 12-31-90

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:

No significant fiscal impact anticipated.

State Fiscal Effect:

| <u>1991-92</u> | | <u>1992-93</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- |

County and City Fiscal Effect:

| <u>1991-92</u> | | <u>1992-93</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 Mike Schwindt

Typed Name Mike Schwindt

Department Human Services

Date Prepared: 1/4/91

Phone Number 224-2330