

FISCAL NOTE

(Return original and 10 copies)

Bill/Resolution No.: HB 1117 Amendment to: _____

Requested by Legislative Council Date of Request: 12-31-96

1. Please estimate the fiscal impact (in dollar amounts) of the above measure for state general or special funds, counties, cities, and school districts.

Narrative:

This will allow the rents collected from basic residents to be used in the operations of the home.

2. State fiscal effect in dollar amounts:

| | <u>1995-97</u> <u>Biennium</u> | | <u>1997-99</u> <u>Biennium</u> | | <u>1999-2001</u> <u>Biennium</u> | |
|---------------|-----------------------------------|--------------------------------|-----------------------------------|--------------------------------|-------------------------------------|--------------------------------|
| | <u>General</u> <u>Fund</u> | <u>Special</u> <u>Funds</u> | <u>General</u> <u>Fund</u> | <u>Special</u> <u>Funds</u> | <u>General</u> <u>Fund</u> | <u>Special</u> <u>Funds</u> |
| Revenues: | | | | 594,610 | | 600,000 |
| Expenditures: | | | | 577,866 | | 600,000 |

3. What, if any, is the effect of this measure on the appropriation for your agency or department:

- a. For rest of 1995-97 biennium: None - Effective date July 1, 1997
- b. For the 1997-99 biennium: Simplify Budgeting for 1999-2001 Budget
- c. For the 1999-2001 biennium: Simplify Budgeting

4. County, City, and School District fiscal effect in dollar amounts:

| <u>1995-97</u> <u>Biennium</u> | | | <u>1997-99</u> <u>Biennium</u> | | | <u>1999-2001</u> <u>Biennium</u> | | |
|-----------------------------------|---------------|-----------------------------------|-----------------------------------|---------------|-----------------------------------|-------------------------------------|---------------|-----------------------------------|
| <u>Counties</u> | <u>Cities</u> | <u>School</u> <u>Districts</u> | <u>Counties</u> | <u>Cities</u> | <u>School</u> <u>Districts</u> | <u>Counties</u> | <u>Cities</u> | <u>School</u> <u>Districts</u> |

If additional space is needed, attach a supplemental sheet.

Date Prepared: 1-8-96

Signed 

Typed Name _____

Department 313

Phone Number 701 683-4125