(Return in triplicate)	Amend FISC A L			
Bill/Resolution No.: _		Amendment	to: <u>HB 112</u>	7
Requested by: Legisla	tive Council	Date of R	eceipt: <u>3/15/</u>	89
Please estimate the fi	scal impact	of the above	measure for	:
X State general or	special fund	s Cou	nties	Cities
In the following space measure:	note the fi	scal effect	in dollars of	f this
<u>Narrative</u> :				
No fiscal impact.				
State Fiscal Effect:				
1989-90 General Special	1990 General	0-91 Special	<u>Biennium</u> General	Total Spec
Fund Funds	Fund	Funds	Fund	_ Fun
County and City Fiscal	Effect:			
1989-90	1990-		Biennium	Total
<u>Counties</u> <u>Cities</u>	Counties	Cities	Counties	Citi
		,	Λ	

If additional space is needed, attach a supplemental sheet.

Signed Mk Soul

Typed Name <u>Mike Schwindt</u>

Date Prepared: 3/15/89

Department Human Services