(Return in triplicate)	Amended FISCAL N	<u>ote</u>
Bill/Resolution No.:		Amendment to: HB 1435
Requested by: Legislati	ve Council	Date of Receipt: 2/7/89
Please estimate the fiscal impact of the above measure for:		
X State general or special funds X Counties Cities		
In the following space note the fiscal effect in dollars of this measure:		
Narrative:		
By moving the implementation date of the unemployed parent provision of the Family Support Act of 1988 from October 1, 1990 to January 1, 1990, an additional 9 months of grant payments to families will be incurred. Additional increased costs would result from other congressionally imposed benefits.		
If passed into law, this bill would add another \$3,799,842 to the fiscal impact of the Family Support Act of 1988 during the 1989-1991 Biennium. Of this amount, \$2,560,188 would be federal funds, \$968,691 would be state funds, and \$270,963 would be county revenues.		
This estimate is based on the estimated participation of 500 AFDC unemployed parent (AFDC-UP) households.		
With an anticipated average monthly grant payment of \$445 and the 9 month earlier start-up date, the 500 AFDC-UP households would generate about \$2 million in additional AFDC grant expenditures. The balance stems from estimated added costs of day care, extended benefit periods for day care services and medical assistance, and the participation of more recipients in the training and employment components of the job opportunity and basic skills training program as well as county social service board administrative costs.		
State Fiscal Effect:		
1989-90 General Special Fund Funds (Fed.)	General Fund	91Biennium TotalSpecialGeneralSpecialFunds(Fed.)FundFunds
\$563,262 \$1,508,860	\$405,429 \$	1,051,328 \$968,691 \$2,560,188
County and City Fiscal Effect:		
1989-90	1990-9	l Biennium Total
<u>Counties</u> <u>Cities</u>	Counties	<u>Cities</u> <u>Counties</u> <u>Cities</u>
\$160,708	\$110,255	\$270,963
If additional space is needed, Signed Who Admits attach a supplemental sheet.		

attach a supplemental sheet.

Typed Name ______Mike Schwindt

Date Prepared: ______2/9/89 _____ Department ____Human Services