## FISCAL NOTE

(Return in triplicate)			
Bill/Resolution No.: <u>SB</u>	2164	Amendment to: _	
Requested by Legislative	Council	Date of Request	: 12-31-92
1. Please estimate the f measure for state gen			
Narrative: No fiscal impact is antic site surveys to determine future would be related t regulate the State Hospit	compliance for lic o on-site surveys i	ensure. The potenti f the Department we	al impact in the
2. <u>State</u> fiscal effect in dollar amounts:			
General	<u>ium</u> Special Gene		1995-97 <u>Biennium</u> General Special <u>Fund</u> <u>Funds</u>
Revenues: Nor	ie	None	None
Expenditures: Nor	ne	None	None
3. What, if any, is the your agency or depart		measure on the a	ppropriation for
a. For rest of 1991-	93 biennium:	-0-	
b. For the 1993-95 b	oiennium:	-0-	
c. For the 1995-97 b	oiennium:	-0-	
4. County and City fisca	al effect in doll	lar amounts:	
1991 <u>Bienn</u> <u>Counties</u>	<u>ium</u>	1993-95 <u>Biennium</u> nties <u>Cities</u>	1995-97 <u>Biennium</u> <u>Counties Cities</u>
If additional space is nattach a supplemental should be prepared: /-5-9	eet.	Signed Robe  Typed Name Robe  Department Health	,

Phone Number <u>224-2392</u>