FISCAL NOTE

(Return original and 10 copies) Bill/Resolution No.: Requested by Legislative Council 1. Please estimate the fiscal impact above measure for state general cities, and school districts.	Date of Ret	equest: ar amounts funds, co	3-7-9 s) of the	7 he
Requested by Legislative Council 1. Please estimate the fiscal impactabove measure for state general of	Date of Ret	equest: ar amounts funds, co	3-7-9 s) of the	7 he
1. Please estimate the fiscal impact above measure for state general of	t (in dolla or special	ar amounts funds, co	s) of ti ounties	he
above measure for state general of	or special	funds, co	ounties	
	ave no fisca	1 impact.or		
Narrative: Eng. HB 1161 appears to h			the	
2. <u>State</u> fiscal effect in dollar amo	ounts:			
•	1997-99 <u>Biennium</u> neral Speci und <u>Fund</u>	ial Ge	1999-2 <u>Bienns</u> eneral Fund	
Revenues: 0 0	0 0		0	0
Expenditures: 0 0	0 0		0	0
 3. What, if any, is the effect of the for your agency or department: a. For rest of 1995-97 biennium: b. For the 1997-99 biennium: _No c. For the 1999-2001 biennium: _ 	: No fiscal	impact	appropr	iation
4. County, City, and School District	t fiscal ef	ffect in d	dollar	amounts
1995-97 Biennium School Counties Cities Districts Counties Cities 0 0 0 0 0 0	um School	<u>Counties</u> ()	1999-2001 <u>Biennium</u> <u>Cities</u> 0	School Districts
attach a supplemental sheet.	Signed A	Lisa Ever ND Board Examiners	hart of Socia	l Work

Phone Number __701-222-0255