FISCAL NOTE

(Retu	rn original and	10 copies)							
ill/Resolution No.:		SB 2029			An	nendment to:			_
Requ	ested by Legisla	ative Council	e Council		Date	Date of Request: 12/11/96			_
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:	proficiency. public instruct The Departm for each stud Department v - 450 eligible - Consultant - ISD program	The school d tion. ent estimates ent. The pay will provide th students @ - testing instr nming change	al per student payments to school districts that have refugee students with limited language district will determine legibility using a testing instrument approved by the superintendent of estates are 450 eligible refugee students in the state. The bill calls for a payment of \$475 ayments will be processed through the existing foundation aid payment system. The the testing instrument. The fiscal impact is estimated as follows: \$\frac{2}{3}\frac{475}{5} \frac{213}{750} \frac{213}{750} \frac{213}{750} \frac{250}{3}\dag \text{day} \times \frac{1}{3}\dag \frac{75}{500} \frac{2}{3}\dag \frac{75}{500} \frac{2}{3}\dag \frac{75}{500} \frac{4}{3}\dag \frac{5}{500} \frac{4}{3}\dag \frac{5}{3}\dag \frac					
2.	State fiscal effect in dollar amounts:								
		1995-97 Biennium			1997-99 Biennium			1999-2001 Biennium	
		General Fund	Special Funds		General Fund	Special Funds		General Fund	Special Funds
	Revenues:			-					
	Expenditures:				451,500			446,500	
3.	What, if any, is	the effect of thi	s measure o	n the appropriati	ion for your ago	ency or departme	ent?		
	a. For rest of 19	95-97 bienniun	n:						
	b. For the 1997-99 biennium:			451,500					
	c: For the 1999-2001 biennium:			446,500					
4.	County, City, and School District fiscal effect in dollar amounts:								
	1995-97 Biennium				1997-99 Biennium			1999-2001 Biennium	
	Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
						427,500			427,500
	If additional space is needed, attach a supplemental sheet.				Signed Typed Name	Jerry A. Cole	deman deman	147	
\					Department	Public Instru	ction		

Phone Number 328-4051

Date Prepared: 12/19/96