**AGENCY FISCAL ESTIMATE OF PROPOSED REGULATION**

**Agency Submitting Regulation:**  **Date:**

**Subject Matter of Regulation**

**Regulation Section No:**

**Statutory Authority:**

**Other Agencies Affected:**

**Effective Date Used In Cost Estimate:**

**Estimate Prepared By:** **Telephone:**

**SUMMARY OF COST AND REVENUE IMPACT OF PROPOSED REGULATION**

**Agency:** **Fund Affected:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **First Year** | **Second Year** | **Full Operation** |
| **Number of Positions** |  |  |  |
| **Personal Services** |  |  |  |
| **Other Expenses** |  |  |  |
| **Equipment** |  |  |  |
| **Grants** |  |  |  |
| **Total State Cost or (Savings)** |  |  |  |
| **Estimated Revenue Gain or (Loss)** |  |  |  |
| **Total Net State Cost or (Savings)** |  |  |  |

**Explanation of State Impact of Regulation:**

**Explanation of Municipal Impact of Regulation:**

**Explanation of Small Business Impact of Regulation:**