

**HOUSE OF REPRESENTATIVES  
2018 ECONOMIC IMPACT STATEMENT FORM**

*\*Read all instructions carefully.\**

*House local bill policy requires that no local bill will be considered by a committee or a subcommittee without an Economic Impact Statement. This form must be prepared by an individual who is qualified to establish fiscal data and impacts and has personal knowledge of the information given (for example, a chief financial officer of a particular local government). Please submit this completed, original form to the Local, Federal & Veterans Affairs Subcommittee as soon as possible after a bill is filed. Additional pages may be attached as necessary.*

**BILL #:** \_\_\_\_\_

**SPONSOR(S):** \_\_\_\_\_

**RELATING TO:** \_\_\_\_\_

[Indicate Area Affected (City, County or Special District) and Subject]

**I. REVENUES:**

These figures are new revenues that would not exist but for the passage of the bill. The term "revenue" contemplates, but is not limited to, taxes, fees and special assessments. For example, license plate fees may be a revenue source. If the bill will add or remove property or individuals from the tax base, include this information as well.

	<u>FY 18-19</u>	<u>FY 19-20</u>
Revenue decrease due to bill:	\$ _____	\$ _____
Revenue increase due to bill:	\$ _____	\$ _____

**II. COST:**

Include all costs, both direct and indirect, including start-up costs. If the bill repeals the existence of a certain entity, state the related costs, such as satisfying liabilities and distributing assets.

Expenditures for Implementation, Administration and Enforcement:

	<u>FY 18-19</u>	<u>FY 19-20</u>
	\$ _____	\$ _____

Please include explanations and calculations regarding how each dollar figure was determined in reaching total cost.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III. FUNDING SOURCE(S):**

State the specific sources from which funding will be received, for example, license plate fees, state funds, borrowed funds, or special assessments.

If certain funding changes are anticipated to occur beyond the following two fiscal years, explain the change and at what rate taxes, fees or assessments will be collected in those years.

	<u>FY 18-19</u>	<u>FY 19-20</u>
Local:	\$ _____	\$ _____
State:	\$ _____	\$ _____
Federal:	\$ _____	\$ _____

**IV. ECONOMIC IMPACT:**

Potential Advantages:

Include all possible outcomes linked to the bill, such as increased efficiencies, and positive or negative changes to tax revenue. If an act is being repealed or an entity dissolved, include the increased or decreased efficiencies caused thereby.

Include specific figures for anticipated job growth.

- 1. Advantages to Individuals: \_\_\_\_\_  
\_\_\_\_\_
- 2. Advantages to Businesses: \_\_\_\_\_  
\_\_\_\_\_
- 3. Advantages to Government: \_\_\_\_\_  
\_\_\_\_\_

Potential Disadvantages:

Include all possible outcomes linked to the bill, such as inefficiencies, shortages, or market changes anticipated.

Include reduced business opportunities, such as reduced access to capital or training.

State any decreases in tax revenue as a result of the bill.

- 1. Disadvantages to Individuals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Disadvantages to Businesses: \_\_\_\_\_

\_\_\_\_\_

3. Disadvantages to Government: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**V. DESCRIBE THE POTENTIAL IMPACT OF THE BILL ON PRESENT GOVERNMENTAL SERVICES:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VI. SPECIFIC DATA USED IN REACHING ESTIMATES:**

Include the type(s) and source(s) of data used, percentages, dollar figures, all assumptions made, history of the industry/issue affected by the bill, and any audits.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VII. CERTIFICATION BY PREPARER**

I hereby certify I am qualified to establish fiscal data and impacts and have personal knowledge of the information given. I have reviewed all available financial information applicable to the substance of the above-stated local bill and confirm the foregoing Economic Impact Statement is a true and accurate estimate of the economic impact of the bill.

PREPARED BY: \_\_\_\_\_  
**[Must be signed by Preparer]**

Print preparer's name: \_\_\_\_\_  
\_\_\_\_\_  
**Date**

TITLE (such as Executive Director, Actuary, Chief Accountant, or Budget Director):

\_\_\_\_\_

REPRESENTING: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_