



**II. FISCAL IMPACT ANALYSIS**

**1. FIVE YEAR SUMMARY OF FISCAL IMPACT: No cash match required**

Fiscal years	2006	2007	2008	2009	2010
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	_____	_____	_____	_____	_____
No. additional FTE positions (Cumulative)	_____	_____	_____	_____	_____

Is item included in current Budget? Yes \_\_\_\_\_ No \_\_\_\_\_

Budget Account No.: Fund \_\_\_\_\_ Agency \_\_\_\_\_ Org. \_\_\_\_\_ Object \_\_\_\_\_

Reporting Category \_\_\_\_\_

**2. RECOMMENDED SOURCES OF FUNDS/SUMMARY OF FISCAL IMPACT:**

**3. DEPARTMENTAL FISCAL REVIEW: \_\_\_\_\_**

**III. REVIEW COMMENTS**

**1. OFMB FISCAL AND/OR CONTRACT DEV. AND CONTROL COMMENTS:**

_____	_____
OFMB	Contract Dev. and Control

**2. LEGAL SUFFICIENCY:**