



**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**



Fiscal Years	20__	20__	20__	20__	20__
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
Operating Revenues	_____	<i>* See below</i>	_____	_____	_____
Is Item Included In Current Budget?	Yes _____	No _____			
Budget Account No.:	Fund _____	Agency _____	Org. _____	Object _____	
	Reporting Category _____				

**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Administration Comments:**

*\* No Fiscal Impact.*

 _____ OFMB	<i>4/26/2011</i> <i>4/25/11</i> <i>MM</i> <i>42571</i>	 _____ Contract Administration
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**B. Legal Sufficiency:**

**This item complies with current County policies.**

  
 \_\_\_\_\_  
 Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

**PRECINCT BOUNDARY CHANGES SUBMITTED TO  
THE BOARD OF COUNTY COMMISSIONERS**

**PRECINCT BOUNDARY CHANGE  
(NO CHANGE IN LEGAL DESCRIPTION)**

1126

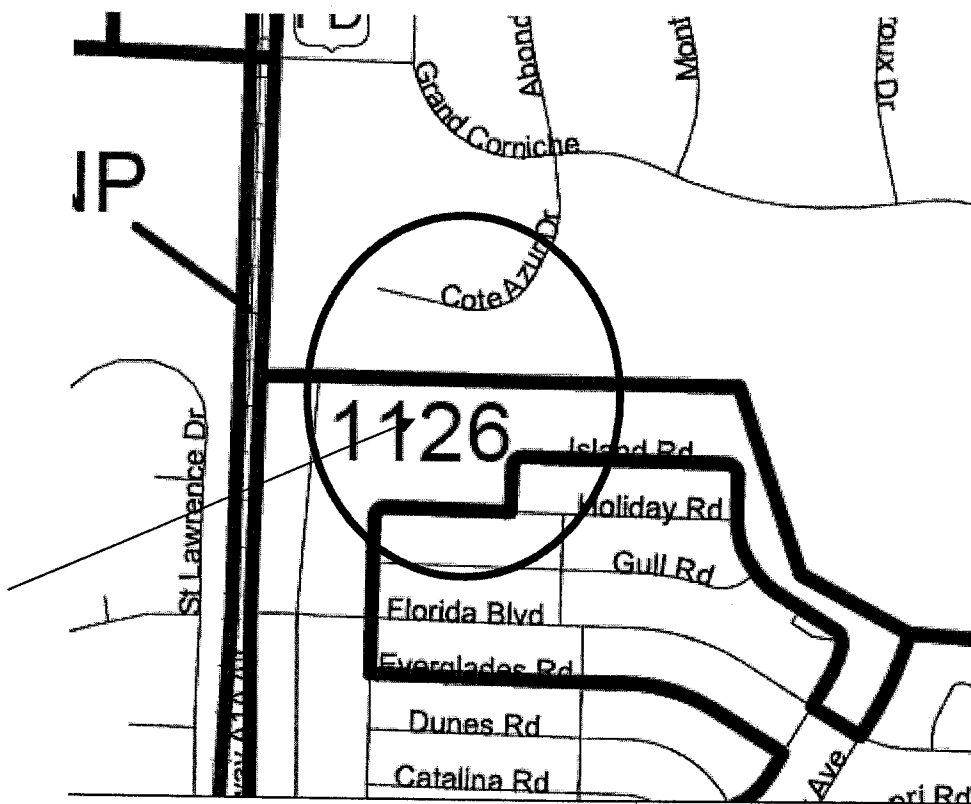
(1 PRECINCT)

**NEW PRECINCT – DUE TO PRECINCT BOUNDARY CHANGE**

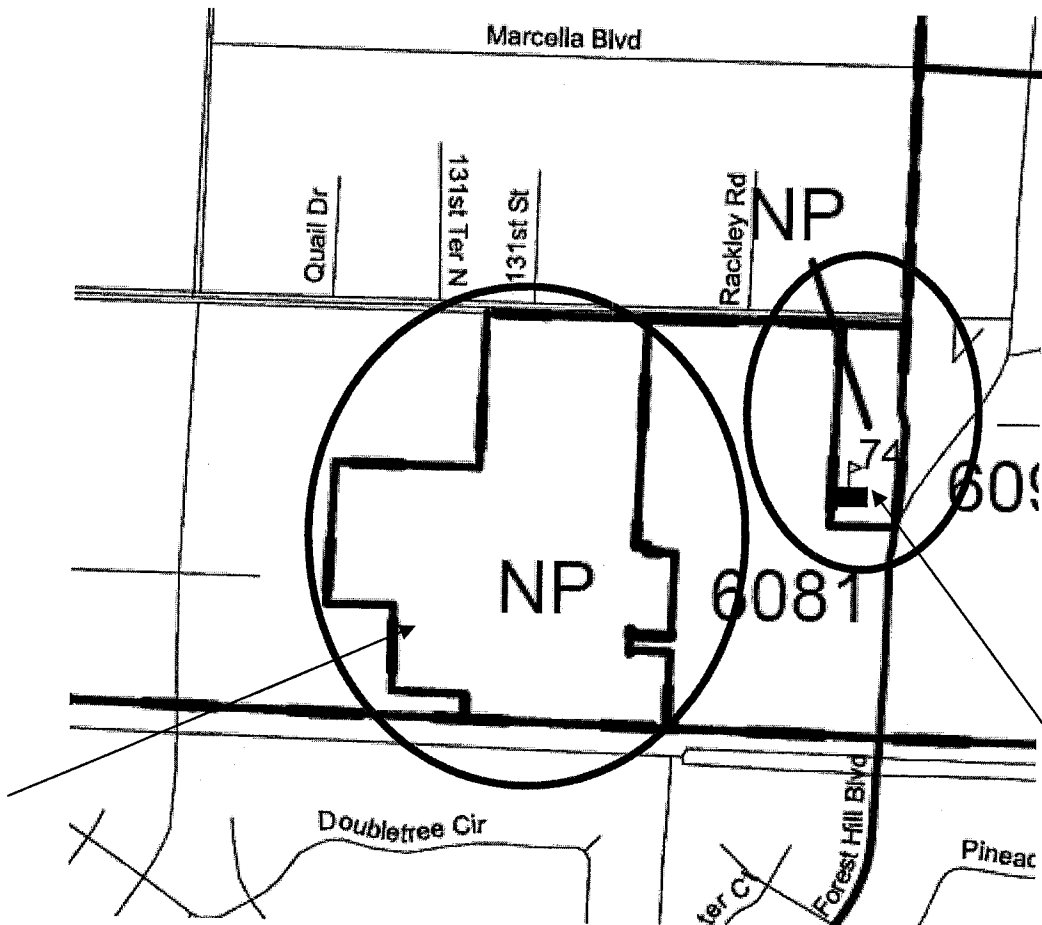
6083

(1 PRECINCT)

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Attachment # 2

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