



**II. FISCAL IMPACT ANALYSIS**

**A. FIVE YEAR SUMMARY OF FISCAL IMPACT:**

| Fiscal years                              | 2014     | 2015  | 2016  | 2017  | 2018  |
|---|----------|-------|-------|-------|-------|
| Capital Expenditures                      | _____    | _____ | _____ | _____ | _____ |
| Operating Costs                           | _____    | _____ | _____ | _____ | _____ |
| External Revenues                         | _____    | _____ | _____ | _____ | _____ |
| Program Income (County)                   | _____    | _____ | _____ | _____ | _____ |
| In-kind Match (County)                    | _____    | _____ | _____ | _____ | _____ |
| <b>NET FISCAL IMPACT</b>                  | <b>*</b> | _____ | _____ | _____ | _____ |
| No. additional FTE positions (Cumulative) | _____    | _____ | _____ | _____ | _____ |

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

Budget Account No.: Fund \_\_\_\_\_ Dept \_\_\_\_\_ Unit \_\_\_\_\_ Object \_\_\_\_\_

Revenue Source \_\_\_\_\_

**B. \* RECOMMENDED SOURCES OF FUNDS/SUMMARY OF FISCAL IMPACT:**

**\* No Fiscal Impact.**

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

**III. REVIEW COMMENTS**

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

[Signature] 4/7/2014 OFMB 5/3 4/14/14  
 [Signature] 4/8/14 Contract Dev. and Control Bidwell

**B. LEGAL SUFFICIENCY:**

[Signature] 4/9/14  
 Assistant County Attorney

**C. Other Department Review:**

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

