

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)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	0	_____	_____	_____	_____

ADDITIONAL FTE
POSITIONS (Cumulative)

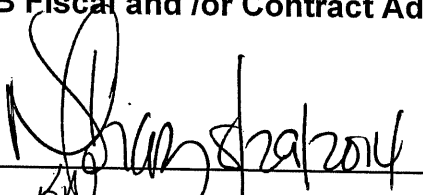
Is Item Included in Current Budget? Yes ___ No ___
 Budget Account No.: Fund ___ Agency ___ Org. ___ Object ___
 Program Code _____

B. Recommended Sources of Funds/Summary of Fiscal Impact
 There is no fiscal impact associated with this item

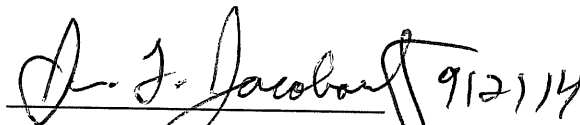
C. Department Fiscal Review:

III. REVIEW COMMENTS

A. OFMB Fiscal and /or Contract Administrator Comments:



 OFMB 8/29



 Contract Administrator
 9-2-14 B. White

B. Legal Sufficiency:



 Assistant County Attorney

C. Other Department Review:

 Department Director