

Date _____

II. FISCAL IMPACT ANALYSIS

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

Fiscal years	2017	2018	2019	2020	2021
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	_____	_____	_____	_____	_____
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: