



**II. FISCAL IMPACT ANALYSIS**

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

| <b>Fiscal years</b>                              | <b>2018</b> | <b>2019</b> | <b>20120</b> | <b>2021</b> | <b>2022</b> |
|--|-------------|-------------|--------------|-------------|-------------|
| <b>Capital Expenditures</b>                      | _____       | _____       | _____        | _____       | _____       |
| <b>Operating Costs</b>                           | _____       | _____       | _____        | _____       | _____       |
| <b>External Revenues</b>                         | _____       | _____       | _____        | _____       | _____       |
| <b>Program Income (County)</b>                   | _____       | _____       | _____        | _____       | _____       |
| <b>In-kind Match (County)</b>                    | _____       | _____       | _____        | _____       | _____       |
| <b>NET FISCAL IMPACT</b>                         | _____       | _____       | _____        | _____       | _____       |
| <b>No. additional FTE Positions (Cumulative)</b> | _____       | _____       | _____        | _____       | _____       |

**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:**

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

**3. OTHER DEPARTMENT REVIEW:**

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