

2012 Estimate of Local Fiscal Impact Expenditure Increase

Date: _____

Bill Number: _____

Locality: _____ Co. City Town

Name: _____

Title: _____

Phone: _____

Fax: _____

E-mail: _____

Estimate of First-year Expenditure Impact. Note that dollar estimates are required only for those provisions that would impose a net additional expenditure of \$5,000 or more. If you would like to comment on other impacts of the bill, see "Other Considerations" below. See Code of Virginia, Sec. 30-19.03 ("net additional expenditure").

Estimate of First-year Expenditure Impact

Choose one of the following:

- | | | | | | | | | | | | | | | | | | | | | | |
|---|---|------------------------------|-------|------|--|-------------------------|-------|-------|--|--------------------|-------|-------|--|----------|-------|--------|--|----------------------------------|-------|--|--|
| <p>1. <input type="checkbox"/> No Net Additional Expenditure. If no additional expenditure, please check one of the following reasons:</p> <ul style="list-style-type: none"><input type="checkbox"/> This locality currently provides the required service or meets the proposed standard(s).<input type="checkbox"/> The bill does not apply to this locality.<input type="checkbox"/> Other. (Please explain below.) | <p>2. <input type="checkbox"/> Net Additional Expenditure Less than \$5,000.</p> | | | | | | | | | | | | | | | | | | | | |
| <p>3. <input type="checkbox"/> Net Additional Expenditure of \$5,000 or more. Provide an actual dollar estimate.</p> <table border="0" style="width: 100%;"><tr><td style="width: 40%;">Nonrecurring Start-up Costs:</td><td style="width: 20%; text-align: center;">_____</td><td style="width: 20%; text-align: right;">Plus</td><td style="width: 20%;"></td></tr><tr><td>Annual Operating Costs:</td><td style="text-align: center;">_____</td><td style="text-align: right;">Minus</td><td></td></tr><tr><td>Revenues Received:</td><td style="text-align: center;">_____</td><td style="text-align: right;">Minus</td><td></td></tr><tr><td>Savings:</td><td style="text-align: center;">_____</td><td style="text-align: right;">Equals</td><td></td></tr><tr><td>Total 1st Year Cost:</td><td style="text-align: center;">_____</td><td></td><td></td></tr></table> | | Nonrecurring Start-up Costs: | _____ | Plus | | Annual Operating Costs: | _____ | Minus | | Revenues Received: | _____ | Minus | | Savings: | _____ | Equals | | Total 1 st Year Cost: | _____ | | |
| Nonrecurring Start-up Costs: | _____ | Plus | | | | | | | | | | | | | | | | | | | |
| Annual Operating Costs: | _____ | Minus | | | | | | | | | | | | | | | | | | | |
| Revenues Received: | _____ | Minus | | | | | | | | | | | | | | | | | | | |
| Savings: | _____ | Equals | | | | | | | | | | | | | | | | | | | |
| Total 1 st Year Cost: | _____ | | | | | | | | | | | | | | | | | | | | |

Methodology. For a net additional expenditure, explain the method you used to develop your estimate. State any assumptions; cite sources of all data.

Factors Affecting Expenditure Impact. If you were unable to provide an actual dollar estimate, identify any factors that would influence the expenditure impact of the bill.

Other Considerations. If the actual dollar estimate above does not fully express this bill's effect on your locality, describe any additional "costs" it might impose, such as opportunity costs, marginal costs, long-term or cumulative effects, increased liability, etc.

Use additional sheets as necessary. However, identify each additional sheet with bill number and locality.