

Mandate Number: _____

**ASSESSMENT OF STATE AND FEDERAL MANDATES ON VIRGINIA LOCAL
GOVERNMENTS
(PURSUANT TO SEC. 2.2-613, CODE OF VA.)**

Administering Agency:

Date of Submission:

Instructions: Please enter the information requested. There is no limitation on the length of entries. After the Agency Head and Cabinet Secretary have signed the document, scan it, and use the following file name convention: [Mandate Number].pdf (e.g., SOE.DOE027.pdf) and e-mail the .pdf to the Commission on Local Government. Please see the separate [instruction sheet](#) for more details.

If you need more room than the space here provides, please email your assessment information as a separate Word document; however, please use this form for Agency Head and Cabinet Secretary signatures.

A. Short Title of Mandate: (see the mandate abstract in the most recent Catalog of State and Federal Mandates on Local Governments, available [here](#))

B. Specific Provisions of Mandate: (see abstract)

C. Source/Authority:

1. Specify Each Applicable

- a) Federal Statute
- b) Federal Regulation
- c) State Statute:
- d) State Regulation:
- e) Other:

2. **Extension of Federal Mandates by State Authority:** (Where the mandate is founded concurrently on State and Federal authority, describe specifically those additional elements prescribed by State authority.)

D. **Method by Which Agency Oversees Implementation of Mandate:** (Describe how your agency ensures that local governments carry out the requirements of the mandate.)

E. **Fiscal Impact of Mandate on Localities:**

1. **Localities Affected:** (List individually or describe a group, for example, all counties in Planning District 8.)

2. **Funding of Mandate:**

- a) **Funding Formula:** (Indicate separately the State, federal, and local contributions to the cost of implementing the mandate as a percentage of the total cost of implementation. Include annual statewide dollar contributions by each, if applicable.)

b)Funding of Mandate: (Give the range of annual costs of compliance for localities and indicate specific factors affecting local impact. Refer to information contributed by localities. Name the localities providing the information.)

c) Explanation of Estimation Methodology:

F. Effectiveness of Mandate in Accomplishing Purpose:

1. General Purpose of Mandate: (Explain briefly the overall objective this mandate is intended to accomplish.)

2. Description of Essentiality to the Public Safety: (Describe the manner and the extent to which the mandate has protected and/or improved the health, safety, and welfare of residents of the Commonwealth. Describe the essential public purpose that this mandate accomplishes.)

G. Alternative Approaches to Achieving Purpose of Mandate:

1. Identification of Alternative Approaches: (Identify and describe any policy alternatives that could potentially achieve the essential purpose of the mandate, or explain why there are no viable alternatives.)

2. Fiscal Impact of Alternative Approaches:

a) Estimated Change in Range of Costs to Localities of Alternative Approaches:

(For each alternative, give the anticipated range of costs of compliance for localities and describe specific factors causing the variation in local impact.)

b) Estimated Change in Range of Costs to State of Alternative Approaches: (For

each alternative, give the anticipated range of costs to the State.)

c) Explanation of Estimation Methodologies: (Describe how you calculated the above cost figures.)

H. Agency Recommendation:

1. **Determination by Agency:** (Agency determinations are limited to 'Retain,' 'Alter,' or 'Eliminate.')

2. **Justification:** (Provide a written justification as to why the mandate should or should not be eliminated. If the agency recommends retaining or altering the mandate, explain why.)

I. Agency Contact Regarding Assessment:

1. Name/Title:
2. Address/Telephone:

Approval of Assessment:

(Signature of Agency Head)

(Signature of Cabinet Secretary)