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Legislative Budget Office**

CLASSIFIED FISCAL NOTE WORKSHEET

**Additional copies of this** [**fiscal note worksheet**](https://www.lbo.mn.gov/fn/documentation/LBOFNWorksheet.dotx)(https://www.lbo.mn.gov/fn/documentation/LBOClassifiedFNworksheet.dotx) **are available on the** [**LBO website**](https://www.lbo.mn.gov/fn/training.html)(https://www.lbo.mn.gov/fn/training.html).

**To prepare your fiscal note estimate, please use these reference documents available on our website:**

* [**Fiscal Note Uniform Standards and Procedures**](https://www.lbo.mn.gov/fn/documentation/LBOUSP.pdf)

(https://www.lbo.mn.gov/fn/documentation/LBOUSP.pdf)

* [**Fiscal Note User Guide**](https://www.lbo.mn.gov/fn/documentation/LBOFNTSUserGuide.pdf)

(https://www.lbo.mn.gov/fn/documentation/LBOFNTSUserGuide.pdf)

* [**Fund Directory**](https://www.lbo.mn.gov/fundlist.html)

(https://lbo.mn.gov/fundlist.html)

**(Links to the references listed above are also available on the FNTS menu under “Help.”**

**Section 1-Fiscal Note Header**

| **Bill #:** | **Version:** | **Title:** | **Date Due to Legislature:** |
| --- | --- | --- | --- |
| **Agency Contact (Name and Phone#):** | | | |

**Section 2-Fiscal Impact**

☐No Impact (If selected, explain in the Assumptions section of the narrative.)

(Mark your answer for each question in the section below.)

| Fiscal Impact | **Yes** | **No** |
| --- | --- | --- |
| State Expenditures – Does this bill have an impact on your agency’s spending? |  |  |
| Fee/Dept. Earnings – Does this bill impact an agency fee or dept. earning? |  |  |
| Tax Revenue – Does this bill impact state tax revenues? |  |  |
| Information Technology – Does this bill impact your agency’s information technology systems? |  |  |
| Local – Does this bill have a fiscal impact on a local government body?  (**Note**: if “Yes”, complete the Local Government Costs section of the narrative.) |  |  |

**Section 3-Expenditures, Absorbed Costs, Transfer Out**

| ***Dollars (in thousands)*** | **2025** | **2026** | **2027** | **2028** | **2029** |
| --- | --- | --- | --- | --- | --- |
| **3.1 Expenditures** |  |  |  |  |  |
| Fund |  |  |  |  |  |
| Fund |  |  |  |  |  |
| Fund |  |  |  |  |  |
| **3.2 Costs Agency Can Absorb** |  |  |  |  |  |
| Fund |  |  |  |  |  |
| Fund |  |  |  |  |  |
| Fund |  |  |  |  |  |
| **3.3 Transfers Out** |  |  |  |  |  |
| Fund |  |  |  |  |  |
| Fund |  |  |  |  |  |
| Fund |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sum of Expenditures, Absorbed Costs, Transfers Out (This will be calculated automatically in FNTS)** | | | | |  |
| Fund |  |  |  |  |  |
| Fund |  |  |  |  |  |
| Fund |  |  |  |  |  |

**Section 4-Revenues, Transfers In**

| ***Dollars (in thousands)*** | **2025** | **2026** | **2027** | **2028** | **2029** |
| --- | --- | --- | --- | --- | --- |

**4.1 Revenues**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fund |  |  |  |  |  |
| Fund |  |  |  |  |  |
| Fund |  |  |  |  |  |
| **4.2 Transfers In** |  |  |  |  |  |
| Fund |  |  |  |  |  |
| Fund |  |  |  |  |  |
| Fund |  |  |  |  |  |

**Sum of Revenues, Transfers In (This will be automatically calculated in FNTS)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Dollars (in thousands)*** | **2025** | **2026** | **2027** | **2028** | **2029** |
| Fund |  |  |  |  |  |
| Fund |  |  |  |  |  |
| Fund |  |  |  |  |  |

**Section 5-State Cost (Savings) (Subtract Sum of Revenues and Transfers In from Sum of Expenditures, Absorbed Costs and Transfers Out --This will be automatically calculated in FNTS)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Dollars (in thousands)*** | **2025** | **2026** | **2027** | **2028** | **2029** |
| Fund |  |  |  |  |  |
| Fund |  |  |  |  |  |
| Fund |  |  |  |  |  |

**Section 6-Full-Time Equivalent Positions (FTE)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Two decimal places allowed*** | **2025** | **2026** | **2027** | **2028** | **2029** |
| **Full-Time Equivalents** |  |  |  |  |  |
| Fund |  |  |  |  |  |
| Fund |  |  |  |  |  |
| Fund |  |  |  |  |  |
| **Total FTE** |  |  |  |  |  |

**Section 7 – Narrative**

*Use**Arial 9 pt for text in the narrative section.*

*Use Arial 7.5 pt for tables in the narrative section.*

Bill Description

Assumptions

Expenditure and/or Revenue Formula

Long-Term Fiscal Considerations

Local Fiscal Impact (Must be completed when Local Fiscal Impact button is “Yes”)

References/Sources

I have reviewed the content of this fiscal note and believe it is a reasonable estimate of the expenditures and revenues associated with this proposed legislation.

If Information Technology costs are included, my agency’s Chief Information Officer has reviewed the estimate.

|  |  |
| --- | --- |
| Fiscal Note Coordinator Signature: | Date: |