PREPARED BY: DATE PREPARED: PHONE: Liz Hruska March 01, 2013 471-0053 **LB 287**

Revision: 00

FISCAL NOTE

LEGISLATIVE FISCAL ANALYST ESTIMATE

| ESTIMATE OF FISCAL IMPACT - STATE AGENCIES (See narrative for political subdivision estimates) | | | | | | | | |
|--|--------------|---------|--------------|---------|--|--|--|--|
| | FY 2013-14 | | FY 2014-15 | | | | | |
| | EXPENDITURES | REVENUE | EXPENDITURES | REVENUE | | | | |
| GENERAL FUNDS | | | | | | | | |
| CASH FUNDS | | | | | | | | |
| FEDERAL FUNDS | | | | | | | | |
| OTHER FUNDS | | | | | | | | |
| TOTAL FUNDS | | | | | | | | |

Any Fiscal Notes received from state agencies and political subdivisions are attached following the Legislative Fiscal Analyst Estimate.

No fiscal impact.

| ADMINISTRATIVE SERVICES-STATE BUDGET DIVISION: REVIEW OF AGENCY & POLT. SUB. | | | | | | |
|---|------------|------------------------------|-------------------------|--|--|--|
| RESPONSES | | | | | | |
| LB: 287 AM: AGENCY/POLT. SUB: Department of Health and Human Services | | | | | | |
| | 7102110111 | Carrotte Department of freun | in una framan ser vices | | | |
| REVIEWED BY: David Spatz | | DATE: February 8, 2013 | PHONE: 471-4179 | | | |
| COMMENTS: Concur with the Department of Health and Human Services analysis of NO FISCAL IMPACT on | | | | | | |
| the agency. | - | • | | | | |

FISCAL NOTE

2013

| | ESTIMATE PROVID | DED BY STATE AGENCY OR PO | LITICAL S | UBDIVISION | | |
|---|-----------------------------------|------------------------------|-----------------|---------------------------|---------------------------|--|
| State Agency or Political | | rtment of Health and Human S | | | | |
| Prepared by: (3) Willard Bouwens Date Prepare FY 2013-20 | | epared:(4) 2-6-13 | | Phone: (5) 471-8072 | | |
| | | | | FY 2014-201 <u>5</u> | | |
| | EXPENDITURES | REVENUE | EXPEN | IDITURES | REVENUE | |
| GENERAL FUNDS | | | | | | |
| CASH FUNDS | | | | | | |
| FEDERAL FUNDS | | | | | _ | |
| OTHER FUNDS | | | | | _ | |
| TOTAL FUNDS | \$0 | \$0 | | \$0 | \$0 | |
| = | | | | | | |
| Return by date specified or 7 | '2 hours prior to public hearing, | whichever is earlier. | | | | |
| Explanation of Estima | ate: | | | | | |
| | | | | | | |
| There is No Fiscal Im | npact to the Departmen | it of Health and Human S | Services | • | | |
| | MA | AJOR OBJECTS OF EXPENDITURE | | | | |
| PERSONAL SERVICES: | | | _ | | | |
| | | | | | | |
| | POSITION TITLE | NUMBER OF PO: 13-14 1 | SITIONS 4-15 | 2013-2014 EXPENDITURES | 2014-2015 EXPENDITURES | |
| | POSITION TITLE | | | | | |
| | POSITION TITLE | | | | | |
| | POSITION TITLE | | | | | |
| | POSITION TITLE | | | | | |
| | POSITION TITLE | | | | | |
| Benefits | POSITION TITLE | 13-14 1 | | | | |
| | | 13-14 1 | | | | |
| Operating | | 13-14 1 | | | | |
| Operating | | 13-14 1 | | | | |
| Operating Travel Capital Outlay | | 13-14 1 | | | | |
| Operating Travel Capital Outlay Aid | | 13-14 1 | | | | |