PREPARED BY: DATE PREPARED: PHONE: Liz Hruska January 18, 2018 402-471-0053

**LB 888** 

Revision: 00

## **FISCAL NOTE**

LEGISLATIVE FISCAL ANALYST ESTIMATE

| ESTIMATE OF FISCAL IMPACT - STATE AGENCIES (See narrative for political subdivision estimates) |              |         |              |         |  |  |
|--|--------------|---------|--------------|---------|--|--|
|  | FY 201       | 8-19    | FY 2019-20   |         |  |  |
| _  | 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.

This bill requires every public school to post a sign with the Child Abuse Hotline number in English and Spanish. The Department of Health and Human Services is required to adopt rules and regulations relating to the size and location of the sign.

There is no fiscal impact to the Department of Health and Human Services to draft and implement the regulations. The cost to each school or school district to print the signs would be nominal.

| ADMINISTRATIVE SERVICES STATE BUDGET DIVISION: REVIEW OF AGENCY & POLT. SUB. RESPONSE |  |       |          |                       |  |  |
|---|--|-------|----------|-----------------------|--|--|
| LB: 888   | B: 888 AM: AGENCY/POLT. SUB: Department of Education |       |          |                       |  |  |
| REVIEWED BY:  | Gary Bush  | DATE: | 01/19/18 | PHONE: (402) 471-4161 |  |  |
| COMMENTS: No basis to disagree estimate provided.                                     |  |       |          |                       |  |  |

01/08/2018

| <b>LB</b> <sup>(1)</sup> | 888                   |            |                       |                              |                                       |              |                            | FISCAL NOTE             |
|--------------------------|-----------------------|------------|-----------------------|------------------------------|---------------------------------------|--------------|----------------------------|-------------------------|
| State A                  | gency OR F            | olitical S | Subdivision Name: (2) | Educa                        | ntion                                 |              |                            |                         |
| Prepar                   | ed by: <sup>(3)</sup> | Jolen      | e Palmer              | Date                         | e Prepared: (4)                       | 1/11/18      | Phone: (5)                 | 471-2944                |
|                          |                       | E          | STIMATE PROV          | IDED BY S                    | TATE AGENO                            | CY OR POLIT  | ICAL SUBDIVISIO            | ON                      |
|                          |                       |            |                       |                              |                                       |              |                            |                         |
|                          |                       |            | <u>EXPENDITURE</u>    | <u>Y 2018-19</u><br><u>S</u> | <u>REVENUE</u>                        | EXPEN        | <u>FY 2019</u><br>IDITURES | <u>REVENUE</u>          |
| GENEI                    | RAL FUNI              | DS .       |                       |                              |                                       |              |                            |                         |
| CASH                     | FUNDS                 |            |                       |                              |                                       |              |                            |                         |
|                          | RAL FUNI              | )S         | -                     |                              |                                       |              |                            |                         |
|                          | R FUNDS               |            | -                     |                              |                                       |              |                            |                         |
|                          | L FUNDS               |            | \$0                   |                              |                                       | _            | \$0                        |                         |
|                          |                       |            |                       |                              |                                       | ====         |                            |                         |
| Explan                   | ation of E            | stimate:   |                       |                              |                                       |              |                            |                         |
|                          |                       |            | DDE A V DC            |                              | AJOR OBJECT                           | S OE EVDENI  | DITUDE                     |                         |
| <u>Person</u>            | al Services           | S:         |                       |                              |                                       |              |                            |                         |
|                          | POSIT                 | ION TI     |                       | NUMBER (<br><u>18-19</u>     | OF POSITION<br><u>19-20</u><br>- ———— |              | 018-19<br>NDITURES         | 2019-20<br>EXPENDITURES |
| Benefit                  | .S                    |            |                       |                              |                                       | <del>-</del> |                            |                         |
|                          |                       |            |                       |                              |                                       |              |                            |                         |
| Travel                   |                       |            |                       |                              |                                       |              |                            |                         |
| Capital                  | outlay                |            |                       |                              |                                       |              |                            |                         |
| Aid                      |                       |            |                       |                              |                                       |              |                            |                         |
| •                        | •                     |            |                       |                              |                                       |              |                            |                         |
| TO                       | TAL                   |            |                       |                              |                                       |              |                            |                         |

|  | ESTIMATE PROVID   | ED BY STATE AGENCY OR     | POLITICAL S  | UBDIVISION          |              |  |  |
|--|---|---------------------------|--------------|---------------------|--------------|--|--|
| State Agency or Political Sul                      | odivision Name:(2) Depa                                   | rtment of Health and Huma | n Services   |                     |              |  |  |
| Prepared by: (3) Mike Michalski                    | Prepared by: (3) Mike Michalski Date Prepared: 01/10/2018 |                           |              | Phone: (5) 471-5046 |              |  |  |
|  | FY 2018-2019  |                           |              | FY 2019-2020        |              |  |  |
|  | EXPENDITURES  | REVENUE                   | EXPENDITURES |                     | REVENUE      |  |  |
| GENERAL FUNDS                                      |   |                           |              |                     |              |  |  |
| CASH FUNDS   |   |                           |              |                     |              |  |  |
| FEDERAL FUNDS                                      |   |                           |              |                     |              |  |  |
| OTHER FUNDS  |   |                           |              |                     |              |  |  |
| TOTAL FUNDS  | \$0   | \$0                       | \$0          |                     | \$0          |  |  |
| Explanation of Estimate  There is no fiscal impact | <b>)</b> :  |                           | Services.    |                     |              |  |  |
|  | M.A   | AJOR OBJECTS OF EXPENDIT  | URE          |                     |              |  |  |
| PERSONAL SERVICES:                                 |   | NUMBER OF                 | DOCITIONS    | 2018-2019           | 2019-2020    |  |  |
| PC   | OSITION TITLE   | 18-19                     | 19-20        | EXPENDITURES        | EXPENDITURES |  |  |
|  |   |                           |              |                     |              |  |  |
| Benefits   |   |                           |              |                     |              |  |  |
| Operating  |   |                           | -            |                     |              |  |  |
| Travel   |   |                           |              |                     |              |  |  |
| Capital Outlay                                     |   |                           |              |                     |              |  |  |
| Aid  |   |                           |              |                     |              |  |  |
| Capital Improvements                               |   |                           |              |                     |              |  |  |
| TOTAL  |   |                           |              | <u>¢</u> 0          | <u>¢0</u>    |  |  |