**2025 Legislative Session**

**AGENCY FISCAL IMPACT STATEMENT FORM**

*For instructions on how to fill out this form, please open embedded Excel worksheet.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Impact type:** | | **Agency Name:** |  |
|  | **No fiscal impact** | **Preparer Name/Title:** |  |
|  | **Minimal impact** | **Preparer Phone #:** |  |
|  | **Fiscal impact** | **Date Submitted:** |  |
|  |  | **Measure # & Version:** |  |

**Section 1: Bill Description**

**Section 2: Program Background**

**Section 3: Agency Written Analysis**

*The table below is an embedded Excel worksheet. To access the form, place your mouse on the table; right click; select “Object” and “Open”.*

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