

**DANE COUNTY
POLICY AND FISCAL NOTE**

_____ Original	_____ Update	Substitute No. _____
Sponsor: _____		Resolution No. _____
Vote Required: Majority _____		Ordinance Amendment No. _____
Two-Thirds _____	3/4 _____	

Title of Resolution or Ord. Amd.:

Policy Analysis Statement:

Brief Description of Proposal -

Current Policy or Practice -

Impact of Adopting Proposal -

Contains reporting requirement to board/committee-

Board/committee name:

Cadence:

Fiscal Estimate:

Fiscal Effect (check all that apply) -

- ☐ No Fiscal Effect
☐ Results in Revenue Increase
☐ Results in Expenditure Increase
☐ Results in Revenue Decrease
☐ Results in Expenditure Decrease

Budget Effect (check all that apply)

- ☐ No Budget Effect
☐ Increases Rev. Budget
☐ Increases Exp. Budget
☐ Decreases Rev. Budget
☐ Decreases Exp. Budget
☐ Increases Position Authority
☐ Decreases Position Authority

Note: if any budget effect, 2/3 vote is required

Narrative/Assumptions about long range fiscal effect:

Expenditure/Revenue Changes:

	Current Year		Annualized			Current Year		Annualized	
	Increase	Decrease	Increase	Decrease		Increase	Decrease	Increase	Decrease
Expenditures -					Revenues -				
Personal Services					County Taxes				
Operating Expenses					Federal				
Contractual Services					State				
Capital					Other				
Total					Total				

Personnel Impact/FTE Changes:

Prepared By:

Agency:

Division:

Prepared by:

Date:

Phone:

Reviewed by:

Date:

Phone: