

**DANE COUNTY  
POLICY AND FISCAL NOTE**

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

Title of Resolution or Ord. Amd.:

**Policy Analysis Statement:**

Brief Description of Proposal -

Current Policy or Practice -

Impact of Adopting Proposal -

**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:	Phone:
Prepared by:	Date:	Phone:
Reviewed by:	Date:	Phone: