

**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 -

**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: |