**South Carolina Revenue and Fiscal Affairs Office**

[**www.rfa.sc.gov**](http://www.rfa.sc.gov)

**AGENCY FISCAL IMPACT ESTIMATE FORM**

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| **Bill #: [E**nter Bill No.**]** | **State Agency:** | **Phone Number:** |
| **Date:** Click enter date. | **Estimate Prepared by:** | **Email Address:** |

## *\*Please complete both the expenditure and revenue sections and return to sender\**

1. **EXPENDITURE**

**Will this bill increase or decrease your agency’s expenses?** *click here to select yes or no*

* If *yes*, please continue to the Explanation of Expenditure Impact Section.
* If *no*, please provide an explanation as to why the bill will have no impact on your agency’s expenses, and then skip to Section II for any revenue impact.

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| *Explanation of no impact (see Appendix for examples):* |

*If you answered yes above, complete the following questions regarding the increase or decrease:*

1. **Explanation of Expenditure Impact**
2. **Will your agency need to request a General Fund appropriation increase or an increase in Other Funds or Federal Funds authorization because of this bill?** *click here to select yes or no*

* If *yes*, please provide any necessary explanation. If *no*, how will the agency absorb the additional expense?

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| *Explanation:* |

1. **Please provide a general explanation of how the bill will change your agency’s expenses and include any assumptions used to prepare the estimates. Reference specific section(s) of the bill that have an expenditure impact as appropriate.**

*Please also provide a detailed listing of expenses in the tables below.*

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| *Explanation:* |

1. **Itemization of Expenses**

*Please note the guidelines in the appendix for additional assistance in completing these sections. For your convenience, expense tables may be completed in Excel instead of the table below* [*https://rfa.sc.gov/impacts*](https://rfa.sc.gov/impacts)*.*

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| **PERSONNEL EXPENSES** | | | | | | |
| **Position Title** | **Description** | **# of FTEs** | **Salary** | **Fringe** | **Total Personnel** | **Fund Type** |
| *ex: Program Coordinator II* | *ex: This FTE will be responsible for posting curriculum to the website* | *ex: 1* | *ex: $46,000* | *ex: $27,116* | *ex: $73,116* | *ex: General, Federal, or Other* |
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*Add rows/columns to the table as necessary.*

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| **OPERATING EXPENSES** | | | | | | |
|  | **RECURRING EXPENSES** | | | **NON-RECURRING EXPENSES** | | |
| **Description of Expenses** | **General Fund** | **Federal Funds** | **Other Funds** | **General Fund** | **Federal Funds** | **Other Funds** |
| *ex: 2 laptops* |  |  |  | *ex: $5,000* |  |  |
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*Add rows/columns to the table as necessary.*

**Provide any additional explanation of the operating expenses as needed.**

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1. **REVENUE**

**Will this bill increase or decrease revenue for your agency due to a change in fines, fees, grants, etc.?** *click here to select yes or no*

* If yes, provide an explanation on the estimated increase or decrease in revenue to your agency by fiscal year and note specific section(s) of the bill that will have a revenue impact.

**APPENDIX**

**Guidance on Completing Expenditure Impacts:**

*If you indicated no additional expenditure impact to your agency, please see below for example of why there is no expenditure impact:*

* The bill does not operationally or fiscally impact the agency.
* The bill enacts an existing budget proviso into permanent law or codifies existing administrative procedures of the agency.
* The bill requires the department to perform activities that will be conducted in the normal course of agency business.
* The bill charges the department with additional responsibilities that the agency is able to accomplish by assigning duties among existing staff and by using existing equipment and supplies.

*If you indicated an additional expenditure or savings to the General Fund, Federal Funds, or Other Funds, please respond using the following guidelines:*

* Use base salaries at the minimum of the pay band as listed on the Division of State Human Resources website <https://admin.sc.gov/services/state-human-resources/classification-compensation/pay-bands>
* Estimate employer contributions using the Benefits Calculator listed on the Division of State Human Resources website <https://admin.sc.gov/services/state-human-resources/benefits-leave>
* Non-recurring expenditures are one-time costs associated with starting a program or hiring additional staff such as furniture, equipment, etc.
* All estimates should reflect any expenditure above or savings below current program funding level.
* Base your expenditure or savings on historical data, population served, trends, caseload, etc.

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| *Explanation of revenue impact (will this affect General Fund revenue, Other Funds revenue, or Federal Funds revenue):* |