CONTACT PERSON/REPRESENTATIVE
Not to exceed one page

STATEMENT OF PURPOSE

☐ Is the purpose of the legislation stated concisely without added expressions, justifications or statements of legislative intent?

☐ Is the contact person's name, agency or organization, and phone number listed on the SOP/FN?

☐ (optional) Is there a Representative's name and phone number listed on the SOP/FN?

FISCAL NOTE

☐ Have you stated the projected increase/decrease for a full fiscal year in existing or future appropriations for the State?

☐ Have you stated the projected increase/decrease in revenues for the State?

☐ Is there a fiscal impact to units of local governments (cities, counties etc.), whether positive or negative?
   ☐ If so, have you included the increase or decrease in your FN?

☐ If you are indicating there is no fiscal impact to either the State and/or units of local governments, have you explained why? The term "no fiscal impact" is insufficient and does not comply with Joint Rule 18 unless further explanation is provided.

Contact person/member:

_____
Initials

_____
Date submitted

Secretarial Staff

_____
Initials

_____
Date rec'd

IDAHO STATE SEAL

HOUSE SECRETARIAL STAFF ONLY
Not to exceed one page

<u>Required elements:</u>

☐ A concise Statement of Purpose?

☐ Contact the person's name, agency or organization represented and a phone number?

☐ (optional) Included a Representative's name and phone number?

☐ Completed Fiscal Note? Including:

   ☐ Projected increase/decrease in existing or future appropriations for the State?

   ☐ Impact to local units of governments whether positive or negative?

   ☐ NO fiscal impact – Reasoning is clearly stated. <u>The term "no fiscal impact" is insufficient without further explanation.</u>

<u>Returned SOP/FN to Contact Person:</u>

☐ Reason why? _____

☐ Reason why? _____

☐ Reason why? _____

<u>Compliance:</u>

☐ Has the SOP/FN been entered into GEMS?

☐ Has the Committee Chairman reviewed the SOP/FN for compliance with Joint Rule 18?

☐ Has the Committee reviewed the SOP/FN for compliance with Joint Rule 18?

<u>Revised?</u>

☐ Revision #1 reason: _____

☐ Revision #2 reason: _____

☐ Revision #3 reason: _____