ECONOMIC IMPACT STATEMENT

	Economic infiners	TTTEIVIEIVI	
DEPARTMENT NAME	CONTACT PERSON	EMAIL ADDRESS	TELEPHONE NUMBER
DESCRIPTIVE TITLE FROM NOTICE REGISTER OR FORM 400		-	NOTICE FILE NUMBER
A. ESTIMATED PRIVATE SECTOR COST IMPA	CTS Include calculations and assumpti	ons in the rulemaking record.	
1. Check the appropriate box(es) below to indicat a. Impacts business and/or employees b. Impacts small businesses c. Impacts jobs or occupations d. Impacts California competitiveness	e whether this regulation: e. Imposes reporting req f. Imposes prescriptive in g. Impacts individuals h. None of the above (Ex	stead of performance	
	a through g is checked, complete th s checked, complete the Fiscal Imp		
2. The(Agency/Department)	estimates that the economic ir	npact of this regulation (which i	ncludes the fiscal impact) is:
Below \$10 million Between \$10 and \$25 million Between \$25 and \$50 million Over \$50 million [If the economic impact in as specified in Government in the seconomic impact in the seconomic in the seconomic impact in the se	is over \$50 million, agencies are required to ent Code Section 11346.3(c)]	submit a <u>Standardized Regulato</u>	ry Impact Assessment
Enter the total number of businesses impacted: Describe the types of businesses (Include nonp			
Enter the number or percentage of total businesses impacted that are small businesses:			
4. Enter the number of businesses that will be cre- Explain:	ated: eliminate	ed:	
5. Indicate the geographic extent of impacts:	Statewide Local or regional (List areas):		
6. Enter the number of jobs created: Describe the types of jobs or occupations impa			
7. Will the regulation affect the ability of California other states by making it more costly to produc If YES, explain briefly:			

ECONOMIC IMPACT STATEMENT (CONTINUED)

В.	ESTIMATED COSTS Include calculations and assumptions in the re	ulemakina record.	
1.	What are the total statewide dollar costs that businesses and individu		
		Annual ongoing costs: \$	Years:
	b. Initial costs for a typical business: \$		
	c. Initial costs for an individual:	Annual ongoing costs: \$	Years:
	d. Describe other economic costs that may occur:		
2.	If multiple industries are impacted, enter the share of total costs for e	each industry:	
		-	
3.	If the regulation imposes reporting requirements, enter the annual co Include the dollar costs to do programming, record keeping, reporting, an		
4.	Will this regulation directly impact housing costs?	NO	
	If YES, enter the a	nnual dollar cost per housing unit: \$	
		Number of units:	
5.	Are there comparable Federal regulations?	NO	
	Explain the need for State regulation given the existence or absence of	of Federal regulations:	
	Enter any additional costs to businesses and/or individuals that may b	e due to State - Federal differences: \$	
_	ESTIMATED BENEFITS Estimation of the dollar value of benefits is		
			icouragea.
1.	Briefly summarize the benefits of the regulation, which may include a health and welfare of California residents, worker safety and the State	de antitra non anti	
2.	Are the benefits the result of: specific statutory requirements, or	goals developed by the agency based on bro	ead statutory authority?
	Evoluin:	_	
	Explain:		
3.	What are the total statewide benefits from this regulation over its life	time? \$	
4.	Briefly describe any expansion of businesses currently doing business	s within the State of California that would result fro	m this regulation:
D.	ALTERNATIVES TO THE REGULATION Include calculations and specifically required by rulemaking law, but encouraged.	assumptions in the rulemaking record. Estimation	
1.	List alternatives considered and describe them below. If no alternative	es were considered, explain why not:	

ECONOMIC IMPACT STATEMENT (CONTINUED)

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	Summarize the t	total statewide costs and benefit	ts from this regulation and each alternative considered:		
	Regulation:	Benefit: \$	Cost: \$		
	Alternative 1:	Benefit: \$	Cost: \$		
	Alternative 2:	Benefit: \$	Cost: \$		
3.	•	ny quantification issues that are r osts and benefits for this regula	·		
	regulation man	dates the use of specific techno	performance standards as an alternative, if a close or equipment, or prescribes specific dards considered to lower compliance costs?		
	Explain:				
_	MAIOD DECIII	ATIONS Include calculations	and assumptions in the rulemaking record.		
•	MAJON NEGOL		Protection Agency (Cal/EPA) boards, offices and departments are required to		
			ing (per Health and Safety Code section 57005). Otherwise, skip to E4.		
	Will the estimate	ed costs of this regulation to Cal	ifornia business enterprises exceed \$10 million? YES NO		
			If YES, complete E2. and E3 If NO, skip to E4		
2.	Briefly describe	each alternative, or combinatior	n of alternatives, for which a cost-effectiveness analysis was performed:		
	Alternative 1:				
	Alternative 2: _				
	(Attach addition	al pages for other alternatives)			
3.	For the regulati	on, and each alternative just des	scribed, enter the estimated total cost and overall cost-effectiveness ratio:		
	Regulation: T	otal Cost \$	Cost-effectiveness ratio: \$		
	Alternative 1: T	otal Cost \$	Cost-effectiveness ratio: \$		
	Alternative 2: T	otal Cost \$	Cost-effectiveness ratio: \$		
١. '	exceeding \$50 r		n estimated economic impact to business enterprises and individuals located in or doing business in California petween the date the major regulation is estimated to be filed with the Secretary of State through 12 months by implemented?		
		NO			
			<u>lized Regulatory Impact Assessment (SRIA)</u> as specified in de the SRIA in the Initial Statement of Reasons.		
5.	Briefly describe	the following:			
	The increase or	decrease of investment in the S	tate:		
	The incentive fo	or innovation in products, mater	ials or processes:		
	The benefits of	the regulations, including, but n	oot limited to, benefits to the health, safety, and welfare of California		
	residents, work	er safety, and the state's environ	ment and quality of life, among any other benefits identified by the agency:		

FISCAL IMPACT STATEMENT

A. FISCAL EFFECT ON LOCAL GOVERNMENT Indicate current year and two subsequent Fiscal Years.	appropriate boxes 1 th	nrough 6 and attach calculatio	ns and assumptions of fiscal impact for the
1. Additional expenditures in the current State Fiscal Y (Pursuant to Section 6 of Article XIII B of the Californ			
\$			
a. Funding provided in			
Budget Act of			
b. Funding will be requested in the Governor's Bu	ıdget Act of		
	Fiscal Year:		
2. Additional expenditures in the current State Fiscal Y (Pursuant to Section 6 of Article XIII B of the Californ			
\$Check reason(s) this regulation is not reimbursable and p	arovida tha annronriata i	nformation	
a. Implements the Federal mandate contained in		mormation.	
b. Implements the court mandate set forth by the	2		Court.
Case of:		vs	
c. Implements a mandate of the people of this Sta	ate expressed in their a	oproval of Proposition No.	
Date of Election:			
d. Issued only in response to a specific request fro	om affected local entity	(s).	
Local entity(s) affected:			
e. Will be fully financed from the fees, revenue, et	cc. from: 		
Authorized by Section:	0	f the	Code;
f. Provides for savings to each affected unit of loc	cal government which w	vill, at a minimum, offset any ad	dditional costs to each;
g. Creates, eliminates, or changes the penalty for	a new crime or infraction	on contained in	
3. Annual Savings. (approximate)			
\$			
4. No additional costs or savings. This regulation makes	only technical, non-sub	stantive or clarifying changes to	current law regulations.
5. No fiscal impact exists. This regulation does not affect	t any local entity or prog	ıram.	
6. Other. Explain			

FISCAL IMPACT STATEMENT (CONTINUED)

B. FISCAL EFFECT ON STATE GOVERNMENT Indicate appropriate boxes 1 through 4 and attach calculation year and two subsequent Fiscal Years.	ons and assumptions of fiscal impact for the current
1. Additional expenditures in the current State Fiscal Year. (Approximate)	
\$	
It is anticipated that State agencies will:	
a. Absorb these additional costs within their existing budgets and resources.	
b. Increase the currently authorized budget level for theFiscal Year	
2. Savings in the current State Fiscal Year. (Approximate)	
\$	
3. No fiscal impact exists. This regulation does not affect any State agency or program.	
4. Other. Explain	
C. FISCAL EFFECT ON FEDERAL FUNDING OF STATE PROGRAMS Indicate appropriate boxes 1 through impact for the current year and two subsequent Fiscal Years.	4 and attach calculations and assumptions of fiscal
1. Additional expenditures in the current State Fiscal Year. (Approximate)	
\$	
2. Savings in the current State Fiscal Year. (Approximate)	
\$	
3. No fiscal impact exists. This regulation does not affect any federally funded State agency or program.	
4. Other. Explain	
FISCAL OFFICER SIGNATURE	DATE
The signature attests that the agency has completed the STD. 399 according to the instructions in String the impacts of the proposed rulemaking. State boards, offices, or departments not under an Agency highest ranking official in the organization.	
AGENCY SECRETARY	DATE
Finance approval and signature is required when SAM sections 6601 - 6616 require completion of R	Fiscal Impact Statement in the STD. 399.
DEPARTMENT OF FINANCE PROGRAM BUDGET MANAGER	DATE
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