PREPARED BY: DATE PREPARED: PHONE: Sandy Sostad February 03, 2014 471-0054 **LB 876**

Revision: 00

FISCAL NOTE

LEGISLATIVE FISCAL ANALYST ESTIMATE

| ESTIMATE OF FISCAL IMPACT - STATE AGENCIES (See narrative for political subdivision estimates) | | | | | | | |
|--|--------------|----------------|--------------|---------|--|--|--|
| | FY 201 | l 4-1 5 | FY 2015-16 | | | | |
| | EXPENDITURES | REVENUE | EXPENDITURES | REVENUE | | | |
| GENERAL FUNDS | | | | | | | |
| CASH FUNDS | | | | | | | |
| FEDERAL FUNDS | | | | | | | |
| OTHER FUNDS | | | | | | | |
| TOTAL FUNDS | | | | | | | |

Any Fiscal Notes received from state agencies and political subdivisions are attached following the Legislative Fiscal Analyst Estimate.

No Fiscal Impact.

| ADMINISTRATIVE SERVICES-STATE BUDGET DIVISION: REVIEW OF AGENCY & POLT. SUB. RESPONSES | | | | | | |
|--|--|--|--|--|--|--|
| LB: 876 AM: AGENCY/POLT. SUB: Dept. of Administrative Services | | | | | | |
| REVIEWED BY: Gary Bush DATE: January 22, 2014 PHONE: 471-4161 | | | | | | |
| COMMENTS: Concur with the agency's estimate of impact. | | | | | | |

| ADMINISTRATIVE SERVICES-STATE BUDGET DIVISION: REVIEW OF AGENCY & POLT. SUB. RESPONSES | | | | | | |
|--|--|--|--|--|--|--|
| LB: 876 AM: AGENCY/POLT. SUB: University of Nebraska | | | | | | |
| REVIEWED BY: Gary Bush DATE: January 21, 2014 PHONE: 471-4161 | | | | | | |
| COMMENTS: Concur with the University's estimate of impact. | | | | | | |

| ADMINISTRATIVE SERVICES-STATE BUDGET DIVISION: REVIEW OF AGENCY & POLT. SUB. RESPONSES | | | | | | |
|--|--|--|--|--|--|--|
| LB: 876 AM: AGENCY/POLT. SUB: Dept. of Insurance | | | | | | |
| REVIEWED BY: Gary Bush DATE: January 17, 2014 PHONE: 471-4161 | | | | | | |
| COMMENTS: Agree with the department's estimate of impact. | | | | | | |

| LB ⁽¹⁾ | 876 | | | | | | | FISCAL NOTE |
|---|------------|-------------|------------------------|------------------------------|----------------------|---------------------------------|-------------------------------|-------------------------|
| State Agency OR Political Subdivision Name: (2) | | | | ₂₎ U | Iniversity of Ne | | | |
| Prepare | d by: (3) | Michael | Justus | D | ate Prepared: (4) | January 16, 2014 | Phone: (5) | 402-472-2191 |
| | | ES | STIMATE PRO | VIDED I | BY STATE AGEN | NCY OR POLITICA | L SUBDIVIS | ION |
| | | | | | | | | |
| | | <u>I</u> | <u>e</u> EXPENDITUR | <u>Y 2014-:</u> <u>ES</u> | REVENUE | EXPENDITU | <u>FY 2015</u> <u>JRES</u> | <u>REVENUE</u> |
| GENER | AL FUN | DS | | | | | | |
| CASH F | UNDS | • | | | | | | |
| FEDER | AL FUN | DS | | _ | | | | |
| | R FUNDS | • | | | | | | |
| | FUNDS | • | | | | | | |
| | ition of E | : | | | | <u> </u> | | |
| Univers | sity is se | elf-insured | | | age there is no | fiscal impact. BJECTS OF EXPEN | DITURE | |
| Persona | l Service | S: | | | | | | |
| | POSIT | TION TITI | | 14-15 | R OF POSITION 15-16 | S 2014-15 <u>EXPENDIT</u> | | 2015-16 EXPENDITURES |
| | | | | | | _ | | |
| Benefits | | | | | | | | |
| _ | | | | | | | | |
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| TO | ΓAL | | | | | | | |

| LB ⁽¹⁾ | 876 | | | | | | FISCAL NOTE | |
|--|-------------|------------------------|-------------------|----------------------------------|-------------------|----------------|-------------------------|--|
| State Agency OR Political Subdivision Name: (2 | | | Neb | Nebraska Department of Insurance | | | | |
| Prepare | ed by: (3) | Krystle Ledvina Garcia | Date | Prepared: (4) | 1/16/2014 | Phone: (5) | (402) 471-4637 | |
| | | ESTIMATE PROV | VIDED BY ST | TATE AGENO | CY OR POLITICA | L SUBDIVISIO | ON | |
| | | F | Y 2014-15 | | | FY 2015 | -16 | |
| | | <u>EXPENDITUR</u> | | <u>REVENUE</u> | <u>EXPENDI</u> | | REVENUE | |
| GENE | RAL FUN | DS | | | | | | |
| CASH I | FUNDS | | | | <u> </u> | | | |
| FEDER | RAL FUNI | OS | <u> </u> | | | | | |
| OTHE | R FUNDS | | <u> </u> | | | | | |
| TOTAL | L FUNDS | | | | | | | |
| | ation of E | ct | | | | | | |
| Person: | al Services | | <u>KDOWN BY</u> | MAJOR OBJ | ECTS OF EXPEN | <u>IDITURE</u> | | |
| | | ION TITLE | NUMBER O 14-15 | F POSITIONS 15-16 | S 2014 EXPENDI | | 2015-16 EXPENDITURES | |
| Benefit | s | | | | - | | | |
| Operati | ing | | | | | | | |
| Travel. | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| - | - | nents | | | | | | |
| TO | TAL | | | | | | | |

| 6 | | | | | NOTE | | |
|--|--|--|--|--|---|--|--|
| State Agency OR Political Subdivision Name: (2) | | | Department of Administrative Services – Risk Management | | | | |
| Prepared by: (3) Shannon M. Anderson | | Date Prepared: (4) | January 16, 2014 | Phone: (5) | 402-471-4436 | | |
| EST | IMATE PROVIDE | D BY STATE AGEN | CY OR POLITICAL | <u> SUBDIVISI</u> | ON | | |
| | <u>FY 20</u> | <u>14-15</u> | | <u>FY 2015</u> | <u>5-16</u> | | |
| <u>E</u> 2 | <u>XPENDITURES</u> | <u>REVENUE</u> | EXPENDIT | <u>URES</u> | REVENUE | | |
| UNDS _ | | | | | | | |
| s | | | | | | | |
| UNDS _ | | | | | | | |
| DS _ | | | | | | | |
| DS | -0- | -0- | -0- | | -0- | | |
| arbon monoxidence policy in for which the agency enefits and injur | e or other gases proc ce for the State of No indicated a request ies to others would l | duced by or released fro ebraska would provide for coverage. Injury to | om a heating unit or v coverage for such dar o employees would be | entilation sys nage to the bu covered throu | tem. The current uilding and any | | |
| | EST LINDS S UNDS IDS Estimate: LB 8 carbon monoxide noce policy in for which the agency enefits and injur | DR Political Subdivision Name: (2) (3) Shannon M. Anderson ESTIMATE PROVIDE FY 20 EXPENDITURES UNDS SUNDS (DS (DS (DS (DS) (Estimate: LB 876 would require prearbon monoxide or other gases produce policy in force for the State of Navhich the agency indicated a request | Department of A Shannon M. Anderson Date Prepared: (4) ESTIMATE PROVIDED BY STATE AGENT FY 2014-15 EXPENDITURES REVENUE UNDS S UNDS TOS Testimate: LB 876 would require property insurance contrarbon monoxide or other gases produced by or released from the policy in force for the State of Nebraska would provide which the agency indicated a request for coverage. Injury to the enefits and injuries to others would be addressed through to the policy in force to other sections and injuries to others would be addressed through to the policy in force for the State of Nebraska would provide which the agency indicated a request for coverage. Injury to the enefits and injuries to others would be addressed through the policy in the poli | Department of Administrative Section Name: (2) Department of Administrative Section Name: (2) Date Prepared: (4) January 16, 2014 ESTIMATE PROVIDED BY STATE AGENCY OR POLITICAL FY 2014-15 EXPENDITURES REVENUE EXPENDITE UNDS SUNDS Department of Administrative Section Name: (2) Date Prepared: (4) January 16, 2014 EXPENDITURES FY 2014-15 EXPENDITURES Section Name: (2) Section Name: (2) Section Name: (3) Section Name: (4) Section Na | Department of Administrative Services — R Shannon M. Anderson Date Prepared: (4) January 16, 2014 Phone: (5) | | |

| BREAKDOWN BY MAJOR OBJECTS OF EXPENDITURE | | | | | | | |
|---|----------------------------------|-------------------------|-------------------------|--|--|--|--|
| Personal Services: | | | | | | | |
| POSITION TITLE | NUMBER OF POSITIONS 14-15 15-16 | 2014-15 EXPENDITURES | 2015-16 EXPENDITURES | | | | |
| | | | | | | | |
| Benefits | | | | | | | |
| Operating | | | - | | | | |
| Travel | | | | | | | |
| Capital outlay | | | | | | | |
| Aid | | | | | | | |
| Capital improvements | | | | | | | |
| TOTAL | | | | | | | |