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

HOUSE OF REPRESENTATIVES
HOUSE SECRETARIAL STAFF ONLY
Not to exceed one page

Required elements:

☐ 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. The term “no fiscal impact” is insufficient without further explanation.

Returned SOP/FN to Contact Person:

☐ Reason why? ______________________________

☐ Reason why? ______________________________

☐ Reason why? ______________________________

Compliance:

☐ 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?

Revised?

☐ Revision #1 reason: ______________________________

☐ Revision #2 reason: ______________________________

☐ Revision #3 reason: ______________________________