

Impact Certification and OSBM Fiscal Note

OSBM 4 Rev. (7/97)

(See G.S. 150B-21.4 and the State Budget Manual for requirements. Attach additional sheets as needed.)

I. Agency and/or Division North Carolina Department of Transportation - Division of HighwaysII. General Topic Matter of Rules Logo Sign Program

III. Rule Citation Numbers:

Economic Impact Certification					
	State	Local	Private	Sub.	None
1 19A NCAC 02E.0216	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 19A NCAC 02E.0217	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 19A NCAC 02E.0218	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 19A NCAC 02E.0219	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 19A NCAC 02E.0220	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 19A NCAC 02E.0221		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. If no fiscal note is required, attach Explanation of how the agency made this determination, and sign block XIIA.

V. STATE FUNDS 150B-21.4(a) Proposed rule change increases or (decreases) expenditures or changes the distribution of State funds subject to the Executive Budget Act, Article 1, Chapter 143.

Show amount affected by Source and Fiscal Year

	FISCAL YR 03-04	FISCAL YR 04-05	FISCAL YR 05-06	FISCAL YR 06-07	FISCAL YR 07-08
State	\$0	\$0	\$0	\$0	\$0
Federal	\$0	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0	\$0
Total	\$0	\$0	\$0	\$0	\$0

VI. LOCAL FUNDS 150B-21.4(b) Proposed rule increases or (decreases) expenditures or revenue of a unit of local government.

Show amount affected by Source and Fiscal Year

	FISCAL YR 03-04	FISCAL YR 04-05	FISCAL YR 05-06	FISCAL YR 06-07	FISCAL YR 07-08
Local	\$0	\$0	\$0	\$0	\$0
Federal	\$0	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0	\$
Total	\$0	\$0	\$0	\$0	\$0

VII. PRIVATE SECTOR Proposed rule change increases or (decreases) expenditures on the private sector.

	FISCAL YR 03-04	FISCAL YR 04-05	FISCAL YR 05-06	FISCAL YR 06-07	FISCAL YR 07-08
Total	(\$100,000)	(\$100,000)	(\$100,000)	(\$100,000)	(\$100,000)

VIII. TOTAL IMPACT Aggregate of the absolute value of Total in sections V, VI, VII.

	FISCAL YR 03-04	FISCAL YR 04-05	FISCAL YR 05-06	FISCAL YR 06-07	FISCAL YR 07-08
Total	(\$100,000)	(\$100,000)	(\$100,000)	(\$100,000)	(\$100,000)

IX. If state or Local funds are affected, attach the following information.

- ☐ 1 Methodology for how the amounts, including private sector if any, were computed.
- ☐ 2 Explanation of program impacts (e.g. eligibility, duration).
- ☐ 3 Explanation if state funds are currently budgeted by Fund Source & Code, or if budget revision or transfer is required.

X. If rule has a substantial economic impact (section VIII \geq \$3,000,000 in any one year) attach the following information.

- ☐ 1 Describe the persons who would be affected by the proposed rule change.
- ☐ 2 Describe the types of expenditures (savings) the persons affected by the proposed rule change would incur to comply with the rule(s) and an estimate of these amount(s).
- ☐ 3 Describe purpose and benefits of the proposed rule change.
- ☐ 4 Methodology of how the amounts were computed, if not provided under section IX.

XI. Check one of the following boxes.

- ☐ Agency determined impact. ☐ OSBM determined impact. ☐ Agency and OSBM jointly determined impact.

XII. Required Signatures

A.

B.

C.

Certification of Economic Impacts, State fund Availability, Local Fiscal Review, and/or Substantial Impact:

(Responsible Fiscal Officer Signature)

on _____ (Date)

Certification of State Fund Availability, and/or Local Fiscal Review:

(Director of OSBM Signature)

on _____ (Date)

Substantial economic impact analysis:
☐ Approved ☐ Disapproved

(Director of OSBM Signature)

on _____ (Date)

Helpful Hints

- I. The name of rule making authority for the given rule(s).
- II. A title or description of the rule(s) for discussion or recognition proposes.
- III. Put the rule citation number(s) of the lines provided. If a group of rules have the same impact, they can be grouped and placed on the same line. Under the Economic Impact Certification section, check all the appropriate impact boxes that apply for a given rule.
- IV. Explanation should contain relevant evidence a reasonable mind might accept as adequate to support a conclusion.
- V. What is the Fiscal Year? The fiscal year will be a two digit number that needs to be entered only once. As an example, if the period is July 1, 1997 to June 30, 1998, then Fiscal Year is 98.

What are State Funds? “State Funds” are any and all moneys appropriated by the General Assembly of North Carolina, or moneys collected by or for the state, or any agency thereof, pursuant to the authority granted in any state laws.

What does Agency cover? “Agency” means any agency, institution, board, commission, bureau, department, division, council, or officer of the state, but does not include and agency in the legislature or judicial branch of State or local Government.

What does Distribution of State Funds mean? If a rule change requires that an agency transfer funds internally, from one division or program to another, the distribution of resources must be captured on the fiscal note.
- VI. What are Local Funds? “Local funds” are any and all moneys appropriated by a unit of local government (county or municipality) of North Carolina, or moneys collected by or for the unit of local government.
- VII. Cells cannot be blank. Should have at least zero dollars shown. If a value is not entered, the fiscal totals will not be automatically computed.
- VIII. Totals will be automatically computed and appear when the form is printed. If the totals do not appear and using Microsoft WORD, under the TOOLS tab, enter OPTIONS and then PRINT. Under the PRINT section, turn on the UPDATE FIELDS box.
- IX. Provide information as requested. Check boxes are for the convenience of the agency.
- X. Provide information as requested. Check boxes are for the convenience of the agency.
- XI. Check the box that most applies to the fiscal note.
- XII. Responsible agency fiscal officer must sign box “A”. The signature is an indication of the rule Economic Impact Certification, and state funds availability, local government review, and substantial impact (if applicable). Boxes “B” and “C” is reserved for the Director of OSBM signature.