ECONOMIC IMPACT STATEMENT

DEPARTMENT NAME	CONTACT PERSON	EMAIL ADDRESS	TELEPHONE NUMBER	
DESCRIPTIVE TITLE FROM NOTICE REGISTER OR FORM 400			NOTICE FILE NUMBER	
			Z	
A. ESTIMATED PRIVATE SECTOR COST IMPA	CTS Include calculations and assump	tions in the rulemaking record.		
1. Check the appropriate box(es) below to indicat	e whether this regulation:			
a. Impacts business and/or employees	e. Imposes reporting re	equirements		
b. Impacts small businesses	f. Imposes prescriptive	instead of performance		
 c. Impacts jobs or occupations	g. Impacts individuals			
d. Impacts California competitiveness	h. None of the above (I	Explain below):		
If any box in Items 1 a through g is checked, complete this Economic Impact Statement. If box in Item 1.h. is checked, complete the Fiscal Impact Statement as appropriate.				
2. The(Agency/Department)	estimates that the economic	impact of this regulation (which	includes the fiscal impact) is:	
Below \$10 million				
Between \$10 and \$25 million				
Between \$25 and \$50 million				
	is over \$50 million, according are required	to submit a Standardized Deculat	in the set According to	
Over \$50 million [If the economic impact is over \$50 million, agencies are required to submit a <u>Standardized Regulatory Impact Assessment</u> as specified in Government Code Section 11346.3(c)]				
3. Enter the total number of businesses impacted:				
Describe the types of businesses (Include nonp	profits):			
Enter the number or percentage of total				
businesses impacted that are small businesses:				
4. Enter the number of businesses that will be cre	ated: elimina	ted:		
Explain:				
5. Indicate the geographic extent of impacts:	Statewide			
	Local or regional (List areas):			
6. Enter the number of jobs created:	and eliminated:			
Describe the types of jobs or occupations impacted:				
7. Will the regulation affect the ability of California other states by making it more costly to produce		ES 🗌 NO		
If YES, explain briefly:				

Instructions and Code Citations: <u>SAM Section 6601-6616</u>

STATE OF CALIFORNIA — DEPARTMENT OF FINANCE ECONOMIC AND FISCAL IMPACT STATEMENT (REGULATIONS AND ORDERS) STD. 399 (Rev. 10/2019)

ECONOMIC IMPACT STATEMENT (CONTINUED)

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B	ESTIMATED COSTS Include calculations and assump	tions in the rulemaking record.			
1.	What are the total statewide dollar costs that businesses	and individuals may incur to comply with this regul	ation over its lifetime? \$		
	a. Initial costs for a small business: \$	Annual ongoing costs: \$	Years:		
	b. Initial costs for a typical business: \$	Annual ongoing costs: \$			
		Annual ongoing costs: \$			
	d. Describe other economic costs that may occur:				
2	If multiple industries are impacted, enter the share of to	tal costs for each industry:			
3.	If the regulation imposes reporting requirements, enter Include the dollar costs to do programming, record keeping				
4.	4. Will this regulation directly impact housing costs? YES NO				
	If YES, enter the annual dollar cost per housing unit: \$				
	Number of units:				
5.	Are there comparable Federal regulations?	ES NO			
	Explain the need for State regulation given the existence or absence of Federal regulations:				
с.	Enter any additional costs to businesses and/or individua ESTIMATED BENEFITS Estimation of the dollar value				
1.	Briefly summarize the benefits of the regulation, which r health and welfare of California residents, worker safety				
2.	Are the benefits the result of: specific statutory requ		ased on broad statutory authority?		
3.	What are the total statewide benefits from this regulatio	n over its lifetime? \$			
4	Briefly describe any expansion of businesses currently de	ping business within the State of California that wou	ld result from this regulation:		
D	ALTERNATIVES TO THE REGULATION Include calcu	d ·			
1.	specifically required by rulemaking law, but encourage List alternatives considered and describe them below. If				

ECONOMIC IMPACT STATEMENT (CONTINUED)

			(,	
2. Summarize the	e total statewide costs a	nd benefits from this regula	tion and each alternative considered:		
Regulation:	Benefit: \$	Cost: \$			
Alternative 1	: Benefit: \$	Cost: \$			
Alternative 2	: Benefit: \$	Cost: \$			
		s that are relevant to a compa his regulation or alternative			
regulation ma actions or pro	andates the use of spec ocedures. Were perform	ific technologies or equipm ance standards considered	dards as an alternative, if a nent, or prescribes specific to lower compliance costs? YES	NO	
E. MAJOR REG	ULATIONS Include cal	culations and assumptions	in the rulemakina record.		
		· .	ency (Cal/EPA) boards, offices and a	lenartments are reau	ired to
	0	9	and Safety Code section 57005). Oth		
1. Will the estimation	ated costs of this regulat	tion to California business er	nterprises exceed \$10 million? YES	NO NO	
		If Y	ES, complete E2. and E3 If NO, skip to E4		
2. Briefly describ	e each alternative, or co	mbination of alternatives, fo	or which a cost-effectiveness analysis was	performed:	
Alternative 1:					
Alternative 2:					
(Attach additic	onal pages for other altern	natives)			
3 For the regula	ation and each alternati	ve just described enter the	estimated total cost and overall cost-effec	tiveness ratio	
			st-effectiveness ratio: \$		
Alternative 1:			st-effectiveness ratio: \$		
			st-effectiveness ratio: \$		
4. Will the regula exceeding \$5	tion subject to OAL revie 0 million in any 12-mont	ew have an estimated econd	omic impact to business enterprises and in the major regulation is estimated to be file	dividuals located in or do	
YES	YES NO				
		a <u>Standardized Regulatory Im</u> nd to include the SRIA in the I	<u>pact Assessment (SRIA)</u> as specified in nitial Statement of Reasons.		
5. Briefly describ	e the following:				
The increase of	or decrease of investme	nt in the State:			
The incentive	for innovation in produ	cts, materials or processes:			
The benefits or residents, wo	of the regulations, incluc rker safety, and the state	ling, but not limited to, bend 's environment and quality	efits to the health, safety, and welfare of C of life, among any other benefits identified	alifornia d by the agency:	

FISCAL IMPACT STATEMENT

A. FISCAL EFFECT ON LOCAL GOVE current year and two subsequent Fis		rough 6 and attach calculations and assu	mptions of fiscal impact for the
1. Additional expenditures in the current State Fiscal Year which are reimbursable by the State. (Approximate) (Pursuant to Section 6 of Article XIII B of the California Constitution and Sections 17500 et seq. of the Government Code).			
\$			
a. Funding provided in			
Budget Act of	or Chapter		_
	n the Governor's Budget Act of		
	Fiscal Year:		
	urrent State Fiscal Year which are NOT reim XIII B of the California Constitution and Sec		de).
\$			
Check reason(s) this regulation is no	t reimbursable and provide the appropriate in	nformation:	
a. Implements the Federal ma	ndate contained in		
b. Implements the court man	date set forth by the		Court.
Ca	se of:	VS	
c. Implements a mandate of t	ne people of this State expressed in their ap	pproval of Proposition No.	
Date of Elec	tion:		
d. Issued only in response to a	specific request from affected local entity(
Local entity(s) affe	cted:		
e. Will be fully financed from t	he fees, revenue, etc. from:		
Authorized by Se	ction: of	f the	Code;
f. Provides for savings to each	affected unit of local government which w	vill, at a minimum, offset any additional co	sts to each;
g. Creates, eliminates, or chan	ges the penalty for a new crime or infractio	n contained in	
3. Annual Savings. (approximate)			
\$			
4. No additional costs or savings. Th	is regulation makes only technical, non-subs	tantive or clarifying changes to current law	regulations.
5. No fiscal impact exists. This regul	ation does not affect any local entity or prog	ram.	
6. Other. Explain			

FISCAL IMPACT STATEMENT (CONTINUED)

B. FISCAL EFFECT ON STATE GOVERNMENT Indicate appropriate boxes 1 through 4 and attach calc year and two subsequent Fiscal Years.	culations 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 thr impact for the current year and two subsequent Fiscal Years.	rough 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 instruction the impacts of the proposed rulemaking. State boards, offices, or departments not under an A highest ranking official in the organization.	
AGENCY SECRETARY	DATE
À	
Finance approval and signature is required when SAM sections 6601-6616 require completio	on of Fiscal Impact Statement in the STD. 399.
DEPARTMENT OF FINANCE PROGRAM BUDGET MANAGER	DATE

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