## NOTICE OF PROPOSED RULEMAKING FILING

## INCLUDING STATEMENT OF NEED & FISCAL IMPACT

*For internal agency use only.*

Agency and Division Name Administrative Rules Chapter Number

Rules Coordinator Email Telephone

Filing Contact Address Email Telephone

**FILING CAPTION**

Last Date and Time for Public Comment: [ ]

Hearing Date Time Address Hearings Officer

Hearing Date Time Address Hearings Officer

Hearing Date Time Address Hearings Officer

**RULEMAKING ACTION**

*List each rule number separately (000-000-0000) below. Attach proposed, tracked changed text for each rule at the end of the filing.*

**ADOPT**:

**AMEND**:

**REPEAL**:

**RULE SUMMARY:**

*Include a summary for each rule included in this filing.*

# STATEMENT OF NEED AND FISCAL IMPACT*.*

Need for Rule(s):

Documents Relied Upon, and where they are available:

Statement Identifying How Adoption of Rule(s) Will Affect Racial Equity in this state:

Fiscal and Economic Impact:

Statement of Cost of Compliance:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the

rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

Describe how small businesses were involved in the development of these rule(s)?

Was an Administrative Rule Advisory Committee consulted? Yes or No?

 If not, why not?