|  |  |
| --- | --- |
| Department |  |
| Division/Component: |  |
| Date: |  |

**Request Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program** | **Statutory/Regulatory Authority** | **Purpose** | **Current Amount** | **Proposed Amount** |
|  |  |  |  |  |

**Action(s) Requested:**

|  |
| --- |
| Establish new fee  Increase existing fee  Reinstate waived fee  Other: |

**Cost of Providing Service:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ABS Fund Code** | **Fund Name** | **Budgeted Cost in Current FY** | **Actual Cost from Last Three**  **Fiscal Years (FY)** | | |
|  |  |  | FY2021 | FY2020 | FY2019 |
|  |  |  |

**Revenue from Fee for Service:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Number of Entities Paying Fee** | **Current Number of Fee Units** | **Estimated Total FY Collections on Current Fees** | **Estimated Total FY Collections with Proposed Fee Change** |
|  |  |  |  |
|

1. **Why is this request necessary?**
2. **What cost reduction/mitigation efforts have been taken by the agency to avoid a fee increase?**
3. **What will happen if this request is denied?**

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| --- |
| Commissioner Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature/Date |

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| OMB Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature/Date |

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| --- |
| Chief of Staff Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature/Date |