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**Confidential and Deliberative**  
**2014 Department Legislative Proposal Form**

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**Department:**

**Contact Name:**

**Contact Number:**

Focus Area (Check all that apply)

Economic Growth//Resource Development

Living Within Our Means

Personal Responsibility//Strengthening Alaska's Families

Administrative Legislation (Sunsets, etc)

Priority level of the legislation:  HIGH  MEDIUM  LOW

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Priority ranking in comparison to other proposals submitted by department \_\_\_\_\_

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Subject and summary of proposed legislation (include intent and statutory references):

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List and identify benefits and expected results of the proposal.

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List and provide explanation of any consequences of not implementing the proposed statutory change.

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List supporters of the proposal and provide explanation. Please provide via attachment any back-up that is applicable.

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List and describe any potential negative impacts of this legislation.

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List potential opponents of the proposal and provide detailed explanation of what those objections would be. Please provide via attachment any back-up that is applicable.

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Which other state departments will be affected by this legislation? Have you discussed the impact with the commissioners of these affected departments, and if so, do they support the proposal?

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Identify and describe any previous state or federal legislation and/or similar efforts in other states which affect or relate to this proposal.

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Has this topic been previously introduced or discussed in the legislature, and if so, by whom?

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If so, what was the final outcome?

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Statutes repealed by the proposal, including reference and description:

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Estimated impact for Fiscal Year 2015: operating, capital, revenue generation: \$ \_\_\_\_\_

Are there ongoing costs of implementation should this proposal become law: \_\_\_\_ Yes \_\_\_\_ No

If so, please explain.

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List proposed funding sources.

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Legislation best introduced by:

\_\_\_\_\_ **Governor's Office**      \_\_\_\_\_ **Legislator(s)**

Suggested legislator(s), if any, and reason:

**Date:** \_\_\_\_\_

**Submitted and approved by Commissioner:**

\_\_\_\_\_  
**Commissioner's Signature (required)**