

**Test Claim Form Sections 4-7 WORKSHEET**

**Complete Worksheets for Each New Activity and Modified Existing Activity Alleged to Be Mandated by the State, and Include the Completed Worksheets With Your Filing.**

Statute, Chapter and Code Section/Executive Order Section, Effective Date, and Register Number:

Activity: \_\_\_\_\_

Initial FY: \_\_\_\_ - \_\_\_\_ Cost: \_\_\_\_\_ Following FY: \_\_\_\_ - \_\_\_\_ Cost: \_\_\_\_\_

Evidence (if required): \_\_\_\_\_

All dedicated funding sources; State: \_\_\_\_\_ Federal: \_\_\_\_\_

Local agency's general purpose funds: \_\_\_\_\_

Other nonlocal agency funds: \_\_\_\_\_

Fee authority to offset costs: \_\_\_\_\_

Statute, Chapter and Code Section/Executive Order Section, Effective Date, and Register Number:

Activity: \_\_\_\_\_

Initial FY: \_\_\_\_ - \_\_\_\_ Cost: \_\_\_\_\_ Following FY: \_\_\_\_ - \_\_\_\_ Cost: \_\_\_\_\_

Evidence (if required): \_\_\_\_\_

All dedicated funding sources; State: \_\_\_\_\_ Federal: \_\_\_\_\_

Local agency's general purpose funds: \_\_\_\_\_

Other nonlocal agency funds: \_\_\_\_\_

Fee authority to offset costs: \_\_\_\_\_

Statute, Chapter and Code Section/Executive Order Section, Effective Date, and Register Number:

Activity: \_\_\_\_\_

Initial FY: \_\_\_\_ - \_\_\_\_ Cost: \_\_\_\_\_ Following FY: \_\_\_\_ - \_\_\_\_ Cost: \_\_\_\_\_

Evidence (if required): \_\_\_\_\_

All dedicated funding sources; State: \_\_\_\_\_ Federal: \_\_\_\_\_

Local agency's general purpose funds: \_\_\_\_\_

Other nonlocal agency funds: \_\_\_\_\_

Fee authority to offset costs: \_\_\_\_\_