

LEGISLATIVE CONCEPT

Agency No./Concept No. _____ / _____

Date _____

- ◆ Attach a Fiscal Impact Estimate.
 - ◆ Attach detailed explanation of problem and solution, and draft language.
 - ◆ Deliver *original and six copies* including draft language and attachments to the Department of Administrative Services, 155 Cottage Street NE, Salem OR 97301-3965 *on or before April 4, 2008*.
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Agency _____

Division/Program _____

Concept Subject/Title _____

Contact Person _____

Phone No. _____

◆ BRIEF DESCRIPTION OF THIS CONCEPT:

◆ PURPOSE OF THIS CONCEPT (DESCRIBE PROBLEM YOU ARE TRYING TO SOLVE AND SUGGESTED SOLUTION):

◆ POLICY IMPLICATIONS:

◆ PARTNERS OR OTHER AGENCIES AFFECTED:

Agency:Person you talked to about concept:Phone:

◆ KNOWN SUPPORT

◆ KNOWN OPPOSITION:

◆ THIS CONCEPT: (Do not skip answers. Enter *none* or *N/A* as needed.)

Revises or repeals ORS _____

Adds new sections to ORS Chapter _____

Check one: Major program change Minor program change Technical correction/housekeeping only

Was previously proposed in: Year _____ as Bill No. _____

Why are you proposing it again (what changed)? _____

Is a PLACEHOLDER? No Yes Expected date of completion: _____

Reason not completed: _____

Is due to legal decision: Case cite: _____ or AGO No./date _____ (attach copy)

Raises fees or assessments? No Yes (attach Fiscal Impact Estimate and form 107BF22)Imposes or adds to unfunded mandate on local governments? No Yes (attach Fiscal Impact Estimate)Has other fiscal, revenue, or position impacts? No Yes (attach Fiscal Impact Estimate)Have you discussed this Concept with your Attorney General liaison? No Yes **APPROVED FOR DRAFTING**_____
Department of Administrative Services_____
Date_____
Governor's Office_____
Date

INSTRUCTIONS FOR COMPLETING LEGISLATIVE CONCEPTS

Use one form for each concept. You may photocopy this form or use the interactive form available online at <http://www.das.state.or.us/DAS/BAM/forms.shtml>. Leave no section or question blank; enter "none" or "not applicable".

ATTACH DETAILED EXPLANATION AND DRAFT LANGUAGE (IF APPLICABLE)

Send *an original and six copies* of this form, draft language, any fiscal impact estimate, and any supporting material, to the Department of Administrative Services, Director's Office, 155 Cottage Street NE U20, Salem, OR 97301-3966, **no later than April 4, 2008**. Do not delay. It is to your benefit to submit concepts early.

CONCEPT NUMBER: This number is just for tracking; not priority. Combine your agency number and your own **sequential** concept numbers. For example, DAS would use 107-1, 107-2, 107-3 . . . Do not skip numbers in the series. Reviewers always wonder where it went.

AGENCY NAME & DATE: Name of the *agency* is needed, but include any division or program name. Date the concept is delivered to DAS.

SUBJECT/TITLE: A brief descriptive working title for each concept.

CONTACT PERSON: The person in your agency who knows the concept well -- the person to call in case of questions. Your legislative coordinator is a back-up contact.

DESCRIPTION: Briefly describe the concept. Attach additional detailed explanation of the problem and your proposed solution. Proposed statutory language does **not** substitute for a clear explanation of the problem and solution.

PURPOSE: Describe the need solved by the concept. Describe any clear ties to Oregon Benchmarks. Explain clearly, concisely, and completely. If it is a placeholder, explain why you have to have it.

POLICY IMPLICATIONS: Cover the issues that will arise in the Capitol. How will the concept affect other programs? Will it change or replace a program? How and why? What happens if the concept is enacted? What if it is not?

PARTNERS OR OTHER AGENCIES AFFECTED: List all the state and local agencies and other key players affected by the concept. Show the names (and numbers) of the people you contacted about the concept (necessary information). **Briefly describe their position on it.** This is critical information; please do your homework.

KNOWN SUPPORT: List stakeholders, interest groups, federal, local, or state agencies who may support the concept and why.

KNOWN OPPOSITION: List stakeholders, interest groups, federal, local, or state agencies who may oppose this concept and why.

LAST SECTION, "THIS CONCEPT:" Check or enter *all* that apply. A concept **cannot** be accepted if this section is not completed.

HOUSEKEEPING: This means purely technical adjustments and corrections with **no** policy issues and options.

FEES: If the concept would increase a fee or assessment, attach a Fiscal Impact Estimate and form 107BF22 providing details on the fee increase.

UNFUNDED MANDATES: Legislation (and rules) must comply with Article XI, Section 15 of the Oregon Constitution. It requires the state pay costs of new or added tasks that the state requires of local governments (or must make the tasks optional or provide for a local fee). If this concept triggers that law, attach a Fiscal Impact Estimate form and explain how you propose to meet this law.