Reset Form

Docusign Envelope ID: AC0190F3-B44C-490D-9BD8-999CE7530FB4 STATE OF CALIFORNIA — DEPARTMENT OF FINANCE ECONOMIC AND FISCAL IMPACT STATEMENT (REGULATIONS AND ORDERS) STD. 399 (Rev. 10/2019)

ECONOMIC IMPACT STATEMENT					
DEPARTMENT NAME	CONTACT PERSON	EMAIL ADDRESS	TELEPHONE NUMBER		
California Water Commission	Kaylee Minton	Kaylee.Minton@water.ca.gov	916-719-9268		
DESCRIPTIVE TITLE FROM NOTICE REGISTER OR FORM 400			NOTICE FILE NUMBER		
Removal of Dollar Amount Cap for Early	Funding ————————————————————————————————————		Z		
A. ESTIMATED PRIVATE SECTOR COST IMPA	CTS Include calculations and a	assumptions in the rulemaking record.			
1. Check the appropriate box(es) below to indicate a. Impacts business and/or employees b. Impacts small businesses c. Impacts jobs or occupations d. Impacts California competitiveness If any box in Items 1	e whether this regulation: e. Imposes reporting f. Imposes presored g. Impacts individually h. None of the attraction by removing a through g is checked, com	orting requirements criptive instead of performance	ximum award amount		
2. The(Agency/Department)	estimates that the eco	onomic impact of this regulation (which includes th	ne fiscal impact) is:		
Below \$10 million					
Between \$10 and \$25 million					
Between \$25 and \$50 million					
	is over \$50 million, agencies are re ent Code Section 11346.3(c)]	equired to submit a <u>Standardized Regulatory Impact /</u>	<u>Assessment</u>		
3. Enter the total number of businesses impacted	:				
Describe the types of businesses (Include nonp	profits):				
Enter the number or percentage of total businesses impacted that are small businesses					
4. Enter the number of businesses that will be cre	ated:	eliminated:			
Explain:					
5. Indicate the geographic extent of impacts:	Statewide Local or regional (List areas):				
6. Enter the number of jobs created:	and eliminated:				
Describe the types of jobs or occupations impa	cted:				
7. Will the regulation affect the ability of California other states by making it more costly to product If YES, explain briefly:		YES NO			

Docusign Envelope ID: AC0190F3-B44C-490D-9BD8-999CE7530FB4
STATE OF CALIFORNIA — DEPARTMENT OF FINANCE

ECONOMIC AND FISCAL IMPACT STATEMENT (REGULATIONS AND ORDERS) STD. 399 (Rev. 10/2019)

ECONOMIC IMPACT STATEMENT (CONTINUED)

ECONOMI	e militer similantin (comi	TIOLD)
B. ESTIMATED COSTS Include calculations and assump	otions in the rulemaking record.	
What are the total statewide dollar costs that businesses	and individuals may incur to comply with this regul	lation over its lifetime? \$
a. Initial costs for a small business: \$	Annual ongoing costs: \$	Years:
b. Initial costs for a typical business: \$		
c. Initial costs for an individual: \$	Annual ongoing costs: \$	Years:
d. Describe other economic costs that may occur:		
2. If multiple industries are impacted, enter the share of to	otal costs for each industry:	
3. If the regulation imposes reporting requirements, enter Include the dollar costs to do programming, record keeping		
4. Will this regulation directly impact housing costs?		
· · · · · · · ·	ES, enter the annual dollar cost per housing unit: \$	
	_	
5. Are there comparable Federal regulations?	_	
Explain the need for State regulation given the existence	or absence of Federal regulations:	
Enter any additional costs to businesses and/or individua	als that may be due to State - Federal differences: \$	
C. ESTIMATED BENEFITS Estimation of the dollar value	of benefits is not specifically required by rulemaking	g law, but encouraged.
Briefly summarize the benefits of the regulation, which is health and welfare of California residents, worker safety		
2. Are the benefits the result of: specific statutory requ	uirements, or goals developed by the agency b	pased on broad statutory authority?
Explain:		
3. What are the total statewide benefits from this regulation	on over its lifetime? \$	
4. Briefly describe any expansion of businesses currently d	oing business within the State of California that wou	ıld result from this regulation:
D. ALTERNATIVES TO THE REGULATION Include calconspecifically required by rulemaking law, but encourage		Estimation of the dollar value of benefits is not
1. List alternatives considered and describe them below. If	no alternatives were considered, explain why not:	

Docusign Envelope ID: AC0190F3-B44C-490D-9BD8-999CE7530FB4 STATE OF CALIFORNIA — DEPARTMENT OF FINANCE ECONOMIC AND FISCAL IMPACT STATEMENT (REGULATIONS AND ORDERS) STD. 399 (Rev. 10/2019)

2.	Summarize the t	total statewide costs an	d benefits from this regulation and each alte	ernative considered:	
	Regulation:	Benefit: \$	Cost: \$		
	Alternative 1:		Cost: \$		
	Alternative 2:		Cost: \$		
3.			hat are relevant to a comparison s regulation or alternatives:		
	regulation man	idates the use of specif	onsider performance standards as an alter ic technologies or equipment, or prescribe nce standards considered to lower compli	es specific	
	Explain:				
<u> </u>	MAJOR RECUI	LATIONS In aluda asla			
E. —	MAJOR REGUI		ulations and assumptions in the rulemakin		
		-) boards, offices and departments are required to de section 57005). Otherwise, skip to E4.	
1.	Will the estimate	ed costs of this regulati	on to California business enterprises exceed	1 \$10 million? YES NO	
			If YES, complete I If NO, skip t		
2.	•		bination of alternatives, for which a cost-ef		
	Alternative 2:				
	(Attach addition	al pages for other altern	itives)		
3.	For the regulati	ion, and each alternativ	e just described, enter the estimated total co	ost and overall cost-effectiveness ratio:	
	Regulation: T	Fotal Cost \$	Cost-effectiveness r	ratio: \$	
	Alternative 1: T	otal Cost \$	Cost-effectiveness r	ratio: \$	
	Alternative 2: T	otal Cost \$	Cost-effectiveness r	ratio: \$	
4.\	exceeding \$50 i	million in any 12-month		usiness enterprises and individuals located in or doing business in Cali tion is estimated to be filed with the Secretary of State through12 mor	
		NO			
			<u>Standardized Regulatory Impact Assessment (</u> d to include the SRIA in the Initial Statement o		
5.	Briefly describe	the following:			
	The increase or	decrease of investmen	in the State:		
	The incentive fo	or innovation in produc	s, materials or processes:		
	The benefits of	the regulations includ	ng, but not limited to, benefits to the health	n safety and welfare of California	

Docusign Envelope ID: AC0190F3-B44C-490D-9BD8-999CE7530FB4
STATE OF CALIFORNIA — DEPARTMENT OF FINANCE

ECONOMIC AND FISCAL IMPACT STATEMENT

(REGULATIONS AND ORDERS)

STD. 399 (Rev. 10/2019)

FISCAL IMPACT STATEMENT

A. FISCAL EFFECT ON LOCAL GOVERNMENT Indicate appropriate boxes 1 through 6 and attach calculations and assumptions of fiscal impact for the current year and two subsequent Fiscal Years.				
Additional expenditures in the current State Fiscal Year which are reimbursable by the State. (Approximate) (Pursuant to Section 6 of Article XIII B of the California Constitution and Sections 17500 et seq. of the Government Co	de).			
\$				
a. Funding provided in				
Budget Act of or Chapter, Statutes of	_			
b. Funding will be requested in the Governor's Budget Act of	_			
Fiscal Year:				
2. Additional expenditures in the current State Fiscal Year which are NOT reimbursable by the State. (Approximate) (Pursuant to Section 6 of Article XIII B of the California Constitution and Sections 17500 et seq. of the Government Co	de).			
\$				
Check reason(s) this regulation is not reimbursable and provide the appropriate information:				
a. Implements the Federal mandate contained in				
b. Implements the court mandate set forth by the	Court.			
Case of: vs				
c. Implements a mandate of the people of this State expressed in their approval of Proposition No.				
Date of Election:				
d. Issued only in response to a specific request from affected local entity(s).				
Local entity(s) affected:				
e. Will be fully financed from the fees, revenue, etc. from:				
Authorized by Section: of the	Code;			
f. Provides for savings to each affected unit of local government which will, at a minimum, offset any additional co	sts to each;			
g. Creates, eliminates, or changes the penalty for a new crime or infraction contained in				
3. Annual Savings. (approximate)				
\$				
4. No additional costs or savings. This regulation makes only technical, non-substantive or clarifying changes to current law	regulations.			
5. No fiscal impact exists. This regulation does not affect any local entity or program.				
6. Other. Explain				

Docusign Envelope ID: AC0190F3-B44C-490D-9BD8-999CE7530FB4
STATE OF CALIFORNIA — DEPARTMENT OF FINANCE

ECONOMIC AND FISCAL IMPACT STATEMENT

(REGULATIONS AND ORDERS)

STD. 399 (Rev. 10/2019)

FISCAL IMPACT STATEMENT (CONTINUED)

B. FISCAL EFFECT ON STATE GOVERNMENT Indicate appropriate boxes 1 through 4 and attach calculations and as year and two subsequent Fiscal Years.	ssumptions of fiscal impact for the current
1. Additional expenditures in the current State Fiscal Year. (Approximate)	
\$	
It is anticipated that State agencies will:	
a. Absorb these additional costs within their existing budgets and resources.	
b. Increase the currently authorized budget level for theFiscal Year	
2. Savings in the current State Fiscal Year. (Approximate)	
\$	
4. Other. Explain	
C. FISCAL EFFECT ON FEDERAL FUNDING OF STATE PROGRAMS Indicate appropriate boxes 1 through 4 and attain impact for the current year and two subsequent Fiscal Years.	ach calculations and assumptions of fisca
1. Additional expenditures in the current State Fiscal Year. (Approximate)	
\$	
2. Savings in the current State Fiscal Year. (Approximate)	
\$	
$\boxed{\times}$ 3. No fiscal impact exists. This regulation does not affect any federally funded State agency or program.	
4. Other. Explain	
FISCAL OFFICER SIGNATURE	DATE
aura Jensen	6/19/2025
The signature attests that the agency has completed the STD. 399 according to the instructions in SAM sections in sections in SAM sections in the impacts of the proposed rulemaking. State boards, offices, or departments not under an Agency Secretation in the organization.	
AGENCY SECRETARY	DATE
🖎 Bryan Cash	6/16/2025
Finance approval and signature is required when SAM sections 6601-6616 require completion of Fiscal Im	pact Statement in the STD. 399.
DEPARTMENT OF FINANCE PROGRAM BUDGET MANAGER	DATE