

6. Description of alternative actions if the waiver is not granted.

7. Financial Impact:

Year-by-year Projection of Annual Savings (including any capital costs required and how allocated):

Year 1 \$ _____ Year 2 \$ _____ Year 3 \$ _____ Year 4 \$ _____

Estimated 4-year cumulative budgeted program or service savings expected if waiver is granted \$ _____

Total **actual expenditures** incurred in the past year for the program or service to be waived . . . \$ _____

Total **current year budgeted expenditures** for the program or service to be waived \$ _____

Total combined tax levy and non levy (all sources) **current year budget expenditures** \$ _____

8. List the names of individuals, businesses, organizations, or other entities that have expressed support or opposition to the proposed waiver, if any. (Include both formal appearances before your governmental unit and other venues, such as newspaper editorials, letters to the editor, etc., if possible.)

9. Attach the following with the waiver request in the order listed:

- Copy of specific resolution/ordinance (signed by Head of Government and from the governing body (board or council)) requesting a waiver or authorizing the head of government to request a waiver from any state mandate.
- Attached formal attestation from the Governing Body or Executive that the waiver is not related to health or safety.
- Record of public hearing, including any adverse impact on public services offered by other municipalities or counties.