STATE OF CALIFORNIA -- DEPARTMENT OF FINANCE

(REGULATIONS AND ORDERS) STD. 399 (Rev. 10/2019)

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ECONOMIC IMPACT STATEMENT

| ARTMENT NAME | CONTACT PERSON | | EMAIL ADDRESS | TELEPHONE NUMBER |
|---|--|-----------------|---|---------------------|
| Delta Stewardship Council | Beck Barger | | beck.barger@deltacouncil.ca.go | 9164455511 |
| DESCRIPTIVE TITLE FROM NOTICE REGISTER OR FORM 400 | | | | NOTICE FILE NUMBER |
| Delta Stewardship Council Meetings | | | | Z |
| A. ESTIMATED PRIVATE SECTOR COST IMPA | CTS Include calculations an | dassumption | s in the rulemaking record | |
| | | a assumption. | | |
| 1. Check the appropriate box(es) below to indicate | | | | |
| a. Impacts business and/or employees | | porting require | | |
| b. Impacts small businesses f. Imposes prescriptive instead of performance | | | | |
| c. Impacts jobs or occupations | g. Impacts inc | | | |
| d. Impacts California competitiveness | 🗙 h. None of the | | | |
| | The proposition in the propositi | | ions are procedural in nature, a | nd cost impacts are |
| If any box in Itams 1 | | | Economic Impact Statement. | |
| | | | t Statement as appropriate. | |
| 5 | ,, | 1 | II II | |
| 2. The | estimates that the e | conomic impa | act of this regulation (which includes the | fiscal impact) is: |
| (Agency/Department) | | | | |
| Below \$10 million | | | | |
| Between \$10 and \$25 million | | | | |
| Between \$25 and \$50 million | | | | |
| Over \$50 million [If the economic impact] | | required to sul | bmit a <u>Standardized Regulatory Impact As</u> : | sessment |
| as specified in Governme | ent Code Section 11346.3(c)] | | | |
| . Enter the total number of businesses in pasted | | | | |
| 5. Enter the total number of businesses impacted | | | | |
| Describe the types of businesses (Include nonp | vofits). | | | |
| | | | | |
| Enter the number or percentage of total businesses impacted that are small businesses: | | | | |
| busiliesses impacted that are small busiliesses. | | - | | |
| 4. Enter the number of businesses that will be crea | 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 equipations impo | ato d. | | | |
| Describe the types of jobs or occupations impa | | | | |
| | | | | |
| 7 Will the new letter offers the obility of California | | | | |
| Will the regulation affect the ability of California other states by making it more costly to produce | e goods or services here? | T YES | | |
| , , , , , , | 5 | | | |
| If YES, explain briefly: | | | | |
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ECONOMIC IMPACT STATEMENT (CONTINUED)

| В. | ESTIMATED COSTS Include calculations and assumptions in the rule | ulemaking record. | | | |
|----|---|--|--|--|--|
| 1. | What are the total statewide dollar costs that businesses and individu | als may incur to comply with this regulation over it | s 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 total costs for e | ach industry: | | | |
| 3. | If the regulation imposes reporting requirements, enter the annual co Include the dollar costs to do programming, record keeping, reporting, ar | | | | |
| 4. | Will this regulation directly impact housing costs? | NO | | | |
| | If YES, enter the a | nnual dollar cost per housing unit: \$ | | | |
| | | Number of units: | | | |
| 5. | Are there comparable Federal regulations? | NO | | | |
| | Explain the need for State regulation given the existence or absence of Federal regulations: | | | | |
| | Enter any additional costs to businesses and/or individuals that may be ESTIMATED BENEFITS Estimation of the dollar value of benefits is Briefly summarize the benefits of the regulation, which may include a health and welfare of California residents, worker safety and the State | not specifically required by rulemaking law, but er | | | |
| | | | | | |
| 2. | Are the benefits the result of: Specific statutory requirements, or | goals developed by the agency based on bro | ad statutory authority? | | |
| | Explain: | | | | |
| 3 | 3. What are the total statewide benefits from this regulation over its lifetime? \$ | | | | |
| 4 | 4. Briefly describe any expansion of businesses currently doing business within the State of California that would result from this regulation: | | | | |
| | | | | | |
| D | • ALTERNATIVES TO THE REGULATION Include calculations and specifically required by rulemaking law, but encouraged. | assumptions in the rulemaking record. Estimation | of the dollar value of benefits is not | | |
| 1 | . List alternatives considered and describe them below. If no alternativ | es were considered, explain why not: | | | |

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ECONOMIC IMPACT STATEMENT (CONTINUED)

| Summarize the total statewide | costs and benefits from this regula | ion and each alternative considered: | |
|--|--|--|--|
| | - | ion and cach alternative considered. | |
| Regulation: Benefit: \$ | Cost: \$ | | |
| | Cost: \$ | | |
| | Cost: \$ | - | |
| 3. Briefly discuss any quantification | n issues that are relevant to a comparison or alternative | rison | |
| | 5 | | |
| actions or procedures. Were po | cies to consider performance star of specific technologies or equipm erformance standards considered | ent, or prescribes specific to lower compliance costs? YE | es 🗙 no |
| . MAJOR REGULATIONS Inclu | de calculations and assumptions | n the rulemakina record. | |
| | | ncy (Cal/EPA) boards, offices a | nd departments are required to |
| | | and Safety Code section 57005). | |
| 1. Will the estimated costs of this r | regulation to California business er | terprises exceed \$10 million ? | S NO |
| | If Y | ES, complete E2. and E3 If NO, skip to E4 | |
| Briefly describe each alternative | e, or combination of alternatives, fo | which a cost-effectiveness analysis v | vas performed: |
| Alternative 1: | | | |
| Alternative 2: | | | |
| (Attach additional pages for othe | | | |
| 3 For the regulation and each alt | ernative just described enter the | stimated total cost and overall cost-e | ffertiveness ratio |
| | | t-effectiveness ratio: \$ | |
| Alternative 1: Total Cost \$ | | t-effectiveness ratio: \$ | |
| | | t-effectiveness ratio: \$ | |
| 4. Will the regulation subject to OA exceeding \$50 million in any 12 after the major regulation is est YES NO If YES, agencies are required to su | L review have an estimated econo e-month period between the date t imated to be fully implemented? <i>Ibmit a <u>Standardized Regulatory Im</u></i> | nic impact to business enterprises an ne major regulation is estimated to be act Assessment (SRIA) as specified in | d individuals located in or doing business in California e filed with the Secretary of State through12 months |
| Government Code Section 11346 | .3(c) and to include the SRIA in the Ir | itial Statement of Reasons. | |
| 5. Briefly describe the following: | | | |
| The increase or decrease of inve | estment in the State: | | |
| The incentive for innovation in | products, materials or processes: _ | | |
| The benefits of the regulations, residents, worker safety, and the | including, but not limited to, bene e state's environment and quality o | its to the health, safety, and welfare c life, among any other benefits ident | of California ified by the agency: |
| | | | |

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 current year and two subsequent Fiscal Years. | | through 6 and attach calculations and assumptions of fiscal impact fo | r the |
|---|--------------------------------------|--|-------|
| 1. Additional expenditures in the current Sta (Pursuant to Section 6 of Article XIII B of th | | rsable by the State. (Approximate) ections 17500 et seq. of the Government Code). | |
| \$ | | | |
| a. Funding provided in | | | |
| Budget Act of | or Chapter | , Statutes of | |
| b. Funding will be requested in the Gov | ernor's Budget Act of | | |
| | Fiscal Year: | | |
| 2. Additional expenditures in the current Sta (Pursuant to Section 6 of Article XIII B of th | | imbursable by the State. (Approximate) ections 17500 et seq. of the Government Code). | |
| \$ | | | |
| Check reason(s) this regulation is not reimburs | able and provide the appropriate | e information: | |
| a. Implements the Federal mandate cor | ntained in | | |
| b. Implements the court mandate set fo | orth by the | Court. | |
| Case of: | | VS | |
| c. Implements a mandate of the people | of this State expressed in their a | approval of Proposition No. | |
| Date of Election: | | | |
| d. Issued only in response to a specific r | | | |
| Local entity(s) affected: | | | |
| | | | |
| e. Will be fully financed from the fees, re | evenue, etc. from: | | |
| Authorized by Section: | | of the Code; | |
| f. Provides for savings to each affected | unit of local government which | n will, at a minimum, offset any additional costs to each; | |
| g. Creates, eliminates, or changes the p | enalty for a new crime or infract | tion contained in | |
| 3. Annual Savings. (approximate) | | | |
| \$ | | | |
| X 4. No additional costs or savings. This regulation | ion makes only technical, non-sul | bstantive or clarifying changes to current law regulations. | |
| S. No fiscal impact exists. This regulation doe | s not affect any local entity or pro | ogram. | |
| 6. Other. Explain | | | |

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FISCAL IMPACT STATEMENT (CONTINUED)

| 3. FISCAL EFFECT ON STATE GOVERNMENT Indicate appropriate boxes 1 through 4 and year and two subsequent Fiscal Years. | d attach calculations and assumptions 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 the | Fiscal Year |
| 2. Savings in the current State Fiscal Year. (Approximate) | _ |
| \$ | |
| 3. No fiscal impact exists. This regulation does not affect any State agency or program. | |
| 4. Other. Explain | |
| | |
| C. FISCAL EFFECT ON FEDERAL FUNDING OF STATE PROGRAMS Indicate appropriate impact for the current year and two subsequent Fiscal Years. | boxes 1 through 4 and attach calculations and assumptions of fiscal |
| 1. Additional expenditures in the current State Fiscal Year. (Approximate) | |
| | |
| \$ | |
| 2. Savings in the current State Fiscal Year. (Approximate) | |
| \$ | |
| 3. No fiscal impact exists. This regulation does not affect any federally funded State agency | or program. |
| 4. Other. Explain | |
| | |
| SCAL OFFICER SIGNATURE | DATE |
| 2 Annun | 2/11/25 |
| he signature attests that the agency has completed the STD. 399 according to the | |
| he impacts of the proposed rulemaking. State boards, offices, or departments not t ighest ranking official in the organization. | under an Agency Secretary must have the form signed by the |
| AGENCY SECRETARY | DATE |
| a Norp- | 2111/2025 |
| inance approval and signature is required when SAM sections 6601-6616 require | completion of Fiscal Impact Statement in the STD. 399. |
| DEPARTMENT OF FINANCE PROGRAM BUDGET MANAGER | DATE |
| | |
| | |