

Attachment B. Sample Inventory Template
UNFUNDED MANDATE INVENTORY

Department or Agency _____
 Your Name _____
 Title _____
 Phone _____
 E-mail address _____

If the same program has multiple increases in levels of service since 1995, list each increase as a separate item.

Program Name	Description of new program or increased level of service, not benefit to the public, and how the state has failed to provide sufficient funding	Legal citation for the specific increase, not just for the entire program unless it is a new program (RCW or session law)	Year that the new program or increased level of service was implemented	2009 Projected Costs				2008 Actual Costs				Confirm inclusion of attachment: spread sheets which show costs and document how costs derived, assumptions and methodology for estimating costs	Description of how your agency deals with the shortfall (if you are in deficit, please explain how you deal with other funds)	Comments
				County Funding	State Funding	Other Funding	Other Funding	County Funding	State Funding	Other Funding	Other Funding			
				Personnel costs	Non-personnel costs	Personnel costs	Non-personnel costs							