|  |  |
| --- | --- |
|  | OFFICE USE ONLY |
| CONFIDENTIAL[**CABINET SUMMARY SHEET**](file:///C%3A/DOCUME~1/lcox/cbos/Templates/Cabinet/Cabinet%20Appointment%20Summary.dot) | SUBMISSION NO. | date received |
|  |  |
| TITLE OF CABINET MINUTE |
|  |
| MINISTER’S NAME, TITLE AND RELEVANT PORTFOLIO |
|  |
| IMPLEMENTING AGENCY |
|  |
| PURPOSE (objective of proposal) |
|  |
| COSTING/FINANCIAL IMPLICATIONS |  |  |
| Is proposal covered by existing/approved forward estimates? [ ]  Yes [ ]  No |
| IF NO, DOES PROPOSAL HAVE AN ADDITIONAL IMPACT ON: |
| Expense Limit | Net Operating Balance | Net Debt | FTE Increases |
| [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No  |
| IS PROPOSAL TO BE FUNDED (FULLY OR PARTIALLY) VIA: |
| [ ]  Re-prioritisation of savings | [ ]  Reduction in cash balance |
| [ ]  Royalties for Regions |  |
| [ ]  Increase in appropriation | [ ]  Increase in retained revenue |
| has the Department of Treasury evaluated financial implications of proposal?[ ]  Yes [ ]  No *(to be detailed in Consultation section of cabinet minute)* |
| Is this an asset investment proposal? [ ]  Yes [ ]  No |
| If yes, has Treasury confirmed it complies with the Strategic Asset Management Framework? [ ]  Yes [ ]  No |
| IS THIS A REGULATORY PROPOSAL? YES NO (If yes, complete Regulatory Impact Assessment section) | RG ID#(Regulatory proposals with Economically Significant Impacts) | Treasurer’s Exemption ObtainedIf Yes INSERT DATE: |
| `relation to government policy, desired outcomes and key performance indicators |
|  |
| DATE of previous cabinet decision/S |
| URGENCY/EVALUATION EVIDENCE |
|  |
| WHO HAS BEEN CONSULTED/EXTENT OF AGREEMENT REACHED |
|  |
| RECOMMENDATION |
|  |

IMPLEMENTATION REQUIREMENTS

|  |  |  |
| --- | --- | --- |
| EXECUTIVE COUNCIL APPROVAL | LEGISLATION REQUIRED | [ ]  Amendments[ ]  New legislation |
| [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| ACTION REQUIRED BEFORE ANNOUNCEMENT |
|  |
| TIMING OF ANNOUNCEMENT | SIGNATURE | DATE |
|  |  |  |

**MINISTER FOR...**

**SUBMITS TO**

**PREMIER (IN CABINET)**

**TITLE OF MINUTE**

**PURPOSE**

**BACKGROUND**

**COSTING/FINANCIAL IMPLICATIONS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Additional impact on existing/approved forward estimates** | [Current year]$’000 | [Forward estimate year 1]$’000 | [Forward estimate year 2]$’000 | [Forward estimate year 3]$’000 |
| Expense Limit |  |  |  |  |
| Net Operating Balance  |  |  |  |  |
| Asset Investment Program |  |  |  |  |
| Net Debt |  |  |  |  |
| Full Time Equivalent staff |  |  |  |  |

Footnote: Above information verified by [name, title, agency]

## RELATION TO GOVERNMENT POLICY

## URGENCY

## CONSULTATION

## REGULATORY IMPACT ASSESSMENT

**Have Better Regulation Principles been applied?** [ ]  Yes [ ]  No

**Are impacts of the proposal economically significant?** [ ]  Yes [ ]  No

*(Table to be completed only for proposals requiring a Regulatory Impact Statement. If not, remove table)*

|  |  |
| --- | --- |
| **Justification for the preferred option**  | *(briefly outline how this option is better than alternatives)* |
| **Estimated impact of the proposal** | **Impacted parties** *(briefly describe the main beneficiaries and those adversely impacted)* |
| **Economic impact** *(identify estimated impacts; if not significant, provide justification)* |
| **Justification for the preferred option**  | *(briefly outline how this option is better than alternatives)* |

## REGIONAL IMPACT

## MEDIA/COMMUNICATIONS STRATEGY

## RECOMMENDATION

(Signature)

Name

**MINISTER FOR..**

[CONSULTATION SUMMARY](file:///C%3A/DOCUME~1/lcox/cbos/Templates/Cabinet/Cabinet%20Consultation%20Summary.dot)

|  |  |
| --- | --- |
| **TITLE OF CABINET SUBMISSION** | **PORTFOLIO** |
| **SUMMARY** |
| **SUBMITTED BY MINISTER FOR**Date:  | Department/agency contact name:Telephone number: |