|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | OFFICE USE ONLY | | | |
| OFFICIAL Sensitive: Cabinet  [**CABINET SUMMARY SHEET**](file:///C:\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) | | | | | Treasurers Exemption Obtained  If 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:\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: | |