**ORR REGULATORY SUBMISSION SYSTEM: AGENCY WORKSHEET**

**Use to prepare to enter data into the system, and to save your Preliminary data so you can update and paste it into your Post-Comment submission.**

The Submission System uses “skip logic” to provide only the items relevant to your submission, as noted in “Applies To…” below. Once the agency has published or filed regulations with the Secretary of State, all submitted data and PDFs (with the exception of agency contact details) will be included in public reports.

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| **ITEM** | **APPLIES TO…** | **FIELD TYPE/SYSTEM LIMITS (bullets = menu choices)** | **AGENCY RESPONSE** |
| **LAUNCH PAGE** | | | |
| Agency | All submissions | Highest volume agencies listed first. Contact ORR to update this list. |  |
| Review Stage | All submissions | * Preliminary Draft (to publish Proposed Regulations) * Post-Comment Draft (to file Final Regulations) * Direct Final * Emergency |  |
| **SECTION A: KEY INFORMATION** | | | |
| A1: Regulation Title | All submissions | Single line text |  |
| A2: Net Present Value ($ or other measure) | Only submissions that completed a full benefit-cost analysis | Single line text |  |
| A3: Agency Contact Person | All submissions (will NOT be included in any public reports) | Name field |  |
| A4: Contact Person Phone (+ extension) | All submissions (will NOT be included in any public reports) | Single line text |  |
| A5: Contact Person Email | All submissions (will NOT be included in any public reports) | Email field (the automatic copy of your submission will be emailed to this email address only) |  |
| A6: Rulemaking Action | All submissions | * Amendment * Adoption * Repeal |  |
| A7: Current ERLID (or "TBD") | All submissions | Single line text |  |
| A8: Full RICR Citation | All submissions | Single line text |  |
| A9: Fiscal Impact to State or Municipalities? | All submissions | * Yes * No |  |
| A10: Regulation Reformatted? | All submissions | * Yes, this regulation has been reformatted for eventual inclusion in the Rhode Island Code of Regulations * No, this regulation is not yet reformatted for eventual inclusion in the Rhode Island Code of Regulations * This is a repeal and does not need to be reformatted |  |
| A11: Any Legal Deadline? | All submissions | * Statutory * Court-Ordered * None |  |
| A11a: Legal Deadline (if any) | Only if A10 does not = “Statutory” or “Court-Ordered” | Date field |  |
| A12: Part of Consolidation? | All submissions | * No * Yes, this is an adoption/amendment with associated repeal(s) * Yes, this is a repeal with an associated adoption |  |
| A12a: Associated ERLIDS or Reg for Consolidation | Only if A11 is one of the “Yes” responses | Single line text |  |
| A13 (Emergency): Choose One | Only if “Review Stage” = Emergency | * Initial (120-day period) * Renewal (60-day extension) |  |
| A14 (Post-Comment): Any Comments Received? | Only if “Review Stage” = Post-Comment | * Yes * No |  |
| A15 (Post-Comment): Any Changes During Public Comment? | Only if “Review Stage” = Post-Comment | * Yes * No |  |
| If review stage is “Post-Comment” and A13 and A13 are both “No” then skip to “Section I: Agency Certification” | | | |
| **SECTION B: REGULATORY DETAIL** | | | |
| B1: Reason for Regulatory Action/Change | All submissions | Paragraph text |  |
| B2: List of Changes to Regulatory Status Quo | All submissions | Paragraph text (should include page/line numbers) |  |
| B3: Summary of Purpose of Entire Regulation | All submissions | Paragraph text |  |
| B4: What describes this regulatory action? (If multiple apply, pick the best fit.) | All submissions | * Prompted by state statutory mandate with little or no discretion excised * Prompted by federal statutory or regulatory mandate with little or no discretion exercised * Prompted by state statutory changes where the agency was able to use discretion * Prompted by federal statutory or regulatory changes where the agency was able to use discretion * Where the agency used discretion without a statutory/regulatory mandate (general regulatory authority is not a mandate) * Other cause for this regulatory action |  |
| B4a. Describe the other cause of this regulatory action | Only if B4 = “Other cause for this regulatory action” | Single line text |  |
| B5: List the citations/references that correspond to the above selection (e.g. citation of amended R.I. Gen. Law that prompted regulatory action) | Not required | Single line text |  |
| **SECTION C: OVERLAP WITH OTHER GOVERNMENT ENTITIES** | | | |
| C1: Any Overlap with Other Government Entities? | All submissions | * Yes * No |  |
| C2: Overlapping Governmental Entities (if any) | Only if C1 = “Yes” | Single line text |  |
| **SECTION D: REGULATORY COMPLIANCE, BENEFITS & COSTS** | | | |
| D1: Describe and Quantify Who Must Comply | All submissions | Paragraph text |  |
| D2: Summary of Societal Benefits and Costs to Rhode Island | All submissions | Paragraph text |  |
| D3: Upload Full Benefit-Cost Analysis (PDF) | Only if a full benefit-cost analysis completed (see Submission Guidance for when analysis is required) | File upload (PDF only) |  |
| D4: Upload Fiscal Note (PDF) | Only is A8 = “Yes” | File upload (PDF only) |  |
| **SECTION E: SMALL BUSINESS DETERMINATION** | | | |
| E1: Small Business Impact Determination (choose one) | All submissions | * YES, there is ADVERSE IMPACT on small business (continue on to complete the requirements of RIGL § 42-35.1-3 and 1-4). * NO, any small business impact is POSITIVE (this completes your Regulatory Flexibility Analysis as required by RIGL § 42-35.1-4). * NO, this regulation DOES NOT IMPACT small business (this completes your Regulatory Flexibility Analysis as required by RIGL § 42-35.1-4). |  |
| **SECTION F: SMALL BUSINESS IMPACT** | | | |
| F1: Describe/Quantify Small Businesses That Must Comply | Only if E1 = “Yes, there is ADVERSE IMPACT” | Paragraph text |  |
| F2: Describe/Quantify Any Projected Compliance Costs | Only if E1 = “Yes, there is ADVERSE IMPACT” | Paragraph text |  |
| F3: Describe Any Probable Regulatory Effects on Small Business | Only if E1 = “Yes, there is ADVERSE IMPACT” | Paragraph text |  |
| **SECTION G: REGULATORY FLEXIBILITY** | | | |
| G1: YES, less stringent compliance or reporting requirements for small business were considered | Only if E1 = “Yes, there is ADVERSE IMPACT” | Check the box to certify that the agency has fully considered this method of reducing small business impact |  |
| G2: YES, less stringent small business schedules or deadlines for compliance or reporting requirements were considered | Only if E1 = “Yes, there is ADVERSE IMPACT” | Check the box to certify that the agency has fully considered this method of reducing small business impact |  |
| G3: YES, consolidation or simplification of compliance or reporting requirements for small business were considered | Only if E1 = “Yes, there is ADVERSE IMPACT” | Check the box to certify that the agency has fully considered this method of reducing small business impact |  |
| G4: YES, small business performance standards were considered instead of design/operational standards | Only if E1 = “Yes, there is ADVERSE IMPACT” | Check the box to certify that the agency has fully considered this method of reducing small business impact |  |
| G5: YES, small business exemptions for any requirements were considered | Only if E1 = “Yes, there is ADVERSE IMPACT” | Check the box to certify that the agency has fully considered this method of reducing small business impact |  |
| G6: Explanation for Any Method Not Fully Considered | Only if E1 = “Yes, there is ADVERSE IMPACT” and if any of G1-G5 is not checked | Single line text ; the system will not require a response to this question |  |
| G7: Results of Alternative Methods Considered | Only if E1 = “Yes, there is ADVERSE IMPACT” | Paragraph text (150 words; if more room is needed, summarize in system – do not simply say “see attachment” – and include detail in final “Additional Detail” PDF upload) |  |
| **SECTION H: UPLOAD REMAINING DOCUMENTS** | | | |
| Regulatory Language Upload | All submissions except if “Review Stage” = “Post-Comment” | File upload (PDF only) |  |
| Number of Pages, Current Regulation | Only if A9 = “Yes” or “This is a repeal” | Numbers only (if a new regulation, enter “0”) |  |
| Number of Pages, New Regulation | Only if A9 = “Yes” or “This is a repeal” | Numbers only |  |
| Optional Update: Any Additional Documents | Not required | File upload (PDF only) |  |
| Post-Comment Only: Substantive Differences Between Proposed and Final Regulations | Only if “Review Stage” = “Post-Comment” | Paragraph text |  |
| Post-Comment Upload 1: Final Reg Language, Clean (PDF) | Only if “Review Stage” = “Post-Comment” | File upload (PDF only) |  |
| Post-Comment Upload 2: Reg Language, Changes Made Post-Comment Tracked (PDF) | Only if “Review Stage” = A14 = “Yes” | File upload (PDF only) |  |
| Post-Comment Upload 3: Public Comments (PDF) | Only if “Review Stage” = A13 = “Yes” | File upload (PDF only) |  |
| **SECTION I: AGENCY CERTIFICATION** | | | |
| Section I: Final Agency Certification of Accuracy | All submissions (will NOT be included in any public reports) | Name field (electronic signature has the same force and effect as your written signature) |  |
| Section I: Title | All submissions (will NOT be included in any public reports) | Single line text |  |

**NOTES:**