

Attachment 4

Operating Budget Submission

- Form A
- Form A-Attachment
- Form B
- Form C
- Form FF

Date Prepared/Revised:

**FB 13-15 BUDGET
OPERATING BUDGET ADJUSTMENT REQUEST
DEPARTMENT OF**

Department Priority _____
Request Category:
Fixed Cost/Entitlement _____
Health, Safety, Court Mandates _____
Trade-Off/Transfer (+) _____ (-) _____
Addtl Resources for Current Prgrms _____
New Day Objectives _____
Other _____

Phone:

Program ID/Org. Code:
Program Title:

Department Contact:

I. TITLE OF REQUEST:

Description of Request:

II. OPERATING COST SUMMARY

- A. Personal Services
- B. Other Current Expenses
- C. Equipment
- L. Current Lease Payments
- M. Motor Vehicles

FY 14 Request		FY 15 Request		FY 16	FY 17	FY 18	FY 19
FTE (P)	FTE (T)	FTE (P)	FTE (T)	(\$ thous)	(\$ thous)	(\$ thous)	(\$ thous)
0.00	0.00	0	0.00	0	0	0	0

TOTAL REQUEST

By MOF: A B N P R S T U W X

Date Prepared/Revised:

**FB 13-15 BUDGET
OPERATING BUDGET ADJUSTMENT REQUEST
DEPARTMENT OF**

IV. JUSTIFICATION OF REQUEST

V. RELATIONSHIP OF THE REQUEST TO STATE PLAN OR FUNCTIONAL PLAN

VI. ELECTRONIC DATA PROCESSING

VII. IMPACT ON OTHER STATE PROGRAMS/AGENCIES

VIII. IMPACT ON FACILITY REQUIREMENTS (R&M, CIP)

IX. EXTERNAL CONFORMANCE REQUIREMENTS

X. REQUIRED LEGISLATION (Please specify appropriate statutes; i.e., HRS)

XI. OTHER COMMENTS

INSTRUCTIONS FOR FORM A: OPERATING BUDGET ADJUSTMENT REQUEST
AND FORM A-ATTACHMENT: FB 2013-15 OPERATING BUDGET
TRADE-OFF/TRANSFER

Form A is to be completed for each FB 2013-15 budget request. Form A-Attachment may be used to list multiple trade-off/transfer requests for a related Form A.

Sufficient details to support the request must be provided. Narrative justification (Parts IV through X) should be as precise as possible with quantitative workload and/or other supporting data.

Item Description and Preparation Instructions for Form A

Program ID/Org. Code

Submit request at the org. code level. Proposals for trade-off must include a (+) request and an offset (-) request.

Date Prepared/Revised

Underscore "Prepared" or "Revised" as applicable and enter date.

Department Priority

Assign a unique number to indicate the department priority of each request. For a trade-off proposal, the corresponding (+) and (-) adjustments should carry the same priority number.

Request Category

Indicate type of request, as allowed in the Budget guidelines.

- Fixed Cost/Entitlement: Requests for debt services, employee fringe benefits, Medicaid and financial assistance programs. Allowable programs are listed in the FB 2013-15 instructions.
- Health, Safety, Court Mandates: Requests for critical, unanticipated emergencies relating to public health and safety, or requirements of court orders or federal mandates.
- Trade-Off/Transfer: Requests for (+) or (-) adjustments within department ceiling to reflect true expenditure requirements or to meet other program requirements.
- Additional Resources for Current Programs: Requests for additional positions or funds necessary for the viability of current programs.

- New Day Objectives: Requests for additional positions or funds to support the New Day in Hawaii plan.
- Other: Requests that do not fit the above categories.

I. Title of Request

Provide a brief description of the request.

Description

Provide a full description only. Justification is in Part IV.

II. Operating Cost Summary

Summarize the total cost of the request by cost elements, position counts (permanent and temporary), and \$ amount. Provide a breakdown by all means of financing (MOF).

III. Operating Cost Details

Provide:

1. The MOF of each line item of the request. If the MOF of the request is not shown on Form A, overstrike any unused MOF with the desired MOF. Formulas have been entered on these lines to compute the total and the breakdown by MOF automatically.
2. Specific description of each line item.
3. Position counts for permanent and temporary positions under separate columns.

Reminder: Chapter 37D, HRS, requires a separate cost element for financing agreements. See Executive Memorandum No. 96-17 for distinguishing criteria of this cost element.

IV. Justification of Request

As applicable, provide narrative for the following:

1. Justification of Request: Identify the problem and discuss how this request will resolve it. Explain why the request is consistent with program objectives and why it is critical at this time. Requests to support New Day objectives shall identify the objective being addressed and explain how this request will support the objective.

2. Provide back-up data on:

- Current resources (funding and staffing)
- Expenditures in prior years
- Workload (fiscal biennium and out-years)
- Other relevant factors

3. Discuss impact on program performance measures (current approved measures): measures of effectiveness, target group size, activity indicators.

4. Alternatives: Discuss alternatives considered. Explain why such alternatives were not viable.

V. Relationship of the Request to State Plan or Functional Plan

Discuss the objective, policy, and implementing action being addressed by the request.

VI. Electronic Data Processing

Discuss the personnel, equipment, software, consultant or other services being requested and future cost requirements. Indicate if the request has been coordinated with the Department of Accounting and General Services, Information and Communications Services Division.

VII. Impact on Other State Programs/Agencies

Specify agencies; discuss the impact and whether they have been notified and are in concurrence. Coordination is the responsibility of the department and should be completed prior to budget submittal.

VIII. Impact on Facility Requirements (R&M, CIP)

Discuss whether this request will require appropriations or expenditures for rental of facilities, renovation of facilities, or capital improvements now or in the future. Indicate if capital funds have been budgeted.

IX. External Conformance Requirements

Discuss if request relates to other pertinent requirements such as federal/State mandates, compliance with health and safety requirements, etc. Discuss whether this request is mandated by recent legislation, whether future legislation must be submitted, and the legal requirements, if any, for this request.

Give specific statutory or legal references.

X. Required Legislation

Discuss if legislation is required for implementation of this request and, if so, indicate the legislative proposals (specify appropriate statutes to be amended) your department intends to submit.

XI. Other Comments

Item Description and Preparation Instructions for Form A-Attachment

Program ID/Org Code

Should reflect program ID and organization code of corresponding Form A.

Cost Element

Use the following alphas to indicate the appropriate cost element of the (+) or (-) request:

- A – Personal Services
- B – Other Current Expenses
- C – Equipment
- L – Current Lease Payments
- M – Motor Vehicles

Item Description/Position Title

Indicate the budget item or position proposed for (+) or (-) adjustment.

MOF

Provide the MOF of the request from the Form A.

Psn. No.

Indicate the position number, if applicable, for each position proposed in a trade-off request.

FTE (P) and FTE (T)

Provide the permanent FTE or temporary FTE for each position. Enter (-) requests as negative FTE.

FY 14 \$ and FY 15 \$

List (+) or (-) amount for each line item adjustment. Enter (-) requests as negative amounts.

Total

Will be automatically computed.

Req Cat	B&F Code	Prog ID/Org	Dept Pri	Description	MOF	FY 14			FY 15		
						FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount
ADDITIONAL RESOURCES FOR CURRENT PROGRAMS AND NEW DAY OBJECTIVES:											

**TOTAL ADDTL
RESOURCES / NEW DAY
OBJECTIVES:**

By MOF

General	A	-	-	-	-
Special	B	-	-	-	-
Federal Funds	N	-	-	-	-
Other Federal Funds	P	-	-	-	-
Private	R	-	-	-	-
County	S	-	-	-	-
Trust	T	-	-	-	-
Inter-departmental Transfer	U	-	-	-	-
Revolving	W	-	-	-	-
Other	X	-	-	-	-
Federal Stimulus Funds	V	-	-	-	-

**GRAND TOTAL = ADJUSTED BASE + ALLOWABLE NON-
DISCR EXP REQUESTS + ADDTL RES / NEW DAY
OBJECTIVES:**

By MOF

General	A	-	-	-	-
Special	B	-	-	-	-
Federal Funds	N	-	-	-	-
Other Federal Funds	P	-	-	-	-
Private	R	-	-	-	-
County	S	-	-	-	-
Trust	T	-	-	-	-
Inter-departmental Transfers	U	-	-	-	-
Revolving	W	-	-	-	-
Other	X	-	-	-	-
Federal Stimulus Funds	V	-	-	-	-

Request Category Legend:	
FE	Fixed Cost/Entitlement
HS	Health, Safety, Court Mandates
TO	Trade-Off/Transfer
AR	Additional Resources for
	Current Programs
ND	New Day Objectives
O	Other

INSTRUCTIONS FOR FORM B: DEPARTMENT SUMMARY OF
OPERATING BUDGET ADJUSTMENT REQUESTS

Form B is a summary listing of all FB 2013-15 budget requests to be proposed in departmental priority order. Requests should be included on Form B.

Item Description and Preparation Instructions for Form B

Date Prepared/Revised

Underscore "Prepared" or "Revised" as applicable and enter date.

Current Services Operating Budget Ceiling (Act 164/11, as amended by Act 106/12 adjusted for labor savings amounts, collective bargaining, recurring and non-recurring) by Means of Financing (MOF)

This section will be completed by the Department of Budget and Finance (B&F).

Request Category

See "Instructions for Form A" for explanation of request categories.

B&F Code

For B&F use only.

Program ID/Org. Code

Enter the program ID and org. code of the request as entered on Form A.

Department Priority

Enter the department priority number as entered on Form A. Requests with multiple MOF should be listed using the same priority number, with separate entries for each MOF.

Description

Enter the description of the request as entered on Form A.

MOF

Enter the MOF as entered on Form A.

FY 13 and FY 14

Enter the total position counts (permanent and temporary) and \$ amount corresponding to the MOF of the request for each fiscal year.

Subtotals and Grand Total

On Form B, subtotals of trade-off and transfer requests; the adjusted base (base ceiling less trade-off and transfer requests); allowable non-discretionary expense requests; the adjusted base and allowable non-discretionary requests; additional resources for current programs and New Day Objectives requests; and the grand total of the adjusted base, allowable non-discretionary request and additional resources for current programs and New Day Objectives requests will be automatically computed.

FORM C - SUMMARY OF CURRENT OPERATING BASE DEPARTMENT OF

Program ID/ Org Code	Program Title	MOF	FY 14										Check FY 14 Base
			A Personal Services			B	C	L	M	TOTAL FY 14 Base			
			Permanent FTE (BJ1)	Temporary FTE (BT1)	Total Personal Services (BJ1, BT1, BJ1A)	Other Current Expenses (BJ2)	Equipment (BJ3)	Leasing (K2, K3, K4)	Motor Vehicles (BJ4)	(S=N+O+P+Q+R)			
(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(T=J)						
(A)	(B)	(C)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(T=J)			
AGR122EA		A											
		U											
		Total	0.00	0.00	0	0	0	0	0	0	0		
AGR122EB		A											
		N											
		T											
		U											
		W											
		Total	0.00	0.00	0	0	0	0	0	0	0		
AGR122EC		A											
		N											
		Total	0.00	0.00	0	0	0	0	0	0	0		
AGR122ED		A											
		N											
		Total	0.00	0.00	0	0	0	0	0	0	0		
AGR122 TOTAL		A	0.00	0.00	0	0	0	0	0	0	0		
		B	0.00	0.00	0	0	0	0	0	0	0		
		N	0.00	0.00	0	0	0	0	0	0	0		
		T	0.00	0.00	0	0	0	0	0	0	0		
		U	0.00	0.00	0	0	0	0	0	0	0		
		W	0.00	0.00	0	0	0	0	0	0	0		
		Total	0.00	0.00	0	0	0	0	0	0	0		
AGR TOTAL		A	0.00	0.00	0	0	0	0	0	0	0		
		B	0.00	0.00	0	0	0	0	0	0	0		
		N	0.00	0.00	0	0	0	0	0	0	0		
		T	0.00	0.00	0	0	0	0	0	0	0		
		U	0.00	0.00	0	0	0	0	0	0	0		
		W	0.00	0.00	0	0	0	0	0	0	0		
		Total	0.00	0.00	0	0	0	0	0	0	0		

Note: This section prefilled with Act 106.12 FY 13 data; please make the appropriate adjustments.

FORM C - SUMMARY OF CURRENT OPERATING BASE
DEPARTMENT OF

Program ID/ Org Code	Program Title	MOF	FY 15					Check			
			A Personal Services			B	C		L	M	
(A)	(B)	(C)	(U)	(V)	(W)	(X)	(Y)	(Z)	(AA)	(BB=W+X+Y+Z+AA)	FY 15 Base
			Permanent FTE (BJ1)	Temporary FTE (BT1)	Total Personal Services (BJ1, BT1, BJ1A)	Other Current Expenses (BJ2)	Equipment (BJ3)	Leasing (K2, K3, K4)	Motor Vehicles (BJ4)	TOTAL FY 15 Base	
AGR122EA		A									0
		U	0.00	0.00							0
		Total	0.00	0.00							0
AGR122EB		A									0
		N									0
		T									0
		U									0
		W									0
		Total	0.00	0.00							0
AGR122EC		A									0
		N									0
		Total	0.00	0.00							0
AGR122ED		A									0
		N									0
		Total	0.00	0.00							0
AGR122 TOTAL		A	0.00	0.00							0
		B	0.00	0.00							0
		N	0.00	0.00							0
		T	0.00	0.00							0
		U	0.00	0.00							0
		W	0.00	0.00							0
		Total	0.00	0.00							0
AGR TOTAL		A	0.00	0.00							0
		B	0.00	0.00							0
		N	0.00	0.00							0
		T	0.00	0.00							0
		U	0.00	0.00							0
		W	0.00	0.00							0
		Total	0.00	0.00							0

Note: This section prefilled with Act 106.12 FY 13 data; please make the appropriate adjustments.

