

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

Form A is to be completed for each FY 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 to address requirements for public health and safety, 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.

- Restoration of Legislative Reductions: Requests to restore positions or funds necessary for the viability of current programs which can be thoroughly justified.
- Federal Sequestration: Requests to address the impact of federal sequestration.
- Continuation of Specific Appropriations: Requests for positions or funds to continue programs currently funded by specific appropriations.
- New Day Initiatives: 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 Initiatives shall identify the initiative being addressed and explain how this request will support the initiative.
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, Office of Information Management and Technology.

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

Non-general fund requests should identify the name of fund which will support the request and the legal authority for the fund.

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 for FY 15. Enter (-) requests as negative amounts.

Total

Will be automatically computed.

Date Prepared/Revised:

FY 15 SUPPLEMENTAL BUDGET
OPERATING BUDGET ADJUSTMENT REQUEST
DEPARTMENT OF

Program ID/Org. Code:
Program Title:

Department Contact:

Phone:

Department Priority _____

Request Category:

Fixed Cost/Entitlement _____

Health, Safety, Court Mandates _____

Trade-Off/Transfer (+) _____ (-) _____

Restoration of Legislative Reductions _____

Federal Sequestration _____

Continuation of Specific Apprns _____

New Day Initiatives _____

Other _____

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 V

Date Prepared/Revised:

**FY 15 SUPPLEMENTAL 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

