

Attachment 4

Operating Budget Submission Forms

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

Date Prepared/Revised: _____

**FB 17-19 BUDGET
OPERATING BUDGET ADJUSTMENT REQUEST
DEPARTMENT OF**

Department Priority: _____

Program ID/Org. Code: _____
Program Title: _____

Department Contact: _____

Phone: _____

Request Category:

- Trade-Off/Transfer (+) _____ (-) _____
- Conversion of Unbudgeted Positions _____
- Fixed Cost/Entitlement _____
- Federal Fund Adjustment Req _____
- Health, Safety, Court Mandates _____
- Full Year Funding for New Positions _____
- Adjustment for Non-recurring Items _____
- 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 18 Request		FY 19 Request		FY 20	FY 21	FY 22	FY 23
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 V W X

III. OPERATING COST DETAILS

- A. Personal Services (List all positions)

FY 18 Request		FY 19 Request		FY 20	FY 21	FY 22	FY 23
FTE (P)	FTE (T)	FTE (P)	FTE (T)	(\$ thous)	(\$ thous)	(\$ thous)	(\$ thous)
MOF							

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Position Title, SR Other Personal Services Fringe Benefits Turnover Savings Subtotal Personal Service Costs		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	B	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	N	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B. Other Current Expenses (List by line item)													
Subtotal Other Current Expenses By MOF		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	B N	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
C. Equipment (List by line item)													
Subtotal Equipment By MOF		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	B N	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
L. Current Lease Payments (Note each lease)													
Subtotal Current Lease Payments By MOF		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	B N	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
M. Motor Vehicles (List Vehicles)													
Subtotal Motor Vehicles By MOF		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	B N	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL REQUEST													
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

IV. JUSTIFICATION OF REQUEST

Date Prepared/Revised: : _____

**FB 17-19 BUDGET
OPERATING BUDGET ADJUSTMENT REQUEST
DEPARTMENT OF**

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

VI. INFORMATION SYSTEMS AND TECHNOLOGY

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: FB 2017-19 OPERATING BUDGET ADJUSTMENT
REQUEST AND FORM A-ATTACHMENT: FB 2017-19 OPERATING BUDGET
TRADE-OFF/TRANSFERS AND CONVERSION OF UNBUDGETED POSITIONS

Form A is to be completed for each item listed on the FB 2017-19 budget request (Form B) for Trade-Off and Transfer; Conversion of Unbudgeted Positions; Fixed Cost and Entitlement Expense Requirements; Federal Fund Adjustments; Health, Safety, Court Orders or Federal Mandates; Full Year Funding for New Positions; Adjustment for Non-Recurring Items, and Other Requests. Form A-Attachment may be used to list multiple trade-off/transfer requests or Conversion of Unbudgeted Positions 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.

Form A: Item Description and Preparation Instructions

Program ID/Org. Code and Program Title:

Submit request at the org. code level. Include the Program Title.

Department Contact/Phone:

Enter the name and phone number of the person responsible for the Form A.

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 or conversion of unbudgeted positions proposal, the corresponding (+) and (-) adjustments should carry the same priority number.

Request Category

Indicate type of request, as allowed in the budget guidelines. Refer to Attachment 2 for additional information.

- Trade-Off/Transfer (TO): Requests for (+) or (-) adjustments within department ceiling to reflect true expenditure requirements or to meet other program requirements. Trade-off must include a (+) request and an equal offset (-) request \$ amount and/or position count.

- Conversion of Unbudgeted Positions (UP): Requests to authorize unbudgeted positions which are (+) and (-) adjustments within department ceiling to reflect true expenditure requirements or to meet other program requirements. A request must include a (+) request and an equal offset (-) request \$ amount and/or position counts, as applicable. These requests shall be cost neutral but increases in temporary or permanent position counts may be requested if necessary.
- Fixed Cost and Entitlement Expense (FE): Requests for debt service, employee fringe benefits, and Medicaid.
- Federal Fund Adjustment (FA): Requests for federal fund ceiling increases may be submitted as necessary to meet operational programs needs if:
 - Such federal fund ceiling requires no general fund support.
 - Sufficient revenues will be available to accommodate such budgeted increases through the biennium and beyond, as applicable.
 - The increase will not result in additional direct or indirect general, special, or revolving fund support to the department.
- Health, Safety, Court Mandates (HS): Requests to address requirements for public health and safety, court orders or federal mandates.
- Full-Year Funding for New Positions (FY): Requests to provide full-year FB 17-19 funding for positions partially funded in the FY 17 Executive Supplemental Budget.
- Adjustment to Non-Recurring Items (NR): Although Act 119, SLH 2015, as amended by Act 124, SLH 2016, identified certain recurring items as non-recurring, departments may request these items be included in their operating budget.
- Other Requests (OR): Requests that do not fit the above categories but are **sustainable and reasonable**.

I. Title of Request

Provide a short concise title of the request.

Description of Request

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).

