

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**

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

Department Contact: _____

Phone: _____

Department Priority: _____

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							

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

Position Title, SR Other Personal Services	DEPARTMENT OF									
Fringe Benefits Turnover Savings	0.00	0.00	0	0.00	0.00	0.00	0	0	0	0
Subtotal Personal Service Costs By MOF	0.00	0.00	0	0.00	0.00	0.00	0	0	0	0
A	0.00	0.00	0	0.00	0.00	0.00	0	0	0	0
B	0.00	0.00	0	0.00	0.00	0.00	0	0	0	0
N	0.00	0.00	0	0.00	0.00	0.00	0	0	0	0
B. Other Current Expenses (List by line item)										
Subtotal Other Current Expenses By MOF	0			0	0	0	0	0	0	0
A	0			0	0	0	0	0	0	0
B	0			0	0	0	0	0	0	0
N	0			0	0	0	0	0	0	0
C. Equipment (List by line item)										
Subtotal Equipment By MOF	0			0	0	0	0	0	0	0
A	0			0	0	0	0	0	0	0
B	0			0	0	0	0	0	0	0
N	0			0	0	0	0	0	0	0
L. Current Lease Payments (Note each lease)										
Subtotal Current Lease Payments By MOF	0			0	0	0	0	0	0	0
A	0			0	0	0	0	0	0	0
B	0			0	0	0	0	0	0	0
N	0			0	0	0	0	0	0	0
M. Motor Vehicles (List Vehicles)										
Subtotal Motor Vehicles By MOF	0			0	0	0	0	0	0	0
A	0			0	0	0	0	0	0	0
B	0			0	0	0	0	0	0	0
N	0			0	0	0	0	0	0	0
TOTAL REQUEST	0.00	0.00	0	0.00	0.00	0.00	0	0	0	0

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

FB 17-19 OPERATING BUDGET TRADE-OFF/TRANSFERS AND CONVERSION OF UNBUDGETED POSITIONS
DEPARTMENT OF SAMPLE

[illegible]

Total

**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).

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.
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. Information Systems and Technology

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 Enterprise Technology Services.

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 improvement program (CIP) 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

**Form A-Attachment:
Item Description and Preparation Instructions**

Program ID/Org Code

Reflect the 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 means of financing (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 full-time equivalent (FTE) or temporary FTE for each position. Enter (-) requests as negative FTE.

FY 18 \$ and FY 19 \$

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

Total

Will be automatically computed.

**FB 17-19 BIENNIUM BUDGET
DEPARTMENT SUMMARY OF OPERATING BUDGET ADJUSTMENT REQUESTS
DEPARTMENT OF**

MOF	FY 18			FY 19		
	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount
A	-	-	-	-	-	-
B	-	-	-	-	-	-
N	-	-	-	-	-	-
P	-	-	-	-	-	-
R	-	-	-	-	-	-
S	-	-	-	-	-	-
T	-	-	-	-	-	-
U	-	-	-	-	-	-
W	-	-	-	-	-	-
X	-	-	-	-	-	-
TOTAL	-	-	-	-	-	-

[illegible]

SUBBTTLTRADE-OFF/TRNSFRS & CONV. OF UNBGT'D PSNS:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

[illegible]

[illegible]

1	2	3	4	5	6
---	---	---	---	---	---

By MOF

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

[illegible]

[illegible]

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

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

[illegible]

[illegible]

SUBTOTAL OTHER REQUESTS:

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

TOTAL ADJUSTMENTS:

A
B
N
P
R
S
T
U
W
X

By MOF

- General
- Special
- Federal Funds
- Other Federal Funds
- Private
- County
- Trust
- Inter-departmental Transfer
- Revolving
- Other

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

[illegible]

**INSTRUCTIONS FOR FORM B: FB 2017-19 DEPARTMENT SUMMARY OF
OPERATING BUDGET ADJUSTMENT REQUESTS**

Form B is a summary listing of all FB 2017-19 budget requests to be proposed in departmental priority order. **Departments shall ensure that details and amounts on the Form B match the appropriate Form A.**

Requests shall be listed in the appropriate portion of the Form B based on request category.

“Trade-Off and Transfer and Conversion of Unbudgeted Positions” shall include request categories: Trade-Off and Transfer (TO) and Conversion of Unbudgeted Positions (UP).

“Allowable Non-Discretionary Expense Requests” shall include request category: Fixed Cost and Entitlement Expense Requirements (FE).

“Federal Fund Adjustment Requests” shall include request category: Federal Fund Adjustments (FA)

“Other Requests” shall include request categories: Health, Safety, Court Orders or Federal Mandates (HS); Full-Year Funding for New Positions (FY); Adjustment for Non-Recurring Items (NR); and Other Requests (OR).

Form B: Item Description and Preparation Instructions

Date Prepared/Revised

Underscore “Prepared” or “Revised” as applicable and enter date.

Current Services Operating Budget Ceiling by MOF

This section will be completed by the Department of Budget and Finance and shall reflect your department’s appropriations from Act 119, SLH 2015, as amended by Act 124, SLH 2016, by means of financing (MOF) adjusted for collective bargaining and non-recurring costs.

Request Category

See Attachment 2 and “Instructions for Form A” for explanation of request categories, which include:

- Trade-Off and Transfer (TO);
- Conversion of Unbudgeted Positions (UP);
- Fixed Cost and Entitlement Expense Requirements (FE);
- Federal Fund Adjustments (FA);
- Health, Safety, Court Orders or Federal Mandates (HS);
- Full-Year Funding for New Positions (FY);
- Adjustment for Non-Recurring Items (NR); and
- Other Requests (OR).

B&F Code

For B&F use only.

Program ID/Org. Code

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

Department Priority

Enter the department priority number as entered on Form A. Corresponding trade-off and transfer requests shall share the same priority number. Requests with multiple MOF should also be listed using the same priority number, with separate entries for each MOF.

Description

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

MOF

Enter the MOF as entered on Form A.

FY 18 and FY 19

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

Subtotals, Totals, and Grand Total

Subtotals and totals of adjustments by section and the grand total will be automatically computed.

FORM C - SUMMARY OF CURRENT OPERATING BASE
DEPARTMENT OF AGRICULTURE

Program ID/ Org Code	Program Title	MOF	FY 17 Appropriation	Less: Non- recurring	Add: FY 18 CB	Add: FY 19 CB	FY 18 Base (H+D+E+F)	FY 19 Base (I+D+E+G)	FY 18				Check FY 18 Base (H=Q)			
									A Personal Services		B	C		L	M	
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
AGR122EA	A															
	U															
	Total															
AGR122EB	A															
	N															
	T															
	U															
	W															
	Total															
AGR122EC	A															
	N															
	P															
	Total															
AGR122ED	A															
	N															
	Total															
AGR122EF	B															
	P															
	W															
	Total															
AGR122 TOTAL	A															
	B															
	N															
	P															
	T															
	U															
	W															
	Total															
AGR TOTAL	A															
	B															
	N															
	P															
	T															
	U															
	W															
	Total															

Note: This section pertains to Act 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000.

[illegible]

INSTRUCTIONS FOR FORM C:
SUMMARY OF CURRENT OPERATING BASE

Form C is a summary that provides a breakdown of the department's budget base in FY 18 and FY 19 by Program ID, Organization (Org.) Code, cost categories and MOF. Departments should use their FY 17 budget details as the starting point and make necessary adjustments to reflect collective bargaining (CB) additions and non-recurring reductions.

This breakdown forms the basis to which budget additions and/or reductions are applied to derive the Program ID and Organization summaries that are shown in the Program and Financial Plan budget document.

Item Description and Preparation Instructions for Form C

Program ID/Org. Code (Column A)

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

Program Title (Column B)

Enter the official title of the Program ID/Org. Code as reflected in eAnalytical.

MOF (Column C)

This section will be completed by B&F.

FY 17 Appropriation (Column D)

This section will be completed by B&F.

Less: Non-recurring (Column E)

Enter the non-recurring amount for each MOF (as applicable).

Add: FY 18 CB (Column F)

Enter the CB amount for each MOF (as applicable). [Note: B&F has CB breakdowns by Program ID/Org. Code and MOF that are derived from CB costing estimates. Please contact your assigned B&F analyst for this information.]

Add: FY 19 CB (Column G)

Enter the CB amount for each MOF (as applicable).

FY 18 Base (Column H)

Automatically calculated for each MOF.

FY 19 Base (Column I)

Automatically calculated for each MOF.

Note: The sections below are prefilled with Act 119, SLH 2015, as amended by Act 124, SLH 2016, FY 17 details. Please make the appropriate adjustments as may be necessary.

FY 18

Permanent FTE (Column J)

Permanent FTE count as reflected in FY 17 BJ1 by MOF.

Temporary FTE (Column K)

Temporary FTE count as reflected in FY 17 BT1 by MOF.

Total Personal Services (Column L)

Total amount of personal services costs from permanent positions (BJ1), temporary positions (BT1) and other personal services costs (BJ1A) by MOF.

Other Current Expenses (Column M)

Amount of other current expenses costs (BJ2) by MOF.

Equipment (Column N)

Amount of equipment costs (BJ3) by MOF.

Leasing (Column O)

Total amount of leasing costs (K2, K3 and K4) by MOF.

Motor Vehicles (Column P)

Amount of motor vehicles costs (BJ4) by MOF.

Total FY 18 Base (Column Q)

Automatically calculated for each MOF.

Check

Automatically calculated for each MOF to check FY 18 base total (Column H) against FY 18 base total. **If the amount is not zero, a correction is necessary.**

FY 19

Permanent FTE (Column R)

Permanent FTE count as reflected in FY 17 BJ1 by MOF.

Temporary FTE (Column S)

Temporary FTE count as reflected in FY 17 BT1 by MOF.

Total Personal Services (Column T)

Total amount of personal services costs from permanent positions (BJ1), temporary positions (BT1) and other personal services costs (BJ1A) by MOF.

Other Current Expenses (Column U)

Amount of other current expenses costs (BJ2) by MOF.

Equipment (Column V)

Amount of equipment costs (BJ3) by MOF.

Leasing (Column W)

Total amount of leasing costs (K2, K3 and K4) by MOF.

Motor Vehicles (Column X)

Amount of motor vehicles costs (BJ4) by MOF.

Total FY 17 Base (Column Y)

Automatically calculated for each MOF.

Check

Automatically calculated for each MOF to check FY 19 base total (Column I) against FY 19 base total (Column Y). **If the amount is not zero, a correction is necessary.**

Quality control checks: Totals by cost elements and MOF must match. Also, department totals must be equal to or less than the departmental budget ceiling amounts.

Date Prepared:
Date Revised:
Prepared by:
Phone:
Email:

FEDERAL AWARDS FOR FB 2017-19 (OPERATING FUNDS ONLY)
DEPARTMENT OF

[illegible]

Date Prepared:
 Date Revised:
 Prepared by:
 Phone:
 Email:

FEDERAL AWARDS FOR FB 2017-19 (OPERATING FUNDS ONLY)
 DEPARTMENT OF

		DEPARTMENT REQUEST								
		FY 2018		FY 2019						
Prog ID/Org ^{1/}	Prime (P) or Sub Award (S) ^{2/}	CFDA No. ^{3/} (Format: ##-###)	CFDA Program Title ^{4/}	Appropriation Account Title (40 characters maximum) ^{5/}	DAGS USE ONLY FY2017 Appropriation Symbol S-17-###-X ^{6/}	DAGS USE ONLY FY2018 Appropriation Symbol S-16-###-X ^{7/}	Anticipated Award Amount MOF N ^{8/}	Anticipated Award Amount MOF P ^{9/}	Anticipated Award Amount MOF P ^{10/}	Comments

Instructions for Form FF (Federal Awards for FB 2017-19 (Operating Funds))
 Reporting Item Instructions

- 1/ Prog ID/Org Provide Program ID and Org Code for budgeting purposes.
- 2/ Prime (P) or Subaward (S) Enter "P" if you are the Prime Recipient or "S" if this is a sub-award from a Program ID in your dept. or from another state entity.
- 3/ CFDA No. Enter the CFDA Number assigned to the award by the federal awarding agency.
- 4/ CFDA Program Title Enter the Program Title for the CFDA Number in Column C (reference CFDA.gov)
- 5/ Appropriation Account Title Enter that Appropriation Account Title to be assigned in FAMIS (maximum 40 characters) which describes the Program/Project Title for the award.
- 6/ FY2017 Appropriation Symbol Enter that Appropriation Account Title assigned in FAMIS to this award in FY15, if applicable.
- 7/ DAGS USE ONLY FY2018 Appropriation Symbol For DAGS use only for assignment of FY16 Appropriation Account Symbols.
- 8/ "N" Anticipated Award Amount If an award is included on the list of "Major, Recurring Federal Awards for FB17-19," enter the amount as a MOF "N" award in Column H. All awards on the list of "Major, Recurring Federal Awards for FB17-19" for your Program ID should be listed in Column H. The amount should be the total award amount noted on the grant award notice or if not received, a reasonable estimate based on the previous year's award or verbal notification from the awarding agency.
- 9/ "P" Anticipated Award Amount If an award is not included on the list of "Major, Recurring Federal Awards for FB17-19," enter the amount as a MOF "P" award in Column I. The amount should be the total award amount noted on the grant award notice or if not received, a reasonable estimate based on the previous year's award or verbal notification from the awarding agency.
- 10/ FB 17-19 Allocation Ceiling Enter the Allocation Ceiling for your Program ID
- 11/ FB 17-19 Budget Request Calculated amount; difference between the total anticipated award amounts and the Allocation Ceiling amount. If amount is positive, submit a budget increase request. If amount is negative, submit a budget decrease.

**INSTRUCTIONS FOR FORM FF: FEDERAL AWARDS FOR
FB 2017-19 - OPERATING FUNDS ONLY**

The Office of Federal Awards Management (OFAM) will be introducing a new online workflow for Form FF on the Datamart, Federal Awards Management System. (OFAM will provide more information under separate cover.) Please note that there may slight differences in the online version of Form FF than prior year Excel versions but the following instructions remain the same.

All departments shall prepare their Form FF using this online workflow. However, hard copies of your department's Form FF which reflect your budget submittal are required.

Form FF, Federal Awards for FB 2017-19, must be completed and submitted for each program ID that expends federal funds and shall be used to establish the federal fund ceiling requested for MOF "N" and "P." Form FF shall include all awards assigned to your department from the list of "Major, Recurring Federal Awards for FB 17-19" under MOF "N" (federal funds).

All other awards including currently non-appropriated federal grants that are expected to be ongoing or other anticipated awards shall be included under MOF "P" (other federal funds). Anticipated awards under MOF "P" may be included if you reasonably expect to apply for and receive the federal award.

Due to the extended lapse date for prior years' federal fund appropriations, anticipated carryover amounts from previous years should not be included on Form FF or included in the budget ceiling.

Form FF: Item Description and Preparation Instructions

"Prime (P) or Subaward (S)"

Enter "P" if you are the Prime Recipient or "S" if this is a sub-award from a Program ID in your dept. or from another State entity.

CFDA No.

Enter the CFDA Number assigned to the award by the federal awarding agency.

CFDA Program Title

Enter the Program Title for the CFDA Number (reference CFDA.gov)

Appropriation Account Title - FY 18

Enter that Appropriation Account Title to be assigned in FAMIS (maximum 40 characters) which describes the Program/Project Title for the award.

FY 17 Appropriation Symbol

Enter the Appropriation Symbol assigned to this award for FY 17, if applicable.

DAGS Use Only - FY 18 Appropriation Symbol

For DAGS use only for assignment of FY 18 Appropriation Account Symbols.

"N" Anticipated Award Amount - FY 18 and FY 19

If an award is included on the list of "Major, Recurring Federal Awards for FB 2017-19," enter the amount as a MOF "N" award. All awards on the list of "Major, Recurring Federal Awards for FB 2017-19" for your Program ID should be listed. The amount should be the total award amount noted on the award notice or if not received, a reasonable estimate based on the previous year's award or verbal notification from the awarding agency.

"P" Anticipated Award Amount - FY 18 and FY 19

If an anticipated award is not included on the list of "Major, Recurring Federal Awards for FB 2017-19," enter the amount as a MOF "P" award. The amount should be the total award amount noted on the award notice or if not received, a reasonable estimate based on the previous year's award or verbal notification from the awarding agency.

FB 17-19 Allocation Ceiling

Enter the Allocation Ceiling for your Program ID.

FB 17-19 Budget Request

Calculated amount; difference between the total anticipated award amounts and the base ceiling amount. If amount is positive, submit a budget increase request. If amount is negative, submit a budget decrease request.