

## Attachment 4

### Operating Budget Submission Forms

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

Date Prepared/Revised: : \_\_\_\_\_

### FB 19-21 BUDGET OPERATING BUDGET ADJUSTMENT REQUEST DEPARTMENT OF \_\_\_\_\_

Program ID/Org. Code: \_\_\_\_\_  
Program Title: \_\_\_\_\_

Department Priority: \_\_\_\_\_

Department Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Request Category:

Trade-Off/Transfer (+) \_\_\_\_\_ (-) \_\_\_\_\_

Conversion of Unbudgeted Positions \_\_\_\_\_

Fixed Cost/Entitlement \_\_\_\_\_

Federal Fund Adjustment Req \_\_\_\_\_

Governor's Initiatives \_\_\_\_\_

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 20 Request			FY 21 Request			FY 22	FY 23	FY 24	FY 25
	FTE (P)	FTE (T)	(\$)	FTE (P)	FTE (T)	(\$)	(\$ thous)	(\$ thous)	(\$ thous)	(\$ thous)
A. Personal Services										
B. Other Current Expenses										
C. Equipment										
L. Current Lease Payments										
M. Motor Vehicles										
<b>TOTAL REQUEST</b>	0.00	0.00	0	0.00	0.00	0	0	0	0	0

By MOF:

- A
- B
- N
- P
- R
- S
- T
- U
- W
- X

**FB 19-21 BUDGET  
OPERATING BUDGET ADJUSTMENT REQUEST  
DEPARTMENT OF**

**III. OPERATING COST DETAILS**

	MOF	FY 20 Request			FY 21 Request			FY 22	FY 23	FY 24	FY 25
		FTE (P)	FTE (T)	(\$)	FTE (P)	FTE (T)	(\$)	(\$ thous)	(\$ thous)	(\$ thous)	(\$ thous)
<b>A. Personal Services (List all positions)</b>											
Position Title, SR											
Other Personal Services											
Fringe Benefits											
Turnover Savings											
Subtotal Personal Service Costs		0.00	0.00	0	0.00	0.00	0	0	0	0	0
By MOF											
A		0.00	0.00	0	0.00	0.00	0	0	0	0	0
B		0.00	0.00	0	0.00	0.00	0	0	0	0	0
N		0.00	0.00	0	0.00	0.00	0	0	0	0	0
<b>B. Other Current Expenses (List by line item)</b>											
Subtotal Other Current Expenses				0			0	0	0	0	0
By MOF											
A				0			0	0	0	0	0
B				0			0	0	0	0	0
N				0			0	0	0	0	0
<b>C. Equipment (List by line item)</b>											
Subtotal Equipment				0			0	0	0	0	0
By MOF											
A				0			0	0	0	0	0
B				0			0	0	0	0	0
N				0			0	0	0	0	0
<b>L. Current Lease Payments (Note each lease)</b>											
Subtotal Current Lease Payments				0			0	0	0	0	0
By MOF											
A				0			0	0	0	0	0
B				0			0	0	0	0	0
N				0			0	0	0	0	0

**FB 19-21 BUDGET  
OPERATING BUDGET ADJUSTMENT REQUEST  
DEPARTMENT OF**

M. Motor Vehicles (List Vehicles)

Subtotal Motor Vehicles			0			0	0	0	0	0
By MOF	A		0			0	0	0	0	0
	B		0			0	0	0	0	0
	N		0			0	0	0	0	0
<b>TOTAL REQUEST</b>		0.00	0.00	0	0.00	0.00	0	0	0	0

IV. JUSTIFICATION OF REQUEST

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 19-21 OPERATING BUDGET TRADE-OFF/TRANSFERS  
DEPARTMENT OF**

Prog ID	Org Code	Cost Element	Item Description / Position Title	MOF	Psn No.	FTE (P)	FTE (T)	FY 20 \$	FY 21 \$

Total - - - - -

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

INSTRUCTIONS FOR FORM A: FB 2019-21 OPERATING BUDGET ADJUSTMENT  
REQUEST AND FORM A-ATTACHMENT: FB 2019-21 OPERATING BUDGET  
TRADE-OFF/TRANSFERS AND CONVERSION OF UNBUDGETED POSITIONS

Form A is to be completed for each item listed on the FB 2019-21 budget request (Form B) for Trade-Off and Transfer; Conversion of Unbudgeted Positions; Fixed Cost and Entitlement Expense Requirements; Federal Fund Adjustments; Governor's Initiatives; Health, Safety, Court 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 XI) 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 Adjustments (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.
  - Requests for ceiling decreases should be submitted if the anticipated amount of federal grants to be received has been reduced.
- Governor's Initiatives (GI): Requests that support the Governor's priorities.
- 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 19-21 funding for positions partially funded in the FY 19 Executive Supplemental Budget.
- Adjustment to Non-Recurring Items (NR): Although Act 49, SLH 2017, as amended by Act 53, SLH 2018, 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

As applicable, discuss if proposed new programs meet the requirements of Section 37-68 (1)(A)(B), HRS.

Other comments may also be provided.

**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 20 \$ and FY 21 \$

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

Total

Will be automatically computed.

**FB 19-21 BIENNIUM BUDGET  
DEPARTMENT SUMMARY OF OPERATING BUDGET ADJUSTMENT REQUESTS  
DEPARTMENT OF**

MOF	FY 20			FY 21		
	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount
<b>Current Services Operating Budget Ceilings by MOF</b>	A	-	-	-	-	-
	B	-	-	-	-	-
	N	-	-	-	-	-
	P	-	-	-	-	-
	R	-	-	-	-	-
	S	-	-	-	-	-
	T	-	-	-	-	-
	U	-	-	-	-	-
	W	-	-	-	-	-
	X	-	-	-	-	-
<b>TOTAL</b>	-	-	-	-	-	-

Req Cat	B&F Code	Prog ID/Org	Dept Pri	Description	MOF	FY 20			FY 21		
						FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount
<b>TRADE-OFF/TRANSFER &amp; CONVERSION OF UNBUDGETED POSITIONS REQUESTS:</b>											

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

-	-	-	-	-	-
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**Request Category Legend:**  
 TO Trade-Off/Transfer  
 UP Conversion of Unbudgeted Positions

**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	-	-	-	-	-

Req Cat	B&F Code	Prog ID/Org	Dept Pri	Description	MOF	FY 20			FY 21		
						FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount

ALLOWABLE NON-DISCRETIONARY EXPENSE REQUESTS:											

**SUBTOTAL ALLOWABLE NON-DISCRETIONARY EXPENSE REQUESTS:**

-	-	-	-	-	-
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Request Category Legend:  
FE Fixed Cost/Entitlement

**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	-	-	-	-	-	-

Req Cat	B&F Code	Prog ID/Org	Dept Pri	Description	MOF	FY 20			FY 21		
						FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount

FEDERAL FUND ADJUSTMENT REQUESTS:										

**SUBTOTAL FEDERAL FUND ADJ REQUESTS:**

-	-	-	-	-	-
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Request Category Legend:	
FA	Federal Fund Adjustments

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	-	-	-	-	-	-

Req Cat	B&F Code	Prog ID/Org	Dept Pri	Description	MOF	FY 20			FY 21		
						FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount
<b>OTHER REQUESTS:</b>											

**SUBTOTAL OTHER REQUESTS:**

-	-	-	-	-	-
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<u>Request Category Legend:</u>	
GI	Governor's Initiatives
HS	Health, Safety, Court Mandate
FY	Full Year Funding for New Positions
NR	Adjustment for Non-Recurring Items
OR	Other Requests

<b>By MOF</b>							
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	-	-	-	-	-	-

**TOTAL ADJUSTMENTS:**

-	-	-	-	-	-
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<b>By MOF</b>							
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	-	-	-	-	-	-

Req Cat	B&F Code	Prog ID/Org	Dept Pri	Description	MOF	FY 20			FY 21		
						FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount
<b>GRAND TOTAL = BASE + TRO/TRNF &amp; CONV UNBGT</b>						-	-	-	-	-	-
<b>PSN + ALLOW NON-DISCR + FED ADJ + OTHER REQ</b>						-	-	-	-	-	-
<b>By MOF</b>											
				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	-	-	-	-	-	-

INSTRUCTIONS FOR FORM B: FB 2019-21 DEPARTMENT SUMMARY OF  
OPERATING BUDGET ADJUSTMENT REQUESTS

Form B is a summary listing of all FB 2019-21 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: Governor’s Initiatives (GI); 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 49, SLH 2017, as amended by Act 53, SLH 2018, by means of financing (MOF) adjusted for collective bargaining, non-recurring costs, and other adjustments, as applicable. No collective bargaining ceiling increases will be included for federal and other federal funds.

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);
- Governor's Initiatives (GI);
- 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 20 and FY 21

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.





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 20 and FY 21 by Program ID, Organization (Org.) Code, cost categories and MOF. Departments should use their FY 19 budget details as the starting point and make necessary adjustments to reflect collective bargaining (CB) additions, non-recurring reductions, and other adjustments, as applicable.

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 19 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). Do not use negative numbers.

Add: Other Adjustments (Column E1) - only for Departments with Other Adjustments

Enter other adjustments amount for each MOF (as applicable).

Add: FY 20 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; however, no CB ceiling increases will be provided for federal and other federal funds. Please contact your assigned B&F analyst for this information.]

Add: FY 21 CB (Column G)

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

FY 20 Base (Column H)

Automatically calculated for each MOF.

FY 21 Base (Column I)

Automatically calculated for each MOF.

**Note: The sections below are prefilled with Act 49, SLH 2017, as amended by Act 53, SLH 2018, FY 19 details. Please make the appropriate adjustments as may be necessary.**

FY 20

Permanent FTE (Column J)

Permanent FTE count as reflected in FY 19 BJ1 by MOF.

Temporary FTE (Column K)

Temporary FTE count as reflected in FY 19 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 20 Base (Column Q)

Automatically calculated for each MOF.

Check

Automatically calculated for each MOF to check FY 20 base total (Column H) against FY 20 base total. **If the amount is not zero, a correction is necessary.**

FY 21

Permanent FTE (Column S)

Permanent FTE count as reflected in FY 19 BJ1 by MOF.

Temporary FTE (Column T)

Temporary FTE count as reflected in FY 19 BT1 by MOF.

Total Personal Services (Column U)

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 V)

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

Equipment (Column W)

Amount of equipment costs (BJ3) by MOF.

Leasing (Column X)

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

Motor Vehicles (Column Y)

Amount of motor vehicles costs (BJ4) by MOF.

Total FY 21 Base (Column Z)

Automatically calculated for each MOF.

Check

Automatically calculated for each MOF to check FY 21 base total (Column I) against FY 21 base total (Column Z). **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.**

FEDERAL AWARDS FOR FB 2019-21 (OPERATING FUNDS ONLY) - FB EXECUTIVE BUDGET REQUEST												FORM FF SAMPLE ONLY (USE FAMS ONLINE WORKFLOW)	
DEPARTMENT OF													
PROGRAM ID													
												Date Prepared:	
												Date Revised:	
												Prepared by:	
												Phone:	
												Email:	
												FY20	
Org Code	Prime (P) or Sub Award (S)	CFDA No. (Format: ##.###)	CFDA Program Title	Award Name	Appropriation Account Title	FY2019 Appropriation Symbol S-19-##-X	B&F USE ONLY FY2020 Appropriation Symbol	DAGS USE ONLY FY2020 Appropriation Symbol	Anticipated Award Amount MOF N	Anticipated Award Amount MOF P	Performance Period (Start/End Date)	Will Payroll Be Charged Directly to this Account?	Comments
									Award Amount Total				
									Budget Request				
									Base Budget Ceiling				
												* A negative budget adjustment "\$1.00" means that the base budget ceiling is insufficient by the dollar amount indicated and a budget request should be submitted to add the dollar amount.	
												A positive budget adjustment "\$1.00" means that the base budget ceiling is more than sufficient by the dollar amount indicated and a budget request should be submitted to subtract the dollar amount.	

FEDERAL AWARDS FOR FB 2019-21 (OPERATING FUNDS ONLY) - FB EXECUTIVE													FORM FF SAMPLE ONLY (USE FAMS ONLINE WORKFLOW)
DEPARTMENT OF PROGRAM ID													
												Date Prepared:	
												Date Revised:	
												Prepared by:	
												Phone:	
												Email:	
<b>FY21</b>													
Org Code	Prime (P) or Sub Award (S)	CFDA No. (Format: ##.###)	CFDA Program Title	Award Name	Appropriation Account Title	FY2020 Appropriation Symbol S-20-###-X	B&F USE ONLY FY2021 Appropriation Symbol	DAGS USE ONLY FY2021 Appropriation Symbol	Anticipated Award Amount MOF N	Anticipated Award Amount MOF P	Performance Period (Start/End Date)	Will Payroll Be Charged Directly to this Account?	Comments
									Award Amount Total				
									Budget Request				
									Base Budget Ceiling				
* A negative budget adjustment "\$1.00" means that the base budget ceiling is insufficient by the dollar amount indicated and a budget request should be submitted to add the dollar amount.													
A positive budget adjustment "\$1.00" means that the basa budget ceiling is more than sufficient by the dollar amount indicated and a budget request should be submitted to subtract the dollar amount.													



INSTRUCTIONS FOR FORM FF: FEDERAL AWARDS FOR  
FB 2019-21 - OPERATING FUNDS ONLY

Form FF, Federal Awards for FB 2019-21, 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 19-21" 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.

All departments shall use the Office of Federal Awards Management's (OFAM) online workflow for Form FF on the Datamart, Federal Awards Management System. (OFAM will provide more information via email.) Hard copies of your department's Form FF which reflect your budget request are required as part of your budget submittal.

**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 20*

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

*FY 2019 Appropriation Symbol*

Enter the Appropriation Symbol assigned to this award for FY 19, if applicable.

*DAGS Use Only - FY 2020 Appropriation Symbol*

For DAGS use only for assignment of FY 20 Appropriation Account Symbols.

*“N” Anticipated Award Amount - FY 20 and FY 21*

If an award is included on the list of “Major, Recurring Federal Awards for FB 2019-21,” enter the amount as a MOF “N” award. All awards on the list of “Major, Recurring Federal Awards for FB 2019-21” 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 20 and FY 21*

If an anticipated award is not included on the list of “Major, Recurring Federal Awards for FB 2019-21,” 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 19-21 Allocation Ceiling*

Enter the Allocation Ceiling for your Program ID.

*FB 19-21 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.