

**2011 PROGRAM REVIEW  
PROPOSAL TO MEET TARGET REDUCTIONS**

**Proposed Reduction Priority No.**

**Nature of Proposed Reduction:**

- Program/service elimination (vertical reduction).
- Cost savings reduction.

**Program I.D. No./Org Code & Title Affected:**

**Description of Proposed Reduction:**

**Impact of Proposed Reduction:**

**Estimated Savings:**

• FY12:	GF:	Perm Posn:	Temp Posn:
	SF:	Perm Posn:	Temp Posn:
	FF:	Perm Posn:	Temp Posn:
• FY13:	GF:	Perm Posn:	Temp Posn:
	SF:	Perm Posn:	Temp Posn:
	FF:	Perm Posn:	Temp Posn:
• FY14+:	GF:	Perm Posn:	Temp Posn:
	SF:	Perm Posn:	Temp Posn:
	FF:	Perm Posn:	Temp Posn:

**Other Departments/Agencies Affected:**

**Legislation/Rule Change/Federal Approval Required to Implement:**

**Other Comments:**

**FORM RD INSTRUCTIONS**

**Proposed Reduction Priority No.** [Please prioritize the proposed reductions according to which reduction should be considered first, second and so on. As such, priority no. 1 should reflect the first reduction to be considered.]

**Nature of Proposed Reduction:** [Please indicate by placing an "X" in the appropriate blank space whether the proposed reduction is a "Program/service elimination," which is a vertical reduction, or a "Cost savings reduction."]

**Program I.D. No./Org Code & Title Affected:** [Please fill in the program I.D. number/org code and title that is affected by the proposed reduction.]

**Description of Proposed Reduction:** [Please describe the program, function or activity to be eliminated or reduced, or the cost savings reductions to be implemented. Identify what is to be reduced/eliminated, personnel/cost savings, and time frame for implementation. Note if savings are one-time.]

**Impact of Proposed Reduction:** [Please discuss any adverse impacts associated with the proposed reduction and identify, if possible, the specific target population that could be affected.]

**Estimated Savings:** [Please provide estimated savings by FY and MOF and number of permanent and temporary positions being eliminated by the proposed reduction. It is noted that estimated savings for FY 12 may be lower than in FY 13 due to lags in implementing reductions and inherent delays associated with closing down programs. Please delete or add rows for means of financing, as necessary, to reflect the appropriate means of financing for the proposed reduction.]

**Other Departments/Agencies Affected:** [Please indicate if the proposed reduction will have a significant impact on other departments/agencies or other levels of government, and identify those departments/agencies specifically. Note if the program/service/activity must be continued by another agency, such as federal or county government.]

**Legislation/Rule Change/Federal Approval Required to Implement:** [Please identify any related actions required to implement the proposed reduction such as statutory amendments or authorizations, administrative rule changes, federal approval, etc.]

**Other Comments:** [Use this area as may be necessary to discuss other aspects of the proposed reduction not covered in the topics above. If relevant to a better understanding of the impact of the proposed reduction, information as to when and how the program was established, target group description and number, activities, etc., can be included here.]