

Attachment 5

Operating Budget Submission

(Forms OB, A, B, C)

FB 2007-09 Budget  
 Operating Budget Base  
 Department of \_\_\_\_\_ (1)

Program ID: \_\_\_\_\_ (2)                      Program Title: \_\_\_\_\_ (3)  
 Dept. Contact: \_\_\_\_\_ (4)                      Phone No.: \_\_\_\_\_ (5)

Program Objective: (6)

Program Budget					
MOF	FTE (P)	FTE (T)	FY 07 Allocation	FY 08 Base \$	FY 09 Base \$
			(7)	(8)	(9)
Total					

- A. Has this program been consolidated as part of a new departmental program structure? If so, briefly explain changes. (9)
- B. Please list priority functions of programs and approximate percentage of total budget devoted to each function. (10)

	<u>Priority Functions</u>	<u>FY 08 % of Budget</u>	<u>FY 09 % of Budget</u>
1.			
2.			

C. Narrative description for each program function (11)

1. Priority function (from listing above)

- a. Description of priority function/activity
- b. Justification of why function/activity is a priority
- c. Benefit(s) to public expressed in terms of selected measures of effectiveness
- d. Briefly indicate if funds/positions will be transferred in/out as a trade-off/transfer (detailed in Form A) or whether additional funds/positions will be requested (detailed in Form A).

2. Priority function (from listing above)

- a.
- b.
- c.
- d.

D. Listing of position vacancies in program as of 8/31/06 (attach separate listing if necessary) (12)

E. Funds transferred in/out of program in FY 06 and FY 07. Indicate amount and reason for transfers. (13)

## INSTRUCTIONS FOR FORM OB - OPERATING BUDGET BASE

1. Department Name
2. Program ID (e.g., AGR 132)
3. Program Title (e.g., Animal Disease Control)
4. Name of departmental contact
5. Phone number of departmental contact
6. Program Objective for this program as stated in the Executive Budget document submitted to the Legislature
7. FY 07 allocation for the program (\$, budgeted permanent and temporary positions) by each means of financing
8. FY 08 and FY 09 Base \$ by each means of financing. Position count is unnecessary because it is the same as FY 07. Increases/decreases in positions should be requested in Form A (see item 11 below). FY 08 and FY 09 Base \$ should match Form C for those years.
9. (A) - Complete if there has been a change from the current FB 2005-07 program structure as approved by the Director of Finance. If not, indicate "No."
10. (B) - Short description of priority function and % of total program budget, combining means of financing. Specific activities necessary to perform the function should be identified in the more detailed description of the function, under Item (C) (a). See attached example. List is not limited to two; however only the high priority functions should be identified (i.e., the percentage need not total 100%).
11. (C) - For each function listed in (B), complete items (a) through (d). Item (c) should focus on the key measure(s) of effectiveness associated with the specific program (show FY 07-FY 09). The FY 08 and FY 09 projections should reflect results utilizing the Base \$. Item (d) requires a brief reference if trade-off/transfers or additional resources will be requested. Specific details of such requests will be presented through Form A. When submitting Form A, the justification should include impacts/changes to the FY 08 and FY 09 projections as a result of the increase/decrease in resources.
12. (D) - Vacancies in the program as of 8/31/06. Include position title, budgeted annual salary and MOF, date position became vacant.
13. (E) - Funds transferred in FY 06 (via Form A-21). For FY 07, identify transfers already made as well as PROPOSED transfers. Briefly identify reason for transfer.

FB 2007-09 Budget  
Operating Budget Base  
Department of Agriculture

Program ID: AGR 132 Program Title: Animal Disease Control  
Dept. Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Program Objective: To assist the State's livestock and poultry industries in the production of disease free livestock, poultry and wholesome products and protect the public health through the prevention, detection and control of livestock and poultry diseases.

Program Budget					
MOF	FTE (P)	FTE (T)	FY 07 Allocation	FY 08 Base \$	FY 09 Base \$
Total					

A. Has this program been consolidated as part of a new departmental program structure? If so, briefly explain changes.

B. Please list priority functions of programs and approximate percentage of total budget devoted to activity.

<u>Priority Functions</u>	<u>FY 08 % of Budget</u>	<u>FY 09 % of Budget</u>
1. Prevention of livestock and poultry diseases in Hawaii	45%	45%
2.		

C. Narrative description for each program function

1. Prevention of livestock and poultry diseases in Hawaii

- a. Prevent importation of serious diseases affecting poultry and livestock through: i) inspection and testing of animals, and ii) enforcement of regulations. Institute quarantines procedures when necessary. Based on a national standard established by \_\_\_\_, the goal is to perform more than 20,000 lab tests annually.
- b. This function is critical to protecting public health and the livestock and poultry industries in Hawaii.
- c. # of diseases of livestock/poultry present in Hawaii (FY 07 \_\_; FY 08 \_\_; FY 09 \_\_).  
% of livestock/poultry inspected when entering Hawaii (FY 07 \_\_; FY 08 \_\_; FY 09 \_\_).
- d. \$20,000 in general funds will be transferred to AGR 192 for FY 08 and 09. (See Form A for details.)

2. Priority function (from listing above)
  - a. Description of priority function/activity
  - b. Justification of why function/activity is a priority
  - c. Benefit(s) to public expressed in terms of selected measures of effectiveness
  - d. Briefly indicate if funds/positions will be transferred in/out as a trade-off transfer (detailed in Form A or whether additional funds/positions will be requested (detailed in Form A).
- D. Listing of position vacancies in program as of 8/31/06 (attach separate listing if necessary)
- E. Funds transferred in/out of program in FY 06 and FY 07. Indicate amount and reason for transfers.



**INSTRUCTIONS FOR FORM B: OPERATING BUDGET ADJUSTMENT REQUEST**

Form B is a summary listing of all FB 2007-09 budget requests in departmental priority order.

**Item Description and Preparation Instructions****Date Prepared/Revised**

Underscore as applicable and enter date.

**Dep't Current Budget (Act 160/06 adjusted for CB and grants/non-recurring) by Means of Financing (MOF)**

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

**Request Category**

See "Instructions for Form A" for explanation of request categories.

**Department Priority**

Enter the department priority number as entered on Form A. Requests with multiple MOF should be listed using the same priority number, with separate entries for each MOF.

**Program ID/Org. Code**

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

**Description**

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

**MOF**

Enter the MOF as entered on Form A.

**Department Request**

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

**Total Request and Grand Total**

Totals, including Act 160/06, will be automatically computed.

Date Prepared/Revised:

FB 07-09 BUDGET  
OPERATING BUDGET ADJUSTMENT REQUEST  
DEPARTMENT OF

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

Program ID/Org. Code:  
Program Title:

Department Contact:

Phone:

Request Category:

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

Health, Safety, Court Mandates \_\_\_\_\_

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

Governor's Program Initiatives (+)\_\_\_\_ (-) \_\_\_\_

Recurring Costs \_\_\_\_\_

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 08 Request			FY 09 Request			FY 10	FY 11	FY 12	FY 13
FTE (P)	FTE (T)	(\$)	FTE (P)	FTE (T)	(\$)	(\$ thous)	(\$ thous)	(\$ thous)	(\$ thous)
<b>TOTAL REQUEST</b>									
0.00	0.00	0	0.00	0.00	0	0	0	0	0

By MOF:  
A  
B  
N  
R  
S  
T  
U  
W  
X



Date Prepared/Revised:

**FB 07-09 BUDGET  
OPERATING BUDGET ADJUSTMENT REQUEST  
DEPARTMENT OF**

**III. OPERATING COST DETAILS**

	MOF	FY 08 Request			FY 09 Request			FY 10	FY 11	FY 12	FY 13
		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

Date Prepared/Revised:

**FB 07-09 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

Date Prepared/Revised:

**FB 07-09 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. OTHER COMMENTS**

INSTRUCTIONS FOR FORM A: OPERATING BUDGET ADJUSTMENT REQUEST

Form A is to be completed for each FB 2007-09 budget request.

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**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 as applicable and enter date.

Department Priority

Assign a unique number to indicate the department priority of this 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 2007-09 instructions.
- Health, Safety, Court Mandates: Requests for critical, unanticipated emergencies relating to public health and safety, or requirements of court orders or federal mandates.
- Trade-Off/Transfer: Requests for a (+) or (-) adjustment in a proposed swap.
- Governor's Program Initiatives: Requests initiated by the Governor's Office.
- Recurring Costs: Requests to continue on-going costs from specific appropriation acts of the 2005 and 2006 Legislatures.

- 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 Memo No. 96-17 for distinguishing criteria of this cost element.

IV. Justification of Request

Provide narrative to describe the problem and justify the request.

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.
  - a. Provide back-up data on:

- Current resources (funding and staffing)
- Expenditures in prior years
- Workload (fiscal biennium and out-years)
- Other relevant factors

b. Discuss impact on program performance measures (current approved measures): measures of effectiveness, target group size, activity indicators.

2. 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, Information and Communications Services Division.

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 legislative proposals, 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. Other Comments







