

INSTRUCTIONS FOR FORM A: OPERATING BUDGET ADJUSTMENT REQUEST

Form A is to be completed for each FY 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 or “unauthorized positions” 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 or “unauthorized positions” proposal, the corresponding (+) and (-) adjustments should carry the same priority number.

Request Category

Indicate type of request, as allowed in the Supplemental 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 (Finance Memo No. 06-07, Attachment 2, Item A.4.c.).
- **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.
- **Unauthorized Positions/TR**: Requests to include unauthorized positions in the budget in compliance with Section 191, Act 213/07. Any “Unauthorized Positions” request must also include an off-setting minus (-) adjustment. Both are labeled “UN.”
- **Administration’s Program Initiatives**: Requests initiated by the Governor’s Office.

- Continue Funding: Requests for ongoing, critical programs that were funded in FY 08, but not in FY 09.
- Other: Requests that do not fit the above categories.
- Reductions: Requests to meet reduction requirements.

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 or potential 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

Date Prepared/Revised:

FY 09 SUPPLEMENTAL BUDGET
 OPERATING BUDGET ADJUSTMENT REQUEST
 DEPARTMENT OF

III. OPERATING COST DETAILS

- A. Personal Services (List all positions)
 Position Title, SR
 Other Personal Services (List by line item)
- Fringe Benefits
- Turnover Savings

Subtotal Personal Service Costs

By MOF

- B. Other Current Expenses (List by line item)

Subtotal Other Current Expenses

By MOF

- C. Equipment (List by line item)

Subtotal Equipment

By MOF

- L. Current Lease Payments (Note each lease)

Subtotal Current Lease Payments

By MOF

MOF	FY 09 Request		FY 10 (\$ thous)	FY 11 (\$ thous)	FY 12 (\$ thous)	FY 13 (\$ thous)
	FTE (P)	FTE (T)				
	0.00	0.00	0	0	0	0
A	0.00	0.00	0	0	0	0
B	0.00	0.00	0	0	0	0
N	0.00	0.00	0	0	0	0
A			0	0	0	0
B			0	0	0	0
N			0	0	0	0
A			0	0	0	0
B			0	0	0	0
N			0	0	0	0
A			0	0	0	0
B			0	0	0	0
N			0	0	0	0

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FY 09 SUPPLEMENTAL BUDGET
OPERATING BUDGET ADJUSTMENT REQUEST
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M. Motor Vehicles (List Vehicles)

Subtotal Motor Vehicles	0	0	0	0	0	0	0
By MOF							
A	0	0	0	0	0	0	0
B	0	0	0	0	0	0	0
N	0	0	0	0	0	0	0
TOTAL REQUEST	0.00	0.00	0	0	0	0	0

FORM A

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**FY 09 SUPPLEMENTAL 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