

**Attachment 5**

**Operating Budget Submission**

**(Forms OB, A, B, C)**

FB 2009-11 Budget  
 Review of FY 09 Operating Budget Base  
 Department of ①

Program ID: ② Program Title: ③  
 Dept. Contact: ④ Phone No.: ⑤

Program Objective: ⑥

Program Budget <u>⑦</u>			
MOF	FTE (P)	FTE (T)	FY 09 Allocation
Total			

A. Please list priority functions of the program and approximate percentage of total budget devoted to each function. ⑧

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

B. Narrative description for each program function ⑨

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 in FB 09 – 11 budget request.
2. Priority function (from listing above)
  - a.
  - b.
  - c.
  - d.

C. If this program has gone through significant expansion since FY 05, please list it below and provide the timeframe, purpose, and justification for the expansion. Also, indicate the estimated related expenditures for FY 05, FY 06, FY 07, FY 08 and FY 09, as applicable. ⑩

	<u>Program Expansion</u>	<u>Timeframe / Purpose / Justification / Expenditures</u>
1.		
2.		

D. Listing of position vacancies in program as of 8/31/08 (attach separate listing if necessary) ⑪

E. Funds transferred in/out of program in FY 08 and FY 09. Indicate amount and reason for transfers. ⑫

INSTRUCTIONS FOR FORM OB  
REVIEW OF FY 09 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 09 allocation for the program (\$, budgeted permanent and temporary positions) by each means of financing
8. (A) - 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 (B) (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%).
9. (B) - For each function listed in (A), complete items (a) through (d). Item (c) should focus on the key measure(s) of effectiveness associated with the specific program (show FY 09-FY 11). The FY 10 and FY 11 projections should reflect results utilizing the FY 09 Allocation \$. Item (d) requires a brief reference of trade-off/transfers to be included in your FB 09-11 budget request.
10. (C) - Short description of significant program expansion since FY 05, if applicable. Indicate if it is a new program (included in FY 06 budget or later). Provide the purpose and justification for the expansion, as well as related estimated annual expenditures in FY 05, FY 06, FY 07, FY 08 and FY 09, as applicable.
11. (D) - Vacancies in the program as of 8/31/08. Include position title, budgeted annual salary and MOF, date position became vacant.
12. (E) - Funds transferred in FY 08 (via Form A-21). For FY 09, identify transfers already made as well as PROPOSED transfers. Briefly indicate reason for transfer.





INSTRUCTIONS FOR FORM B: OPERATING BUDGET ADJUSTMENT REQUEST

Form B is a summary listing of all FB 2009-11 budget requests in departmental priority order. A separate Form B should be prepared for each level (Tier 1, Tier 2 and Tier 3) of reductions. Each Form B should also include all adjustment requests.

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

Underscore "Prepared" or "Revised" as applicable and enter date.

Dep't Operating Base Ceiling (Act 158/08 adjusted for CB and 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.

B&F Code

For B&F use only.

Program ID/Org. Code

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

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.

Description

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

MOF

Enter the MOF as entered on Form A.

FY 10 and FY 11

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

Subtotals and Grand Total

Subtotals of mandatory reductions, the budget ceiling (base ceiling less reductions), and adjustments and a grant total of the budget ceiling and adjustments will be automatically computed.

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

**FB 09-11 BUDGET  
 OPERATING BUDGET ADJUSTMENT REQUEST  
 DEPARTMENT OF**

Select one: Tier 1 \_\_\_\_\_  
 Tier 2 \_\_\_\_\_  
 Tier 3 \_\_\_\_\_

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

Request Category:

- Fixed Cost/Entitlement \_\_\_\_\_
- Health, Safety, Court Mandates \_\_\_\_\_
- Trade-Off/Transfer (+) \_\_\_\_\_ (-) \_\_\_\_\_
- Governor's Program Initiatives (+) \_\_\_\_\_ (-) \_\_\_\_\_
- Recurring Costs \_\_\_\_\_
- Reduction \_\_\_\_\_
- Other \_\_\_\_\_

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

Program Title: \_\_\_\_\_

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

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

**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 10 Request		FY 11 Request		FY 12	FY 13	FY 14	FY 15
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 R S T U W X





Date Prepared/Revised:

FB 09-11 BUDGET  
OPERATING BUDGET ADJUSTMENT REQUEST  
DEPARTMENT OF

M. Motor Vehicles (List Vehicles)									
Subtotal Motor Vehicles	0								0
By MOF									
A	0								0
B	0								0
N	0								0
<b>TOTAL REQUEST</b>	0.00	0.00	0	0.00	0.00	0	0	0	0

Date Prepared/Revised:

**FB 09-11 BUDGET  
OPERATING BUDGET ADJUSTMENT REQUEST  
DEPARTMENT OF**

- IV. JUSTIFICATION OF REQUEST / IMPACT OF REDUCTIONS**
- 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. REQUIRED LEGISLATION (Please specify appropriate statutes; i.e., HRS)**
- XI. OTHER COMMENTS**

INSTRUCTIONS FOR FORM A: OPERATING BUDGET ADJUSTMENT REQUEST

Form A is to be completed for each FB 2009-11 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 "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 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 2009-11 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 2007 and 2008 Legislatures.
- Reductions: Requests necessary to meet mandatory reductions.
- 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/Impact of Reductions

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. Impact of Reductions: Explain how the reduction will impact program objectives and how the program intends to address the anticipated impact.
3. Provide back-up data on:
  - Current resources (funding and staffing)
  - Expenditures in prior years
  - Workload (fiscal biennium and out-years)
  - Other relevant factors

4. Discuss impact on program performance measures (current approved measures): measures of effectiveness, target group size, activity indicators.
5. 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 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 C - SUMMARY OF CURRENT OPERATING BASE  
DEPARTMENT OF

Program ID/ Org Code	Program Title	MOF	FY 09 Appropriation	Less: Non-recurring	Add: FY 10 CB	Add: FY 11 CB	FY 10 Base (H=D-E+F)	FY 11 Base (I=D-E+G)
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H=D-E+F)	(I=D-E+G)
PROGID/ORG		B	0				0	0
		W	0				0	0
		Total	0				0	0
PROGID TOTAL		B	0				0	0
		W	0				0	0
		Total	0				0	0
PROGID/ORG		A	0				0	0
		U	0				0	0
		Total	0				0	0
PROGID TOTAL		A	0				0	0
		U	0				0	0
		Total	0				0	0
DEPT TOTAL		A	0				0	0
		B	0				0	0
		U	0				0	0
		W	0				0	0
		Total	0				0	0

FORM C - SUMMARY OF CURRENT OPERATING BASE  
DEPARTMENT OF

Program ID/ Org Code	Program Title	MOF	A Personal Services					B FY 10				M	Check
			Permanent FTE (BJ1)	Temporary FTE (BT1)	Total Personal Services (L)	Other Current Expenses (BJ2)	Equipment (BJ3)	Leasing (K2, 3,4)	Motor Vehicles (BJ4)	TOTAL FY 10 Base			
(A)	(B)	(C)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q=L+M+N+O+P)	(H=Q)		
PROGID/ORG		B	0.00	0.00	0	0	0	0	0	0	0		
		W	0.00	0.00	0	0	0	0	0	0	0		
		Total	0.00	0.00	0	0	0	0	0	0	0		
PROGID TOTAL		B	0.00	0.00	0	0	0	0	0	0	0		
		W	0.00	0.00	0	0	0	0	0	0	0		
		Total	0.00	0.00	0	0	0	0	0	0	0		
PROGID/ORG		A	0.00	0.00	0	0	0	0	0	0	0		
		U	0.00	0.00	0	0	0	0	0	0	0		
		Total	0.00	0.00	0	0	0	0	0	0	0		
PROGID TOTAL		A	0.00	0.00	0	0	0	0	0	0	0		
		U	0.00	0.00	0	0	0	0	0	0	0		
		Total	0.00	0.00	0	0	0	0	0	0	0		
DEPT TOTAL		A	0.00	0.00	0	0	0	0	0	0	0		
		B	0.00	0.00	0	0	0	0	0	0	0		
		U	0.00	0.00	0	0	0	0	0	0	0		
		W	0.00	0.00	0	0	0	0	0	0	0		
		Total	0.00	0.00	0	0	0	0	0	0	0		

Note: This section will be prefilled with Act. 158.08 FY 09 data; please make the appropriate adjustments.



FORM C - SUMMARY OF CURRENT OPERATING BASE  
DEPARTMENT OF

Program ID/ Org Code	Program Title	MOF	FY 11						Check	
			A Personal Services			B	C	L		M
(A)	(B)	(C)	Permanent FTE (BJ1)	Temporary FTE (BT1)	Total Personal Services (T)	Other Current Expenses (BJ2)	Equipment (BJ3)	Leasing (K2, 3, 4)	Motor Vehicles (BJ4)	TOTAL FY 11 Base (Y=T+U+V+W+X)
			(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)
Note: This section will be prefixed with Act. 158.08 FY 09 data; please make the appropriate adjustments.										
PROGID/ORG		B	0.00	0.00	0	0	0	0	0	0
		W	0.00	0.00	0	0	0	0	0	0
		Total	0.00	0.00	0	0	0	0	0	0
PROGID TOTAL		B	0.00	0.00	0	0	0	0	0	0
		W	0.00	0.00	0	0	0	0	0	0
		Total	0.00	0.00	0	0	0	0	0	0
PROGID/ORG		A	0.00	0.00	0	0	0	0	0	0
		U	0.00	0.00	0	0	0	0	0	0
		Total	0.00	0.00	0	0	0	0	0	0
PROGID TOTAL		A	0.00	0.00	0	0	0	0	0	0
		U	0.00	0.00	0	0	0	0	0	0
		Total	0.00	0.00	0	0	0	0	0	0
DEPT TOTAL		A	0.00	0.00	0	0	0	0	0	0
		B	0.00	0.00	0	0	0	0	0	0
		U	0.00	0.00	0	0	0	0	0	0
		W	0.00	0.00	0	0	0	0	0	0
		Total	0.00	0.00	0	0	0	0	0	0