

**FY 11 SUPPLEMENTAL BUDGET
PRELIMINARY OPERATING BUDGET ADJUSTMENT REQUEST
DEPARTMENT OF**

IV. DESCRIPTION OF REQUEST / IMPACT OF REDUCTIONS

V. IMPACT ON OTHER STATE PROGRAMS/AGENCIES

VI. IMPACT ON FACILITY REQUIREMENTS (R&M, CIP)

VII. EXTERNAL CONFORMANCE REQUIREMENTS

VIII. REQUIRED LEGISLATION (Please specify appropriate statutes; i.e., HRS)

IX. OTHER COMMENTS

INSTRUCTIONS FOR FORM A-PRELIMINARY:
OPERATING BUDGET ADJUSTMENT REQUEST

Form A-P is to be completed for each FY 11 supplemental budget adjustment request. For display purposes only, positions that have been identified for abolishment in FY 10 must be included in the column designated "FY 10 (Display Purposes Only)."

Sufficient details to describe the request must be provided.

Item Description and Preparation Instructions

Program ID/Org. Code

Submit request at the org. code level.

Date Prepared/Revised

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

Request Category

Indicate type of request, as discussed in Finance Memorandum No. 09-11, Preliminary Instructions for the Fiscal Biennium 2009-11 Supplemental Budget Preparation.

- Abolish Position (FY 10 & FY 11): List positions which have been identified for abolishment in FY 10 and will be abolished in FY 11.
- Abolish Position (FY 11): List positions to be abolished in FY 11.
- Other Labor Cost Adjustment: Requests related to furlough and/or other labor cost reductions.
- Other Cost Adjustments to Meet 13.85%: Requests to meet the 13.85% reductions in the FY 11 ceiling.
- Other Reductions: Reductions that do not fit the above categories.
- 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-P, 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. Description of Request/Impact of Reductions

As applicable, provide narrative for the following:

1. Description of Request: Identify the reductions.
2. Impact of Reductions: Explain how the reduction will impact program objectives and how the program intends to address the anticipated impact.
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. 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.

VI. Impact on Facility Requirements (R&M, CIP)

Discuss how this request will impact the current use of facilities, or reduce the need for capital improvements now or in the future. Indicate if capital funds have been appropriated which may no longer be needed; cite act and item. Indicate whether a CIP request was submitted to lapse appropriations which are no longer necessary.

VII. 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.

VIII. 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.

IX. Other Comments