Attachment 5

Operating Budget Submission

(Forms A, A-Attachment, B, B-1, C)

FORM A

Date Prepared/Revised:

FB 11-13 BUDGET
OPERATING BUDGET ADJUSTMENT REQUEST
DEPARTMENT OF

Program ID/Org. Code:
Program Title:

Department Contact: Phone:

Department Priority _____

Request Category:
Fixed Cost/Entitlement _____
Health, Safety, Court Mandates _____
Trade-Off/Transfer - Base Adj (+)___ (-) ___
Trade-Off/Transfer - Other (+)___ (-) ___
Addt'l Resources for Current Prgms _____
Other _____

I. TITLE OF REQUEST:

Description of Request:

II. OPERATING COST SUMMARY

	FY 12 Request			FY 13 Request			FY 14	FY 15	FY 16	FY 17
	FTE (P)	FTE (T)	($)	FTE (P)	FTE (T)	($)	($ thous)	($ thous)	($ thous)	($ thous)
A. Personal Services										
B. Other Current Expenses										
C. Equipment										
L. Current Lease Payments										
M. Motor Vehicles										
TOTAL REQUEST	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

FORM A

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OPERATING BUDGET ADJUSTMENT REQUEST
DEPARTMENT OF

III. OPERATING COST DETAILS

	MOF	FY 12 Request FTE (P)	FY 12 Request FTE (T)	FY 12 Request ($)	FY 13 Request FTE (P)	FY 13 Request FTE (T)	FY 13 Request ($)	FY 14 ($ thous)	FY 15 ($ thous)	FY 16 ($ thous)	FY 17 ($ thous)
A. Personal Services (List all positions)											
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. Other Current Expenses (List by line item)											
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
C. Equipment (List by line item)											
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
L. Current Lease Payments (Note each lease)											
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

FORM A

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OPERATING BUDGET ADJUSTMENT REQUEST
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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
TOTAL REQUEST		0.00	0.00	0	0.00	0.00	0	0	0	0	0

FORM A

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

XI. OTHER COMMENTS

Form A - Attachment

FB 11-13 OPERATING BUDGET TRADE-OFF/TRANSFERS
DEPARTMENT OF

Prog ID	Org Code	Cost Element	Item Description / Position Title	MOF	Psn No.	FTE (P)	FTE (T)	FY 12 $	FY 13 $
				Total		-	-	-	-

Cost Element:
A. Personal Services
B. Other Current Expenses
C. Equipment
L. Current Lease Payments
M. Motor Vehicles

INSTRUCTIONS FOR FORM A: OPERATING BUDGET ADJUSTMENT REQUEST AND FORM A-ATTACHMENT: FB 2011-13 OPERATING BUDGET TRADE-OFF/TRANSFER

Form A is to be completed for each FB 2011-13 budget request. Form A-Attachment may be used to list multiple trade-off/transfer requests for a related Form A.

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 for Form A

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 2011-13 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 – Base Adjustment: Requests for (+) or (-) adjustments within department ceiling to reflect true expenditure requirements.

- Trade-Off/Transfer – Others: Requests for (+) or (-) adjustments in a proposed swap to meet other program requirements.

- Additional Resources for Current Programs: Requests for additional positions or funds necessary for the viability of current programs for consideration by new administration.

- 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

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. Provide back-up data on:

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

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. 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

Item Description and Preparation Instructions for Form A-Attachment

Program ID/Org Code

Should reflect program ID and organization code of corresponding Form A.

Cost Element

Use the following alphas to indicate the appropriate cost element of the (+) or (-) request:

A - Personal Services
B - Other Current Expenses
C - Equipment
L - Current Lease Payments
M - Motor Vehicles

Item Description/Position Title

Indicate the budget item or position proposed for (+) or (-) adjustment.

MOF

Provide the MOF of the request from the Form A.

Psn. No.

Indicate the position number, if applicable, for each position proposed in a trade-off request.

FTE (P) and FTE (T)

Provide the permanent FTE or temporary FTE for each position. Enter (-) requests as negative FTE.

FY 12 $ and FY 13 $

List (+) or (-) amount for each line item adjustment. Enter (-) requests as negative amounts.

Total

Will be automatically computed.

Date Prepared/Revised:

FB 11-13 BUDGET
DEPARTMENT SUMMARY OF OPERATING BUDGET ADJUSTMENT REQUESTS
DEPARTMENT OF

		FY 12			FY 13		
	MOF	FTE (P)	FTE (T)	$ Amount	FTE (P)	FTE (T)	$ Amount
Current Services Operating Budget Ceilings by MOF	A						
	B						
	N						
	R						
	S						
	T						
	U						
	W						
	X						
	V						
	TOTAL	-	-	-	-	-	-

						FY 12			FY 13		
Req Cat	B&F Code	Prog ID/Org	Dept Pri	Description	MOF	FTE (P)	FTE (T)	$ Amount	FTE (P)	FTE (T)	$ Amount
TRADE-OFF/TRANSFERS:											
TOTAL TRADE-OFF/TRANSFERS:						-	-	-	-	-	-
By MOF											
General					A	-	-	-	-	-	-
Special					B	-	-	-	-	-	-
Federal					N	-	-	-	-	-	-
Private					R	-	-	-	-	-	-
County					S	-	-	-	-	-	-
Trust					T	-	-	-	-	-	-
Inter-departmental Transfer					U	-	-	-	-	-	-
Revolving					W	-	-	-	-	-	-
Other					X	-	-	-	-	-	-
Federal Stimulus Funds					V	-	-	-	-	-	-
ADJUSTED BASE = BASE - TRADE-OFF/TRANSFERS:						-	-	-	-	-	-
By MOF											
General					A	-	-	-	-	-	-
Special					B	-	-	-	-	-	-
Federal					N	-	-	-	-	-	-
Private					R	-	-	-	-	-	-
County					S	-	-	-	-	-	-
Trust					T	-	-	-	-	-	-
Inter-departmental Transfer					U	-	-	-	-	-	-
Revolving					W	-	-	-	-	-	-
Other					X	-	-	-	-	-	-
Federal Stimulus Funds					V	-	-	-	-	-	-

Req Cat	B&F Code	Prog ID/Org	Dept Pri	Description	MOF	FY 12 FTE (P)	FY 12 FTE (T)	FY 12 $ Amount	FY 13 FTE (P)	FY 13 FTE (T)	FY 13 $ Amount
ALLOWABLE NON-DISCRETIONARY EXPENSE REQUESTS:											
TOTAL ALLOWABLE NON-DISCR EXP REQUESTS:						-	-	-	-	-	-
By MOF											
General					A	-	-	-	-	-	-
Special					B	-	-	-	-	-	-
Federal					N	-	-	-	-	-	-
Private					R	-	-	-	-	-	-
County					S	-	-	-	-	-	-
Trust					T	-	-	-	-	-	-
Inter-departmental Transfer					U	-	-	-	-	-	-
Revolving					W	-	-	-	-	-	-
Other					X	-	-	-	-	-	-
Federal Stimulus Funds					V	-	-	-	-	-	-
GRAND TOTAL = ADJUSTED BASE + ALLOWABLE NON-DISCR EXP REQUESTS:						-	-	-	-	-	-
By MOF											
General					A	-	-	-	-	-	-
Special					B	-	-	-	-	-	-
Federal					N	-	-	-	-	-	-
Private					R	-	-	-	-	-	-
County					S	-	-	-	-	-	-
Trust					T	-	-	-	-	-	-
Inter-departmental Transfers					U	-	-	-	-	-	-
Revolving					W	-	-	-	-	-	-
Other					X	-	-	-	-	-	-
Federal Stimulus Funds					V	-	-	-	-	-	-

Request Category Legend:

FE	Fixed Cost/Entitlement
HS	Health, Safety, Court Mandates
TB	Trade-Off/Transfer - Base Adjustment
TO	Trade-Off/Transfer - Others
AR	Additional Resources for Current Programs
O	Other

Date Prepared/Revised:

FB 11-13 BUDGET
DEPARTMENT SUMMARY OF OTHER BUDGET REQUESTS
DEPARTMENT OF

Req Cat	B&F Code	Prog ID/Org	Dept Pri	Description	MOF	FY 12 FTE (P)	FY 12 FTE (T)	FY 12 $ Amount	FY 13 FTE (P)	FY 13 FTE (T)	FY 13 $ Amount
OTHER BUDGET REQUESTS:											
TOTAL OTHER BUDGET REQUESTS:						-	-	-	-	-	-
By MOF											
				General	A	-	-	-	-	-	-
				Special	B	-	-	-	-	-	-
				Federal	N	-	-	-	-	-	-
				Private	R	-	-	-	-	-	-
				County	S	-	-	-	-	-	-
				Trust	T	-	-	-	-	-	-
				Inter-departmental Transfer	U	-	-	-	-	-	-
				Revolving	W	-	-	-	-	-	-
				Other	X	-	-	-	-	-	-
				Federal Stimulus Funds	V	-	-	-	-	-	-

Request Category Legend:

FE	Fixed Cost/Entitlement
HS	Health, Safety, Court Mandates
TB	Trade-Off/Transfer - Base Adjustment
TO	Trade-Off/Transfer - Others
AR	Additional Resources for Current Programs
O	Other

INSTRUCTIONS FOR FORM B: DEPARTMENT SUMMARY OF OPERATING BUDGET ADJUSTMENT REQUESTS AND FORM B-1: DEPARTMENT SUMMARY OF OTHER BUDGET REQUESTS

Form B is a summary listing of all FB 2011-13 budget requests to be proposed to the current administration in departmental priority order. Form B-1 is a summary listing of all FB 2011-13 budget requests to be proposed to the new administration, in departmental priority order which is distinct from the priorities of Form B requests. All adjustment requests should be included on either Form B or Form B-1, as appropriate.

Item Description and Preparation Instructions for Form B and Form B-1

Date Prepared/Revised

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

Current Services Operating Budget Ceiling (Act 180/10 adjusted for furlough savings amounts, collective bargaining, recurring and non-recurring) by Means of Financing (MOF) (Form B only)

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 12 and FY 13

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

On Form B, subtotals of trade-offs and transfers, the adjusted base (base ceiling less trade-offs and transfers), and allowable non-discretionary expense requests and a grand total of the adjusted base and allowable non-discretionary requests will be automatically computed.

On Form B-1, the grand total of all other budget requests will be automatically computed.

* Use legal-sized paper (8 1/2" x 14")

FORM C - SUMMARY OF CURRENT OPERATING BASE
DEPARTMENT:

Program ID/ Org Code	Program Title	MOF	FY 11 Appropriation	Add: Furlough Adj.	Add: Recurring Costs	Less: Non-recurring Costs (-)	Less: Stimulus Funds (-)	FY 12 and FY 13 Base
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I=D+E+F+G+H)
AGR100AA		A	-					-
		R	-					-
		U	-					-
		Total	-	-	-	-	-	-
AGR100AB		A	-					-
		Total	-	-	-	-	-	-
AGR100 TOTAL		A	-	-	-	-	-	-
		R	-	-	-	-	-	-
		U	-	-	-	-	-	-
		Total	-	-	-	-	-	-
AGR101BB		A	-					-
		Total	-	-	-	-	-	-
AGR101 TOTAL		A	-	-	-	-	-	-
		Total	-	-	-	-	-	-
AGR TOTAL		A	-	-	-	-	-	-
		R	-	-	-	-	-	-
		U	-	-	-	-	-	-
		Total	-	-	-	-	-	-

* Use legal-sized paper (8 1/2" x 14")

FORM C - SUMMARY OF CURRENT OPERATING BASE
DEPARTMENT:

			FY 12 and FY 13								Check
			A Personal Services			B	C	L	M	TOTAL	
Program ID/ Org Code	Program Title	MOF	Permanent FTE (BJ1)	Temporary FTE (BT1)	Total Personal Services (BJ1, BT1, BJ1A)	Other Current Expenses (BJ2)	Equipment (BJ3)	Leasing (K2, K3, K4)	Motor Vehicles (BJ4)	FY 12 and FY 13 Base	FY 12 and FY 13 Base
(A)	(B)	(C)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q=L+M+N+O+P)	(R=Q)
AGR100AA		A	0.00	0.00	-	-	-	-	-	-	
		R	0.00	0.00	-	-	-	-	-	-	
		U	0.00	0.00	-	-	-	-	-	-	
		Total	0.00	0.00	-	-	-	-	-	-	
AGR100AB		A	0.00	0.00	-	-	-	-	-	-	
		Total	0.00	0.00	-	-	-	-	-	-	
AGR100 TOTAL		A	0.00	0.00	-	-	-	-	-	-	
		R	0.00	0.00	-	-	-	-	-	-	
		U	0.00	0.00	-	-	-	-	-	-	
		Total	0.00	0.00	-	-	-	-	-	-	
AGR101BB		A	0.00	0.00	-	-	-	-	-	-	
		Total	0.00	0.00	-	-	-	-	-	-	
AGR101 TOTAL		A	0.00	0.00	-	-	-	-	-	-	
		Total	0.00	0.00	-	-	-	-	-	-	
AGR TOTAL		A	0.00	0.00	-	-	-	-	-	-	
		R	0.00	0.00	-	-	-	-	-	-	
		U	0.00	0.00	-	-	-	-	-	-	
		Total	0.00	0.00	-	-	-	-	-	-	