

## OPERATING BUDGET REQUEST Form - FISCAL YEAR 2017

Department/Division/IPU:	
Priority Number*:	
Request Title:	

\*If there are multiple components within a priority, please clarify sub-priorities.

**A. Detailed Summary and Background of Budget Request:**

Provide a succinct paragraph which should include dollars/FTEs. This summary should include background information and justification for the request.

**B. Consequences if Budget Request is Not Funded:**

Provide specific potential impacts and outcomes (e.g. service volume impacts or potential waiting lists) if the budget request is not funded.

**C. Appropriation History:**

Please complete the table below. If expenditures are greater than the budget for any year, identify alternative appropriations used to cover the deficit.

	BUDGET				EXPENDITURES			
	GF	ASF	NSF	Total	GF	ASF	NSF	Total
FY14								
FY15								
FY16								

\*If appropriations are continued into the next fiscal year, please only include the amount expended in the budgeted fiscal year.

**D. Calculations for Budget Request:**

Provide funding/FTEs for your budget request in the table below. If there are multiple components to the request, please complete a separate table for each component.

		FY17				Out Years (General Fund Only)		
Appr. Number	Appr. Name	GF	ASF	NSF	Total	FY18	FY19	FY20
	Total Dollars							
	FTEs							

\*Out years should be annualizations (new funds) and should not include base funds from prior years.

**E. Assumptions for Calculations:**

Provide exact calculations, formulas, and source of numbers used in calculations.

**F. Implementation Schedule:**

Provide a timeline for the request (i.e. when will program/project begin, when will FTEs be hired).

**G. Performance Measures or other Pertinent Information:**

Provide relevant performance measures to support this budget request.

**H. Collaborations with Other Government Agencies/Non-Profit Organizations (if applicable):**

Provide information on contributions of other organizations (i.e. in-kind services or other resources).

**I. Impact on Other Government Agencies/Non-Profit Organizations (if applicable):**

Provide positive and/or negative impacts of this budget request on other agencies/organizations.

**J. Statutory and Federal Authority:**

Provide relevant citations from state and federal laws/regulations which support this budget request.

**K. Comparability to Surrounding States (if applicable):**

Is this program/service provided in New Jersey, Pennsylvania and/or Maryland? Provide quantitative measures to describe the funding in Delaware comparative to the surrounding states.