**OPERATING BUDGET REQUEST FORM - FISCAL YEAR 2019**

|  |  |
| --- | --- |
| Department/Division/IPU: |  |
| Priority Number\*: |  |
| Request Title: |  |

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

1. **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.

1. **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.

1. **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 |
| FY16 |  |  |  |  |  |  |  |  |
| FY17 |  |  |  |  |  |  |  |  |
| FY18 |  |  |  |  |  |  |  |  |

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

1. **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.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | FY19 | | | | Out Years  (General Fund Only) | | |
| Appr. Number | Appr. Name | GF | ASF | NSF | Total | FY20 | FY21 | FY22 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Total Dollars |  |  |  |  |  |  |  |
|  | FTEs |  |  |  |  |  |  |  |

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

1. **Assumptions for Calculations:**

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

1. **Implementation Schedule:**

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

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

Provide relevant performance measures to support this budget request.

1. **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).

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

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

1. **Statutory and Federal Authority:**

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

1. **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.