**To:** Members of the Delaware State Clearinghouse Committee

**From:** [Insert Department Name]

**Date:** [Insert Date]

**SAI #** [Insert SAI#]

**Request**

Pursuant to Title 29, Chapter 64, § 6404(e)(2), [Insert Department Name] is requesting to switch fund [Insert Total Number of BPs] Budget Position(s), [Insert BP #s and BP titles] from [Insert Fund Type] to [Insert Fund Type] to support the [Insert Grant Name].

**Proposal for Clearinghouse Review**

**Current (Moving From)**

SAI#: [Insert SAI#]

Funding: [Insert Funding Ratio]

BP#: [Insert BP Number]

IPU: [Insert IPU Title]

Title: [Insert BP Title]

Grade: [Insert Grade]

**Proposed (Moving To)**

SAI#: [Insert SAI#]

Funding: [Insert Funding Ratio]

BP#: [Insert BP Number]

IPU: [Insert IPU Title]

Title: [Insert BP Title]

Grade: [Insert Grade]

**Analysis**

* Include proposed personnel costs or savings. Be sure to include all pertinant OEC rates and use the average cost of healthcare provided in the Budget Guidelines; the FY 20 healthcare cost is $15,013.
* Be sure to account for any proposed funding changes.
* Include any backup material used in the analysis.

**Justification**

* Given the context of the request and the analysis above, provide a brief justification for why this switch fund is needed.
	+ Include the duties and responsibilities the proposed position will fill.
	+ Detail how this change will assist in supporting agency mission and goals.
* Include why the current position is no longer appropriately needed.
	+ Detail how the agency will continue to support current functions and meet existing goals given less resources.