| Fiscal YearClick or tap here to enter text. | Business Unit NumberClick or tap here to enter text. | DepartmentClick or tap here to enter text. |
| --- | --- | --- |
| Hyperion Budget Request NameClick or tap here to enter text. | Relevant Program or SubprogramClick or tap here to enter text. |

Budget Request Title

Click or tap here to enter text.

Budget Request Summary

Click or tap here to enter text.

| Requires Legislation (submit required legislation with the BCP)[ ]  Trailer Bill Language [ ]  Budget Bill Language [ ]  N/A | Code Section(s) to be Added/Amended/RepealedClick or tap here to enter text. |
| --- | --- |
| Does this BCP contain information technology (IT) components? [ ]  Yes [ ]  no*If yes, departmental Chief Information Officer must sign*. | Department CIOClick or tap here to enter text. | DateClick or tap to enter a date. |

**For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), the approval date, and the total project cost.**

Project No.Click or tap here to enter text. Project Approval Document: Click or tap here to enter text.

**Approval Date:** Click or tap to enter a date. **Total Project Cost:** Click or tap here to enter text.

If proposal affects another department, does other department concur with proposal? [ ]  Yes [ ]  No

*Attach comments of affected department, signed and dated by the department director or designee.*

| Prepared ByClick or tap here to enter text. | DateClick or tap to enter a date. | Reviewed ByClick or tap here to enter text. | DateClick or tap to enter a date. |
| --- | --- | --- | --- |
| Department DirectorClick or tap here to enter text. | DateClick or tap to enter a date. | Agency SecretaryClick or tap here to enter text. | DateClick or tap to enter a date. |

**Department of Finance Use Only**

| **Additional Review:** [ ]  **Capital Outlay** [ ]  **itcu** [ ]  **FSCU** [ ]  **OSAE** [ ]  **Dept. of Technology**  |
| --- |
| Principal Program Budget AnalystClick or tap here to enter text. | Date submitted to the LegislatureClick or tap to enter a date. |

1. Problem Statement *(Provide a clear problem statement and relevant background/history, including relevant legislation or prior BCP requests. Provide program resource history and workload history.)*

Click or tap here to enter text.

Resource History

*(Dollars in thousands*)

| Program Budget | PY - 4 | PY - 3 | PY - 2 | PY-1 | PY | CY |
| --- | --- | --- | --- | --- | --- | --- |
| Authorized Expenditures |  |  |  |  |  |  |
| Actual Expenditures |  |  |  |  |  |  |
| Revenues |  |  |  |  |  |  |
| Authorized Positions |  |  |  |  |  |  |
| Filled Positions |  |  |  |  |  |  |
| Vacancies |  |  |  |  |  |  |

Workload History *(only include workload measures relevant to the request for resources.)*

| Workload Measure | PY - 4 | PY - 3 | PY - 2 | PY-1 | PY | CY |
| --- | --- | --- | --- | --- | --- | --- |
| e.g., Applications Received, Applications Processed, Call Volume, Site Visits, Audits, Stakeholder Meetings, Hearings, etc. |  |  |  |  |  |  |

## Justification *(Summarize how the requested resources will address the problem outlined in the Problem Statement Section. Provide justification for any requested contracting resources.)*

Click or tap here to enter text.

## Departmentwide and Statewide Considerations *(Describe how this proposal will help achieve broader department-wide and/or statewide missions, goals, or strategic plans, including equity considerations. Please provide links to relevant initiatives, master plans, policy manual sections, etc. and highlight any operational, policy, or fiscal impacts this proposal will have on other state agencies.)*

Click or tap here to enter text.

## Outcomes and Accountability (*Provide a summary of expected outcomes associated with the Budget Request and provide the projected workload metrics that reflect how this proposal improves the metrics outlined in the Problem Statement Section*.

Click or tap here to enter text.

**Projected Outcomes**

| **Workload Measure** | **CY** | **BY** | **BY+1** | **BY+2** | **BY+3** | **BY+4** |
| --- | --- | --- | --- | --- | --- | --- |
| e.g., Applications Received, Applications Processed, Call Volume, Site Visits, Audits, Stakeholder Meetings, Hearings, etc. |  |  |  |  |  |  |

## Implementation Plan *(Provide key milestones, deliverables, and timeline for implementation)*

Click or tap here to enter text.

## Supplemental Information (If Applicable) (*Attach workload standards, organizational charts [both before and after resource request] and provide details to support costs including appropriate back up*. *Note for federal fund requests: to the extent possible, provide (1) proof of federal award, (2) information on state matching requirements and how they will be met, if applicable, and (3) compliance plans for meeting federal encumbrance/obligation and expenditure/liquidation deadlines.)*

Click or tap here to enter text.

# BCP Fiscal Detail Sheet

**SAMPLE BCP REPORT FROM HYPERION**

BCP Title: Sample BCP

BR Name: XXXX-011-BCP-20XX-GB

Budget Request Summary

Personal Services

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Personal Services  | Current Year  | Budget Year  | BY+1  | BY+2  | BY+3  | BY+4  |
| Positions - Permanent  |  |  |  |  |  |  |
| **Total Positions**  | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** |
| Salaries and Wages Earnings - Permanent  |  |  |  |  |  |  |
| **Total Salaries and Wages**  | **$0** | **$0** | **$0** | **$0** | **$0** | **$0** |
| Total Staff Benefits  |  |  |  |  |  |  |
| **Total Personal Services**  | **$0** | **$0** | **$0** | **$0** | **$0** | **$0** |

Operating Expenses and Equipment

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Operating Expenses and Equipment  | Current Year  | Budget Year  | BY+1  | BY+2  | BY+3  | BY+4  |
| *(i.e., General Expense, Printing, Travel, Training, etc.)* |  |  |  |  |  |  |
| **Total Operating Expenses and Equipment**  | **$0** | **$0** | **$0** | **$0** | **$0** | **$0** |

Total Budget Request

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Total Budget Request  | Current Year  | Budget Year  | BY+1  | BY+2  | BY+3  | BY+4  |
| **Total Budget Request**  | **$0**  | **$0** | **$0** | **$0** | **$0** | **$0** |

Fund Summary

 Fund Source

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Fund Source   | Current Year  | Budget Year  | BY+1  | BY+2  | BY+3  | BY+4  |
| *(e.g., 0001 - General Fund, etc.)* |  |  |  |  |  |  |
|  *(e.g., 0890 – Federal Trust Fund, etc.)* |  |  |  |  |  |  |
| **Total State Operations** **Expenditures**  | **$0**  | **$0** | **$0** | **$0** | **$0** | **$0** |
| **Total All Funds**  | **$0**  | **$0** | **$0** | **$0** | **$0** | **$0** |

Program Summary

 Program Funding

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Program Funding  | Current Year  | Budget Year  | BY+1  | BY+2  | BY+3  | BY+4  |
| *(i.e., Program Number and Name)* |  |  |  |  |  |  |
| **Total All Programs**  | **$0**  | **$0** | **$0** | **$0** | **$0** | **$0** |