| Fiscal Year  Click or tap here to enter text. | Business Unit  Click or tap here to enter text. | Department  Click or tap here to enter text. | | Priority No.  Click or tap here to enter text. |
| --- | --- | --- | --- | --- |
| Budget Request Name  Click or tap here to enter text. | | Program  Click or tap here to enter text. | Subprogram  Click or tap here to enter text. | |

Budget Request Description

Click or tap here to enter text.

Budget Request Summary

Click or tap here to enter text.

| Requires Legislation  Yes  No | Code Section(s) to be Added/Amended/Repealed  Click or tap here to enter text.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 CIO  Click or tap here to enter text. | Date  Click 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), and the approval date.**

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.

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 By  Click or tap here to enter text. | Date  Click or tap to enter a date. | Reviewed By  Click or tap here to enter text. | Date  Click or tap to enter a date. |
| --- | --- | --- | --- |
| Department Director  Click or tap here to enter text. | Date  Click or tap to enter a date. | Agency Secretary  Click or tap here to enter text. | Date  Click or tap to enter a date. |

**Department of Finance Use Only**

| **Additional Review:**  **Capital Outlay**  **itcu**  **FSCU**  **OSAE**  **Dept. of Technology** | |
| --- | --- |
| PPBA  Click or tap here to enter text. | Date submitted to the Legislature  Click or tap to enter a date. |

## Budget Request Summary

Click or tap here to enter text.

## Background/History (*Provide relevant background/history and provide program resource history.*

*Provide workload metrics, if applicable*.)

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

| Workload Measure | PY – 4 | PY – 3 | PY – 2 | PY-1 | PY | CY |
| --- | --- | --- | --- | --- | --- | --- |
| e.g., Applications Received, Applications Processed, Call Volume, etc. |  |  |  |  |  |  |

## State Level Consideration

Click or tap here to enter text.

## Justification

Click or tap here to enter text.

## Outcomes and Accountability (*Provide summary of expected outcomes associated with Budget Request and provide the projected workload metrics that reflect how this proposal improves the metrics outlines in the Background/History 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, etc. |  |  |  |  |  |  |

## Analysis of All Feasible Alternatives

Click or tap here to enter text.

## Implementation Plan

Click or tap here to enter text.

## Supplemental Information (*Describe special resources and provide details to support costs including appropriate back up*.)

Click or tap here to enter text.

## Recommendation

Click or tap here to enter text.

# BCP Fiscal Detail Sheet

BCP Title:

BR Name:

Budget Request Summary

Personal Services