| Fiscal YearClick or tap here to enter text. | Business UnitClick or tap here to enter text. | DepartmentClick or tap here to enter text. | Priority No.Click or tap here to enter text. |
| --- | --- | --- | --- |
| Budget Request NameClick or tap here to enter text. | ProgramClick or tap here to enter text. | SubprogramClick 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/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), 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 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. |

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| **Additional Review:** [ ]  **Capital Outlay** [ ]  **itcu** [ ]  **FSCU** [ ]  **OSAE** [ ]  **Dept. of Technology**  |
| --- |
| PPBAClick or tap here to enter text. | Date submitted to the LegislatureClick 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