

## Schedule 13 Funding Request for the 2014-15 Budget Cycle

**Department:** Health Care Policy and Financing  
**Request Title:** DPA's Annual Fleet Supplemental True-Up  
**Priority Number:** NP-S-3

**Dept. Approval by:** Josh Block  1/2/14  
 Date

**OSPB Approval by:**  12/31/13  
 Date

- Decision Item FY 2014-15
- Base Reduction Item FY 2014-15
- Supplemental FY 2013-14
- Budget Amendment FY 2014-15

Line Item Information		FY 2013-14		FY 2014-15		FY 2015-16
		1	2	3	4	5
		Appropriation FY 2013-14	Supplemental Request FY 2013-14	Base Request FY 2014-15	Funding Change Request FY 2014-15	Continuation Amount FY 2015-16
	Fund					
<b>Total of All Line Items</b>	<b>Total</b>	4,786,843	9,775	4,955,534	-	-
	<b>FTE</b>	-	-	-	-	-
	<b>GF</b>	2,393,422	4,888	2,477,767	-	-
	<b>GFE</b>	-	-	-	-	-
	<b>CF</b>	-	-	-	-	-
	<b>RF</b>	-	-	-	-	-
	<b>FF</b>	2,393,421	4,887	2,477,767	-	-
<b>(6) Department of Human Services Medicaid-Funded Programs; (C) Office of Operations - Medicaid Funding</b>	<b>Total</b>	4,786,843	9,775	4,955,534	-	-
	<b>FTE</b>	-	-	-	-	-
	<b>GF</b>	2,393,422	4,888	2,477,767	-	-
	<b>GFE</b>	-	-	-	-	-
	<b>CF</b>	-	-	-	-	-
	<b>RF</b>	-	-	-	-	-
	<b>FF</b>	2,393,421	4,887	2,477,767	-	-

**Letternote Text Revision Required?** Yes:  No:  If yes, describe the Letternote Text Revision:

**Cash or Federal Fund Name and COFRS Fund Number:** FF: Title XIX  
**Reappropriated Funds Source, by Department and Line Item Name:** N/A  
**Approval by OIT?** Yes:  No:  Not Required:

**Schedule 13s from Affected Departments:** Department of Human Services  
**Other Information:** N/A