

**Schedule 13**

**Funding Request for the FY 2016-17 Budget Cycle**

**Department of Health Care Policy and Financing**

**Request Title**

**NPBA03- DHS Risk Mangement Appropriation Adjustment**

Dept. Approval By: <u>Josh Block</u> <i>[Signature]</i> <u>1/4/16</u>	_____	Supplemental FY 2015-16
	_____	Change Request FY 2016-17
	_____	Base Reduction FY 2016-17
OSPB Approval By: <i>[Signature]</i> <u>1/4/16</u>	X	Budget Amendment FY 2016-17

Summary Information	Fund	FY 2015-16		FY 2016-17	FY 2017-18	
		Initial Appropriation	Supplemental Request Amount	Base Request	Budget Amendment	Continuation Amount
	<b>Total</b>	\$16,709,224	\$0	\$15,609,321	\$17,601	\$17,601
<b>Total of All Line Items Impacted by Change Request</b>	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$8,223,190	\$0	\$7,738,678	\$8,836	\$8,802
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$8,486,034	\$0	\$7,870,643	\$8,765	\$8,799

Line Item Information	Fund	FY 2015-16		FY 2016-17	FY 2017-18	
		Initial Appropriation	Supplemental Request	Base Request	Budget Amendment	Continuation Amount
	<b>Total</b>	\$16,709,224	\$0	\$15,609,321	\$17,601	\$17,601
07. Department of Human Services Medicaid-Funded Programs - Executive Director's Office - Medicaid Funding	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$8,223,190	\$0	\$7,738,678	\$8,836	\$8,802
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$8,486,034	\$0	\$7,870,643	\$8,765	\$8,799

Letternote Text Revision Required? Yes \_\_\_\_\_ No \_\_\_\_\_ X \_\_\_\_\_ **If Yes, describe the Letternote Text Revision:**

Cash or Federal Fund Name and CORE Fund Number: FF: Title XIX (1000)

Reappropriated Funds Source, by Department and Line Item Name:  
N/A

Approval by OIT? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Required: X \_\_\_\_\_

Schedule 13s from Affected Departments: Department of Human Services

Other Information: N/A