

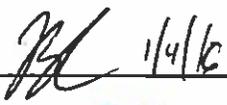
Schedule 13

Funding Request for the FY 2016-17 Budget Cycle

Department of Health Care Policy and Financing

Request Title

NPBA-04 Marijuana OIT

Dept. Approval By: Josh Block		<u> </u>	Supplemental FY 2015-16
		<u> </u>	Change Request FY 2016-17
		<u> </u>	Base Reduction FY 2016-17
OSPB Approval By: 		<u> </u> X	Budget Amendment FY 2016-17

Summary Information	Fund	FY 2015-16		FY 2016-17		FY 2017-18
		Initial Appropriation		Base Request	Budget Amendment	Continuation Amount
Total		\$647,220	\$0	\$627,332	\$1,033	\$1,033
FTE		0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$318,950	\$0	\$310,642	\$514	\$516
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$328,270	\$0	\$316,690	\$519	\$517

Line Item Information	Fund	FY 2015-16		FY 2016-17		FY 2017-18
		Initial Appropriation		Base Request	Budget Amendment	Continuation Amount
Total		\$647,220	\$0	\$627,332	\$1,033	\$1,033
07. Department of Human Services	FTE	0.0	0.0	0.0	0.0	0.0
Medicaid-Funded Programs - Other	GF	\$318,950	\$0	\$310,642	\$514	\$516
Office Of Information Technology Services	CF	\$0	\$0	\$0	\$0	\$0
Line Items	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$328,270	\$0	\$316,690	\$519	\$517

Letternote Text Revision Required? Yes <u> </u> No <u> x </u> If Yes, describe the Letternote Text Revision: Cash or Federal Fund Name and CORE Fund Number: FF: Title XIX Reappropriated Funds Source, by Department and Line Item Name: N/A Approval by OIT? Yes <u> </u> No <u> </u> Not Required <u> x </u> Schedule 13s from Affected Departments: Department of Human Services <u> </u> Other Information: N/A
