

Schedule 13

Funding Request for the FY 2015-16 Budget Cycle

Department of Health Care Policy and Financing

PB Request Number NPR-01

Request Titles

NPR-01 Funding for Food Inflation

Dept. Approval By:	Josh Block 	<input type="checkbox"/>	Supplemental FY 2014-15
		<input checked="" type="checkbox"/>	Change Request FY 2015-16
		<input type="checkbox"/>	Base Reduction FY 2015-16
OSPB Approval By:		<input type="checkbox"/>	Budget Amendment FY 2015-16

Line Item Information	FY 2014-15		FY 2015-16		FY 2016-17	
	Appropriation	Request	Base Request	FY 2015-16	Continuation	
Fund						
Total	\$48,974,477	\$0	\$50,299,550	\$20,455	\$20,455	
FTE	-	-	-	-	-	
Total of All Line Items						
GF	\$22,215,109	\$0	\$22,753,704	\$10,021	\$10,021	
CF	\$1,866,142	\$0	\$1,866,142	\$0	\$0	
RF	\$0	\$0	\$0	\$0	\$0	
FF	\$24,893,226	\$0	\$25,679,704	\$10,434	\$10,434	

Line Item Information	FY 2014-15		FY 2015-16		FY 2016-17	
	Appropriation	Request	Base Request	FY 2015-16	Continuation	
Fund						
Total	\$48,974,477	\$0	\$50,299,550	\$20,455	\$20,455	
07. Department of Human Services						
CF	\$1,866,142	\$0	\$1,866,142	\$0	\$0	
FF	\$24,893,226	\$0	\$25,679,704	\$10,434	\$10,434	
Medicaid-Funded Programs - Regional Centers						
GF	\$22,215,109	\$0	\$22,753,704	\$10,021	\$10,021	

Letternote Text Revision Required?	Yes	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	No	Not Required: <u>X</u>	
Schedule 13s from Affected Departments:	Department of Human Services			
Other Information:	N/A			