

**Schedule 13**

**Funding Request for the FY 2015-16 Budget Cycle**

**Department of Health Care Policy and Financing**

PB Request Number NPR-02

**Request Titles**

NPR-02 Regional Center Depreciation

Dept. Approval By:	Josh Block		<input checked="" type="checkbox"/>	Supplemental FY 2014-15
			<input 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
<b>Fund</b>					
<b>Total</b>	\$943,063	\$0	\$943,063	(\$10,634)	(\$10,634)
FTE	-	-	-	-	-
GF	\$464,388	\$0	\$462,007	(\$5,210)	(\$5,210)
CF	\$0	\$0	\$0	\$0	\$0
RF	\$0	\$0	\$0	\$0	\$0
FF	\$478,675	\$0	\$481,056	(\$5,424)	(\$5,424)

Line Item Information	FY 2014-15		FY 2015-16		FY 2016-17
	Appropriation	Request	Base Request	FY 2015-16	Continuation
<b>Fund</b>					
<b>Total</b>	\$943,063	\$0	\$943,063	(\$10,634)	(\$10,634)
FF	\$478,675	\$0	\$481,056	(\$5,424)	(\$5,424)
GF	\$464,388	\$0	\$462,007	(\$5,210)	(\$5,210)

07. Department of Human Services  
 Medicaid-Funded Programs - Regional Center Depreciation and Annual Adjustments

Letternote Text Revision Required?	Yes	No	X	If Yes, describe the Letternote Text Revision:
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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:	X
Schedule 13s from Affected Departments:	Department of Human Services			
Other Information:	N/A			