

**Schedule 13**

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

Department of Health Care Policy and Financing

PB Request Number NPS-01

**Request Titles**

SNP-01 Supplemental Request for ALJ

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	Fund	FY 2014-15		FY 2015-16	FY 2016-17	
		Original Appropriation	Supplemental Request	Base Request	Governor's Revised Request	Budget Amendment
	<b>Total</b>	<b>\$365,007</b>	<b>\$29,089</b>	<b>\$570,872</b>	<b>\$0</b>	<b>\$0</b>
	FTE	-	-	-	-	-
Total of All Line Items	GF	\$141,828	\$11,303	\$221,820	\$0	\$0
	CF	\$40,675	\$3,242	\$63,616	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$182,504	\$14,544	\$285,436	\$0	\$0

Line Item Information	Fund	FY 2014-15		FY 2015-16	FY 2016-17	
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	<b>Total</b>	<b>\$365,007</b>	<b>\$29,089</b>	<b>\$570,872</b>	<b>\$0</b>	<b>\$0</b>
01. Executive	CF	\$40,675	\$3,242	\$63,616	\$0	\$0
Director's Office -	FF	\$182,504	\$14,544	\$285,436	\$0	\$0
Administrative Law	GF	\$141,828	\$11,303	\$221,820	\$0	\$0
Judge Services						

Letternote Text Revision Required?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	<b>If Yes, describe the Letternote Text Revision:</b>
For FY 2014-15					
aOf this amount, <del>\$3,466,183</del> \$3,469,425 shall be from the Hospital Provider Fee Cash Fund...					
Cash or Federal Fund Name and CORE Fund Number: FF: Title XIX CF: Hospital Provider Fee (24A0)					
Reappropriated Funds Source, by Department and Line Item Name: N/A					
Approval by OIT?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<b>Not Required:</b> <input checked="" type="checkbox"/>
Schedule 13s from Affected Departments: N/A					
Other Information: N/A					