

Schedule 13

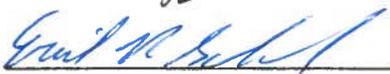
Funding Request for the FY 2015-16 Budget Cycle

Department of Health Care Policy and Financing

PB Request Number NPS-05

Request Titles

SNP-05 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	Fund	FY 2014-15	FY 2015-16	FY 2016-17		
		Appropriation	Supplemental Request	Base Request	Governor's Revised Request	Budget Amendment
	Total	\$943,063	(\$10,634)	\$943,063	\$0	\$0
	FTE	-	-	-	-	-
Total of All Line Items	GF	\$464,388	(\$5,210)	\$462,007	\$0	\$0
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$478,675	(\$5,424)	\$481,056	\$0	\$0

Line Item Information	Fund	FY 2014-15	FY 2015-16	FY 2016-17		
		Appropriation	Supplemental Request	Base Request	Governor's Revised Request	Budget Amendment
	Total	\$943,063	(\$10,634)	\$943,063	\$0	\$0
07. Department of Human Services Medicaid-Funded Programs - Regional Center Depreciation and Annual Adjustments	FF	\$478,675	(\$5,424)	\$481,056	\$0	\$0
	GF	\$464,388	(\$5,210)	\$462,007	\$0	\$0

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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule 13s from Affected Departments: Department of Human Services				
Other Information: N/A				