Schedule 13

Funding Request for the FY 2016-17 Budget Cycle

Department of Health Care Policy and Financing

Request Title

NPS02- DHS Fleet

Dept. Approval By: Josh Block 1/4/16

OSPB Approval By: 1/4/16

X	**Supplemental FY 2015-16**
	Change Request FY 2016-17
	Base Reduction FY 2016-17
	Budget Amendment FY 2016-17

Summary Information		**FY 2015-16**		**FY 2016-17**		**FY 2017-18**
	Fund	**Initial Appropriatio**	**Supplemental Request**	**Base Request**	**Budget Amendment**	**Continuation Amount**
Total of All Line Items Impacted by Change Request	**Total**	**$5,060,008**	**($8,572)**	**$5,141,869**	**$0**	**$0**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$2,493,572	($4,224)	$2,539,297	$0	$0
	CF	$0	$0	$0	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$2,566,436	($4,348)	$2,602,572	$0	$0

Line Item Information		**FY 2015-16**		**FY 2016-17**		**FY 2017-18**
	Fund	**Initial Appropriatio**	**Supplemental Request**	**Base Request**	**Budget Amendment**	**Continuation Amount**
07. Department of Human Services Medicaid-Funded Programs - Office Of Operations - Medicaid Funding	**Total**	**$5,060,008**	**($8,572)**	**$5,141,869**	**$0**	**$0**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$2,493,572	($4,224)	$2,539,297	$0	$0
	CF	$0	$0	$0	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$2,566,436	($4,348)	$2,602,572	$0	$0

Letternote Text Revision Required? Yes ___ No X **If Yes, describe the Letternote Text Revision:**

Cash or Federal Fund Name and CORE Fund Number: FF: Title XIX (1000)

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