Schedule 13

Funding Request for the FY 2016-17 Budget Cycle

Department of Health Care Policy and Financing

Request Title

S03- CHP+

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	**Fund**	**FY 2015-16** Initial Appropriation	**FY 2015-16** Supplemental Request Amount	**FY 2016-17** Base Request	**FY 2016-17** Budget Amendment	**FY 2017-18** Continuation Amount
Total of All Line Items Impacted by Change Request	**Total**		**($22,754,545)**		**$0**	**$0**
	FTE		0.0		0.0	0.0
	GF		$1		$0	$0
	CF		($3,785,168)		$0	$0
	RF		$0		$0	$0
	FF		($18,969,378)		$0	$0

Line Item Information	**Fund**	**FY 2015-16** Initial Appropriation	**FY 2015-16** Supplemental Request	**FY 2016-17** Base Request	**FY 2016-17** Budget Amendment	**FY 2017-18** Continuation Amount
05. Indigent Care Program - Children's Basic Health Plan Medical and Dental Costs	**Total**	**$166,723,024**	**($22,754,545)**	**$166,724,351**	**$0**	**$0**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$2,525,718	$1	$2,525,718	$0	$0
	CF	$29,111,476	($3,785,168)	$29,219,879	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$135,085,830	($18,969,378)	$134,978,754	$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: See Exhibit C2 in R-3 Request

Reappropriated Funds Source, by Department and Line Item Name: N/A

Approval by OIT? Yes ____ No ____ **Not Required:** X

Schedule 13s from Affected Departments: N/A

Other Information: N/A