Schedule 13

Funding Request for the FY 2015-16 Budget Cycle

Department of Health Care Policy and Financing

PB Request Number S-03

Request Titles

S-03 Children's Basic Health Plan Medical and Dental Costs

Dept. Approval By: Josh Block

OSPB Approval By:

X	**Supplemental FY 2014-15**
	Change Request FY 2015-16
	Base Reduction FY 2015-16
	Budget Amendment FY 2015-16

Line Item Information	Fund	FY 2014-15 Appropriation	FY 2014-15 Supplemental Request	FY 2015-16 Base Request	FY 2015-16 Governor's Revised Request	FY 2016-17 Budget Amendment
Total of All Line Items	**Total**	**$199,832,216**	**($15,923,038)**	**$219,848,404**	**$0**	**$0**
	FTE	-	-	-	-	-
	GF	$22,299,001	($4,761,426)	$21,502,903	$0	$0
	CF	$48,226,542	$237,914	$49,006,710	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$129,306,673	($11,399,526)	$149,338,791	$0	$0

Line Item Information	Fund	FY 2014-15 Appropriation	FY 2014-15 Supplemental Request	FY 2015-16 Base Request	FY 2015-16 Governor's Revised Request	FY 2016-17 Budget Amendment
05. Indigent Care Program - Children's Basic Health Plan Medical and Dental Costs	**Total**	**$199,832,216**	**($15,923,038)**	**$219,848,404**	**$0**	**$0**
	CF	$48,226,542	$237,914	$49,006,710	$0	$0
	FF	$129,306,673	($11,399,526)	$149,338,791	$0	$0
	GF	$22,299,001	($4,761,426)	$21,502,903	$0	$0

Letternote Text Revision Required? Yes X No ___

If Yes, describe the Letternote Text Revision: See Exhibit C2

Cash or Federal Fund Name and CORE Fund Number: See Exhibit C2

Reappropriated Funds Source, by Department and Line Item Name: See Exhibit C2

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

Schedule 13s from Affected Departments: N/A

Other Information: N/A