

Schedule 13												
Change Request for FY 2009-10 Budget Request Cycle												
Decision Item FY 2009-10	<input checked="" type="checkbox"/>	Base Reduction Item FY 2009-10			<input type="checkbox"/>	Supplemental FY 2008-09			<input type="checkbox"/>	Budget Amendment FY 2009-10		<input type="checkbox"/>
<b>Request Title:</b>	DPHE - Fleet Common Policy for Facility Survey and Certification											
<b>Department:</b>	Health Care Policy and Financing				<b>Dept. Approval by:</b>	John Bartholomew <i>JB</i>		<b>Date:</b>	October 31, 2008			
<b>Priority Number:</b>	NP-14 (See also DPHE NP)				<b>OSPB Approval:</b>	<i>Smuz</i>		<b>Date:</b>	10-21-08			
		1	2	3	4	5	6	7	8	9	10	
		Prior-Year Actual	Appropriation	Supplemental Request	Total Revised Request	Base Request	Decision/ Base Reduction	November 1 Request	Budget Amendment	Total Revised Request	Change from Base (Column 5)	
	Fund	FY 2007-08	FY 2008-09	FY 2008-09	FY 2008-09	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2010-11	
<b>Total of All Line Items</b>	<b>Total</b>	4,052,138	4,932,027	0	4,932,027	5,132,264	9,926	5,142,190	0	5,142,190	9,926	
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	GF	1,040,488	1,300,605	0	1,300,605	1,551,854	3,176	1,555,030	0	1,555,030	3,176	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	0	0	0	0	0	0	0	0	0	0	
	CFE/RF	0	0	0	0	0	0	0	0	0	0	
	FF	3,011,650	3,631,422	0	3,631,422	3,580,410	6,750	3,587,160	0	3,587,160	6,750	
<b>(1) Executive Director's Office; (B) Transfers to Other Departments, Transfer to Department of Public Health and Environment Facility for Survey and Certification</b>	<b>Total</b>	4,052,138	4,932,027	0	4,932,027	5,132,264	9,926	5,142,190	0	5,142,190	9,926	
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	GF	1,040,488	1,300,605	0	1,300,605	1,551,854	3,176	1,555,030	0	1,555,030	3,176	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	0	0	0	0	0	0	0	0	0	0	
	CFE/RF	0	0	0	0	0	0	0	0	0	0	
	FF	3,011,650	3,631,422	0	3,631,422	3,580,410	6,750	3,587,160	0	3,587,160	6,750	
<b>Non-Line Item Request:</b>	None											
<b>Letternote Revised Text:</b>	None											
<b>Cash or Federal Fund Name and COFRS Fund Number:</b>	FF: Title XIX											
<b>Reappropriated Funds Source, by Department and Line Item Name:</b>	N/A											
<b>Approval by OIT?</b>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	<b>N/A:</b> <input checked="" type="checkbox"/>									
<b>Schedule 13s from Affected Departments:</b>	Department of Public Health and Environment											