

**Schedule 10
Summary of Change Requests**

Department Name: **Public Health and Environment**

Submission Date: **11/1/07**

Total Number of Decision Items: **16**

Total Number of Base Reduction Items: **0**

Priority Number	IT Request	Title	Total	FTE	GF	CF	CFE	FF
DECISION ITEM REQUEST								
1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Tuberculosis Control and Treatment	\$291,632	0.0	\$295,919			(\$4,287)
2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operation and expansion of the Colorado Immunization Information System (CIIS)	\$669,112	10.1	\$669,112			
3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TGYS Program Additional Funds and FTE	\$1,000,000	0.0	\$1,000,000			
4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sustaining the Office of Health Disparities Infrastructure	\$58,240	3.0	\$58,240			
5	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Medical and Trauma Services Data Collection and Grants	\$290,474	1.5			\$290,474	
6	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Internal Audit	\$55,708	1.0			\$55,708	
7	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vital Records FTE Increase	\$0	3.0				
8	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Behavioral Risk Factor Surveillance Survey	\$237,346	5.0			\$237,346	
9	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TGYS Program FTE	\$0	1.0				
10	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Inspectional cost increase due to expansion of Colorado Department of Corrections facilities	\$3,157	0.0			\$3,157	
11	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DSMOA Program Funding Change	\$0	0.0		\$1,274,744		(\$1,274,744)
12	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Long Bill Realignment	\$0	0.0				
NP-1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DHS Decision Item - DD to ICFMR Conversion	\$90,400	1.0			\$90,400	
NP-2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Adjustment to State Multiuse Network Payments	\$18,943	0.0			\$14,208	\$4,735
NP-3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statewide CSEAP Program Staffing	\$2,938	0.0			\$2,938	
NP-4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statewide Vehicle Lease Payments Decision Item	(\$52,890)	0.0			(\$2,507)	(\$50,383)
Decision Item Subtotal			\$2,665,060	25.6	\$2,023,271	\$1,274,744	\$691,724	(\$1,324,679)
TOTAL			\$2,665,060	25.6	\$2,023,271	\$1,274,744	\$691,724	(\$1,324,679)