# *BUREAU OF BUDGET & MANAGEMENT RESEARCH*

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DEC 15 2005

BBMR Circular No. 06-02

Memorandum

To: All Executive Branch Department and Agency Directors and Administrators

From: Director, Bureau of Budget and Management Research

Subject: Fiscal Year 2007 Budget Call

All Executive Departments and Agencies are requested to prepare their FY 2007 budget, using the attached forms presented in this budget call. In preparing your FY 2007 budget, the following guidelines are noted:

1. All required budgetary forms must be completed.
2. Where information requested is not applicable, indicate, "N/A."
3. All must adhere to establish deadlines.
4. All personnel cost, utilities and fixed costs must be fully covered as a priority. All other requirements are to follow.
5. All contractual requirements, equipment and supplies should be listed in order of priority.
6. Personnel cost should only be for currently filled positions and all other essential positions needed to meet program missions.
7. All salary increments are to be included in your staffing pattern.
8. A departmental organizational chart must be submitted with the budget submission.
9. See FY 2007 Budget Call package for additional guidelines.

Please note that this budget call does not reflect departmental ceiling levels, which make it imperative that all budget submissions be presented at a maintenance level of requirement for the coming new fiscal year. All departmental budget spending levels will be dependent on the projected levels of revenues made for FY 2007.

The deadline for submission of department and agency budgets is December 30, 2005. An electronic file copy of the budget call package is available through our website: http//guamgovernor.net/BBMR/.

Lastly, please identify a point of contact for the Bureau to work with regarding this budget call.

Carlos P. Bordallo

CARLOS P. BORDALLO

Attachments

# GOVERNMENT OF GUAM

## FY 2007 BUDGET CALL

**BUREAU OF BUDGET AND MANAGEMENT RESEARCH**

# Government of Guam
## Bureau of Budget and Management Research
## Fiscal Year 2007 Budget Call

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# Budget Guidelines
FY2007

1) All Departments and Agencies shall prepare their FY2007 Budgets to cover personnel cost, fixed obligations and utilities. Personnel services cost should only be for currently filled positions (warm bodies) and all GG1(s) approved by BBMR. Funding for salary increments should be included prospectively at full restoration (pay grade & step) as a result of the lift on the freeze on increments. All budgets should be reflective of funding for critical needs and, where possible, the implementation of cost-cutting measures in the spirit of efficiency and effectiveness. To ensure budget review completion, agencies should adhere to established timelines.

All Budgets are due to the Bureau no later than December 30, 2005. This shall enable the Bureau to complete the review process needed in the preparation and completion of the FY 2007 Executive Budget.

2) All agencies shall prepare the FY2007 budget using the attached forms. All information requested on the attached form must be completed. Where information requested is not applicable, indicate, "N/A."

3) Each program must complete a Program Budget Digest form (BBMR BD-1) (e.g. one Program Budget Digest form per program). The same method will follow for the Agency Staffing Pattern Form (BBMR SP-1), Federal Program Inventory Form (BBMR FPI) and Equipment Listing-Space Requirement Form (BBMR EL-1).

4) Attached for use in completing the agency's staffing patterns is the FY 2006 medical and dental insurance rates. Please note that the insurance rates have yet to be negotiated for FY 2007. The revised schedule will be distributed to all agencies by the Department of Administration. Upon receipt of the revised schedule, amounts in the FY 2007 Staffing Pattern must be adjusted accordingly.

5) A Budget Document Checklist is attached for the department to use as a basic guide when submitting its budget. If the department fails to meet all the requirements contained in the checklist, the budget document will be promptly returned and no further review will be conducted until all requirements have been addressed. If an item is not applicable, indicate "N/A." This checklist must be submitted to the Bureau along with the department's budget document.

6) A Departmental Organizational Chart (Appendix A) must be submitted with the Budget Document.

7) For those departments that have been designated to participate in Performance Based Budgeting (PBB), additional forms will be provided under a separate package.

# Program Budget Digest Form
# [BBMR BD-1]
# Instructions

**A Program Budget Digest Form must be completed for each program.**

**Column**

**A** Information for this column should reflect the total expenditures and encumbrances of the program for Fiscal Year 2005.

**B** Information for this column should reflect appropriations for each program for FY 2006. This shall include public law appropriations, appropriation transfers, reallocations, etc.

**C** This column should reflect the agency's FY 2007 General Fund request for the program inclusive of General Fund matching requirements.

**D** This column should reflect the agency's FY 2007 Federal Fund(s) request for the program inclusive of Federal Fund(s) matching requirements.

**E** This column should reflect the agency's FY 2007 "Other Fund" request for the program and should be specified by fund source.

**F** This column should reflect the agency's total FY 2007 Appropriation request for the program. This total should be the sum of amounts in columns C, D, and E.

# Agency Staffing Pattern Form
# [BBMR SP-1]
# Instructions

**Program** A budget entity within an agency that provides services to GovGuam and its citizens.
**A staffing pattern should be prepared for each program.**

**Fund** Identify source of funding by fund type. If a program has more than one fund source, a summary and subsidiary staffing patterns shall be prepared.

**Columns A through J are to be inputted by the agency on the summary staffing pattern.**

**Column:**

**A** **Position Number:** Identify all positions with a corresponding position number.

**B** **Position Title:** Identify all positions with the corresponding position title.

**C** **Name:** Identify names of employees or indicate VACANT for unfilled positions.

**D** **Grade/Step** – Identify all positions with the corresponding Grade/Step.

**E** **Salary** – Indicate salary for all positions. (Refer to CSC Classification & Compensation Plan)

**F** **Overtime-** Indicate amount of overtime estimated to be incurred by employee.

**G** **Special** – Includes night differential, hazardous pay, workman's compensation, etc.

**H** **Increment Date** – Indicate date increment is due to employee in FY 2007 (where applicable).

**I** **Increment Amount** – Indicate increment amount due to employee in FY 2007 (where applicable).

**J** **Subtotal** - The sum total of Columns E, F, G and I.

**Columns K through O**: These columns are based on formulas. If the employee is not receiving benefits under these columns, input "**0.00**" in each respective column on the **summary staffing pattern**.

**K** **Retirement** – Government of Guam's contribution for retirement benefits is 21.81% for FY2007 (SP-1).

**L** **Retirement (D.D.I.)** – The Government of Guam's contribution for retirement benefits for the Death and Disability Insurance rate. For applicable (Defined Contribution) employees, budget $239 for FY 2007 ($9.16 bi-weekly X 26 pay periods). Retirement contributions for other than non-base should be calculated appropriately.

**M** **Social Security** – The social security rate of 6.2% shall be applied to Column J. This rate should apply to unclassified and temporary employees. (Note: Employees are only subject to either retirement deductions or social security) where applicable.

**N** **Medicare** – The Government of Guam's contribution for Medicare is 1.45%. The Medicare rate shall be calculated based on the employee's gross salary and applicable to all employees hired after March 31, 1986.

**O** **Life Insurance** – Life Insurance annual premium is $174.00

**Columns P and Q are to be inputted by the agency.**

**P** **Medical** – Medical costs shall reflect the employee's appropriate medical annual premium. Provided below are the annualized costs (Government of Guam / Employer share) for FY 2007:

**Class I:** **$1,440**
**Class II:** **$3,572**
**Class III:** **$4,501**
(Refer to Appendix B for detailed rates)

**Q** **Dental** – Dental costs shall reflect the employee's appropriate dental annual premium. Provided below are the annualized costs (Government of Guam / Employer share) for FY 2007:

**Class I:** **$149**
**Class II:** **$298**
**Class III:** **$446**
(Refer to Appendix B for detailed rates)

**R** **Total Benefits** – The sum total of Columns K through Q.

**S** **Grand Total** – The sum total of Columns J and R.

# Federal Program Inventory Form
# [BBMR – FP-1]
# Instructions

**Column**

**A** **Federal Catalog No.** - Identify the section from the CFDA (Catalog of Federal Domestic Assistance) or enabling authority applicable to the program.

**B** **Grant Award Number** - Reflect the grant award number for each respective grant.

**C** **Match Ratio** – Reflect the approved ratio of Federal and Local funds as a percentage based on CFDA or match ratio authorized by the grantor agency.

**D** **Total Program Funds FY 2006** – Reflect the agency's total program funding request for FY2006. This is the aggregate amount of local and federal funds.

**E** **Total Estimated Funds FY2007** – Reflect the agency's total program funding request for FY2007. This is the aggregate amount of local and federal funds.

**F** **Local Matching Funds** – Reflect the total local match fund request. Local match funds are all funds other than federal program funds.

**G** **Federal Matching Funds** – Reflect the total federal match fund request.

**H** **100% Federal Grants** - Reflect the program's 100% federally funded amount.

**I** **Grant Period** – Reflect the authorized grant period

**For more information on the Catalog of Federal Domestic Assistance and programs which may be available to your agency, visit their website at http://www.cfda.gov/**

# Equipment / Capital Listing & Space Requirement Form
# [BBMR EL-1]
# Instructions

## Equipment / Capital Listing:

**Description:** Provide a description of *each* equipment / capital item assigned and / or used by each department or agency program.

**Quantity:** Reflect the number of each type of item(s).

**Percentage of Use:** Reflect the percentage of use per equipment / capital whether the item(s) is (are) to be partially or fully used by the program. For example, if a computer is to be used exclusively by Program A, reflect "100%" in the respective field. If the said computer is to be shared equally by Program A and B, "50%" should be reflected in the respective field for each program.

**Comments:** This column is available to provide specific details on respective items. Use if necessary.

**Equipment Threshold:** Section 80, Chapter III of P.L. 28-68 amends the purchase price threshold from $500.00 to $5000.00 or less.

## Space Requirement:

**Description:** Provide a description of personnel and / or equipment / capital requiring occupancy of department / agency space. Include rental space.

**Total Program Space (Sq. Ft.):** Reflect each program's total occupied and unoccupied space (in square feet).

**Total Program Space Occupied (Sq. Ft.):** Reflect the total program occupied space defined as workspace used for personnel, computers, copiers, file cabinets, library, break/lounge rooms and other work-related areas to include parking space. Unoccupied space may be defined as space used for storage, vacant rooms and other non work-related areas.

**Square Feet:** Reflect total space requirement (in square feet) for personnel and / or office equipment / capital items. Total square footage is computed by multiplying width times length. For example, an office 10 feet wide and 10 feet in long occupies a total area of 100 square feet (10 ft. X 10 ft. = 100 sq. ft.).

**Percent of Total Program Space:** This percent is computed by dividing the square feet for each item listed by the total program space. For example, if total program space is 1000 sq. ft. and the item occupies 100 sq. ft., the Percent of Total Program Space value is .10 or 10% (100 sq. ft. / 1000 sq. ft.)

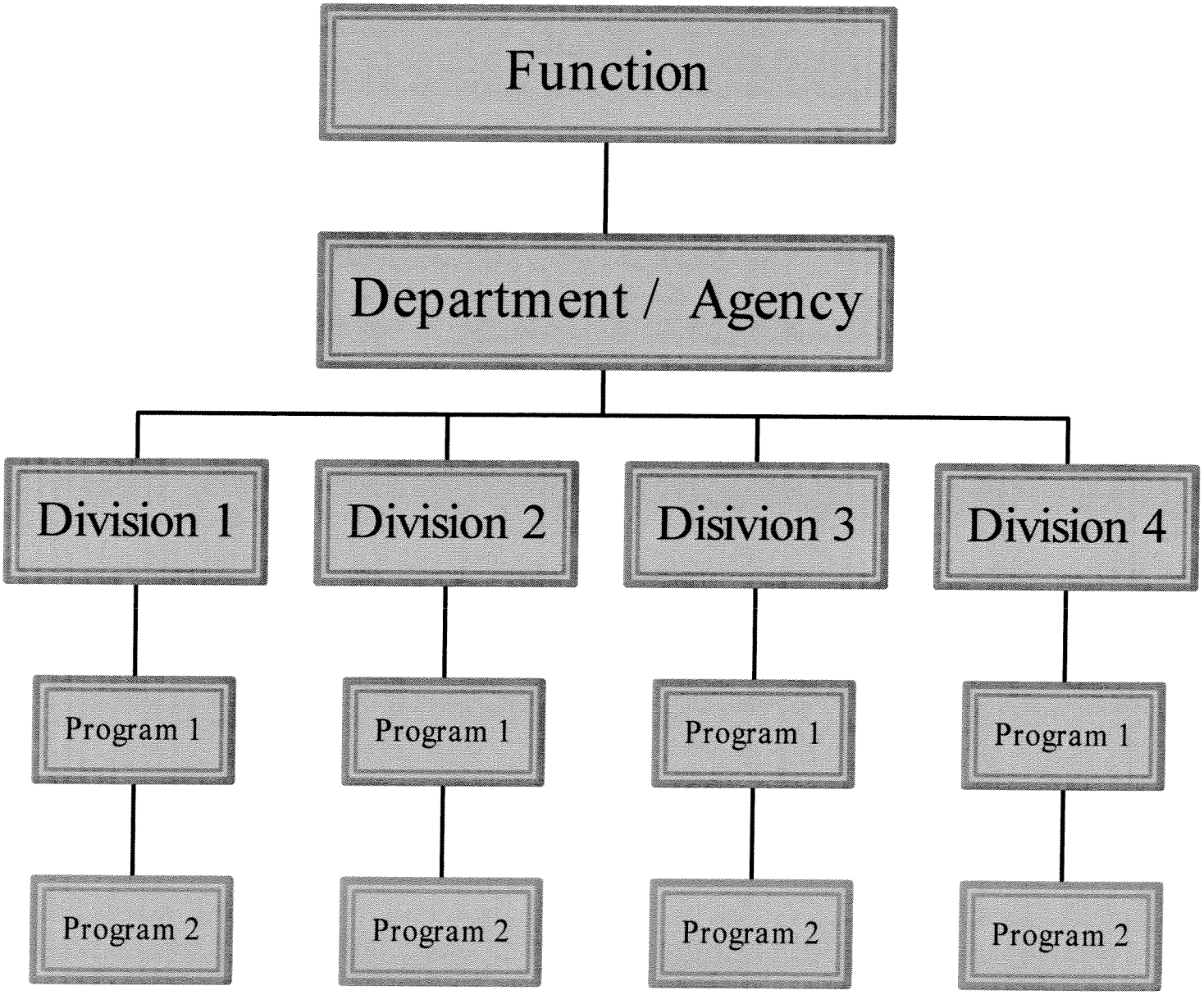
**Comments:** This column is available to provide additional information. Use if necessary.

# APPENDICES

[Appendix A]

# Government of Guam

## Departmental Organizational Chart



# [APPENDIX B]

[APPENDIX B]

# Government of Guam - FY 2006

## MEDICAL & DENTAL RATES

| PLAN | CLASS | MEDICAL 2005 GOV | MEDICAL 2005 EMP | MEDICAL 2005 TOTAL | MEDICAL 2006 GOV | MEDICAL 2006 EMP | MEDICAL 2006 TOTAL | DENTAL 2006 REGULAR GOV | DENTAL 2006 REGULAR EMP | DENTAL 2006 REGULAR TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| **STAYWELL SILVER** | | | | | | | | | | |
| ACTIVE BI-WEEKLY | 1 | 52.62 | 123.04 | 175.66 | 55.38 | 178.16 | 233.54 | 5.71 | 4.50 | 10.21 |
| | 2 | 119.29 | 411.15 | 530.44 | 137.38 | 567.84 | 705.22 | 11.43 | 20.56 | 31.99 |
| | 3 | 151.78 | 378.66 | 530.44 | 173.08 | 532.14 | 705.22 | 17.14 | 14.85 | 31.99 |
| RETIREE SEMI-MONTHLY | 1 | 57.00 | 134.14 | 191.14 | 60.00 | 193.49 | 253.49 | 6.19 | 4.87 | 11.06 |
| | 2 | 129.23 | 447.96 | 577.19 | 148.97 | 616.52 | 765.49 | 12.38 | 22.27 | 34.65 |
| | 3 | 164.43 | 412.76 | 577.19 | 187.50 | 577.99 | 765.49 | 18.57 | 16.08 | 34.65 |
| **STAYWELL BRONZE 500** | | | | | | | | | | |
| ACTIVE BI-WEEKLY | 1 | 52.62 | 35.69 | 88.31 | 55.38 | 47.72 | 103.10 | 5.71 | 7.25 | 12.96 |
| | 2 | 119.29 | 137.41 | 256.70 | 137.38 | 162.30 | 299.68 | 11.43 | 28.63 | 40.06 |
| | 3 | 151.78 | 104.92 | 256.70 | 173.08 | 126.60 | 299.68 | 17.14 | 22.92 | 40.06 |
| RETIREE SEMI-MONTHLY | 1 | 57.00 | 39.14 | 96.14 | 60.00 | 51.84 | 111.84 | 6.19 | 7.84 | 14.03 |
| | 2 | 129.23 | 150.21 | 279.44 | 148.97 | 176.11 | 325.08 | 12.38 | 31.01 | 43.39 |
| | 3 | 164.43 | 115.01 | 279.44 | 187.50 | 137.58 | 325.08 | 18.57 | 24.82 | 43.39 |
| **STAYWELL BRONZE 1000** | | | | | | | | | | |
| ACTIVE BI-WEEKLY | 1 | 52.62 | 0.60 | 53.22 | 55.38 | 2.69 | 58.07 | 5.71 | 7.25 | 12.96 |
| | 2 | 119.29 | 34.23 | 153.52 | 137.38 | 50.35 | 187.73 | 11.43 | 28.63 | 40.06 |
| | 3 | 151.78 | 1.74 | 153.52 | 173.08 | 14.65 | 187.73 | 17.14 | 22.92 | 40.06 |
| RETIREE SEMI-MONTHLY | 1 | 57.00 | 0.67 | 57.67 | 60.00 | 2.95 | 62.95 | 6.19 | 7.84 | 14.03 |
| | 2 | 129.23 | 37.11 | 166.34 | 148.97 | 54.66 | 203.63 | 12.38 | 31.01 | 43.39 |
| | 3 | 164.43 | 1.91 | 166.34 | 187.50 | 16.13 | 203.63 | 18.57 | 24.82 | 43.39 |
| **SELECTCARE 1500** | | | | | | | | | | |
| ACTIVE BI-WEEKLY | 1 | 52.62 | 17.04 | 69.66 | 55.38 | 84.30 | 139.68 | 5.71 | 6.29 | 12.00 |
| | 2 | 119.29 | 88.73 | 208.02 | 137.38 | 280.24 | 417.62 | 11.43 | 24.57 | 36.00 |
| | 3 | 151.78 | 56.24 | 208.02 | 173.08 | 244.54 | 417.62 | 17.14 | 18.86 | 36.00 |
| RETIREE SEMI-MONTHLY | 1 | 57.00 | 18.47 | 75.47 | 60.00 | 91.32 | 151.32 | 6.19 | 6.81 | 13.00 |
| | 2 | 129.23 | 96.12 | 225.35 | 148.97 | 303.45 | 452.42 | 12.38 | 26.62 | 39.00 |
| | 3 | 164.43 | 60.92 | 225.35 | 187.50 | 264.92 | 452.42 | 18.57 | 20.43 | 39.00 |
| **SELECTCARE HSA 1500** | | | | | | | | | | |
| ACTIVE BI-WEEKLY | 1 | | | | 55.38 | 0.00 | 55.38 | 5.71 | 6.29 | 12.00 |
| | 2 | | N/A | | 137.38 | 35.70 | 173.08 | 11.43 | 24.57 | 36.00 |
| | 3 | | | | 173.08 | 0.00 | 173.08 | 17.14 | 18.86 | 36.00 |
| RETIREE SEMI-MONTHLY | 1 | | | | 60.00 | 0.00 | 60.00 | 6.19 | 6.81 | 13.00 |
| | 2 | | N/A | | 148.97 | 38.53 | 187.50 | 12.38 | 26.62 | 39.00 |
| | 3 | | | | 187.50 | 0.00 | 187.50 | 18.57 | 20.43 | 39.00 |
| **SELECTCARE PHIL 1000** | | | | | | | | | | |
| ACTIVE BI-WEEKLY | 1 | | | | 55.38 | 1.85 | 57.23 | 5.71 | 6.29 | 12.00 |
| | 2 | | N/A | | 137.38 | 42.16 | 179.54 | 11.43 | 24.57 | 36.00 |
| | 3 | | | | 173.08 | 6.46 | 179.54 | 17.14 | 18.86 | 36.00 |
| RETIREE SEMI-MONTHLY | 1 | | | | 60.00 | 2.00 | 62.00 | 6.19 | 6.81 | 13.00 |
| | 2 | | N/A | | 148.97 | 45.53 | 194.50 | 12.38 | 26.62 | 39.00 |
| | 3 | | | | 187.50 | 7.00 | 194.50 | 18.57 | 20.43 | 39.00 |

CLASS 1: Employee or Retiree with no dependents.
CLASS 2: Employee or Retiree with one or more dependents.
CLASS 3: Government-employed (or Retired) husband and wife with or without dependents enrolled in the same plan.

as of 9/26/05 8:40 am
tdlr

Felix P. Camacho
Governor
Kaleo S. Moylan
Lieutenant Governor

DEPARTMENT OF ADMINISTRATION
*(DIPATTAMENTON ATMENESTRASION)*
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Lourdes M. Perez
Director
Joseph C. Manibusan
Deputy Director

NOV 14 2005

**DEPARTMENT OF ADMINISTRATION ORGANIZATIONAL CIRCULAR NO.: 06-009**

TO: All Autonomous Department and Agency Heads

FROM: Director, Department of Administration

SUBJECT: 2005 Group Life Insurance Program
REF: Individual Assurance Company (IAC) Payroll Register and Remittance Checks

Buenas yan Hafa Adai! Please be advised that the Individual Assurance Company (IAC) has been selected to continue services to the Government of Guam 's Group Term Life Insurance Program. Therefore, all life insurance checks should continue to be remitted to IAC on a bi-weekly basis for active employees and bi-monthly for retirees and survivors.

**The government contribution for the Basic Coverage of $10,000.00 is $6.69 for active employees and $7.25 for retirees and survivors. The new premiums for active employees and retirees/survivors will take effect pay period ending December 10, 2005 and December 15, 2005, respectively.**

If you have any questions regarding this matter, please contact the Employee Benefits Branch, Human Resources Division at 475-1296 or 1179.

Lourdes M. Perez
LOURDES M. PEREZ

# [APPENDIX C]

## Arrangement of FY 2007 Budget Call Package For Submission to BBMR:

- **Memorandum / Transmittal to BBMR**
- **Agency Budget Certification**
- **Departmental Organizational Chart**
- **Agency Narrative Form [BBMR AN-N1]**
- **Decision Package Form [BBMR DP-1]**
- **Program Budget Digest Form(s):**
  - **Budget Digest Form [BBMR BD-1]**
  - **Off-Island Travel Form [BBMR TA-1] (Schedule A)**
  - **Operational Requirements [BBMR96A] (Schedules B ~ F)**
- **Agency Staffing Pattern [BBMR SP-1]**
- **Federal Program Inventory [BBMR FP-1]**
- **Equipment / Capital Listing / Office Space Requirements [BBMR EL-1]**
- **Budget Document Check List**

**Government of Guam**
**Fiscal Year 2007 Budget**

# Department/Agency Budget Certification

Department/Agency: _____

Department/Agency Head: _____

This is to certify that I have carefully reviewed the attached budget documents and find the amounts requested therein, to be sufficient to execute the mission, goals, and objectives of this department for Fiscal Year 2007. I further certify the accuracy of the information contained in this document.

Department/Agency Head: _____ Date: _____
(Signature)

# Government of Guam
# Fiscal Year 2007 Budget
# Department / Agency Narrative

**FUNCTION:** _____

**DEPT. / AGENCY:** _____

**MISSION STATEMENT:**

**GOALS AND OBJECTIVES:**

[BBMR DP-1]

# Decision Package
# FY 2007

**Department/Agency:** _____ **Division/Section:** _____

**Program Title:**

**Activity Description:**

**Major Objective(s):**

**Short-term Goals:**

| Workload Output | | | |
|---|---|---|---|
| **Workload Indicator:** | **FY 2005 Level of Accomplishment** | **FY 2006 Anticipated Level** | **FY 2007 Projected Level** |
| | | | |
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# Government of Guam
# Fiscal Year 2007
# Budget Digest

[BBMR BD-1]

**Function:**

**Department/Agency:**

**Program:**

| AS400 Account Code | Appropriation Classification | A<br>FY 2005 Expenditures & Encumbrances | B<br>FY 2006 Authorized Level | C<br>Governor's Request<br>FY 2007 General Fund | D<br>FY 2007 Federal Fund(s) | E<br>FY 2007 Other Fund 1/ | F<br>FY 2007 Total Req. (C+D+E) |
|---|---|---|---|---|---|---|---|
| | **PERSONNEL SERVICES** | | | | | | |
| 111 | Regular Salaries/Increments | $0 | $0 | $0 | $0 | $0 | $0 |
| 112 | Overtime/Special Pay | 0 | 0 | 0 | 0 | 0 | 0 |
| 113 | Benefits | 0 | 0 | 0 | 0 | 0 | 0 |
| | **TOTAL PERSONNEL SERVICES** | $0 | $0 | $0 | $0 | $0 | $0 |
| | **OPERATIONS** | | | | | | |
| 220 | TRAVEL- Off-Island/Local Mileage Reimburs. | $0 | $0 | $0 | $0 | $0 | $0 |
| | | | | | | | |
| 230 | CONTRACTUAL SERVICES: | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | |
| 233 | OFFICE SPACE RENTAL: | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | |
| 240 | SUPPLIES & MATERIALS: | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | |
| 250 | EQUIPMENT: | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | |
| 270 | WORKERS COMPENSATION | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | |
| 271 | DRUG TESTING | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | |
| 280 | SUB-RECIPIENT/SUBGRANT: | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | |
| 290 | MISCELLANEOUS: | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | |
| | **TOTAL OPERATIONS** | $0 | $0 | $0 | $0 | $0 | $0 |
| | **UTILITIES** | | | | | | |
| 361 | Power | $0 | $0 | $0 | $0 | $0 | $0 |
| 362 | Water/ Sewer | 0 | 0 | 0 | 0 | 0 | 0 |
| 363 | Telephone/ Toll | 0 | 0 | 0 | 0 | 0 | 0 |
| | **TOTAL UTILITIES** | $0 | $0 | $0 | $0 | $0 | $0 |
| 701 | **INDIRECT COST** | $0 | $0 | $0 | $0 | $0 | $0 |
| 450 | **CAPITAL OUTLAY** | $0 | $0 | $0 | $0 | $0 | $0 |
| | **TOTAL APPROPRIATIONS** | $0 | $0 | $0 | $0 | $0 | $0 |

1/ Specify Fund Source

| FULL TIME EQUIVALENCIES (FTEs) | | | | | | |
|---|---|---|---|---|---|---|
| UNCLASSIFIED | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| CLASSIFIED | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTAL FTEs | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

[BBMR TA-1]

## Schedule A - Off-Island Travel

**Department/Agency:** _____
**Division:** _____
**Program:** _____

| Purpose / Justification for Travel |
|---|
| |

**Travel Date:** _____ **No. of Travelers:** _____ *

| Position Title of Traveler(s) | Air Fare | Per diem | Registration | Total Cost |
|---|---|---|---|---|
| | $ - | $ - | $ - | $ - |
| | $ - | $ - | $ - | $ - |

| Purpose / Justification for Travel |
|---|
| |

**Travel Date:** _____ **No. of Travelers:** _____ *

| Position Title of Traveler(s) | Air Fare | Per diem | Registration | Total Cost |
|---|---|---|---|---|
| | $ - | $ - | $ - | $ - |
| | $ - | $ - | $ - | $ - |

| Purpose / Justification for Travel |
|---|
| |

**Travel Date:** _____ **No. of Travelers:** _____ *

| Position Title of Traveler(s) | Air Fare | Per diem | Registration | Total Cost |
|---|---|---|---|---|
| | $ - | $ - | $ - | $ - |
| | $ - | $ - | $ - | $ - |

* Provide justification for more than one traveler to the same conference / training / workshop / etc.

## Schedule B- Contractual

| Item | Quantity | Unit Price | Total Price | Funded in FY 2006? Yes | Funded in FY 2006? No |
|---|---|---|---|---|---|
| | | | $ - | | |
| | | | $ - | | |
| | | | $ - | | |
| | | | $ - | | |
| | | | $ - | | |
| | | | $ - | | |
| Total Contractual | | | $ - | | |

## Schedule C - Supplies & Materials

| Item | Quantity | Unit Price | Total Price | Funded in FY 2006? Yes | Funded in FY 2006? No |
|---|---|---|---|---|---|
| | | | $ - | | |
| | | | $ - | | |
| | | | $ - | | |
| | | | $ - | | |
| | | | $ - | | |
| | | | $ - | | |
| Total Supplies & Materials | | | $ - | | |

## Schedule D - Equipment

| Item | Quantity | Unit Price | Total Price | Funded in FY 2006? Yes | Funded in FY 2006? No |
|---|---|---|---|---|---|
| | | | $ - | | |
| | | | $ - | | |
| | | | $ - | | |
| | | | $ - | | |
| | | | $ - | | |
| | | | $ - | | |
| Total Equipment | | | $ - | | |

## Schedule E - Miscellaneous

| Item | Quantity | Unit Price | Total Price | Funded in FY 2006? Yes | Funded in FY 2006? No |
|---|---|---|---|---|---|
| | | | $ - | | |
| | | | $ - | | |
| | | | $ - | | |
| | | | $ - | | |
| | | | $ - | | |
| | | | $ - | | |
| Total Miscellaneous | | | $ - | | |

## Schedule F - Capital Outlay

| Item | Quantity | Unit Price | Total Price | Funded in FY 2006? Yes | Funded in FY 2006? No |
|---|---|---|---|---|---|
| | | | $ - | | |
| | | | $ - | | |
| | | | $ - | | |
| | | | $ - | | |
| | | | $ - | | |
| | | | $ - | | |
| Total Capital Outlay | | | $ - | | |

# Government of Guam
## Federal Program Inventory
## FY 2006 (Current) / FY 2007 (Estimated) Funding

[BBMR FP-1]

FUNCTION:
DEPARTMENT/AGENCY:
PROGRAM:

| | A | B | C | D | E | F | G | H | I |
|---|---|---|---|---|---|---|---|---|---|
| | | | | FY 2006 | FY 2007 | | | | |
| Federal Grantor Agency / Federal Project Title | C.F.D.A. No. / Enabling Authority | Grant Award Number | Match Ratio Federal / Local: | Received / Projected | Estimated Funding | Local Matching Funds | Federal Matching Funds | 100% Federal Grants | Grant Period |
| | | | | | | | | | |
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# Government of Guam
## Fiscal Year 2007 Budget
### Equipment / Capital and Space Requirement

[BBMR EL-1]

**Function :**
**Department/Agency:**
**Program:**

**EQUIPMENT/CAPITAL LISTING:**

| Description | Quantity | Percentage of Use | Comments |
|---|---|---|---|
| | | | |

| SPACE REQUIREMENT (for Personnel and Equipment/Capital) | Total Program Space (Sq. Ft.): | | Total Program Space Occupied (Sq. Ft.): | |
|---|---|---|---|---|
| Description | Square Feet | Percent of Total Program Space | Comments | |
| | | | | |

# BUREAU OF BUDGET AND MANAGEMENT RESEARCH
## BUDGET DOCUMENT CHECKLIST

**Department/Agency:** _____ **Date Received by BBMR:** _____

**Division/Program:** _____ **Date Reviewed:** _____

**Checklist for FY _____ Budget Review**

| | Department/Agency | | BBMR | |
|---|---|---|---|---|
| | Yes | No | Yes | No |
| General | | | | |
| Is the department/agency request within the Governor's established ceiling? | N/A | N/A | N/A | N/A |
| Is the summary consistent with detail pages? | | | | |
| Are the required budget forms attached? | | | | |
| a. Agency Budget Certification Form [BBMR ABC] | | | | |
| b. Agency Narrative Form [BBMR AN-N1] | | | | |
| c. Decision Package [BBMR DP-1] | | | | |
| d. Program Budget Digest Forms [BBMR BD-1, BBMR TA-1, BBMR 96A] | | | | |
| e. Agency Staffing Pattern Forms [BBMR SP-1] | | | | |
| f. Federal Program Inventory Form [BBMR FP-1] | | | | |
| g. Equipment/Capital Listing & Space Requirement Form [BBMR EL-1] | | | | |
| I. Agency Budget Certification Form [BBMR ABC] | | | | |
| 1. Department/Agency certified that all amounts requested are sufficient to execute the mission, goals, and objectives and that a complete and accurate review has been made on all budget documents? | | | | |
| II. Agency Narrative Form [BBMR AN-N1] | | | | |
| 1. Is the mission statement correct and consistent with the department/ agency's enabling act? | | | | |
| 2. Are the goals and objectives correct and consistent with the department/ agency's mission? | | | | |
| III. Decision Package [BBMR DP-1] | | | | |
| 1. Is activity description correct? | | | | |
| 2. Is major objective correct? | | | | |
| 3. Are short term goals correct? | | | | |
| 4. Is workload output reflected correctly? | | | | |
| IV. Program Budget Digest Forms [BBMR BD-1, BBMR TA-1, BBMR 96A] | | | | |
| A.) BBMR BD-1 | | | | |
| Personnel Services | | | | |
| 1. Are figures reflected consistent with the attached staffing pattern(s)? | | | | |
| 2. Are amounts reflected in each column accurate? | | | | |
| 3. Are computations correct? | | | | |
| Operations | | | | |
| 1. Are the amounts reflected under columns, "Governor's Request", for each object category consistent with respective schedules (Schedule A - E) as detailed in the budget digest subforms (BBMR TA-1 & BBMR 96A)? | | | | |
| 2. Are amounts reflected in each column accurate? | | | | |
| 3. Are computations correct? | | | | |
| Utilities | | | | |
| 1. Are amounts reflected in each column correct? | | | | |
| Indirect Cost | | | | |
| 1. If applicable, are indirect cost reflected in each column accurate? | | | | |
| Capital Outlay | | | | |
| 1. Are amounts reflected under columns, "Governor's Request", consistent with schedule F as detailed in the budget digest subform, [BBMR 96A]? | | | | |
| Full Time Equivalencies (FTEs) | | | | |
| 1. Are the number of FTEs for both "Unclassified" and "Classified" accurately reflected under each column? | | | | |

# BUREAU OF BUDGET AND MANAGEMENT RESEARCH
## BUDGET DOCUMENT CHECKLIST

**Department/Agency:** _____ **Date Received by BBMR:** _____

**Division/Program:** _____ **Date Reviewed:** _____

**Checklist for FY _____ Budget Review**

| | Department/Agency | | BBMR | |
|---|---|---|---|---|
| | Yes | No | Yes | No |
| B.) BBMR TA-1 | | | | |
| 1. Is the purpose/justification for travel defined? | | | | |
| 2. Is/Are the travel date(s) and number of travelers reflected? | | | | |
| 3. Is/Are the position title(s) of the traveler(s) reflected? | | | | |
| 4. Are all columns (Air Fare, Per Diem, Registration, and Total Cost) accurate? | | | | |
| C.) BBMR 96A | | | | |
| 1. Are "Items" under schedules B - F listed in detail? | | | | |
| 2. Is the "Quantity" under schedules B - F reflected for respective items? | | | | |
| 3. Is the "Unit Price" and "Total Price" accurate for each item under schedules B - F? | | | | |
| V. Agency Staffing Patterns Forms [BBMR SP-1] | | | | |
| 1. Are position titles correct? | | | | |
| 2. Are position numbers reflected? | | | | |
| 3. Are the salary levels consistent with the Civil Service Commission, Classification and Pay Plan? | | | | |
| 4. Are filled positions funded? | | | | |
| 5. Are vacancies reflected? | | | | |
| 6. Is funding for vacancies requested? | | | | |
| 7. Did request to fund vacancies receive Governor's approval? | | | | |
| 8. Are increment amounts reflected (should be no per Public Law)? | | | | |
| 9. Are rates reflected under "Benefits" correct? | | | | |
| 10. Are computations correct? | | | | |
| VI. Federal Program Inventory Form [BBMR FP-1] | | | | |
| 1. Is the form complete and accurate? | | | | |
| VII. Equipment/Capital Listing & Space Requirement Form [BBMR EL-1] | | | | |
| 1. Is the description of the equipment and/or capital item(s) detail? | | | | |
| 2. Is the "quantity" and "percentage of use" reflected? | | | | |
| 3. Are space requirements descriptive and total space reflected and accurate? | | | | |

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**DEPARTMENT:**

**Prepared By:** _____

_____

***Date***

**Approved By:** _____

***(Signature of Dept/Agency Head)***

_____

***Date***

**BBMR ACTION**

***Recommendation***

☐ **Approval**

☐ **Disapproval**

_____

***Analyst***

_____

***Date***

[BBMR SP-1]

# Government of Guam
## Fiscal Year 2007 Budget
## Agency Staffing Pattern
## CURRENT

FUNCTIONAL AREA:

DEPARTMENT/AGENCY:

PROGRAM:

FUND:

| | Input by Department | | | | | | | | | | | | | | | Input by Department | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (I) | (J) | (K) | (L) | (M) | (N) | (O) | (P) | (Q) | (R) | (S) |
| | | | | | | | | Increment | | | Benefits | | | | | | | | |
| No. | Position Number | Position Title | Name of Incumbent | Grade/ Step | Salary | Overtime | Special* | Date | Amt. | ( E+F+G+I ) Subtotal | Retirement (J * 21.81%) | Retire (DDI) ($9.16*26PP) | Social Security (6.2% * J) | Medicare (1.45% * J) | Life (1/) | Medical ( Premium) | Dental ( Premium) | Total Benefits ( K thru Q ) | ( R ) TOTAL |
| 1 | | | | | $0 | $0 | $0 | | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $ |
| 2 | | | | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3 | | | | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4 | | | | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5 | | | | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 6 | | | | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 7 | | | | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 8 | | | | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 9 | | | | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 10 | | | | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 11 | | | | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 12 | | | | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 13 | | | | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14 | | | | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15 | | | | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 16 | | | | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17 | | | | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 18 | | | | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 19 | | | | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 20 | | | | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 21 | | | | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 22 | | | | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 23 | | | | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 24 | | | | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 25 | | | | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | | Grand Total: | — | $0 | $0 | $0 | — | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |

* Night Differential / Hazardous / Worker's Compensation / etc.

1/: FY 2006 (current) GovGuam contribution for Life Insurance is $174 per annum; Subject to change in FY 2007