



BUREAU OF BUDGET & MANAGEMENT RESEARCH

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DEC 01 2017

BBMR Circular: 18-03

To: All Department and Agency Heads

From: Acting Director, Bureau of Budget and Management Research

Subject: Fiscal Year 2019 Budget Call

Hafa Adai yan Saludas! The Bureau is issuing this Circular to begin the process of preparing the Governor's Executive Budget request for FY 2019, which is due to the Legislature by January 31, 2018. All Executive Departments and Agencies are requested to prepare their FY 2019 Budget Requests, using the attached forms presented in this Budget Call.

General budgetary guidelines are as follows:

1. All required budgetary forms must be completed.
2. Where information requested is not applicable, indicate "N/A."
3. All personnel service costs, utilities and fixed costs must be fully covered as a priority.
4. All contractual requirements, equipment and supplies should be listed in order of priority.
5. Personnel service costs should be for currently filled positions and for recruitments in progress.
6. Budgeting for overtime must be justified.
7. A departmental organization chart must be submitted.
8. All anticipated travel should be budgeted and justified.
9. See FY 2019 Budget Call package for additional guidelines.

All budget submissions should be presented at maintenance levels, exercising budgetary and fiscal discipline while maintaining critical service needs.

The Budget Call package, containing appropriate instructions for the budget preparation, will be available for download from BBMR's website (<http://bbmr.guam.gov>). Please be reminded that various budgetary forms have been electronically linked into one Master File to facilitate the preparation of each department's budget and that BBMR has customized the Master File of each line department or agency, by eliminating unused form sheets and by standardizing the links of various budgetary forms. Please contact your assigned Analyst at BBMR for your department's version of its Master File, involving these changes and for the need of additional form sheets as required.

All Master File departmental versions have the same standard forms consisting of:

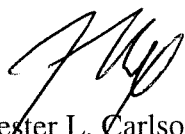
1. Budget Digest Form [BBMR BD-1]
2. FY 2019 Proposed Staffing Pattern [BBMR SP-1]
3. FY 2018 Current Staffing Pattern [BBMR SP-1]
4. Travel Authorization Form- Schedule A [BBMR TA-1]
5. Operations Schedules Form-Schedules B~F [BBMR 96A - Revised]

The submission deadline to BBMR for all departmental budgets is Friday, December 22, 2017 (COB). This budget submission is to include one hard copy and one CD copy of the electronic format (Excel for spreadsheets and Word for narratives) of your departmental budget. BBMR will review the submissions with the understanding that most, if not all budgets may be adjusted based on the level of funding projected for FY 2019. You will be informed should adjustments be necessary.

Be reminded, that all department budgets must be prepared and submitted using these standard budgetary forms, which are linked electronically in your departmental Master File. Because these forms are electronically linked, they must not be edited or altered in any way (i.e., deletion of worksheets within the Excel file, etc.).

Should you have any questions or require assistance, please contact your assigned Analyst at 475-9412 / 9106.

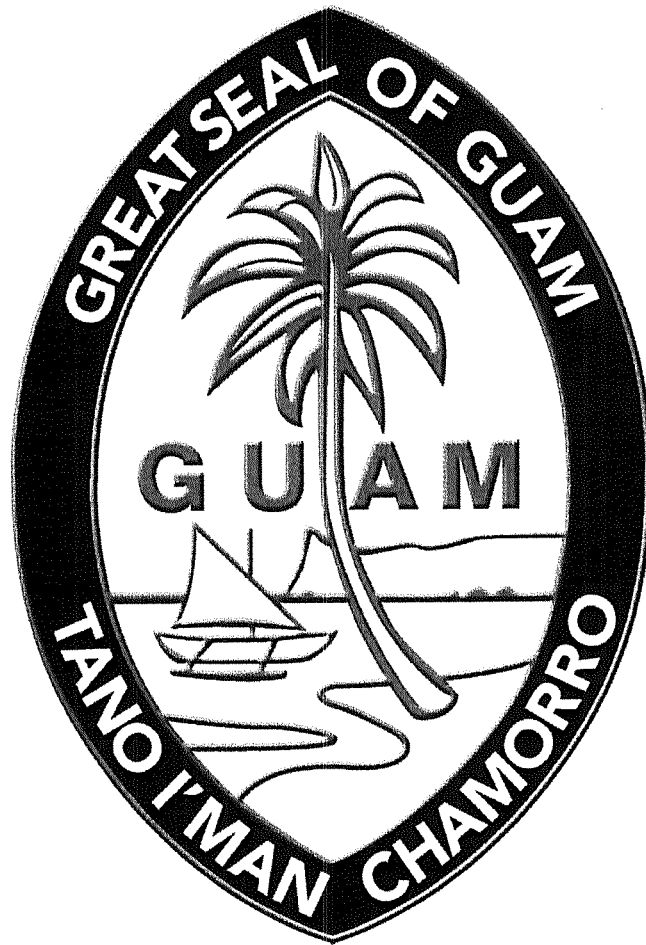
Thank you for your cooperation and support.


Lester L. Carlson, Jr.

Attachments

GOVERNMENT OF GUAM

Fiscal Year 2019 BUDGET CALL



BUREAU OF BUDGET AND MANAGEMENT RESEARCH

[BBMR CIRCULAR / MEMO HERE]

Government of Guam
Bureau of Budget and Management Research
Fiscal Year 2019 Budget Call

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APPENDICES:

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1/: Download from BBMR's website (<http://bbmr.guam.gov>)

Budget Guidelines

Fiscal Year 2019

1. All Departments and Agencies shall prepare their FY 2019 Budgets to cover personnel and operational cost. Personnel services cost should only be **for currently filled positions, for BBMR approved recruitment GG1s authorized in FY 2018 and for salary increments** where applicable annually. 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 guidelines.
2. All agencies shall prepare the FY 2019 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 FP-1) and Equipment Listing-Space Requirement Form (BBMR EL-1).
4. Attached for use in completing the agency's staffing patterns are the FY 2018 medical and dental insurance rates, salary and increment schedule based on the Competitive Wage Act of 2014 and Public Safety and Law Enforcement Pay Schedule (40%) where applicable. Please note that the insurance rates have yet to be negotiated for FY 2019. The revised schedule will be distributed to all agencies by the Department of Administration. Upon receipt of the revised schedule, amounts in the FY 2019 Staffing Patterns must be adjusted accordingly.
5. A Budget Document Checklist is attached for the department to use as a basic guide before 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. FY 2019 (Proposed) and FY 2018 (Current) Staffing Patterns are required to be completed and submitted for *all* departmental staff. This is inclusive of all positions funded via local, local matching and 100% federal funds. **Staffing patterns must be presented exactly as provided on the standard form available on the website. No variation or substitution to the format, both in presentation and content will be accepted. For departments/agencies with multiple divisions/programs, an overall departmental summary page, using the same staffing pattern format must be included.**

An electronic version of the FY 2019 Budget Call is available at the Bureau's website: <http://bbmr.guam.gov>.

Decision Package Form
[BBMR DP-1]
Instructions

This Form must be summarized and completed for all programs where applicable.

PROGRAM TITLE: Identify division or section name.

ACTIVITY DESCRIPTION: Identify activities associated with divisional program goals for the upcoming fiscal year.

MAJOR OBJECTIVE(S): Identify one or more major activities that would accomplish a specific program goal or goals identified for the fiscal year. The number of objectives is dependent on the number of program goals identified within a division and how many objectives are assigned to that one specific program goal.

SHORT-TERM GOALS: Identify division program goals to be accomplished or achieved during the fiscal year.

WORKLOAD OUTPUT: Identify tasks that quantitatively address the level of accomplishment from the previous fiscal year. To accomplish such objective, a historic review must be made for the number of tasks accomplished for the year and the cost of such tasks based on the following chronology:

- ◆ The increase or decrease of each task using FY 2017 as a baseline.
- ◆ The increase or decrease of each task for FY 2017 from FY 2016 for FY 2018.
- ◆ The increase or decrease of each task for FY 2018 from FY 2017 for FY 2019.
- ◆ The proposed task activities for both costs and quantity of each task in FY 2018 given the historic review made.

Once the workload indicators have been identified quantitatively for the proposed fiscal year, the standard of performance is then identified and must be expressed either as an increase or decrease in percentage, dollars, or task units from the previous fiscal year. Lastly, tasks are the same activities reflected in a department's Citizen Centric Report and are the important factors in the accomplishment of specific objectives identified within a program.

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

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

Column

- | | |
|----------------|---|
| A, D, G | Information for this Column should reflect the total expenditures and encumbrances of the program for FY 2017. |
| B, E, H | Information for this Column should reflect appropriations for each program for FY 2018. This shall include public law appropriations and subsequent amendments to the General Appropriations Act of 2018. |
| C | This Column should reflect the agency's FY 2019 General Fund request for the program inclusive of General Fund matching requirements. |
| F | This Column should reflect the agency's FY 2019 Special Fund request for the program and should be specified by fund source. |
| I | This Column should reflect the agency's FY 2019 Federal Fund(s) matching requirements. Refer to "New Instructions" below for more detailed information regarding completion of this section. |
| J, K, L | This Column should reflect the agency's Grand Total for All Funds for the program. This Grand Total should be the sum of amounts for each respective fiscal year (FY 2017, FY 2018 and FY 2019). |

NEW INSTRUCTIONS (FY 2019 BUDGET CALL):

It should be noted that the following budget documents are now electronically linked in one (1) Microsoft Excel "Master File:"

- Budget Digest Form [BBMR BD-1]
 - FY 2019 PROPOSED Staffing Pattern [BBMR SP-1]
 - Travel Authorization Form [BBMR TA-1]
 - Operations Schedules B ~ F [BBMR 96A - REVISED]
- [Note: FY 2018 CURRENT Staffing Patterns are contained in the Master File but *are not* linked to the BD-1 Form]

All the downloadable Microsoft Excel files are consistent with the methodology of linking the aforementioned budget documents together. The following is important to note:

- The Budget Digest (BD-1) Form is the main document that contains formulas that link the other (3) Forms together.
- The FY 2019 PROPOSED Staffing Pattern, Travel Authorization Form, and the Operations Schedules B~F [BBMR 96A - REVISED] Form are all linked to the BD-1 Form.

Instructions for Completion of (new / linked) BD-1 Form:

- The BD-1 Form contains links to the aforementioned budget documents **for only FY 2019**
 - o FY 2017 Expenditures & Encumbrances and FY 2018 Authorized Levels must be **manually inputted** by the department.
 - o For FY 2019, the **linked object categories** include:
 - 111 – Salaries
 - 112 – Overtime
 - 113 – Benefits
 - 220 – Off-Island Travel / Local Mileage Reimbursement
 - 230 – Contractual Services
 - 240 – Supplies
 - 250 – Equipment
 - 290 – Miscellaneous
 - 450 – Capital Outlay
 - o Financial information for all other FY 2019 object categories (listed below) must be **manually inputted** by the department:
 - 233 – Office Space Rental
 - 270 – Worker’s Compensation
 - 271 – Drug Testing
 - 280 – Sub-Recipient / Sub-Grant
 - 361 – Power
 - 362 – Water / Sewer
 - 363 – Telephone / Toll
- In order for FY 2019 (linked object category) financial information to be populated in the BD-1 Form, the corresponding PROPOSED FY 2019 Staffing Pattern, Travel Authorization Form, and BBMR 96A - REVISED Forms for the respective Division must be filled out
- Relative to Federal Matching programs, financial information in the BD-1 Form must be manually inputted by the department. The “Master File” *does not* contain links for staffing patterns, etc., for federal matching programs. In order to complete FY 2018 CURRENT and FY 2019 PROPOSED Staffing Patterns for matching programs, a separate file (aside from the “Master File”) must be created and (FY 2019) federal match personnel cost must then be manually inputted on to the corresponding BD-1 form.

An electronic version of this form is available at the Bureau’s website: <http://bbmr.guam.gov>.

Agency Staffing Pattern Form [BBMR SP-1] Instructions

GENERAL Departments are to prepare FY 2019 Proposed Staffing Patterns using the instructions that follow. Additionally, all departments are required to submit FY 2018 Current Staffing Patterns with their FY 2019 budget packages, both in hard copy & electronic (MS Excel) format (see below).

Program A budget entity within an agency that provides services to GovGuam and its citizens. **A staffing pattern must be prepared for each program utilizing the electronic (MS Excel) version of the form available at the Bureau's website: <http://bbmr.guam.gov>.**

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 is to be inputted by the agency.

- A Position Number:** Identify all positions with a corresponding position number.
- B Position Title:** Identify all positions with the corresponding position title. Indicate "(LTA)" or "(Temp.)" next to the Position Title (where applicable).
- C Name:** Identify names of employees.
- D Grade/Step:** Identify all positions with the corresponding Pay Grade/Step as required under the Competitive Wage Act of 2014 and Public Safety and Law Enforcement Pay Schedule (40%).
- E Salary:** Indicate salary for all positions as required under the Competitive Wage Act of 2014 and Public Safety and Law Enforcement Pay Schedule (40%).
- F Overtime:** Indicate amount of overtime estimated to be incurred by employee in accordance with Executive Order No. 2005-28, DOA Circulars 05-22 and 07-32 and BBMR Circular 07-06.
- G Special:** Includes night differential, hazardous pay, etc.
- H Increment Date:** Indicate date increment is due to employee as required under the Competitive Wage Act of 2014 and Public Safety and Law Enforcement Pay Schedule (40%).
- I Increment Amount:** Indicate increment amount due to employee as required under the Competitive Wage Act of 2014 and Public Safety and Law Enforcement Pay Schedule (40%).
- J Subtotal:** The sum total of Columns E, F, G and I.

Columns K and N: 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 staffing pattern.

- K Retirement:** Government of Guam's contribution rate for retirement benefits is: 27.83% (FY 2018 Current SP) and **27.83%** (FY 2019 Proposed SP). The FY 2019 retirement rate is subject to change.
- L Retirement (D.D.I.):** The Government of Guam's contribution for retirement benefits for the Death and Disability Insurance rate is **\$19.01** bi-weekly, which is subject to change. For applicable (Defined Contribution) employees, budget **\$495.00** for FY 2019, which is subject to change. Retirement contributions for other than non-base should be calculated appropriately.
- M Social Security:** If applicable, the social security rate of **6.2%** shall be applied to Column J.

- 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 \$187.00. Please budget for all employees.

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 2018:

Select Care HSA2000 / TakeCare HSA2000 / NetCare HSA2000

Class 1	\$1,246
Class 2	\$1,986
Class 3	\$1,671
Class 4	\$2,772

Select Care 1500 / TakeCare 1500 / NetCare 1500

Class 1	\$2,512
Class 2	\$4,567
Class 3	\$3,839
Class 4	\$6,340

Note: In the FY 2019 Proposed SP-1, for Vacant/Funded positions, budget \$6,340 for Medical (where applicable).

(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 2018:

Class 1	\$204
Class 2	\$269
Class 3	\$229
Class 4	\$373

Note: In the FY 2019 Proposed SP-1, for Vacant/Funded positions, budget \$373 for Dental (where applicable).

(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.

NOTE: The "Master File" being utilized in the FY 2019 Budget Call does not contain links for staffing patterns, etc., for federal matching programs. In order to complete FY 2018 CURRENT and FY 2019 PROPOSED Staffing Patterns for matching programs, a separate file (aside from the "Master File") must be created and (FY 2019) federal match personnel cost would then be manually inputted on to the corresponding BD-1 form.

Special Pay Category Spreadsheet (Applicable to Departments with Special Pay Expenditures)

Below the staffing pattern form SP-1 is a spreadsheet to determine the various types of special pay that applies to those departments incurring special pay expenditures. In order to complete this form, you will need to do the following:

1. Manually input the following information required in the primary staffing pattern: a) the Position Number, b) Position Title, and c) Employee's Name. (A link has been established between the primary staffing pattern spreadsheet and Special Pay Category Spreadsheet to reflect the information in the Special Pay Category Spreadsheet as it is being typed.)
2. Fill in the appropriate special pay category as it applies to the department.

Column K of this spreadsheet is formulated to total the special pay categories that you have completed. The total amount per employee is then linked to the corresponding Special Pay Column G on the Primary Staffing Pattern Spreadsheet.

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 2018:** Reflect the agency's total program funding request for FY 2018. This is the aggregate amount of local and federal funds.
- E Total Estimated Funds FY 2019:** Reflect the agency's total program funding request for FY 2019. This is the aggregate amount of local and federal funds.
- F Local Matching Funds:** Reflect the total local match fund request.
- 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 <https://www.cfda.gov>.

An electronic version of this form is available at the Bureau's website: <http://bbmr.guam.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: Pursuant to Title 5, Ch. IV, §4117, Equipment is defined as, "items having a purchase price of \$5,000 or less." Items having a purchase price in excess of \$5,000 are defined as Capital Outlay.

Space Requirement (Sq. Ft.):

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

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

Total Program Space Occupied: 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 by length. For example, an office 10 feet in width and 10 feet in length 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 1,000 sq. ft. and the item occupies 100 sq. ft., the Percent of Total Program Space value is .10 or 10% (100 sq. ft. ÷ 1,000 sq. ft.)

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

An electronic version of this form is available at the Bureau's website: <http://bbmr.guam.gov>.

**BUREAU OF BUDGET AND MANAGEMENT RESEARCH
FISCAL YEAR 2019
BUDGET DOCUMENT CHECKLIST**

Department/Agency: _____
Division/Program: _____

Date Received by BBMR: _____
Date Reviewed: _____

	Department/Agency		BBMR	
	Yes	No	Yes	No
General				
Is the department/agency request within the Governor's established ceiling?				
Does the SUMMARY digest totals equal the totals on the detail pages?				
Are the required budget forms attached?				
a. Agency Budget Certification [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 - REVISED]				
e. FY 2019 (Proposed) Agency Staffing Pattern [BBMR SP-1] - All Fund Sources				
f. FY 2018 (Current) Agency Staffing Pattern [BBMR SP-1] - All Fund Sources				
g. Federal Program Inventory Form [BBMR FP-1]				
h. Equipment/Capital Listing & Space Requirement Form [BBMR EL-1]				
i. Prior Year Obligation Form [BBMR PYO-1]				
Are the E-Files attached for all budget forms?				
I. Agency Budget Certification [BBMR ABC]				
1. Is the budget certified as to its accuracy and BBMR requirements.				
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 - REVISED]				
A.) Budget Digest Form [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 - REVISED)?				
2. Are amounts reflected in each column accurate?				
3. Are computations correct?				
Utilities				
Are amounts reflected in each column correct?				
Capital Outlay				
Are amounts reflected under columns, "Governor's Request," consistent with schedule F as detailed in the budget digest subform, [BBMR 96A - REVISED]?				
Full Time Equivalencies (FTEs)				
Are the number of FTEs for both "Unclassified" and "Classified" accurately reflected under each column?				
B.) Off-Island Travel Form [BBMR TA-1] (Schedule A)				
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.) Operations Schedules Form [BBMR 96A - REVISED] (Schedules B-F)				
1. Are "Items" under schedules B - F listed in detail?				
2. Is the "Quantity" and "Unit Price" under schedules B - F reflected for respective items?				
3. Are corresponding FY 2018 authorized levels under schedules B - F indicated?				
V. Agency Staffing Pattern Forms [BBMR SP-1]				
1. Are position titles correct?				
2. Are all LTA and Temp. positions properly identified?				
3. Are position numbers reflected?				
4. Are the salary levels consistent with the Government of Guam Competitive Wage Act of 2014 and/or Public Safety and Law Enforcement Pay Schedule (40%)?				
5. Are filled positions funded?				
6. Are increment amounts reflected?				
7. Are rates reflected under "Benefits" correct?				
8. Are computations correct?				
VI. Federal Program Inventory Form [BBMR FP-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?				
VIII. Prior Year Obligation Form [BBMR PYO-1]				

<p align="center">CERTIFIED AS TO COMPLETENESS AND ACCURACY</p> <p>DEPARTMENT:</p> <p>Prepared By: _____</p> <p align="center">_____</p> <p align="center">Date</p> <p>Approved By: _____</p> <p align="center">(Signature of Dept./Agency Head)</p> <p align="center">_____</p> <p align="center">Date</p>		<p>BBMR ACTION:</p> <p>Recommendation</p> <p align="center"> <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval </p> <p align="right">_____</p> <p align="right">Analyst</p> <p align="right">_____</p> <p align="right">Date</p>
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**Government of Guam
Fiscal Year 2019**

Agency Budget Certification

Agency: _____

Agency Head: _____

I certify that the attached budget, submitted herewith, has been reviewed for accuracy and that all requirements by the Bureau of Budget & Management Research (BBMR) have been met. I also acknowledge that this budget document will be returned to this department if any of the **BBMR requirements** is not met and/or if there are **inaccuracies** contained therein.

Agency Head: _____
(Signature)

Date: _____

**Government of Guam
Fiscal Year 2019 Budget
Department / Agency Narrative**

FUNCTION: _____

DEPT. / AGENCY: _____

MISSION STATEMENT:

GOALS AND OBJECTIVES:

[illegible]

Function:	SUMMARY
Department:	General Fund
Program:	
Fund:	

[illegible]

		A		B		C		D		E		F		G		H		I		J		K		L																	
		GENERAL FUND										SPECIAL FUND 1/										FEDERAL MATCH										GRAND TOTAL (ALL FUNDS)									
		FY 2017 Expenditures & Encumbrances		FY 2018 Authorized Level		FY 2019 Governor's Request		FY 2017 Expenditures & Encumbrances		FY 2018 Authorized Level		FY 2019 Governor's Request		FY 2017 Expenditures & Encumbrances		FY 2018 Authorized Level		FY 2019 Governor's Request		FY 2017 Expenditures & Encumbrances (A + D + G)		FY 2018 Authorized Level (B + E + H)		FY 2019 Governor's Request (C + F + I)																	
AS400 Account Code	Appropriation Classification																																								
PERSONNEL SERVICES																																									
111	Regular Salaries/Increments/Special Pay:	0		0		0		0		0		0		0		0		0		0		0		0																	
112	Overtime:	0		0		0		0		0		0		0		0		0		0		0		0																	
113	Benefits:	0		0		0		0		0		0		0		0		0		0		0		0																	
	TOTAL PERSONNEL SERVICES	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0																	
OPERATIONS																																									
220	TRAVEL- Off-Island/Local Mileage Reimburs:	0		0		0		0		0		0		0		0		0		0		0		0																	
230	CONTRACTUAL SERVICES:	0		0		0		0		0		0		0		0		0		0		0		0																	
233	OFFICE SPACE RENTAL:	0		0		0		0		0		0		0		0		0		0		0		0																	
240	SUPPLIES & MATERIALS:	0		0		0		0		0		0		0		0		0		0		0		0																	
250	EQUIPMENT:	0		0		0		0		0		0		0		0		0		0		0		0																	
270	WORKERS COMPENSATION:	0		0		0		0		0		0		0		0		0		0		0		0																	
271	DRUG TESTING:	0		0		0		0		0		0		0		0		0		0		0		0																	
280	SUB-RECIPIENT/SUBGRANT:	0		0		0		0		0		0		0		0		0		0		0		0																	
290	MISCELLANEOUS:	0		0		0		0		0		0		0		0		0		0		0		0																	
	TOTAL OPERATIONS	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0																	
UTILITIES																																									
361	Power:	0		0		0		0		0		0		0		0		0		0		0		0																	
362	Water/ Sewer:	0		0		0		0		0		0		0		0		0		0		0		0																	
363	Telephone/ Toll:	0		0		0		0		0		0		0		0		0		0		0		0																	
	TOTAL UTILITIES	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0																	
450	CAPITAL OUTLAY	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0																	
TOTAL APPROPRIATIONS		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0																	
1/ Specify Fund Source(s)																																									
FULL TIME EQUIVALENCIES (FTES)		0		0		0		0		0		0		0		0		0		0		0		0																	
UNCLASSIFIED:		0		0		0		0		0		0		0		0		0		0		0		0																	
CLASSIFIED:		0		0		0		0		0		0		0		0		0		0		0		0																	
TOTAL FTES		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00																	

FUNCTIONAL AREA:

DEPARTMENT/AGENCY:

PROGRAM:

SUMMARY

FUND:

GENERAL FUND

Input by Department																										
(A) (B) (C) (D) (E) (F) (G) (H) (I)											(J) (K) (L) (M) (N) (O)												(P) (Q)		(R)	(S)
No.	Position Number	Position Title 1/	Name of Incumbent	Grade/ Step	Salary	Overtime	Special*	Increment		(E+F+G+I) Subtotal	Retirement (J * 27.83%) 1/	Retire (DDI) (\$19.01*26PP) 2/	Social Security (6.2% * J)	Benefits			Medical (Premium)	Dental (Premium)	Total Benefits (K thru Q)	(J + R) TOTAL						
								Date	Amt.					Life 3/	Medicare (1.45% * J)	Life										
1			GENERAL FUND		\$0	\$0	\$0			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
2																										
3																										
4																										
5																										
6																										
7																										
8																										
9																										
10																										
11																										
12																										
13																										
14																										
15																										
16																										
17																										
18																										
19																										
20																										
GRAND TOTAL					\$0	\$0	\$0			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				

* Night Differential / Hazardous / Worker's Compensation / etc.
1/ FY 2019 (Proposed) GovGuam contribution rate of 27.83% for the Government of Guam Retirement is subject to change.
2/ FY 2019 (Proposed) GovGuam contribution rate of \$19.01 (bi-weekly) for DDI is subject to change.
3/ FY 2019 (Proposed) GovGuam contribution rate of \$187 (per annum) for Life Insurance is subject to change.

FUNCTIONAL AREA:
DEPARTMENT/AGENCY:
PROGRAM:
FUND: GENERAL 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)	
No.	Position Number	Position Title /	Name of Incumbent	Grade/ Step	Salary	Overtime	Special*	Increment		(E+F+G+I) Subtotal	Retirement (J * 27.83%) 2/	Retire (DDI) (\$19.01*26FP) 3/	Social Security (6.2% * J)	Medicare (1.45% * J)	Life 4/	Medical (Premium)	Dental (Premium)	Total Benefits (K thru Q)	(J + R) TOTAL																		
								Date	Amt.																												
1					\$0	\$0	\$0			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$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	0	0	0	0	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	0	0	0	0	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	0	0	0	0	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	0	0	0	0	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	0	0	0	0	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	0	0	0	0	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	0	0	0	0	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	0	0	0	0	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	0	0	0	0	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	0	0	0	0	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	0	0	0	0	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	0	0	0	0	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	0	0	0	0	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	0	0	0	0	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	0	0	0	0	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	0	0	0	0	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	0	0	0	0	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	0	0	0	0	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	0	0	0	0	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	0	0	0	0	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	0	0	0	0	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	0	0	0	0	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	0	0	0	0	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	0	0	0	0	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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		

* Night Differential / Hazardous / Worker's Compensation / etc.
1/ Indicate "(LTA)" or "(Temp.)" next to Position Title (where applicable).
2/ FY 2019 (Proposed) GovGuam contribution rate of 27.83% for the Government of Guam Retirement is subject to change.
3/ FY 2019 (Proposed) GovGuam contribution rate of \$19.01 (bi-weekly) for DDI is subject to change.
4/ FY 2019 (Proposed) GovGuam contribution rate of \$187 (per annum) for Life Insurance is subject to change.

Government of Guam
Fiscal Year 2019
Agency Staffing Pattern
(PROPOSED)

Input by Department												
Special Pay Categories												
(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)	(I)	(J)	(K)	
Position Number		Position Title	Name of Incumbent	Holiday Pay	Night Differential Pay 10%	Hazard 10%	Hazard 8%	Nurse Sunday Pay 1.5	Nurse Pay 1.5	EMT Pay 15%	D+E+F+G+H+I+J Subtotal	
1	0		0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2	0		0	0	0	0	0	0	0	0	0	0
3	0		0	0	0	0	0	0	0	0	0	0
4	0		0	0	0	0	0	0	0	0	0	0
5	0		0	0	0	0	0	0	0	0	0	0
6	0		0	0	0	0	0	0	0	0	0	0
7	0		0	0	0	0	0	0	0	0	0	0
8	0		0	0	0	0	0	0	0	0	0	0
9	0		0	0	0	0	0	0	0	0	0	0
10	0		0	0	0	0	0	0	0	0	0	0
11	0		0	0	0	0	0	0	0	0	0	0
12	0		0	0	0	0	0	0	0	0	0	0
13	0		0	0	0	0	0	0	0	0	0	0
14	0		0	0	0	0	0	0	0	0	0	0
15	0		0	0	0	0	0	0	0	0	0	0
16	0		0	0	0	0	0	0	0	0	0	0
17	0		0	0	0	0	0	0	0	0	0	0
18	0		0	0	0	0	0	0	0	0	0	0
19	0		0	0	0	0	0	0	0	0	0	0
20	0		0	0	0	0	0	0	0	0	0	0
21	0		0	0	0	0	0	0	0	0	0	0
22	0		0	0	0	0	0	0	0	0	0	0
23	0		0	0	0	0	0	0	0	0	0	0
24	0		0	0	0	0	0	0	0	0	0	0
25	0		0	0	0	0	0	0	0	0	0	0
Grand Total:				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

- 1/ 10% of reg. rate, applicable from 6pm-6am, employee must work 4 hours consecutive after 6pm for entitlement of the pay
- 2/ Applies to law enforcement personnel
- 3/ Applies to solid waste employees
- 4/ 1 ½ of reg. rate of pay from 12am Friday to 12 midnight Sunday
- 5/ 1 ½ of reg. rate of pay on daily work exceeding 8 hours
- 6/ Applicable only to CFD ambulatory service personnel, 15% of reg. rate of pay

FUNCTIONAL AREA:

DEPARTMENT/AGENCY:

PROGRAM:

SUMMARY

FUND:

GENERAL 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)
No.	Position Number	Position Title	Name of Incumbent	Grade/ Step	Salary	Overtime	Special*	Increment		(E+F+G+I) Subtotal	Benefits					Medical (Premium)	Dental (Premium)	Total Benefits (K thru Q)	(J + R) TOTAL				
								Date	Amt.		Retirement (J * 27.83%)	Retire (DD) (\$19.01*26PP)	Social Security (6.2% * J)	Medicare (1.45% * J)	Life I/								
1					\$0	\$0	\$0		\$0	\$0						\$0	\$0	\$0	\$0	\$0	\$0	\$0	
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
11																							
12																							
13																							
14																							
15																							
16																							
17																							
18																							
19																							
20																							
Grand Total:					\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

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

1/ FY 2018 Gov/Guam contribution for Life Insurance is \$187 per annum

FUNCTIONAL AREA:
DEPARTMENT/AGENCY:
PROGRAM:
FUND:
GENERAL 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)
No. Number	Position Title 1/	Name of Incumbent	Grade / Step	Salary	Overtime	Special*	Increment		Subtotal	Benefits					Life 2/	Medical (Premium)	Dental (Premium)	Total Benefits (K thru Q)	(J + R) TOTAL
							Date	Amnt.		Retirement (1 * 27.83%)	Retire (DDI) (\$19.01*26PT)	Social Security (6.2% * J)	Medicare (1.45% * J)						
1				\$0	\$0	\$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	0	0
3				0	0	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	0	0
5				0	0	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	0	0
7				0	0	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	0	0
9				0	0	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	0	0
11				0	0	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	0	0
13				0	0	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	0	0
15				0	0	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	0	0
17				0	0	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	0	0
19				0	0	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	0	0
21				0	0	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	0	0
23				0	0	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	0	0
25				0	0	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	\$0

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

1/ Indicate "(LIA)" or "(Temp.)" next to Position Title (where applicable)

2/ FY 2018 GovGuam contribution for Life Insurance is \$187 per annum

Government of Guam
Fiscal Year 2018
Agency Staffing Pattern
(CURRENT)

Input by Department												
Special Pay Categories												
(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)	(I)	(J)	(K)	
No.	Position Number	Position Title	Name of Incumbent	Holiday Pay	Night Differential Pay 10%	Hazard 10%	Hazard 8%	Nurse Sunday Pay 1.5	Nurse Pay 1.5	EMT Pay 15%	(D+E+F+G+H+I+J) Subtotal	
					1/	2/	3/	4/	5/	6/		
1	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
2	0	0	0	0	0	0	0	0	0	0	0	
3	0	0	0	0	0	0	0	0	0	0	0	
4	0	0	0	0	0	0	0	0	0	0	0	
5	0	0	0	0	0	0	0	0	0	0	0	
6	0	0	0	0	0	0	0	0	0	0	0	
7	0	0	0	0	0	0	0	0	0	0	0	
8	0	0	0	0	0	0	0	0	0	0	0	
9	0	0	0	0	0	0	0	0	0	0	0	
10	0	0	0	0	0	0	0	0	0	0	0	
11	0	0	0	0	0	0	0	0	0	0	0	
12	0	0	0	0	0	0	0	0	0	0	0	
13	0	0	0	0	0	0	0	0	0	0	0	
14	0	0	0	0	0	0	0	0	0	0	0	
15	0	0	0	0	0	0	0	0	0	0	0	
16	0	0	0	0	0	0	0	0	0	0	0	
17	0	0	0	0	0	0	0	0	0	0	0	
18	0	0	0	0	0	0	0	0	0	0	0	
19	0	0	0	0	0	0	0	0	0	0	0	
20	0	0	0	0	0	0	0	0	0	0	0	
21	0	0	0	0	0	0	0	0	0	0	0	
22	0	0	0	0	0	0	0	0	0	0	0	
23	0	0	0	0	0	0	0	0	0	0	0	
24	0	0	0	0	0	0	0	0	0	0	0	
25	0	0	0	0	0	0	0	0	0	0	0	
Grand Total:				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

- 1/ 10% of reg. rate, applicable from 6pm-6am, employee must work 4 hours consecutive after 6pm for entitlement of the pay
- 2/ Applies to law enforcement personnel
- 3/ Applies to solid waste employees
- 4/ 1 ½ of reg. rate of pay from 12am Friday to 12 midnight Sunday
- 5/ 1 ½ of reg. rate of pay on daily work exceeding 8 hours
- 6/ Applicable only to GFD ambulatory service personnel, 15% of reg. rate of pay

Schedule A - Off-Island Travel

Department/Agency:

Division:

Program: _____

Purpose / Justification for Travel				
Travel Date: _____		No. of Travelers: _____ 1/		
Position Title of Traveler(s)	Air Fare	Per diem 2/	Registration	Total Cost
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -

Purpose / Justification for Travel				
Travel Date: _____		No. of Travelers: _____ 1/		
Position Title of Traveler(s)	Air Fare	Per diem 2/	Registration	Total Cost
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -

Purpose / Justification for Travel				
Travel Date: _____		No. of Travelers: _____ 1/		
Position Title of Traveler(s)	Air Fare	Per diem 2/	Registration	Total Cost
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -

1/ Provide justification for multiple travelers attending the same conference / training / etc.

2/ Rates must be consistent with Title 5 GCA, Div.2, Ch.23, §23104 and federal Joint Travel Regulations

Schedule B - Contractual

SUMMARY

Item	Quantity	Unit Price	FY 2019 Request	FY 2018 Authorized	Variance Increase/(Decrease)
	0	\$0.00	\$ -	\$ -	\$ -
	0	\$0.00	\$ -	\$ -	\$ -
	0	\$0.00	\$ -	\$ -	\$ -
	0	\$0.00	\$ -	\$ -	\$ -
	0	\$0.00	\$ -	\$ -	\$ -
	0	\$0.00	\$ -	\$ -	\$ -
Total Contractual			\$ -		

Schedule C - Supplies & Materials

Item	Quantity	Unit Price	FY 2019 Request	FY 2018 Authorized	Variance Increase/(Decrease)
	0	\$0.00	\$ -	\$ -	\$ -
	0	\$0.00	\$ -	\$ -	\$ -
	0	\$0.00	\$ -	\$ -	\$ -
	0	\$0.00	\$ -	\$ -	\$ -
	0	\$0.00	\$ -	\$ -	\$ -
	0	\$0.00	\$ -	\$ -	\$ -
Total Supplies & Materials			\$ -		

Schedule D - Equipment

Item	Quantity	Unit Price	FY 2019 Request	FY 2018 Authorized	Variance Increase/(Decrease)
	0	\$0.00	\$ -	\$ -	\$ -
	0	\$0.00	\$ -	\$ -	\$ -
	0	\$0.00	\$ -	\$ -	\$ -
	0	\$0.00	\$ -	\$ -	\$ -
	0	\$0.00	\$ -	\$ -	\$ -
	0	\$0.00	\$ -	\$ -	\$ -
Total Equipment			\$ -		

Schedule E - Miscellaneous

Item	Quantity	Unit Price	FY 2019 Request	FY 2018 Authorized	Variance Increase/(Decrease)
	0	\$0.00	\$ -	\$ -	\$ -
	0	\$0.00	\$ -	\$ -	\$ -
	0	\$0.00	\$ -	\$ -	\$ -
	0	\$0.00	\$ -	\$ -	\$ -
	0	\$0.00	\$ -	\$ -	\$ -
	0	\$0.00	\$ -	\$ -	\$ -
Total Miscellaneous			\$ -		

Schedule F - Capital Outlay

Item	Quantity	Unit Price	FY 2019 Request	FY 2018 Authorized	Variance Increase/(Decrease)
	0	\$0.00	\$ -	\$ -	\$ -
	0	\$0.00	\$ -	\$ -	\$ -
	0	\$0.00	\$ -	\$ -	\$ -
	0	\$0.00	\$ -	\$ -	\$ -
	0	\$0.00	\$ -	\$ -	\$ -
	0	\$0.00	\$ -	\$ -	\$ -
Total Capital Outlay			\$ -		

[BBMR EL-1].

Function :
Department/Agency:
Program:

[illegible][illegible]

Bureau of Budget Management Research
Prior Year Obligations (FY 2018 and Prior FYs)

BBMR PYO-1

A	B	C	D	E	F	G
Transaction/ Obligation Date	Transaction Type	Vendor	General Fund (\$)	Special Fund (\$)	Federal Fund (\$)	Reasons for Nonsubmittal or Nonpayment
Total			\$0.00	\$0.00	\$0.00	

Note:

Column A: Completion date of transaction or event prior to October 1, 2018.

Column B: Transaction Type such as personnel action, contracts, etc.

Column C: Vendor or Party owed

Column D, E, & F: Identify funding source and dollar amount inclusive of associated penalties or fees; if more than one transaction, need to total all transactions.

Column G: Note item of concern.