



BUREAU OF BUDGET & MANAGEMENT RESEARCH

OFFICE OF THE GOVERNOR
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SEP 05 2018

BBMR CIRCULAR 19-01

To: All Executive Line Department and Agency Heads
From: Deputy Director, Bureau of Budget and Management Research
Subject: Fiscal Year 2019 Budget Allotment Process and Staffing Patterns

The FY 2019 Budget Act (Public Law 34-116), sets out the spending plan for the Government of Guam for FY 2019.

Your department / agency staff should review the FY 2019 Budget Act thoroughly to determine the mandated reporting requirements and any restrictions or limitations that may be imposed on your department / agency. Additionally, please commence Request for Establishment of Account (EOA) and Budget Allotment Schedule preparations. An electronic copy of the Budget Act and budget forms will be made available on the BBMR website at <http://bbmr.guam.gov>.

Please prepare your Budget Allotment Schedules per the following guidelines and conditions:

- Use the attached EOA and Budget Allotment Schedule. An EOA is *not* necessary for *existing* accounts being rolled over in the AS400 financial management system for FY 2019. EOA(s) and Budget Allotment Schedule(s) should be prepared for *new* program accounts only.
- In order to continue fiscal restraint, a fifteen percent (15%) reserve is imposed on *all* appropriations funded by the General Fund and all Special Funds (including for operations). The exceptions are those departments/agencies with specific exemptions per P.L. 34-116.
- All departments/agencies are to prioritize costs within established budget ceilings as follows:
 1. Personnel requirements for filled positions (*excluding* increments and certification pay differential) – Fund at 100%; also include Overtime requirements.
[Note: Pursuant to P.L. 34-116, Chapter XIII, Part I, Section 3, there is a freeze on all salary increments, promotions, reclassifications, merit bonuses, and any other upward pay adjustment from October 1, 2018 to September 30, 2019. Section 6 suspends Certification Pay Differential for the same period.]
 2. Utility Costs (Power, Water and Telephone) – Fund at 100%
 3. Essential operational costs (i.e., contractual services for copier leases, office space rental agreements, etc.)
- Where applicable, affected departments / agencies Allotment Schedules for General Fund and Special Fund appropriations must total to the four (4) *Object Group / Category* levels specified in P.L. 34-116 (Personnel, Operations, Utilities and Capital Outlay).

• Along with the EOA(s) and Budget Allotment Schedules, departments / agencies are to submit updated (FY 2019 Current) Staffing Patterns for each division/program. Be reminded that the Staffing Patterns should reflect the new Government of Guam Retirement Fund Rate of Contribution of 26.56% for FY 2019, pursuant to P.L. 34-116, Chapter XIII (Administrative Provisions), Part II, Section 3.

Allotment by Object Category

111 - Monthly releases (total appropriation levels divided by 26 pay periods – months of November 2018 and May 2019 have 3 pay days) and distribute according to your agency's current master payroll listing.

112 – Quarterly release upon pre-approval of an Overtime Plan using form BBMR F-15A available under “Circulars” on our website <http://bbmr.guam.gov>. Overtime Plans are due as soon as possible to avoid delays in overtime payments and should be planned for the full year.

113 - Same process as 111 above. This should include cost requirements for Retirement and Medicare benefits, as well as Medical, Dental and Life benefits. Until further notice, utilize the FY 2018 *Government* contributions levels which are as follows:

• SelectCare 2000 / TakeCare 2000:

○ Class I - \$1,246 / Class II - \$1,986 / Class III - \$1,671 / Class IV - \$2,772

• SelectCare 1500 / TakeCare 1500:

○ Class I - \$2,512 / Class II - \$4,567 / Class III - \$3,839 / Class IV - \$6,340

• SelectCare Dental / TakeCare Dental:

○ Class I - \$204 / Class II - \$269 / Class III - \$229 / Class IV - \$373

[Note: NetCare Insurance will not be providing Medical & Dental coverage in FY 2019]

220 - Release upon approval of each travel request

230 - Full release for continuing and/or fixed contractual obligations

233 - Full release in October 2018

240 - Quarterly release of appropriation

250 - Zero release until written justification is provided and approved by BBMR

270 - Full release in October 2018

271 - Full release in October 2018

290 - Full release for fixed (recurring) miscellaneous costs (Local matching funds will be placed in reserve and released upon receipt of grant award)

361 - Full release in October 2018

362 - Full release in October 2018

363 - Full release in October 2018

450 - Zero release until written justification is provided and approved by BBMR

Your FY 2019 departmental Budget Allotment Schedules are due to BBMR no later than **Friday, September 14, 2018**, at the close of business.

Failure to comply to this circular will result in your department's/agency's inability to expend funds for operational requirements, such as for continuing contracts, etc. As such, it is important that your Budget Allotment Schedules are remitted by the established deadline so that BBMR may load appropriations/allotments by October 1, 2018.



LESTER L. CARLSON, JR.

Attachments

REQUEST FOR ESTABLISHMENT/MODIFICATION OF ACCOUNT

TO: DEPARTMENT OF ADMINISTRATION - DIVISION OF ACCOUNTS
 VIA: BUREAU OF BUDGET & MANAGEMENT RESEARCH
 FROM: _____

* Agency Grant Manager: _____

Contact Number: _____

ACCOUNT TITLE (Max 30 characters): _____

PURPOSE:

- | | | |
|--|---|---|
| <input type="checkbox"/> Grant Award [Original] - Federal | <input type="checkbox"/> Catalog Number Change - Federal | <input type="checkbox"/> Appropriation [Original] - Local |
| <input type="checkbox"/> Grant Award [Supplement] - Federal | <input type="checkbox"/> Appropriation Type Change | <input type="checkbox"/> Appropriation [Supplemental] - Local |
| <input type="checkbox"/> Grant Period Modification - Federal | <input type="checkbox"/> Object Class(es) - Add / Delete | <input type="checkbox"/> Appropriation Period Modification |
| <input type="checkbox"/> Grant Number Change - Federal | <input type="checkbox"/> Local/Federal Participation Ratio Modification | <input type="checkbox"/> Other [specify]: _____ |

APPROPRIATION TYPE:

- | | | | |
|--|---|--|------------------------------|
| <input type="checkbox"/> Local Operation [A] | <input type="checkbox"/> Federal 101 [E] | <input type="checkbox"/> Subgrants [J] | <small>DOA USE ONLY:</small> |
| <input type="checkbox"/> Federal Local Match [B] | <input type="checkbox"/> Federal CIP [F] | <input type="checkbox"/> Reimbursable Appropriations [X] | <small>CIP - Yes No</small> |
| <input type="checkbox"/> Local Continuing [C] | <input type="checkbox"/> Federal Match Continuing [G] | <input type="checkbox"/> Work Request [Z] | |
| <input type="checkbox"/> Local CIP [D] | <input type="checkbox"/> Federal 101 Continuing [H] | <input type="checkbox"/> Other: _____ | |

OBJECT CLASS(ES) REQUIRED:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> 111 Salary | <input type="checkbox"/> 233 Office Space Rental | <input type="checkbox"/> 280 Sub-Recipient/Grants | <input type="checkbox"/> 450 Capital Outlay |
| <input type="checkbox"/> 112 Overtime/Premium Pay | <input type="checkbox"/> 240 Materials / Supplies | <input type="checkbox"/> 290 Miscellaneous | <input type="checkbox"/> 700 Indirect - Local |
| <input type="checkbox"/> 113 Benefits | <input type="checkbox"/> 250 Equipment | <input type="checkbox"/> 361 Utilities - Power | <input type="checkbox"/> 701 Indirect - Federal |
| <input type="checkbox"/> 220 Travel | <input type="checkbox"/> 270 Worker's Comp Benefits | <input type="checkbox"/> 362 Utilities - Water | <input type="checkbox"/> 800 Expense Reimb. |
| <input type="checkbox"/> 230 Contractual | <input type="checkbox"/> 271 Drug Testing | <input type="checkbox"/> 363 Utilities - Telephone | <input type="checkbox"/> other _____ |

AUTHORITY / * GRANT NO. / PL NO.	CATALOG NUMBER (Category Code)	START DATE	EXPIRATION DATE
*FEDERAL SHARE PERCENTAGE	* LOCAL SHARE PERCENTAGE	OBLIGATION END DATE	EXPENDITURE END DATE

APPROPRIATION (GL or REV) ACCOUNT NUMBER	TOTAL FUNDS		
	LOCAL	FEDERAL - AUTHORIZED (Cumulative)	FEDERAL - AWARDED
JOB ORDER ASSIGNED	* LOCAL MATCH ACCOUNT NUMBER	* NOTE	
		IF LOCAL MATCH ACCOUNT DOES NOT EXIST, PLEASE ATTACH SEPARATE E.O.A. REQUEST.	

REQUESTOR:	BBMR	DIVISION OF ACCOUNTS
REQUESTED BY	APPROVED BY	APPROVED BY
DATE	DATE	DATE

DIVISION OF ACCOUNTS - FEDERAL BRANCH USE ONLY			
DRAW TYPE	DRAW ACCT	SUB-ACCT	REVIEWED BY
DOCUMENT NUMBER	REPORTING REQUIREMENT	REVENUE ACCOUNT	DATE

NOTES: _____

Department / Division:	FY 2019	Sign Requestor:	Date:
Program Title:	SUMMARY	Dept. Head:	
Public Law/Section:	BUDGET ALLOTMENT	Sign Approved:	Date:
AS-400 Account Number:	SCHEDULE	BBMR Deputy Director: Lester L. Carlson, Jr.	
		Sign Loaded:	Date:
		Analyst:	

		Appropriation	Reserve	Release								
111	Regular Salaries	\$1.00	\$1.00	\$0.00	Oct.	\$0.00	Jan.	\$0.00	April	\$0.00	July	\$0.00
					Nov.	\$0.00	Feb.	\$0.00	May	\$0.00	Aug.	\$0.00
					Dec.	\$0.00	Mar.	\$0.00	June	\$0.00	Sept.	\$0.00
112	Overtime	\$0.00	\$0.00	\$0.00	Oct.	\$0.00	Jan.	\$0.00	April	\$0.00	July	\$0.00
					Nov.	\$0.00	Feb.	\$0.00	May	\$0.00	Aug.	\$0.00
					Dec.	\$0.00	Mar.	\$0.00	June	\$0.00	Sept.	\$0.00
113	Benefits	\$0.00	\$0.00	\$0.00	Oct.	\$0.00	Jan.	\$0.00	April	\$0.00	July	\$0.00
					Nov.	\$0.00	Feb.	\$0.00	May	\$0.00	Aug.	\$0.00
					Dec.	\$0.00	Mar.	\$0.00	June	\$0.00	Sept.	\$0.00
Sub		\$1.00	\$1.00	\$0.00				\$0.00				\$0.00
220	Travel	\$0.00	\$0.00	\$0.00	Oct.	\$0.00	Jan.	\$0.00	April	\$0.00	July	\$0.00
					Nov.	\$0.00	Feb.	\$0.00	May	\$0.00	Aug.	\$0.00
					Dec.	\$0.00	Mar.	\$0.00	June	\$0.00	Sept.	\$0.00
230	Contractual	\$0.00	\$0.00	\$0.00	Oct.	\$0.00	Jan.	\$0.00	April	\$0.00	July	\$0.00
					Nov.	\$0.00	Feb.	\$0.00	May	\$0.00	Aug.	\$0.00
					Dec.	\$0.00	Mar.	\$0.00	June	\$0.00	Sept.	\$0.00
233	Office Space Rental	\$0.00	\$0.00	\$0.00	Oct.	\$0.00	Jan.	\$0.00	April	\$0.00	July	\$0.00
					Nov.	\$0.00	Feb.	\$0.00	May	\$0.00	Aug.	\$0.00
					Dec.	\$0.00	Mar.	\$0.00	June	\$0.00	Sept.	\$0.00
240	Supplies	\$0.00	\$0.00	\$0.00	Oct.	\$0.00	Jan.	\$0.00	April	\$0.00	July	\$0.00
					Nov.	\$0.00	Feb.	\$0.00	May	\$0.00	Aug.	\$0.00
					Dec.	\$0.00	Mar.	\$0.00	June	\$0.00	Sept.	\$0.00
250	Equipment	\$0.00	\$0.00	\$0.00	Oct.	\$0.00	Jan.	\$0.00	April	\$0.00	July	\$0.00
					Nov.	\$0.00	Feb.	\$0.00	May	\$0.00	Aug.	\$0.00
					Dec.	\$0.00	Mar.	\$0.00	June	\$0.00	Sept.	\$0.00
270	Workers Comp	\$0.00	\$0.00	\$0.00	Oct.	\$0.00	Jan.	\$0.00	April	\$0.00	July	\$0.00
					Nov.	\$0.00	Feb.	\$0.00	May	\$0.00	Aug.	\$0.00
					Dec.	\$0.00	Mar.	\$0.00	June	\$0.00	Sept.	\$0.00
271	Drug Testing	\$0.00	\$0.00	\$0.00	Oct.	\$0.00	Jan.	\$0.00	April	\$0.00	July	\$0.00
					Nov.	\$0.00	Feb.	\$0.00	May	\$0.00	Aug.	\$0.00
					Dec.	\$0.00	Mar.	\$0.00	June	\$0.00	Sept.	\$0.00

		Appropriation			Reserve			Release						
280	Sub-Recipient / Grants	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
290	Miscellaneous	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Sub		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
361	Power	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
362	Water	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
363	Telephone	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Sub		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
450	Capital Outlay	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Sub		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
701	Indirect Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Sub		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
GRAND TOTAL		\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

FOOTNOTE:

Government of Guam
 FY2018 GROUP HEALTH INSURANCE PROGRAM
 MEDICAL & DENTAL RATES

Class	SELECTCARE HSA 2000			TAKECARE HSA 2000			NETCARE HSA 2000		
	GOV	SUBSCRIBER	TOTAL	GOV	SUBSCRIBER	TOTAL	GOV	SUBSCRIBER	TOTAL
Employee CI	\$47.90	\$0.10	\$48.00	\$47.90	\$1.94	\$49.84	\$47.90	\$0.00	\$47.90
Employee CII	\$76.37	\$23.76	\$100.15	\$76.37	\$28.63	\$103.00	\$76.37	\$23.27	\$99.64
Employee CIII	\$64.24	\$19.76	\$84.00	\$64.24	\$22.63	\$86.87	\$64.24	\$19.59	\$83.83
Employee CIV	\$106.59	\$33.28	\$139.85	\$106.59	\$36.78	\$143.35	\$106.59	\$37.33	\$138.92
Retiree CI	\$155.40	\$0.10	\$155.50	\$159.88	\$2.10	\$161.98	\$155.69	\$0.00	\$155.69
Retiree CII	\$29.23	\$25.77	\$325.00	\$305.91	\$28.85	\$334.76	\$298.62	\$25.21	\$323.83
Retiree CIII	\$251.09	\$21.41	\$272.50	\$257.80	\$24.51	\$282.31	\$257.23	\$21.22	\$278.45
Retiree CIV	\$416.97	\$36.03	\$453.00	\$428.06	\$39.83	\$465.89	\$416.46	\$35.02	\$451.48
SELECTCARE 1500									
Class	GOV	SUBSCRIBER	TOTAL	GOV	SUBSCRIBER	TOTAL	GOV	SUBSCRIBER	TOTAL
Employee CI	\$96.59	\$68.64	\$153.23	\$96.59	\$23.78	\$120.37	\$96.59	\$66.18	\$152.77
Employee CII	\$175.65	\$143.27	\$318.92	\$175.65	\$73.98	\$249.63	\$175.65	\$142.81	\$318.46
Employee CIII	\$147.63	\$119.00	\$267.23	\$147.63	\$62.19	\$209.82	\$147.63	\$120.06	\$267.69
Employee CIV	\$243.82	\$199.72	\$443.54	\$243.82	\$102.76	\$346.58	\$243.82	\$200.38	\$444.00
Retiree CI	\$436.14	\$0.10	\$436.24	\$365.43	\$25.78	\$391.19	\$435.64	\$0.86	\$436.50
Retiree CII	\$680.29	\$165.21	\$1,035.50	\$731.16	\$0.16	\$811.31	\$680.79	\$154.71	\$1,035.50
Retiree CIII	\$737.93	\$129.57	\$867.50	\$614.55	\$67.37	\$681.92	\$749.93	\$130.07	\$879.90
Retiree CIV	\$1,223.64	\$216.36	\$1,440.00	\$1,015.07	\$111.32	\$1,126.39	\$1,228.64	\$216.86	\$1,443.50
RETIREE SUPPLEMENTAL PLAN (RSP) - must meet Medicare eligibility requirements									
SELECTCARE (RSP)									
Class	GOV	SUBSCRIBER	TOTAL	GOV	SUBSCRIBER	TOTAL	GOV	SUBSCRIBER	TOTAL
Retiree CI	\$181.00	\$0.00	\$181.00	\$168.22	\$0.00	\$168.22	\$180.64	\$0.00	\$180.64
Retiree CII	\$361.50	\$0.00	\$361.50	\$398.47	\$0.00	\$398.47	\$448.80	\$0.00	\$448.80
SELECTCARE DENTAL									
Class	GOV	SUBSCRIBER	TOTAL	GOV	SUBSCRIBER	TOTAL	GOV	SUBSCRIBER	TOTAL
Employee CI	\$7.82	\$7.87	\$15.69	\$7.82	\$6.99	\$14.81	\$7.82	\$7.91	\$15.73
Employee CII	\$10.32	\$25.22	\$35.54	\$10.32	\$24.07	\$34.39	\$10.32	\$25.34	\$35.76
Employee CIII	\$8.77	\$19.39	\$28.16	\$8.77	\$18.94	\$27.71	\$8.77	\$18.83	\$28.60
Employee CIV	\$14.31	\$33.23	\$47.54	\$14.31	\$32.03	\$46.34	\$14.31	\$33.84	\$48.15
Retiree CI	\$8.47	\$8.53	\$17.00	\$8.47	\$7.57	\$16.04	\$8.47	\$8.57	\$17.04
Retiree CII	\$11.18	\$27.32	\$38.50	\$11.18	\$26.08	\$37.26	\$11.18	\$27.56	\$38.74
Retiree CIII	\$9.50	\$21.00	\$30.50	\$9.50	\$20.52	\$30.02	\$9.50	\$21.48	\$30.98
Retiree CIV	\$15.50	\$36.00	\$51.50	\$15.50	\$34.70	\$50.20	\$15.50	\$36.67	\$52.17


 Christine Baletto, Director
 Department of Administration

1/: NetCare Insurance will not be providing Medical & Dental coverage in FY2019.

Class I - Subscriber only - No Dependent
 Class II - Subscriber + spouse (domestic partner) only
 Class III - Subscriber + Child(ren) only - No Spouse
 Class IV - Subscriber + Family (Spouse, Domestic Partner and/or Ex-Spouse via Court Order + Children)