



BUREAU OF BUDGET & MANAGEMENT RESEARCH

OFFICE OF THE GOVERNOR
Post Office Box 2950, Hagåtña Guam 96932



LOURDES A. LEON GUERRERO
GOVERNOR

LESTER L. CARLSON, JR.
DIRECTOR

JOSHUA F. TENORIO
LIEUTENANT GOVERNOR

SEP 12 2019

BBMR CIRCULAR 20-01

To: All Executive Line Department and Agency Heads

From: Director, Bureau of Budget and Management Research

Subject: Fiscal Year 2020 Budget Allotment Process and Staffing Patterns

The FY 2020 Budget Act (Public Law 35-36), sets out the spending plan for the Government of Guam for FY 2020.

Your department/agency staff should review P.L. 35-36 and commence Establishment of Account and Budget Allotment Schedule preparations. Please review the FY 2020 Budget Act thoroughly to determine the mandated reporting requirements and any restrictions or limitations that may be imposed on your department/agency. 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 Request for Establishment of Account (EOA) and Budget Allotment Schedule. A request for EOA is *not* necessary for existing accounts being rolled over in the AS400 (FMIS) for FY 2020. EOA(s) and Budget Allotment Schedule(s) should be prepared for new program accounts only.
- All departments/agencies are to prioritize costs within established budget ceilings as follows:
 1. Personnel requirements for filled positions (including increments) – Fund at 100%; also include Overtime requirements
 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.)
- Along with the EOA(s) and Budget Allotment Schedules, departments / agencies are to submit updated (FY 2020 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 26.28% for FY 2020, pursuant to P.L. 35-36, 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 2019 and May 2020 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 "Circular" 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. For FY 2020, Aetna International will be the Government of Guam's exclusive insurance provider. Until such time the publication of the new medical and dental rates for FY 2020 are officially made known by the Department of Administration, you are to use the *Government* contributions for the current FY 2019 Medical & Dental plans as follows:

Plan 2000:

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

Plan 1500:

Class I - \$2,512 / Class II - \$4,567 / Class III - \$3,839 / Class IV - \$6,335

Dental:

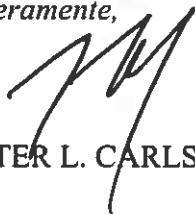
Class I - \$204 / Class II - \$269 / Class III - \$229 / Class IV - \$373

- 220 - Release upon approval of each travel request
- 230 - Full release for continuing and/or fixed contractual obligations
- 233 - Full release in October 2019
- 240 - Quarterly release of appropriation
- 250 - Zero release until written justification provided and approved by BBMR
- 270 - Full release in October 2019
- 271 - Full release in October 2019
- 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 2019
- 362 - Full release in October 2019
- 363 - Full release in October 2019
- 450 - Zero release until written justification provided and approved by BBMR

Your FY 2020 departmental Budget Allotment Schedules are due to BBMR no later than **Friday, September 20, 2019**, 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, 2019.

Senseramente,



LESTER L. CARLSON, JR.

Attachments



Department / Division:		FY 2020		Sign Requestor:		Date:	
Program Title:		BUDGET ALLOTMENT		Dept. Head:		Date:	
Public Law/Section:		SCHEDULE		BBMR Director:		Date:	
AS-400 Account Number:				Lester L. Carlson, Jr.		Date:	
				Sign Loaded:		Date:	
				Analyst:			

		Appropriation			Reserve			Release							
111	Regular Salaries	\$1.00	\$1.00	\$0.00	\$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
112	Overtime	\$0.00	\$0.00	\$0.00	\$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	\$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	\$0.00								
220	Travel	\$0.00	\$0.00	\$0.00	\$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	\$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	\$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	\$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	\$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	\$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	\$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	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
290	Miscellaneous	\$0.00	\$0.00	\$0.00	\$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	\$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	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
362	Water	\$0.00	\$0.00	\$0.00	\$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
363	Telephone	\$0.00	\$0.00	\$0.00	\$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	\$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	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	\$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	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	\$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	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00

FOOTNOTE:

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 (Maximum 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
0.00%	100.00%		
APPROPRIATION ACCOUNT NUMBER	TOTAL FUNDS		
	LOCAL	FEDERAL - AUTHORIZED (Cumulative)	FEDERAL - AWARDED
GENERAL LEDGER or REVENUE ACCOUNT	* LOCAL MATCH ACCOUNT NUMBER	* NOTE	
		IF LOCAL MATCH ACCOUNT DOES NOT EXIST OR NEEDS UPDATING, PLEASE ATTACH SEPARATE E.O.A. REQUEST.	
REQUESTOR	BBMR	DIVISION OF ACCOUNTS	
REQUESTED BY	DATE	APPROVED BY	DATE

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

NOTES: _____