



BUREAU OF BUDGET & MANAGEMENT RESEARCH

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

EDDIE BAZA CALVO
GOVERNOR

RAY TENORIO
LIEUTENANT GOVERNOR

JOSE S. CALVO
DIRECTOR

LESTER L. CARLSON, JR.
DEPUTY DIRECTOR

SEP 22 2016

BBMR CIRCULAR 17-01

To: All Executive Line Department and Agency Heads

From: Director, Bureau of Budget and Management Research

Subject: Fiscal Year 2017 Budget Allotment Process and Staffing Patterns

The FY 2017 Budget Act (Public Law 33-185), which lapsed into law on September 10th, 2016, sets out the spending plan for the Government of Guam for FY 2017.

Your department/agency staff should review P.L. 33-185 and commence Establishment of Account (EOA) and Budget Allotment Schedule preparations. Please review the FY 2017 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:

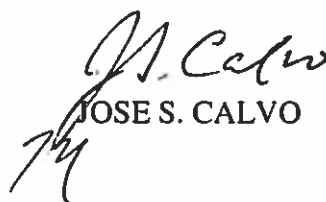
- Use the attached Request for Establishment of Account (EOA) and Budget Allotment Schedule. A request for EOA is *not* necessary for existing accounts being rolled over in the AS400 (FMIS) for FY 2017. EOA(s) and Budget Allotment Schedule(s) should be prepared for new program accounts only.
- In order 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. 33-185.
- 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 2017 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 **27.41%** for FY 2017, pursuant to Section 3, Chapter XIII (Administrative Provisions), of P.L. 33-185.

Allotment by Object Category

- 111 - Monthly releases (total appropriation levels divided by 26 pay periods – months of December 2015 and June 2016 have 3 pay days) and distribute according to your agency's current master payroll listing.
- 112 - Monthly 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 2017 (copy attached). A reminder that the *Government* contributions for Medical & Dental are as follows:
- SelectCare 2000 / TakeCare 2000 / NetCare 2000:**
Class I - \$1,321 / Class II - \$2,145 / Class III - \$1,806 / Class IV - \$2,981
- SelectCare 1500 / TakeCare 1500 / NetCare 1500:**
Class I - \$2,473 / Class II - \$4,489 / Class III - \$3,773 / Class IV - \$6,235
- SelectCare Dental / TakeCare Dental / NetCare Dental:**
Class I - \$224 / Class II - \$299 / Class III - \$240 / Class IV - \$404
- 220 - Release upon approval of each travel request
- 230 - Full release for continuing and/or fixed contractual obligations
- 233 - Full release in October 2016
- 240 - Quarterly release of appropriation
- 250 - Zero release until written justification provided and approved by BBMR
- 270 - Full release in October 2016
- 271 - Full release in October 2016
- 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 2016
- 362 - Full release in October 2016
- 363 - Full release in October 2016
- 450 - Zero release until written justification provided and approved by BBMR

Your FY 2017 departmental Budget Allotment Schedules are due to BBMR no later than **Wednesday, September 28, 2016**, 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, 2016.


JOSE S. CALVO

Attachments

REQUEST FOR ESTABLISHMENT/MODIFICATION OF ACCOUNT

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

PURPOSE:

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

APPROPRIATION TYPE:

- | | | |
|--|---|--|
| <input type="checkbox"/> Local Operation [A] | <input type="checkbox"/> Federal 101 [E] | <input type="checkbox"/> Subgrants [J] |
| <input type="checkbox"/> Federal Local Match [B] | <input type="checkbox"/> Federal CIP [F] | <input type="checkbox"/> Reimbursable Appropriations [X] |
| <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: _____ |

RESPONSIBLE DEPARTMENT/DIVISION: _____

OBJECT CLASS(ES) REQUIRED:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> 111 Salary | <input type="checkbox"/> 220 Travel | <input type="checkbox"/> 270 Worker's Comp Benefits | <input type="checkbox"/> 363 Utilities - Telephone |
| <input type="checkbox"/> 112 Overtime/Premium Pay | <input type="checkbox"/> 230 Contractual | <input type="checkbox"/> 271 Drug Testing | <input type="checkbox"/> 450 Capital Outlay |
| <input type="checkbox"/> 113 Benefits | <input type="checkbox"/> 233 Office Space Rental | <input type="checkbox"/> 290 Miscellaneous | <input type="checkbox"/> 700 Indirect - Local |
| <input type="checkbox"/> 114 Health Benefit | <input type="checkbox"/> 240 Materials / Supplies | <input type="checkbox"/> 361 Utilities - Power | <input type="checkbox"/> 701 Indirect - Federal |
| <input type="checkbox"/> 115 Life Benefit | <input type="checkbox"/> 250 Equipment | <input type="checkbox"/> 362 Utilities - Water | <input type="checkbox"/> _____ other |

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

APPROPRIATION 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 _____ DATE _____	Jose S. Calvo, Director APPROVED BY _____ DATE _____	APPROVED BY _____ DATE _____

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

Department / Division:		Sign Requestor:		Date:	
Program Title:		Dept. Head:		Date:	
Public Law/Section:		Sign Approved:		Date:	
AS400 Account Number:		BBMR Director: Jose S. Calvo		Date:	
		Sign Loaded:		Date:	
		Analyst:			

**FY 2017
BUDGET ALLOTMENT
SCHEDULE**

	Appropriation	Reserve	Release									
111	Regular Salaries	\$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	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	\$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	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		\$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		\$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		\$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		\$0.00
GRAND TOTAL		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00

FOOTNOTE:

Government of Guam
 FY2017 GROUP HEALTH INSURANCE PROGRAM
 MEDICAL & DENTAL RATES (bi-weekly rates)

Active	SELECTCARE 2000				TAKECARE 2000				NETCARE 2000				
	CLASS	GOV	EMP	TOTAL	GOV	EMP	TOTAL	GOV	EMP	TOTAL	GOV	EMP	TOTAL
Bi-Weekly	I	\$50.77	\$0.00	\$50.77	\$50.77	\$0.17	\$50.94	\$50.77	\$1.90	\$52.67			
	II	\$82.50	\$23.65	\$106.15	\$82.50	\$33.27	\$115.77	\$82.50	\$28.84	\$111.34			
	III	\$89.46	\$18.82	\$108.28	\$89.46	\$19.59	\$109.05	\$89.46	\$22.99	\$112.45			
	IV	\$114.65	\$33.50	\$148.15	\$114.65	\$32.33	\$146.98	\$114.65	\$37.30	\$152.95			
Retiree	I	\$325.00	\$0.00	\$325.00	\$283.68	\$0.16	\$283.84	\$303.76	\$2.08	\$305.84			
Semi-Monthly	II	\$682.88	\$25.82	\$708.70	\$575.71	\$25.21	\$600.92	\$618.27	\$26.08	\$644.35			
	III	\$439.25	\$21.25	\$460.50	\$471.59	\$21.22	\$492.81	\$506.38	\$24.48	\$530.86			
	IV	\$740.20	\$36.30	\$776.50	\$797.80	\$35.03	\$832.83	\$856.78	\$40.42	\$897.20			
Active	SELECTCARE 1500				TAKECARE 1500				NETCARE 1500				
Bi-Weekly	CLASS	GOV	EMP	TOTAL	GOV	EMP	TOTAL	GOV	EMP	TOTAL	GOV	EMP	TOTAL
	I	\$95.11	\$33.20	\$128.31	\$95.11	\$23.78	\$118.89	\$95.11	\$25.39	\$120.50			
	II	\$172.64	\$94.98	\$267.62	\$172.64	\$73.98	\$246.62	\$172.64	\$77.53	\$250.17			
	III	\$145.10	\$78.75	\$223.85	\$145.10	\$62.19	\$207.29	\$145.10	\$65.52	\$210.62			
	IV	\$239.77	\$131.77	\$371.54	\$239.77	\$102.76	\$342.53	\$239.77	\$107.90	\$347.67			
Retiree	I	\$424.54	\$33.98	\$458.52	\$388.04	\$25.78	\$413.82	\$404.94	\$27.51	\$432.45			
Semi-Monthly	II	\$875.53	\$102.47	\$978.00	\$795.98	\$60.15	\$856.13	\$831.42	\$93.99	\$925.41			
	III	\$562.68	\$45.31	\$608.00	\$650.73	\$67.37	\$718.10	\$679.71	\$70.98	\$750.69			
	IV	\$948.75	\$142.75	\$1,091.50	\$1,102.37	\$111.32	\$1,213.69	\$1,151.83	\$116.90	\$1,268.73			
RETIREE SUPPLEMENTAL PLAN (Must Meet Medicare Eligibility Requirements)													
Retiree	SELECTCARE (RSP)				TAKECARE (RSP)				NETCARE (RSP)				
Semi-Monthly	CLASS	GOV	EMP	TOTAL	GOV	EMP	TOTAL	GOV	EMP	TOTAL	GOV	EMP	TOTAL
	I	\$200.50	\$0.00	\$200.50	\$260.04	\$0.00	\$260.04	\$275.34	\$0.00	\$275.34			
	II	\$401.00	\$0.00	\$401.00	\$550.50	\$0.00	\$550.50	\$585.88	\$0.00	\$585.88			
Active	SELECTCARE DENTAL				TAKECARE DENTAL				NETCARE DENTAL				
Bi-weekly	CLASS	GOV	EMP	TOTAL	GOV	EMP	TOTAL	GOV	EMP	TOTAL	GOV	EMP	TOTAL
	I	\$8.58	\$7.11	\$15.69	\$8.58	\$6.98	\$15.57	\$8.58	\$7.15	\$15.73			
	II	\$11.47	\$24.07	\$35.54	\$11.47	\$24.30	\$35.77	\$11.47	\$24.29	\$35.76			
	III	\$9.21	\$18.94	\$28.15	\$9.22	\$19.42	\$28.64	\$9.21	\$19.39	\$28.60			
	IV	\$15.51	\$32.03	\$47.54	\$15.51	\$32.72	\$48.23	\$15.51	\$32.64	\$48.15			
Retiree	I	\$9.30	\$7.70	\$17.00	\$9.30	\$7.57	\$16.87	\$9.30	\$7.74	\$17.04			
Semi-Monthly	II	\$12.43	\$28.07	\$40.50	\$12.43	\$28.22	\$40.65	\$12.43	\$28.31	\$40.74			
	III	\$9.98	\$20.52	\$30.50	\$9.98	\$21.04	\$31.02	\$9.98	\$21.01	\$30.99			
	IV	\$16.81	\$34.89	\$51.70	\$16.81	\$35.44	\$52.25	\$16.81	\$35.38	\$52.17			

9/21/16

Date:

Christine W. Baletq
 CHRISTINE W. BALETQ, Director
 Department of Administration

Class I - Employee/Retiree/Spouse - No Dependent
 Class II - Employee/Retiree/Spouse + spouse (domestic partner) only
 Class III - Employee/Retiree/Spouse + Child(ren) Only - No Spouse
 Class IV - Employee/Retiree/Spouse + Family (Spouse/Domestic Partner and/Or Ex-Spouse via Court Order + Child(ren))