



BUREAU OF BUDGET & MANAGEMENT RESEARCH

OFFICE OF THE GOVERNOR
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GOVERNOR

LESTER L. CARLSON, JR.
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SEP 19 2017

BBMR CIRCULAR 18-01

To: All Executive Line Department and Agency Heads
From: Acting Director, Bureau of Budget and Management Research
Subject: Fiscal Year 2018 Budget Allotment Process and Staffing Patterns

The FY 2018 Budget Act (Public Law 34-42), sets out the spending plan for the Government of Guam for FY 2018.

Your department / agency staff should review P.L. 34-42 and commence Establishment of Account (EOA) and Budget Allotment Schedule preparations. Please review the FY 2018 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 2018. For existing accounts, only Budget Allotment Schedules are needed. 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. 34-42.
- 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 2018 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 27.83% for FY 2018, pursuant to Section 3, Chapter XIII (Administrative Provisions), of P.L. 34-42.

Allotment by Object Category

- 111 - Monthly releases (total appropriation levels divided by 26 pay periods – months of December 2017 and June 2018 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 2018 (copy attached). A reminder that the *Government* contributions for Medical & Dental are as follows:
SelectCare 2000 / TakeCare 2000 / NetCare 2000:
Class I - \$1,246 / Class II - \$1,986 / Class III - \$1,671 / Class IV - \$2,772
SelectCare 1500 / TakeCare 1500 / NetCare 1500:
Class I - \$2,512 / Class II - \$4,567 / Class III - \$3,839 / Class IV - \$6,340
SelectCare Dental / TakeCare Dental / NetCare 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 2017
- 240 - Quarterly release of appropriation
- 250 - Zero release until written justification provided and approved by BBMR
- 270 - Full release in October 2017
- 271 - Full release in October 2017
- 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 2017
- 362 - Full release in October 2017
- 363 - Full release in October 2017
- 450 - Zero release until written justification provided and approved by BBMR

Your FY 2018 departmental Budget Allotment Schedules are due to BBMR no later than **Monday, September 25, 2017**, 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, 2017.


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] | DOA USE ONLY: |
| <input type="checkbox"/> Federal Local Match [B] | <input type="checkbox"/> Federal CIP [F] | <input type="checkbox"/> Reimbursable Appropriations [X] | CIP - Yes No |
| <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	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: _____

FY 2018		Sign Requestor:	Date:
BUDGET ALLOTMENT		Dept. Head:	Date:
SCHEDULE		Sign Approved:	Date:
AS400 Account Number:		BBMR Acting Director: Lester L. Carlson, Jr.	Date:
Program Title:		Sign Loaded:	Date:
Public Law/Section:		Analyst:	

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

	Appropriation			Reserve			Release		
290	Miscellaneous	\$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
361	Power	\$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
363	Telephone	\$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
450	Capital Outlay	\$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
701	Indirect Cost	\$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
	GRAND TOTAL	\$0.00	\$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 CH	\$76.37	\$23.76	\$100.15	\$76.37	\$28.63	\$103.00	\$76.37	\$23.27	\$99.64
Employee CHI	\$64.24	\$19.76	\$84.00	\$64.24	\$22.63	\$86.87	\$64.24	\$19.59	\$83.83
Employee CIV	\$106.59	\$33.26	\$139.85	\$106.59	\$36.76	\$143.35	\$106.59	\$32.33	\$138.92
Retiree CI	\$155.40	\$0.10	\$155.50	\$159.88	\$2.10	\$161.98	\$155.69	\$0.00	\$155.69
Retiree CII	\$295.23	\$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	\$251.23	\$21.22	\$272.45
Retiree CIV	\$416.97	\$38.03	\$453.00	\$426.06	\$39.83	\$465.89	\$416.46	\$35.02	\$451.48
Class	SELECTCARE 1500			TAKECARE 1500			NETCARE 1500		
	GOV	SUBSCRIBER	TOTAL	GOV	SUBSCRIBER	TOTAL	GOV	SUBSCRIBER	TOTAL
Employee CI	\$96.59	\$58.64	\$153.23	\$96.59	\$23.78	\$120.37	\$96.59	\$56.18	\$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	\$119.60	\$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	\$200.18	\$444.00
Retiree CI	\$436.14	\$81.36	\$497.50	\$365.43	\$28.78	\$391.19	\$435.64	\$60.86	\$496.50
Retiree CII	\$860.29	\$155.21	\$1,035.50	\$731.16	\$80.15	\$811.31	\$860.79	\$154.71	\$1,035.50
Retiree CIII	\$737.93	\$129.57	\$867.50	\$614.55	\$67.37	\$681.92	\$740.93	\$130.07	\$871.00
Retiree CIV	\$1,223.64	\$216.36	\$1,440.00	\$1,015.07	\$111.32	\$1,126.39	\$1,226.64	\$216.86	\$1,443.50
RETIREE SUPPLEMENTAL PLAN (RSP) - must meet Medicare eligibility requirements									
Class	SELECTCARE (RSP)			TAKECARE (RSP)			NETCARE (RSP)		
	GOV	SUBSCRIBER	TOTAL	GOV	SUBSCRIBER	TOTAL	GOV	SUBSCRIBER	TOTAL
Retiree CI	\$181.00	\$0.00	\$181.00	\$189.22	\$0.00	\$189.22	\$210.64	\$0.00	\$210.64
Retiree CII	\$361.50	\$0.00	\$361.50	\$398.47	\$0.00	\$398.47	\$448.20	\$0.00	\$448.20
Class	SELECTCARE DENTAL			TAKECARE DENTAL			NETCARE DENTAL		
	GOV	SUBSCRIBER	TOTAL	GOV	SUBSCRIBER	TOTAL	GOV	SUBSCRIBER	TOTAL
Employee CI	\$7.82	\$7.87	\$15.69	\$7.82	\$8.99	\$14.81	\$7.82	\$7.91	\$15.73
Employee CII	\$10.32	\$25.22	\$35.54	\$10.32	\$24.07	\$34.39	\$10.32	\$25.44	\$35.76
Employee CIII	\$8.77	\$19.39	\$28.16	\$8.77	\$18.94	\$27.71	\$8.77	\$19.83	\$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	\$11.16	\$27.32	\$38.50	\$11.16	\$26.08	\$37.26	\$11.16	\$27.56	\$38.74
Retiree CIII	\$9.50	\$21.00	\$30.50	\$9.50	\$20.52	\$30.02	\$9.50	\$21.49	\$30.99
Retiree CIV	\$15.50	\$36.00	\$51.50	\$15.50	\$34.70	\$50.20	\$15.50	\$36.57	\$52.17


 Christine Baletto, Director
 Department of Administration

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)