

# EXAMPLE

## BUDGET ESTIMATES FY 2017

Dept. of Budget & Management  
Budget Form DBM - DA-1 (Revised 5/15)  
Budget Summary

Please submit original and 1 duplicate

State Agency or Group	Z00A01 Department XYZ
Institution or Unit	Z00A0101
Program No. or Title	Office of the Secretary

To be used for summary of:

- (1) entire agency
- (2) each major group
- (3) each institution or operating group
- (4) each program

	FY 2015 Actual	FY 2016 Appropriation	FY 2017 Request
<b>Total Number of Authorized Positions</b>	<b>38.00</b>	<b>36.00</b>	<b>36.00</b>
<b>Total Number of FTE Contractual Positions</b>	<b>4.00</b>	<b>2.00</b>	<b>2.00</b>
<b>Original General Fund Appropriation</b>	<b>1,794,501</b>	<b>1,137,862</b>	
Net General Fund Budget Amendments	35,852	35,800	
<b>Current General Fund Appropriation</b>	<b>1,830,353</b>	<b>1,173,662</b>	
Less: General Fund Reversion	-18,175		
<b>Net Total General Fund Expenditure</b>	<b>1,812,178</b>	<b>1,173,662</b>	<b>1,693,125</b>
<b>Original Special Fund Appropriation</b>	<b>777,185</b>	<b>855,752</b>	
Net Special Fund Budget Amendments	1,500,000	1,000,000	
<b>Current Special Fund Appropriation</b>	<b>2,277,185</b>	<b>1,855,752</b>	
Less: Cancellation	-1,000,500		
<b>Net Total Special Fund Expenditure</b>	<b>1,276,685</b>	<b>1,855,752</b>	<b>759,569</b>
<b>Original Federal Fund Appropriation</b>	<b>500,000</b>	<b>500,000</b>	
Net Federal Fund Budget Amendments	500,000	250,000	
<b>Current Federal Fund Appropriation</b>	<b>1,000,000</b>	<b>750,000</b>	
Less: Cancellation	-750,000		
<b>Net Total Federal Fund Expenditure</b>	<b>250,000</b>	<b>750,000</b>	<b>500,000</b>
<b>Net Total Reimbursable Fund Expenditure</b>			
<b>Total Expenditure</b>	<b>3,338,863</b>	<b>3,779,414</b>	<b>2,952,694</b>

Note: Net Total Expenditures for FY 2015 must match the amounts on the DAFR 6000.

# EXAMPLE

BUDGET ESTIMATES  
FISCAL YEAR 2017

Dept. of Budget & Management  
Budget Form DBM-DA-2 (Revised 5/15)  
Submit Original and 2 Duplicates

Page \_\_\_\_\_

**Z00A01 Department of XYZ**

**(State Agency or Group)**

Z00A0101

**(Institution or Unit)**

Z00A0101 Office of the Secretary

**(Program No. and Title)**

## Travel

0401 In State Travel	Travel for staff to review operations in jurisdictions throughout the State. 12 staff x 4 trips per year each	9,000
0402 In State Conferences/Training	Face-painting workshop and supplies for 20 staff @ \$500 each; Training in magic tricks for 2 staff @ \$1,000 each.	12,000
Conferences/Training	Travel to annual XXX conference for Secretary and staff (20 people). Registration @ \$500 each, Airfare @ \$400 each; lodging @ \$300 each; other at \$200 each.	28,000
	<b>Total</b>	<b>49,000</b>
Cell Phones	See attached list of plans, number of staff in each plan, and cost per each plan.	

# EXAMPLE

## BUDGET ESTIMATES FY 2017

Dept. of Budget & Management  
Budget Form DBM-DA-2A (Revised 5/15)  
Health Insurance Calculations

Please submit original and 1 duplicate

State Agency or Group Z00 Dept of XYZ  
Institution or Unit Z00A0101  
Program No. or Title All Programs

<b>Step 1 - Enter total actual SWSO 0152 charges on payroll</b>	=	<u>\$196,548</u>	
Please use Pay Period Ending 7/7/15			
<b>Step 2 - Divide by number of Eligible Employees* on payroll <sup>1</sup></b>	/	<u>555</u>	
Please use Pay Period Ending 7/7/15			
<b>Step 3 - Multiply by number of payroll deductions</b>	X	<u>24.07</u>	
24.07 deductions per year			
<b>Step 4 - Multiply by (1 + the Growth rate) to get 0152 rate<sup>2</sup></b>	X	<u>1.03</u>	= <u>\$8,780</u>
See Standard Rates & Schedules, subobject 0152			
			0152 Rate
<b>Step 5 - Multiply the 0152 rate (Step 4) by Retiree Subsidy rate to get 0154 rate<sup>2</sup></b>	X	<u>35.00%</u>	= <u>\$3,073</u>
See Standard Rates & Schedules, subobject 0154			
			0154 Rate
<b>Step 6 - Multiply both rates by the Eligible Position Total** in budget request</b>	X	<u>555</u>	= <u>\$4,872,900</u>
Do <i>not</i> use a PIN count or full-time-equivalent total			
			0152 Total
			<u>\$1,705,515</u>
			0154 Total

**Note: Highlighted numbers are used as examples only.**

\* **Eligible Employees equal the number of "checks" issued for a pay period to regular staff employed at 50% or greater.**  
Temp/emergency staff, leave payouts, zero pays, and other adjustments are also excluded.

<sup>1</sup> Note: Amount reduced by a total of nine (9) active County Employees whose Health costs are not included in the State budget.

\*\* **Eligible Position Total equals the number of regular positions in the budget request that are budgeted at 50% or greater.**  
For example, two 0.5 PINs, one 0.8 PIN, and one 1.0 PIN is 4 Eligible Positions. Three 0.3 PINs are 0 Eligible Positions.

<sup>2</sup> **Note: Rates are to be determined.**

# EXAMPLE

BUDGET ESTIMATES  
FY 2017

Dept. of Budget & Management  
Budget Form DBM-DA-3A (Revised 5/15)  
Appropriation Statement

Please submit original and 1 duplicate

State Agency or Group Department XYZ  
Institution or Unit Z00A0108  
Program No. or Title BBB Administration

SPECIAL FUND EXPENDITURE		2015	2016	2017
Source Code	Fund Name	Actual	Appropriation	Request
S00219	GIS Data Sales	6,332	0	1,000
S00330	Preservation Fund	24,449	89,640	60,171
	<b>Total</b>	<b>30,781</b>	<b>89,640</b>	<b>61,171</b>
REIMBURSABLE FUND EXPENDITURE		2015	2016	2017
Source Code	Agency Name	Actual	Appropriation	Request
J00B01	DOT-State Highway Administration	53,911	28,544	50,831
FEDERAL FUND EXPENDITURE		2015	2016	2017
CFDA No. *r	Program Title	Actual	Appropriation	Request
45.164	Promotion of the Humanities - Public Programs	0	48,623	0
15.303	Conservation Project Support	0	73,739	67,356
	<b>Total</b>	<b>0</b>	<b>122,362</b>	<b>67,356</b>
NON-BUDGETED FUND EXPENDITURE		2015	2016	2017
Source Code	Fund Name	Actual	Estimate	Estimate

BUDGET BILL TEXT (if any):

Note: Actual Expenditures for FY 2015 must match the amounts on the DAFR 6000.

Please do not use abbreviations.

\*Please add the letter 'r' after the CFDA No. for funds authorized by the American Recovery & Reinvestment Act (ARRA) of 2009.





# EXAMPLE

BUDGET ESTIMATES  
FY 2017

Dept. of Budget & Management  
Budget Form DBM-DA-8-AP (Revised 5/15)  
Vehicle Request Form with Add-on Package

Please submit original and 1 duplicate

State Agency or Group Department of XYZ  
Institution or Unit Z00A0809  
Program No. or Title Construction

VEHICLE CATEGORY:

Sedans  
 LTV's  
 Watercraft  
 Aircraft  
 Rail  
 Buses

Heavy Trucks  
 Misc./Other  
 CNG Fueled  
 Flex Fueled  
 Hybrid Fueled  
 Ethanol Fueled

#	Serial Number	Model Year	Make and Type of Vehicle		Assignment	Actual FY 2015 Miles or Hours	Odometer Reading 6/30/2015	Est. FY 2016 Miles or Hours	Est. FY 2017 Miles or Hours	Estimated Vehicle Purchase Price*	Add-on Package Price**	Estimated Trade-in Value of Replaced Vehicle(s)*	Net Cost	Add-on Code***
			Old	New										
1.	2WWW22S22R33333	2004	3/4 TON 4WD PICK-UP TRUCK RC	07 3/4-TON PICK-UP	Pool	29,716	149,215	29,716	29,716	21,000	9,382	3,198	27,184	D
2.	2WWW22S22R33334	2000	3/4 TON 4WD PICK-UP TRUCK RC	07 3/4-TON PICK-UP	Pool	33,954	142,791	33,954	33,954	21,000	6,918	5,500	22,418	E
3.	2WWW22S22R33335	2003	3/4 TON 4WD PICK-UP TRUCK RC	07 3/4-TON PICK-UP	Pool	24,638	169,845	24,638	24,638	21,000	3,578	6,600	17,978	F
4.	2WWW22S22R33336	2004	3/4 TON 4WD PICK-UP TRUCK RC	07 3/4-TON PICK-UP	Pool	18,414	132,367	18,414	18,414	21,000	6,042	8,800	18,242	G
5.														
6.														
<b>Sub-total this page</b>										<b>84,000</b>	<b>25,920</b>	<b>24,098</b>	<b>85,822</b>	
<b>Sub-total for this category of vehicle</b>														
<b>Subprogram Total</b>														

Notes: See Attached DA-2 for more details: Package D: extended cab, 4-wheel drive, Linex, plow package, tow package; Package E: regular cab, 4-wheel drive, Linex, plow package, tow package; Package F: regular cab, 4-wheel drive, tow package, Linex; Package G: extended cab, 4-wheel drive, tow package, Linex

\* Please see Standard Rates and Schedules

\*\* Use Form DA-2 to describe Add-on Package.

\*\*\* Please use a unique letter code for each Add-on Package

# EXAMPLE

BUDGET ESTIMATES  
FY 2017

Dept. of Budget & Management  
Budget Form DBM-DA-20 (Revised 5/15)  
Non-General Fund Detail

Please submit original and 1 copy

State Agency or Group Department of XYZ  
Institution or Unit Z00A0101  
Program No. or Title Office of the Secretary

**Special**  
 **Federal**                      CFDA No.  
 **Reimbursable**              or Source Code: \_\_\_\_\_  
\_\_\_\_\_ *Insert "r" for ARRA Recovery (Stimulus) Funds*

Fund Title* <u>Insurance Regulation Fund</u>	2015 Actual	2016 Appropriation	2017 Request
<b>Balance Beginning Fiscal Year</b> (as reflected in RSTARS)	545,000	2,185,503	
<b>Adjustments (e.g., Unspent Encumbrances)</b>			
<b>BALANCE AVAILABLE</b>	<b>545,000</b>	<b>2,185,503</b>	<b>1,773,218</b>
<b>Income</b>			
<b>Gross Fund Revenue (exc. Indirect Cost Recovery)</b>	8,000,500	7,500,000	6,500,000
Departmental Indirect Cost Recovery			
Statewide Indirect Cost Recovery**			
Interest (if applicable)	80,000		
<b>SUBTOTAL Gross Income</b>	<b>8,080,500</b>	<b>7,500,000</b>	<b>6,500,000</b>
LESS Funds Transferred to Other Programs			
<b>NET INCOME</b>	<b>8,080,500</b>	<b>7,500,000</b>	<b>6,500,000</b>
<b>Direct Expenditures in Program</b> (as reported on DA-3A)			
Program or Subprogram: <u>X200</u>	5,000,854	6,500,854	6,451,155
Program or Subprogram: <u>X341</u>	354,022	345,543	343,584
Program or Subprogram: <u>X850</u>	85,121	65,888	54,855
<b>SUBTOTAL Direct Expenditures</b>	<b>5,439,997</b>	<b>6,912,285</b>	<b>6,849,594</b>
<b>Indirect Cost Expenditures</b> (as reported on DA-3A)			
Program or Subprogram: _____			
Program or Subprogram: _____			
<b>SUBTOTAL Indirect Expenditures</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL EXPENDITURES</b>	<b>5,439,997</b>	<b>6,912,285</b>	<b>6,849,594</b>
<b>TRANSFERS TO GENERAL FUND**</b>	<b>1,000,000</b>	<b>1,000,000</b>	<b>0</b>
<b>CLOSING BALANCE</b>	<b>2,185,503</b>	<b>1,773,218</b>	<b>1,423,624</b>

\*Please do not use abbreviations

\*\*Transfers to General Fund must equal or exceed Statewide Indirect Cost Recovery

**FISCAL YEAR 2017  
 OVER-THE-TARGET REQUEST**

**TITLE/DESCRIPTION:** Z00A0101 Operations

The Department needs additional funding in order to hire sixteen staff to remedy audit findings.

**FINANCIAL/PERSONNEL SUMMARY:**

General Fund: Amount \$   \$100,000 Positions:   2 FT        PT   1 Contractuals  
 Special Fund: Amount \$   \$399,180 Positions:   9 FT        PT        Contractuals  
 Federal Fund: Amount \$   \$200,000 Positions:   5 FT        PT        Contractuals  
 Reimb. Fund: Amount \$                    Positions:        FT        PT        Contractuals  
 Total Funds: Amount \$   \$699,180 Positions:  16 FT        PT   1 Contractuals

**A. TYPE OF REQUEST:**

Expand Existing Service     Restore Service     New Facility     Other   x

New Major Information Technology Development Project (MITDP)    

**B. REASON FOR REQUEST:** The audit of 12-12-2042 described lack of supervision and other administrative problems that are believed to be the cause of the loss or theft of \$2 million over a 3 year period.

**C. ALTERNATIVES CONSIDERED:** The Department could reimburse another agency for assistance. The Department could hire an outside firm to put new operational systems in place. The Department could hire a contractual to develop a plan for improved operations.

**D. JUSTIFICATION FOR THE REQUEST:** The Department has decided that the best way to proceed in the Request is to create positions that will be able to take over for the XYZ firm that is assisting during the current fiscal year.

Performance Measure	FY 2016 Appropriation	FY 2017 <u>Target</u>	FY 2018 <u>Target</u>	FY 2019 <u>Target</u>	FY 2020 <u>Target</u>	FY 2021 <u>Target</u>
Annual cost avoidance and savings (funds returned to GF)	<b>0</b>	\$200,000	\$350,000	\$350,000	\$350,000	\$350,000

**E. FISCAL IMPACT:** see attached

# EXAMPLE

## BUDGET ESTIMATES FY 2017

Dept. of Budget & Management  
Budget Form DBM-DA-21B (Revised 5/15)  
Detailed Funding Request

State Agency or Group Department of "X"  
Priority Number 1  
Title of Request Project "XXX"

			Classification Code and Title & Grade			FY 2016	FY 2017	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	
pgm	sub-program	#	code	title	Grade-Step	Appropriation	In CSB Base	Over Target Request	Estimate	Estimate	Estimate	Estimate	
04	2201	6	3235	admin officer ii	14-base			155,520	158,630	161,803	165,039	168,340	
04	2201	10	2572	admin aide	11-base			161,820	165,056	168,358	171,725	175,159	
			<b>16</b>	<b>0101 Subtotal Positions &amp; Salaries</b>		-	-	<b>317,340</b>	323,687	330,161	336,764	343,499	
pgm	sub-program	obj	sub-object	sub-object title	rate								
04	2201		0151	Social Security	7.31% of 0101			23,198	23,662	24,135	24,617	25,110	
04	2201		0152	Employee Health*	See DA-2A			134,400	134,400	134,400	134,400	134,400	
04	2201		0154	Retiree Health*	35%* of 0152			75,264	75,264	75,264	75,264	75,264	
04	2201		0161	Employee Retirement	16.88% of 0101			54,075	55,156	56,259	57,385	58,532	
04	2201		0174	Unemployment	0.28% of 0101			889	906	924	943	962	
			<b>Subtotal Benefits</b>			-	-	<b>287,826</b>	<b>289,388</b>	<b>290,982</b>	<b>292,609</b>	<b>294,268</b>	
04	2201		0189	Turnover	25% first year only			(98,876)	(16,136)	(16,459)	(16,788)	(17,124)	
			<b>01</b>	<b>SUBTOTAL SALARIES &amp; BENEFITS</b>			-	-	<b>506,290</b>	<b>596,938</b>	<b>604,683</b>	<b>612,584</b>	<b>620,643</b>
04	2201	02	0220	Special Payment Payroll				39,586	39,586	0	0	0	
04	2201	02	0213	Social Security	7.65% of 0220			3,028	3,028	0	0	0	
04	2201	02	0214	Unemployment	0.28% of 0220			111	111	0	0	0	
04	2201	02	0289	Turnover	25% first year only			(10,681)	(1,709)	0	0	0	
04	2201	03	0301	Postage				3,260	3,260	3,260	3,260	3,260	
04	2201	03	0302	Telephone				7,321	7,321	7,321	7,321	7,321	
04	2201	04	0401	In-State Routine				2,150	2,150	2,150	2,150	2,150	
04	2201	08	0804	Printing & Reproduction				1,050	1,050	1,050	1,050	1,050	
04	2201	08	0808	Equipment Rental				4,300	4,300	4,300	4,300	4,300	
04	2201	09	0902	Office Supplies				43,500	43,500	43,500	43,500	43,500	
04	2201	11	1107	Educational Equipment				5,600	0	0	0	0	
04	2201	11	1115	Office Equipment				120,251	0	0	0	0	
			<b>SUBTOTAL OPERATING EXPENSES</b>			-	-	<b>219,476</b>	<b>51,597</b>	<b>10,581</b>	<b>10,581</b>	<b>10,581</b>	
<b>TOTAL ESTIMATED EXPENDITURES</b>						-	-	<b>725,766</b>	<b>648,535</b>	<b>615,264</b>	<b>623,165</b>	<b>631,224</b>	
<b>REVENUE:</b>		General Funds						72,577	64,854	61,526	62,317	63,122	
		Special Funds						362,883	324,268	307,632	311,583	315,612	
		Federal Funds						290,306	259,414	246,106	249,266	252,490	
		Reimbursable Funds											
<b>TOTAL FUNDING REQUEST</b>						-	-	<b>725,766</b>	<b>648,535</b>	<b>615,264</b>	<b>623,165</b>	<b>631,224</b>	

\* Note: Rates are to be determined.

# EXAMPLE

## BUDGET ESTIMATES FY 2017

Dept. of Budget & Management  
Budget Form No. DBM-DA-22 (Revised 5/15)  
Contractual Employees (Special Payments Payroll)

Please submit original and 1 duplicate

State Agency or Group Department of XYZ  
Institution or Unit \_\_\_\_\_  
Program No. or Title As Listed

Sub-Program	Job Classification	FY 2015 ACTUAL			FY 2016 APPROPRIATION			FY 2016 SPENDING PLAN			FY 2017 REQUEST			FY 2016 Renewal Date	Justification/Description*	
		FTE	Amount	Fund	FTE	Amount	Fund	FTE	Amount	Fund	FTE	Amount	Fund			
C0001	Executive Assoc. III	1.00	37,545	01			0	01	1.00	37,545	01	0.33	10,000	01	6/7/16	Necessary since problems with recruiting.
C0001	Program Manager IV	1.00	32,605	01	0.80	23,001	01	1.00	32,605	01	0.80	30,000	01	6/9/16	Necessary since problems with recruiting.	
C0001	Fiscal Administrator II	0.13	4,315	01	0.00	0	01	0.50	15,000	01		0	01	6/11/16	Retirement and difficulty recruiting.	
<b>C0001</b>	<b>subtotal</b>	<b>2.13</b>	<b>74,465</b>		<b>0.80</b>	<b>23,001</b>		<b>2.50</b>	<b>85,150</b>		<b>1.13</b>	<b>40,000</b>				
C0008	Administrative	5.50	68,548	03	5.40	69,888	03	5.43	73,052	03	6.90	88,943	03	not appl.	Assistance with closeout May-August.	
C0008	Administrative	8.80	85,666	03	8.80	85,666	03	8.80	85,666	03	8.80	85,666	03	not appl.	Assistance with legislative session January - April.	
<b>C0008</b>	<b>subtotal</b>	<b>14.30</b>	<b>154,214</b>		<b>14.20</b>	<b>155,554</b>		<b>14.23</b>	<b>158,718</b>		<b>15.70</b>	<b>174,609</b>				
C0009	Program Mgr. Sr. III	0.25	16,800	09	0.25	16,800	09	0.25	16,800	09	0.25	16,800	09	7/1/15	Temporary assistance while other staff person on extended sick leave	
<b>Program Total</b>		<b>16.68</b>	<b>245,479</b>		<b>15.25</b>	<b>195,355</b>		<b>16.98</b>	<b>260,668</b>		<b>17.08</b>	<b>231,409</b>				

\* Please note any contractual conversion requests

# EXAMPLE

## BUDGET ESTIMATES FY 2017

Dept. of Budget & Management  
Budget Form DBM-DA-23 (Revised 5/15)  
Grants, Contracts, and Interagency Agreements Over \$25,000

Please submit original and 1 duplicate

State Agency or Group Department XYZ  
Institution or Unit Z00A09  
Program No. or Title XXX Prevention

PURPOSE OR TYPE OF SERVICE	SUB- PRGM CODE	SUB- OBJECT CODE	NAME & LOCATION OF GRANTEE, VENDOR OR OTHER AGENCY	CONTRACT, GRANT, OR AGREEMENT AMOUNT	CONTRACT, GRANT, OR AGREEMENT TERM	RENEW OPTION Y/N	FY 2015 ACTUAL	FY 2016 APPROP.	FY 2017 ESTIMATED
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**GRANTS**

XYZ Initiative	8001	0899	Baltimore City XXX Dept. Anne Arundel Co XXX Dept	509,196	7/1/14-6/30/16	Y	509,196	509,196	509,196
XYZ Initiative	8001	0899		41,300	7/1/14-6/30/16	Y	41,300	41,300	41,300

**INTERAGENCY AGREEMENTS**

Legal Services	7000	1299	Office of the Attorney General		7/1/14-6/30/16	Y	502,296	484,846	517,446
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**CONTRACTS**

Actuarial Consulting	1000	0821	ABC Corp., NY, NY	as needed	12/30/11- 12/30/16	N	25,888	58,000	58,000
		0821	XYZ Company, Philadelphia, PA	as needed	8/31/12-8/31/16	N	85,456	100,000	100,000
Population Statistics	9008	0899	University of WWW, Charleston, SC	347,746	8/01/12-7/31/16	N	65,857	45,000	45,000
Server maintenance	9888	0858	3333 Corporation, 111 St. Omaha, Nebraska	272,000	7/1/11-6/30/16	Y	51,888	52,000	52,000

# EXAMPLE

## BUDGET ESTIMATES FY 2017

Dept. of Budget & Management  
Budget Form DBM-DA-24 (Revised 5/15)  
Real Property Leases

Please submit original and 1 duplicate

State Agency or Group Department XYZ  
Institution or Unit \_\_\_\_\_  
Program No. or Title entire department

LOCATION	CURRENT LEASE TERM		Renew Option Y/N	Fiscal Year 2016			Fiscal Year 2017			Inc. Util. Y/N	Inc. Cust. Y/N	ANNUAL RENT	
	Begin	End		No. Emp.	Sq. Ft.	Cost Per Sq. Ft.	No. Emp.	Sq. Ft.	Cost Per Sq. Ft.			FY2016	FY2017
333 West Place, Baltimore MD	11/1/2009	10/31/2018	Y	358	89,455	21.95	358	89,455	21.95	Y	Y	1,963,537	1,963,537

# EXAMPLE

Form No. DBM-DA-25A Revised 5/15  
Email form to: [kurt.stolzenbach@maryland.gov](mailto:kurt.stolzenbach@maryland.gov)

Reference No: \_\_\_\_  
Priority No: \_\_\_\_  
Date Prepared: \_\_/\_\_/\_\_

## Fiscal Year 2017 Pay Plan Adjustment or New Classification Request

**Department or Agency:** XYZ Department

**Program Name:** Operations

**8-character Program Code:** Z00A0112

**4-character Subprogram Code:** aa14

**TITLE/DESCRIPTION:** Reclassification of Handwriting Analysts

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### **A. REASON FOR REQUEST:**

*Please explain why the pay plan adjustment or new classification is necessary, indicating:*

- 1) *current vacancy rates; 25% on average for the past 10 years.*
- 2) *the date of last adjustment for impacted positions; July 1, 2014*
- 3) *the number of positions impacted; 16*
- 4) *the number of resignations for each classification during the previous fiscal year. 30*

*Please discuss why this job series is critical to your goals and objectives, outlining how the current classification or salary structure is affecting program and/or agency outcomes.*

The State requires that each applicant for any full-time position submit a handwriting sample. Before anyone is hired, the handwriting must be evaluated by two handwriting analysts. Those two analysts then certify whether or not the applicant is recommended for hiring. Due to the turnover every year, it is difficult to provide the certifications in a timely manner. All hiring in the State is slowed down as a result.

When questioned, each analyst who resigned in the past two years stated that increased salary was the reason for accepting a position in local government. This request is that the State increase the pay of its handwriting analysts so that pay is comparable to that of the City of Baltimore and to the local jurisdictions.

### **B. JUSTIFICATION FOR THE REQUEST**

*Please explain how the proposed salary structure is expected to impact the outcomes for the program and/or agency. Explain why this is the best option to address the issue.*

Please refer to the current Managing for Results measure(s) affected and explain the impact, listing incremental changes in the chart below. For requests that do not relate to a current MFR measure, please include a measure or measures to show results of the request. **The measures must show the specific outcomes to be achieved.**

Other States have decreased turnover of handwriting analysts by increasing pay. Those states have made the pay comparable to surrounding local jurisdictions. Alabama, Georgia and Utah have all used this strategy to recruit and retain handwriting analysts in the past three years.

<b>Performance Measure</b>	<b>FY 2016 Appropriation</b>	<b>FY 2017 Target</b>	<b>FY 2018 Target</b>	<b>FY 2019 Target</b>	<b>FY 2020 Target</b>	<b>FY 2021 Target</b>
Retention Rate	75%	77%	79%	80%	85%	85%

**C. ALTERNATIVES CONSIDERED:**

*With regard to the issues described above, please list any alternatives which would not require the establishment of a new classification series or salary adjustment. List steps that have been taken to address recruitment and retention issues within existing resources.*

*Please discuss any factors other than salary which impact the ability to recruit and retain employees with the necessary skills for the job.*

The State could hire a contractor, but the estimates received for such services are more than the estimate for changing the pay for this classification. See attached spreadsheet for details.

There is one factor other than salary that is making it difficult to retain handwriting analysts. Some jurisdictions provide free and on-site parking for all analysts. Providing such a benefit would cost more than this increase in salary. See attached spreadsheet for details.

**D. IMPACT ON OTHER CLASSIFICATIONS:**

*If approval of this request would have an impact on employees in other classifications used by your agency, please list the classifications involved and how they will be affected.*

There is no other classification that performs similar work.

**E. ADDITIONAL SUPPORTING DOCUMENTATION:**

*Provide any documentation that may support the request: retention analysis, reports, salary surveys, legislation and other publications.*

See attached reports from Alabama, Georgia, and Utah about the effect a change in salary had on the ability to recruit and retain handwriting analysts.

# EXAMPLE

## BUDGET ESTIMATES FY 2017

Dept. of Budget & Management  
Budget Form DBM-DA-25B (Revised 5/15)  
Pay Plan Adjustments & New Classification Requests

Please submit original and 1 duplicate

State Agency or Group Department XYZ  
Institution or Unit Operations  
Program No. or Title Z00A0112

PIN	Classification	FISCAL YEAR 2017		PROPOSED		Increase	GF	SF	FF	RF
		Grade/ Step	Salary	Grade/ Step	Salary					
aaaaa	handwriting analyst i	12-3	38,258	13-3	40,698	2,440	1,220	1,220		
bbbbbb	handwriting analyst i	14-3	43,307	15-3	46,098	2,791	1,396	1,396		
ccccc	handwriting analyst i	11-5	38,636	12-5	41,102	2,466	1,233	1,233		
dddddd	handwriting analyst ii	20-1	58,916	21-1	62,867	3,951	1,976	1,976		
ffffff	handwriting analyst iii	24-3	82,442	25-3	87,933	5,491	2,746	2,746		
eeeeee	handwriting analyst i	12-3	38,258	13-3	40,698	2,440	1,220	1,220		
ggggg	handwriting analyst i	12-3	38,258	13-3	40,698	2,440	1,220	1,220		
hhhhh	handwriting analyst i	12-3	38,258	13-3	40,698	2,440	1,220	1,220		
sssss	handwriting analyst i	14-3	43,307	15-3	46,098	2,791	1,396	1,396		
wwiii	handwriting analyst i	14-3	43,307	15-3	46,098	2,791	1,396	1,396		
qqqqq	handwriting analyst ii	20-1	58,916	21-1	62,867	3,951	1,976	1,976		
<b>SUBTOTAL Salary Increase</b>						<b>33,992</b>	<b>16,995</b>	<b>16,994</b>	<b>0</b>	<b>0</b>
FICA						2,485	1,242	1,242		
Retirement						5,738	2,869	2,869		
Unemployment						95	48	48		
Turnover						(1,692)	(846)	(846)		
<b>TOTAL COST</b>						<b>40,617</b>	<b>20,307</b>	<b>20,309</b>	<b>0</b>	<b>0</b>

# EXAMPLE

## BUDGET ESTIMATES FY 2017

Dept. of Budget & Management  
Budget Form DBM-DA-25C (Revised 5/15)  
Pay Plan Adjustment & New Classification Request Summary

Please submit original and 1 duplicate

State Agency or Group Department of XYZ  
Institution or Unit Operations  
Program No. or Title Z00A0112

<u>Classification</u>	<u>Subprogram</u>	<u>Current Grade</u>	<u>Proposed Grade</u>	<u>Total Cost</u>	<u>GF</u>	<u>SF</u>	<u>FF</u>	<u>RF</u>
extinct animal rescuer	3500	11	12	11,013	5,374	5,374		
dance therapist	3500	12	13	10,894	5,315	5,316		
handwriting analyst i	3500	14	15	12,463	6,081	6,082		
handwriting analyst ii	3500	20	21	13,230	6,455	6,456		
handwriting analyst iii	3500	24	25	6,129	2,990	2,991		
<b>Program Total:</b>				<b>53,728</b>	<b>26,215</b>	<b>26,220</b>	<b>0</b>	<b>0</b>

# EXAMPLE

BUDGET ESTIMATES  
FY 2017

Dept. of Budget & Management  
Budget Form DBM-DA-27 (Revised 5/15)  
Indirect Cost Recovery & Reversion

Please submit original and 2 duplicates

State Agency or Group Department of X  
Institution or Unit \_\_\_\_\_  
Program No. or Title XXX

Agency	Program Title	Statewide Indirect Cost Recoveries	Internal Indirect Cost Recoveries	\$ Reverted to General Fund	\$ Retained by Agency	Federally Approved Indirect Cost Recovery Rate (%)	Federally Approved Statewide Cost Recovery Rate (%)
XXXA0105	Program 1		92,026		92,026	13.22%	9.13%
XXXA0109	Program 2		44,401		44,401	13.22%	9.13%
XXXA0111	Program 3		411,911		411,911	13.22%	9.13%
XXXD0101	Program 4		449,124		449,124	13.22%	9.13%
XXXG0101	Program 5		579,533		579,533	13.22%	9.13%
XXXG0103	Program 6		1,213,058		1,213,058	13.22%	9.13%
XXXH0101	Program 7	573,274	2,918,665	573,274	2,918,665	13.22%	9.13%
FY 2015 Actual	TOTALS	573,274	5,708,717	573,274	5,708,717	13.22%	9.13%
FY 2016 Estimate		500,000	2,800,000	500,000	2,800,000	13.22%	9.13%
FY 2017 Estimate		400,000	2,800,000	400,000	2,800,000	13.22%	9.13%